

TRANSFORMING THE PROGNOSIS OF ACUTE MESENTERIC ISCHEMIA THROUGH SPECIALIZED INTESTINAL STROKE CENTERS: EVIDENCE FROM A NATIONWIDE COMPARATIVE AND COST-EFFECTIVENESS STUDY

Maxime Ronot

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Poster

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A nationwide French cohort study of 9,852 acute mesenteric ischemia patients found that management in a specialized Intestinal Stroke Center was associated with 62% survival at 12 months compared to 50% in tertiary university hospitals, with an adjusted hazard ratio of 0.69.

KEY POINTS

- Among 1,076 patients treated in the Intestinal Stroke Center versus 8,776 in 13 tertiary hospitals between 2016 and 2022, absolute survival at 12 months was 12 percentage points higher in the specialized center after propensity score adjustment for age, sex, and comorbidities.
- Intestinal resection rates were lower in the specialized center (31% versus 39%, adjusted HR 0.75), and revascularization was performed twice as often (23% versus 12%) with shorter median delay (5.0 versus 6.2 days).
- The incremental cost-effectiveness ratio was €33,894 per life-year gained, which the authors characterized as within the range of highly cost-effective interventions.
- ICU admission was less frequent in the specialized center (42% versus 53%) with shorter median stays (5.9 versus 7.2 days).
- The authors advocate for broader deployment of this multidisciplinary care model and position it as a potential new standard for acute mesenteric ischemia management in Europe.

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