



Acute mesenteric ischemia of arterial origin: importance of early revascularization

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Auteur	Plumereau, F [1], Mucci, Stéphanie [2], Lenaoures, P. [3], Finel, J.B. [4], Hamy, Antoine [5]
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GOAL: The goal of our study was to show that survival was better when early revascularization was performed rather than gastrointestinal resection in the management of acute mesenteric ischemia of arterial origin.

METHODS: The reports of patients managed in our center between January 2005 and May 2012 for acute mesenteric ischemia of arterial origin were analyzed retrospectively. Data on clinical, laboratory and radiologic findings, the interval before treatment, the operative findings and the surgical procedures were collected. Follow-up information included the postoperative course, and mortality at 48 h, 30 days and 1 year, the latter being compared between patients undergoing revascularization versus gastrointestinal resection.

RESULTS: Of 43 patients treated during this period, 20 had gastrointestinal lesions deemed to be beyond all therapeutic resources, 13 were treated with gastrointestinal resection without revascularization, while 10 underwent early revascularization. There were no statistically significant differences found in the extent of involvement between the two groups ($P=0.22$). Mortality at 48 h, 30 days and 1 year was 8% ($n=1$), 30% ($n=4$) and 68% ($n=8$) in patients who underwent enterectomy vs. 0% ($n=0$), 0% ($n=0$) and 10% ($n=1$) in patients who underwent revascularization procedures. The difference at 1 year was statistically significant ($P=0.02$). At 1 year, two patients in the revascularized group had a short bowel syndrome vs. one in the non-revascularized group.

CONCLUSION: Acute mesenteric ischemia of arterial origin is associated with high morbidity and mortality. Optimal management should include early revascularization.

Résumé en anglais

Notes	Voir aussi : F. Plumereau, S. Mucci, P. Le Naoures, J.B. Finel, A. Hamy. Ischémie mésentérique aiguë d'étiologie artérielle : intérêt d'une revascularisation précoce. <i>Journal de Chirurgie Viscérale</i> , Volume 152, Issue 1, February 2015, pp. 16-21. doi:10.1016/j.jchirv.2014.07.014 [6]
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Liens

- [1] [http://okina.univ-angers.fr/publications?f\[author\]=22805](http://okina.univ-angers.fr/publications?f[author]=22805)
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- [5] <http://okina.univ-angers.fr/an.hamy/publications>
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