

CELIAC ARTERY COMPRESSION SYNDROME: WHEN TO EXPECT?

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Poster

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A 29-year-old heavy smoker with 4 months of severe postprandial abdominal pain and 15 kg weight loss was diagnosed with celiac artery compression syndrome by CT imaging and successfully treated with surgical decompression of the celiac artery.

KEY POINTS

- The patient presented with generalized burning abdominal pain aggravated by food, associated with nausea, constipation, reduced appetite, and more than 15 kg weight loss over 4 months.
- Physical examination showed generalized abdominal tenderness with normal vital signs and normal laboratory findings.
- Contrast-enhanced CT scan demonstrated indentation of the median crus of the diaphragm upon the proximal celiac trunk with post-stenotic dilatation, confirming the diagnosis.
- Surgical dissection of the ligament and celiac artery decompression was performed successfully, with the patient tolerating oral feeding without postprandial pain postoperatively.
- Celiac artery compression syndrome is an extremely rare cause of mesenteric ischemia requiring high clinical suspicion as no laboratory investigations are diagnostic.

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