

WILKIE SYNDROME AS A RARE CAUSE OF BENIGN INTESTINAL OBSTRUCTION

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Poster

Oesophagus

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A case report describes aortomesenteric clamp syndrome (Wilkie syndrome) in a 47-year-old male with weight loss and intestinal obstruction, managed conservatively with enteral nutrition via nasojejunal tube.

KEY POINTS

- Wilkie syndrome is a rare vascular pathology caused by decreased angle between aorta and superior mesenteric artery, compressing the third duodenal portion and causing nonspecific intestinal obstruction.
- The patient presented with abdominal pain, nausea, vomiting, 10 kg weight loss in 3 months, and CT findings showed aortomesenteric angle decrease with duodenal compression and gastric distension.
- Initial conservative treatment with enteral nutrition via nasojejunal tube was successful, allowing discharge with close follow-up after failed oral tolerance.
- The syndrome is most frequently acquired due to significant weight loss, cachexia, or hypermetabolic states reducing abdominal fat, creating a cycle of worsening malnutrition.
- Most patients eventually require surgical intervention (duodenojejunostomy), and long-term prognosis remains uncertain with poor quality of life and high mortality.

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