ANATOMY GONE WRONG: THE RARE TALE OF SUPERIOR MESENTERIC ARTERY SYNDROME AND DUODENAL OBSTRUCTION

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A 16-year-old patient with superior mesenteric artery syndrome presented with four months of postprandial vomiting and 8 kg weight loss, ultimately requiring laparoscopic gastrojejunostomy after failed medical management.

KEY POINTS

- Superior mesenteric artery syndrome is a rare condition caused by compression of the third portion of the duodenum between the abdominal aorta and the SMA, leading to functional duodenal obstruction with postprandial vomiting, weight loss, and abdominal pain.
- The patient had a BMI of 18, hypokalemia, hypochloremic metabolic acidosis, and CT imaging showed duodenal compression with an aorto-mesenteric angle of 12 degrees, confirming the diagnosis.
- Initial management with hydration and electrolyte correction failed to improve symptoms, leading to successful laparoscopic gastrojejunostomy with good clinical recovery.
- Imaging is crucial for diagnosis with aorto-mesenteric angles below 20 degrees being highly suggestive, and while medical management is first-line, surgery offers rapid and sustained relief in refractory cases.
- This case is relevant for clinicians evaluating adolescents and young adults with unexplained postprandial vomiting and weight loss.

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