Dr. Byung and colleagues have provided a well-written retrospective on their single hospital experience with 'isolated' superior mesenteric artery dissection (ISMAD). Early in the abstract, they point out an ambitious goal: to establish 'treatment guidelines' for this interesting and complex but definitely very rare vascular disorder. With all respect, however 'rare' and 'guidelines' form a contradiction in terms.

For instance, what does one generally do if, during a walk in the park, an aggressive local earthquake causes your slow three-legged dog to slide into a deep cleft with its leash chain getting trapped behind the exposed root of an oak tree just above the rapidly rising water from a ruptured sewer pipe? And your phone is dead?

I have combed the Internet, searched every possible reference, but did not find any reliable guidance, let alone evidence as to how to properly handle this sort of situation.

Same for ISMAD: there 'are' no guidelines, and there will be no guidelines for ISMAD ever.

I am making the point because I am just scared someone is going to pick up from here and go about starting a trial for this rarity, as the authors dutifully suggest. Next is a trial of isolated dissection of the renal artery, then the greater auricular, etc. And not only would that be ludicrous, it would be dangerous as well.

Let us instead continue to treat these rare disorders just as Dr. Byung and partners did; by deploying accurate diagnostics, sharp clinical judgement based on general knowledge about arterial dissection, a bit of intuition, solid (endo)vascular skills and a lot of dedication to the particular situation of each particular patient.

Do not get me wrong, this is an excellent, well illustrated and worthwhile report of a rare disorder with the accurate yet 100% predictable conclusion: to leave asymptomatic patients alone and apply open or endo techniques if that does not work. No less and no more.