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Letters to the Editor

Comment on conservative management of isolated dissection of the superior mesenteric artery

Key words: Superior mesenteric artery. Dissection.

Dear Editor,

Moreno-Machuca et al. (1) reported on their experience for treatment of isolated dissection of the superior mesenteric artery (IDSMA). Congratulations on their experience. They raised an important issue on the management of IDSMA.

They proposed an algorithm for IDSMA therapeutic management: In symptomatic patients, with radiologic signs or clinical suspicion of bowel ischemia, surgical exploration of abdominal cavity and intestinal revascularization are mandatory. We would like to elaborate on the algorithm for IDSMA therapeutic management. There are many articles reporting the treatment of symptomatic IDSMA in recent years, more and more authors are become realized that the bowel ischemia could not be an indication for invasive treatment, especially to the surgical revascularization, because superior mesenteric artery (SMA) stenosis and the symptomatic of the bowel ischemia has been seen to improve after the acute stage of dissection, and conservative management is feasible in most symptomatic cases (2,3). We believe that the conservative management is feasible in most cases. Stent placement will perform in patients in whom initial conservative treatment failed (4,5). Moreover, there are many drawbacks of surgical revascularization, such like: a) A satisfactory intestinal revascularization result may not be possible with surgery in certain conditions, such as the dissection related to small branches; b) immediately after surgery, anticoagulant therapy is contraindicated because of concerns about bleeding, which plays an important role in the prevention of thrombotic disease in patients who underwent intestinal revascularization; and c) surgical revascularization of SMA is technically demanding and could further cause trauma to patient.

In conclusion, conservative treatment is feasible in most symptomatic IDSMA patients if there is no arterial rupture or intestinal necrosis.

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