

Extensive Collateral Circulation of Mesenteric Artery in Patient with Multiple Risk Factors for Atherosclerosis

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A 73-year-old man was admitted with severe abdominal pain and cyanosis of the lower limbs. On examination, blood pressure of 90/52 mmHg, HR: 112 bpm and slow peripheral perfusion. Abdomen was diffusely painful, but without signs of peritoneal irritation. The patient reported history of hypertension, diabetes mellitus, dyslipidemia and smoking. Computed tomography angiography of the chest/abdomen showed occlusion at the origin of the inferior mesenteric artery and extensive collateral circulation from the mesenteric artery (Figure 1) communicating the left internal mammary artery with the left external iliac artery. Due to the rapid clinical deterioration, it was not possible to perform surgery and the patient died within hours. Extensive collateral circulation is related to chronic arterial vascular disease in a patient with multiple risk factors for atherosclerosis. Acute mesenteric ischemia was the probable cause of adverse outcome.

Authors' contributions

Research creation and design: Macedo TA, Baruzzi ACA, de Barros e Silva PGM, Baptista LPS, Dantas Jr. RN; Data collection: Macedo TA, Baruzzi ACA, de Barros e Silva PGM, Baptista LPS, Dantas Jr. RN; Data analysis and interpretation: Macedo TA, Baruzzi ACA, de Barros e Silva PGM, Baptista LPS, Dantas Jr. RN; Manuscript writing: Macedo TA, Baruzzi ACA, de Barros e Silva PGM.

Potential Conflicts of Interest

There are no relevant conflicts of interest.

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Keywords

Collateral Circulation; Mesenteric Artery, Inferior; Risk Factors; Mesenteric Ischemia; Atherosclerosis.

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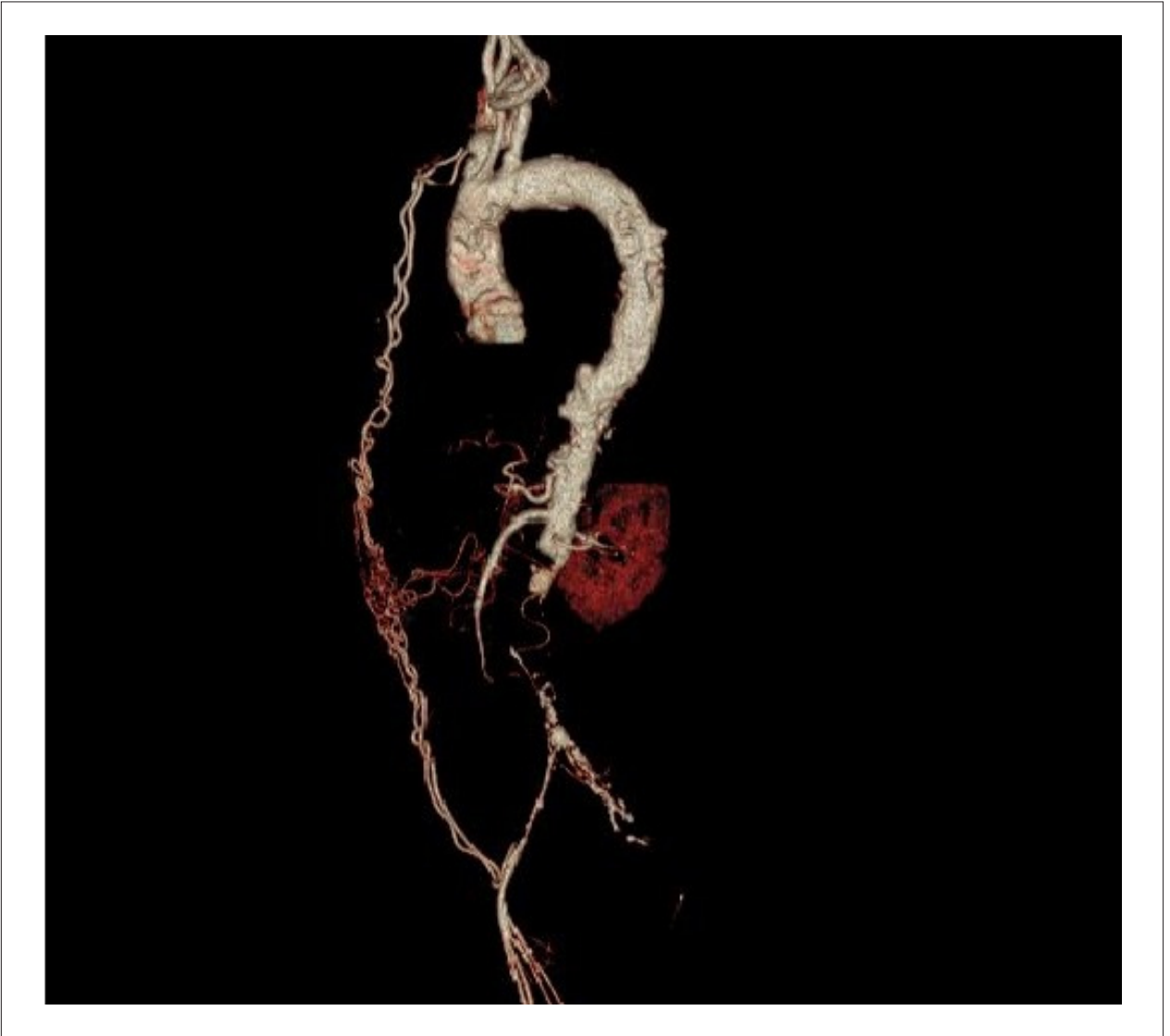


Figure 1 - External left iliac artery contrasted by extensive collateral circulation of the mesenteric artery.