Management of Mesenteric Ischemia In Contaminated Peritoneal Cavity by Reimplantation of SMA & Iliomesenteric bypass with Femoral vein

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Disclosure

Name Ajay Savlania

- No Disclosures
- No conflict of interest
CASE 1

- 54 year Gentleman
- Chronic Smoker 25 packed year
- History of cramping, postprandial abdominal pain x 1 year
  - Continuous since one day
- History of significant weight loss (BMI 12.5 KG/M2)
Abdomen Examination

- Scaphoid abdomen
- Diffuse tenderness but more in Right upper quadrant
Blood Investigations

- TLC: 17,400/cmm
- Arterial blood Gas: Normal

Ultrasonography Abdomen

- Distended gall bladder with increased wall thickness
Intraoperative findings
Revascularization
SMA revascularization in patient with CMI and Stoma

- 48 year gentleman
- Chronic smoker 20 packed year
- Presented with history of postprandial pain abdomen since 6 months
- History of surgery for bowel gangrene and stoma creation due to acute on CMI 2 months earlier
Perabdomen examination
CT ANGIOGRAM
Post operative CT Angiogram
Conclusion

• SMA reimplantation can be considered in contaminated peritoneal field than bypass

• Femoral vein have better size match than GSV for SMA revascularization
Thank You
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