GW26-e2285
Superior mesenteric artery thrombosis of Takayasu arteritis: a case report and review of the literature
Yingxiong Huang,1 Zi Ye,2 Ziyu Zheng,1 Hong Zhan,1 Jianghui Liu,1 Guangqi Chang1
1Department of Emergency, the First Affiliated Hospital of Sun Yat-Sen University; 2Department of vascular surgery, the First Affiliated Hospital of Sun Yat-Sen University

OBJECTIVES Superior mesenteric artery (SMA) thrombosis of Takayasu arteritis (TA) has rarely been reported and common to delay in diagnosis. To report the multiple abdominal organ necrosis of a Takayasu disease due to SMA thrombosis.

METHODS A 59-year-old male patient was admitted to hospital with abdominal pain and fever lasting for 10 days. Endovascular repair performed 1 month ago because of pseudoaneurysm of SMA. Postoperative Computed tomography Angiography (CTA) one week after the procedure revealed good patency of graft and without endoleaks. A general physical examination revealed abdominal tenderness without peritoneal irritation signs. His blood pressure was 171/106 mmHg, body temperature was 38.5°C, heart rate was 120/min. Other systems were normal. His condition deteriorated with peritonitis, septic shock and severe metabolic acidosis on the 2th day after admission. Laboratory data showed markedly elevated hepatic enzymes and plasma D-dimer, the D-dimer values of the patient was 42.5 mg/L. The contrast CT scans demonstrated total occlusion of the proximal segment of the SMA, multiple stenoses and irregularities at the abdominal SMA and its main branches including bilateral common iliac artery, there were hypodense involving multiple areas of bilateral kidneys, the liver and the spleen.

RESULTS The patient underwent explorative laparotomy on 26 Aug 2014. There was necrosis in the segment beginning from the Gastric Antrum to the splenic flexure of colon including duodenum, jejunum and ileum. The liver and parts of pancreas were also necrosed. He lost the optimal opportunity for surgical treatment because of multiple visceral organ necrosis, and his familiarity determined to give up operation, so we did not perform anything except closure of the abdomen. The patient voluntarily left hospital with untreated and was reoperated on a tertiary hospital in the locality.

CONCLUSIONS Obstructive lesions of SMA in TA with acute abdominal signs as the initial presenting symptom is difficult to diagnose at early terms. The diagnostic delay always occurs and is associated with a high rate of morbidity and mortality. In this case, we come across the patient with chronic obstruction of the SMA who develop fulminant acute multiple visceral organ ischemia and necrosis without evidence of acute thromboembolic event. Acute abdomen patient suffering from “acute on chronic” syndrome of the SMA is a diagnostic challenge for clinician. We aim to emphasize the vital importance of experience with a high index of suspicion leading to prompt diagnosis. D-dimer test will be used more often for screening patients with possible SMA thrombosis. In conclusion, Appropriate treatment requires early diagnosis. We suggest that contrast CT should be early done in patients with acute repeated abdominal pain and positive D-dimer to reduce preoperative period.

GW26-e5424
Deep Vein Thrombosis Treated with the EKOS System
Thach Nguyen,1,2 Hau Van Tran,3 Philip Tran,4 Le Hoang Duc Toan,2 Gianluca Rigatelli5
1Tan Dai Univeristy School of Medicine Tan Duc Ecyt, Duc hoa - Long An Vietnam; 2St Mary Medical Center, Hobart IN; 3New York Institute of Technology, College of Osteopathic Medicine, Old Westbury NY; 4Internal Medicine Residence Program Mercy Medical Center- Des Moines IA USA; 5Cardiovascular Diagnosis and Endoluminal Interventions Unit, Rovigo General Hospital, Rovigo, Italy

OBJECTIVES Deep vein thrombosis (DVT) is a major problem for in patient or out-patient presented at the emergency room (ER). In the past, the treatment was only anticoagulant with heparin and pain medications. The results were suboptimal with persistent swelling in the leg, pain requiring pain medications which could become addictive. With the new treatment with the EKOS system, how much did we improve the symptoms and quality of life patients?

METHODS 50 consecutive patients presenting with diagnosis of DVT were included. They were treated with the EKOS system. Their baseline characteristics (age, sex, previous cardiovascular and neurological history, medications, etc.) were recorded and tabulated. Results of treatment including level of swelling, required pain medication were recorded and tabulated.

RESULTS The results showed the majority of patient with DVT improved after 1 session. The length of stay was lower (p < 0.5%). The incidence of persisting swelling, the number of required pain medications and the number of weeks requiring pain medications were lower. DETAILED RESULTS WILL BE PRESENTED.

CONCLUSIONS For patients with DVT, the EKOS system improved the quality of life and decreased the length of stay and the number of pain medications.

GW26-e2507
The Effect of Catheter-directed Thrombolysis with Low-dose Urokinase on Acute Lower Extremity limb Ischemia
Ying Lv,1 Hongyan Tian2
1Shaanxi Provincial People’s Hospital; 2The First Affiliated Hospital of Medical College of Xi’an Jiao Tong University

OBJECTIVES To evaluate the safety and effectiveness of catheter-directed thrombolysis therapy with low-dose urokinase for acute lower extremity ischemia limb.

METHODS Retrospective analysis of clinical data of 50 cases, including 27 males and 23 females, aged 27-81 years old, the onset time of 10 hours to 14 days, were given low dose of urokinase (500,000u per day, with a continuous pump of 40,000-50,000u per hour, less than 3 days) via catheter due to acute limb ischemia of lower extremity, from 2013 May to 2014 December.

RESULTS There were no death case, 1 cases of amputation, 4 cases of abandoning treatment, the remaining of limb preservation. The limb salvage rate was 90%, the treatment efficiency was 82%, including 12 cases of residual mild Claudication symptoms and 29 cases without residual symptoms. 3 cases of which were transferred for surgical thrombectomy in 2 days after thrombolysis, 2 cases received stent implantation on the third day after thrombolysis. The bleeding rate was 4%. 2 cases of hemorrhage, no bleeding and no serious complications of intervention.

CONCLUSIONS The catheter-directed thrombolysis therapy with low-dose urokinase for acute lower extremity ischemia limb is a safe and effective intervention treatment.

GW26-e3858
Repeated acute embolism of superior mesenteric artery due to atrial fibrillation: a case report and review of the literature
Yingxiong Huang,1 Zi Ye,2 Ziyu Zheng,1 Hong Zhan,1 Jianghui Liu,1 Guangqi Chang1
1Department of Emergency, the First Affiliated Hospital of Sun Yat-Sen University; 2Department of vascular surgery, the First Affiliated Hospital of Sun Yat-Sen University

OBJECTIVES Embolic phenomena due to atrial fibrillation are the most frequently identifiable etiology of acute superior mesenteric artery embolism (SMAE). To report the repeated embolism of SMA due to atrial fibrillation and review the management strategies of this disease.

METHODS A 72-year-old female patient was transferred to the emergency room with acute severe abdominal pain and abdominal distention lasting for 1 week. She had the medical history of atrial fibrillation and hypertension at least 10 years, and embolectomy of SMA performed 12 days ago because of acute embolism at a tertiary hospital in the locality. A general physical examination revealed peritoneal irritation signs, diffuse abdominal tenderness, positive shifting dullness and absent bowel sound. Her blood pressure was 113/81 mmHg, heart rate was 153/min, her white blood cell count was 18,180/mm3, plasma D-dimer values was 3.79 mg/L. The emergency contrast-enhanced computed tomography (CT) scans demonstrated total occlusion of the SMA roots and stenoses of the distal segment of the celiac trunk.

RESULTS The patient was admitted to the vascular surgery and underwent urgent exploratory laparotomy on 14 Apr 2015. There was necrosis in the segment beginning from the 40th cm from Treitz to the splenic flexure of transverse colon. Gangrenous parts of jejunum, ileum and right hemicolon were resected, and the operation was completed with jejunocolostomy. The patient was followed up in...