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Objective

Isolated dissection of the mesenteric vessels is rare but increasingly encountered.

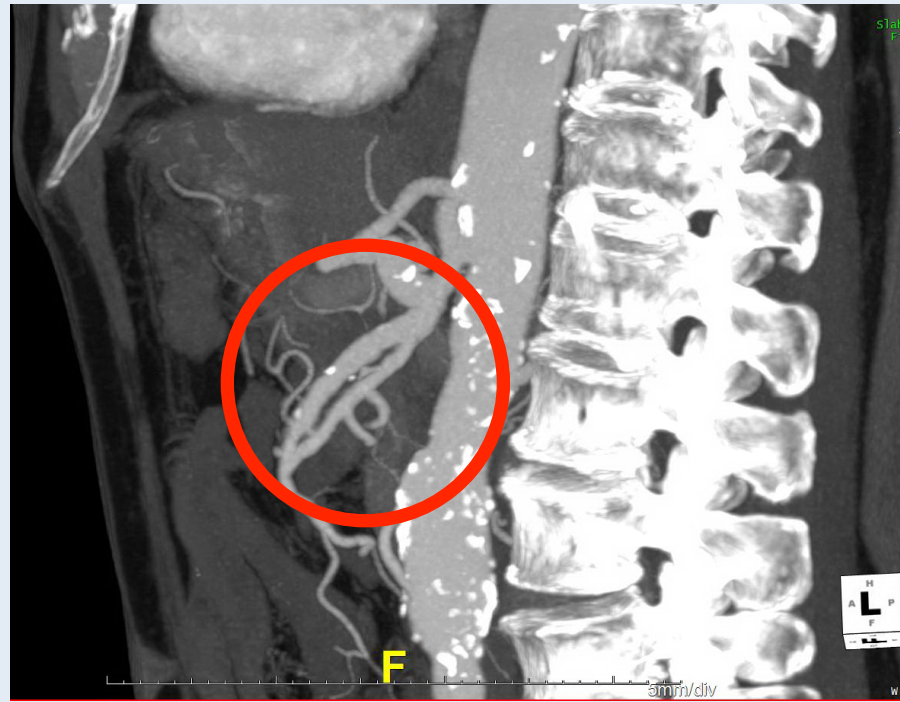
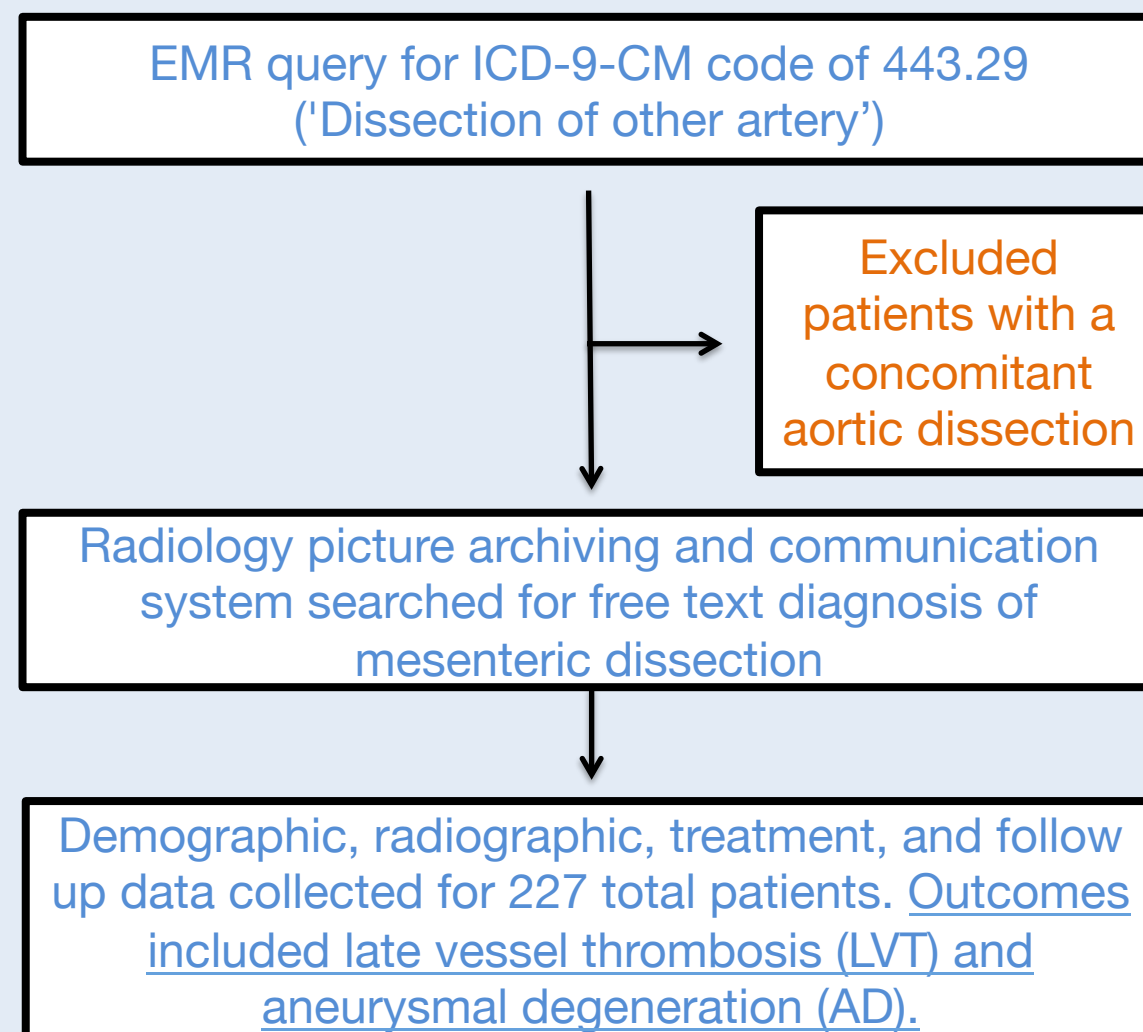


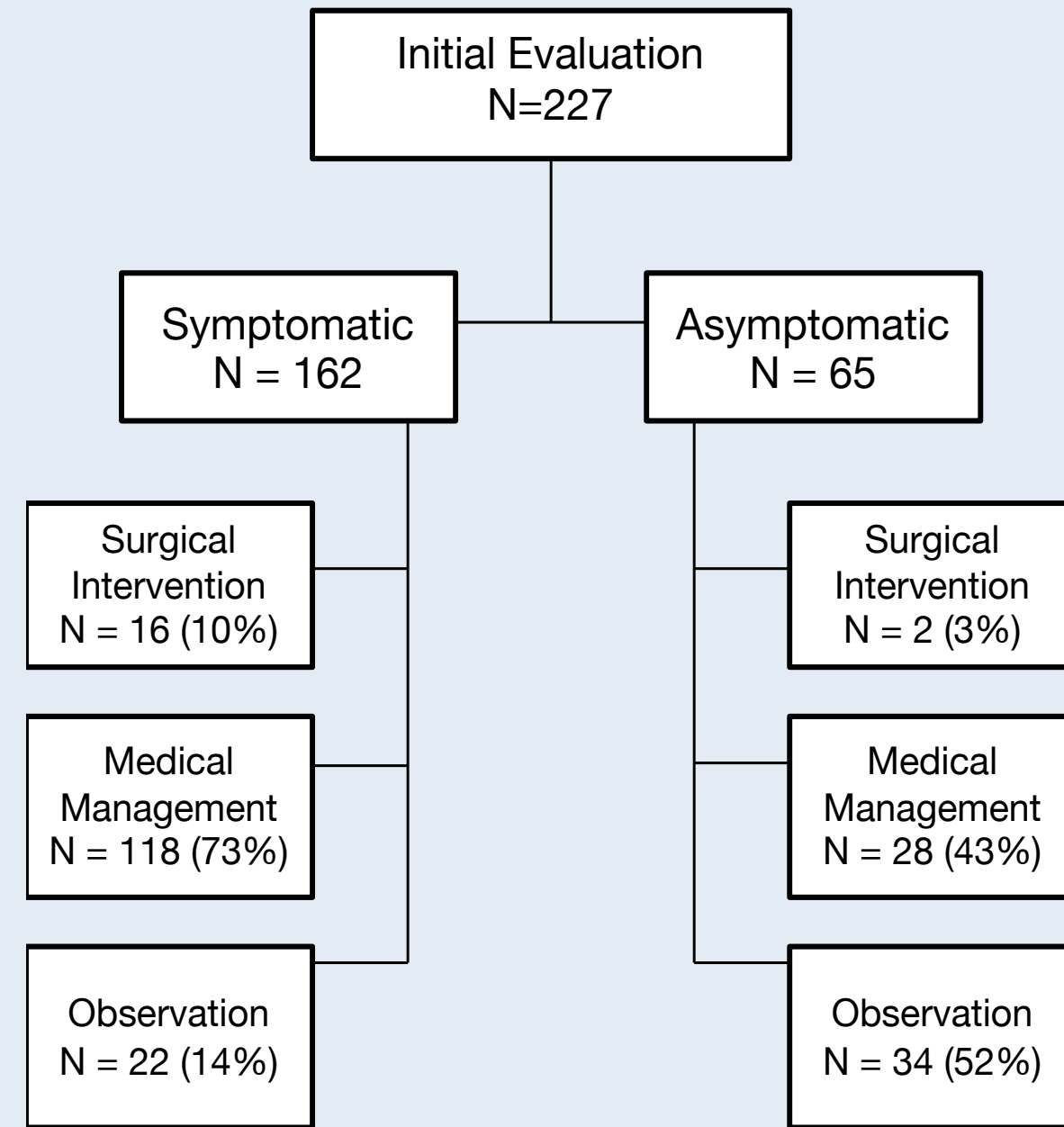
Figure 1. Radiographic imaging showing isolated dissection of the SMA.

Our study aimed to evaluate patient characteristics, primary treatment, and subsequent outcomes of IMAD using multi-institutional data from 12 tertiary hospitals.

Methods



Patient Characteristics and Treatment Groups

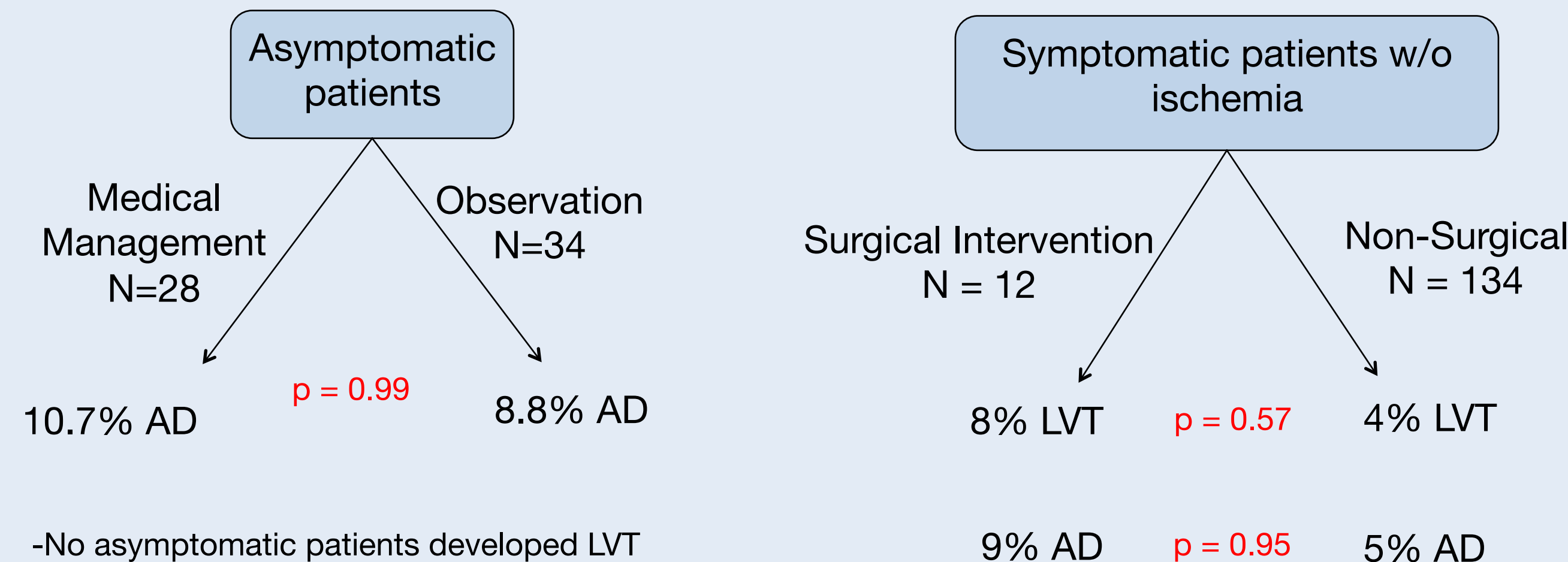


Patient Characteristic	Symptomatic Patient	Asymptomatic Patients
	N = 162	N = 65
Age (mean ±sd)	55 ± 11	59 ± 15
Sex (%)		
Female	29 (18)	12 (18)
Male	131 (81)	52 (80)
Unknown	2 (1)	1 (2)
Hypertension (%)	73 (45.1)	35 (53.8)
Coronary Artery Disease (%)	15 (9.3)	12 (18.5)
Connective Tissue Disorder ^a (%)	3 (1.9)	3 (4.6)
Smoking History (%)		
Current or Prior	82 (50.6)	38 (58.5)
Never	80 (49.4)	27 (41.5)

Table 1. Patient characteristics in symptomatic and asymptomatic patients with IMAD. ^aIncludes Ehlers-Danlos syndrome, antiphospholipid syndrome, polyarteritis nodosa, and rheumatoid arthritis

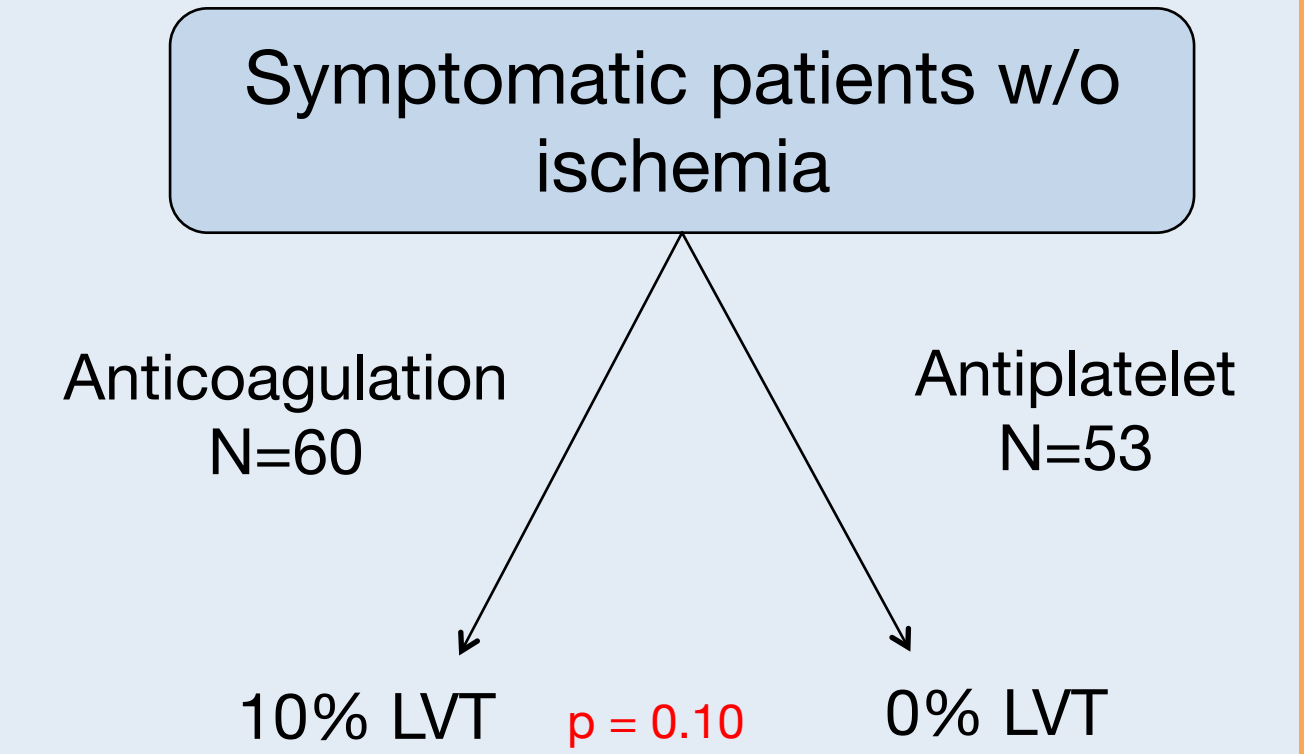
Figure 2. Treatment of IMAD in symptomatic and asymptomatic patients. Treatment data was unavailable for 6 symptomatic patients (3%) and for 1 asymptomatic patient (2%).

Outcomes



-No asymptomatic patients developed LVT

Outcomes Cont'd



Conclusions

- Asymptomatic patients with IMAD may be observed and followed up with intermittent imaging
- Surgical intervention does not improve outcomes in symptomatic patients without ischemia over medical management or observation
- Symptomatic patients without ischemia do not require anticoagulation therapy