



Helen Matthews has completed this personal reflection on **13/08/2018**

Paper: Summer 2018 CPD question

Personal Reflection:

Mesenteric stenosis $> 70\%$ leads to more collateral development and higher flow velocities in the unaffected vessel. When flow velocities are used as a measure of mesenteric stenosis, the effect of compensatory increased blood flow should be taken into account to avoid false positive diagnoses.

Collateral vessels seen on non-selective angiography are indicative of significant mesenteric stenosis. The most common collateral pathways found between the CA and SMA are the pancreatico-duodenal arcades and occasionally the arc of Buhler. Common connections between the SMA and IMA include the marginal artery of Drummond and the more centrally located arc of Riolo.

Maintaining long-term patency following endovascular procedures (percutaneous mesenteric artery stenting) for chronic ischaemia due to atherosclerotic stenoses or occlusions of the coeliac axis and SMA has been endorsed by this study, which is a less invasive, valuable alternative to open surgical re-vascularisation.

Chronic mesenteric ischaemia, either acute or chronic, can quickly progress to intestinal infarction with a high mortality rate.

Certain patients were excluded from the study; those with CA compression syndrome, previous re-vascularisation of mesenteric arteries or who had had retrograde operative mesenteric stenting.

All patients were prospectively analysed for mesenteric ischaemia and the analysis for the study was performed retrospectively. The 5 year secondary patency of $> 90\%$ is comparable to that reported by open surgery.