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Mesenteric artery ischemia



Mesenteric artery ischemia occurs when there is a narrowing or blockage of one or more of the three major arteries that supply the small and large intestines. These are called the mesenteric arteries.

Causes

Narrowing of the arteries that supply blood to the intestine causes mesenteric ischemia. The arteries that supply blood to the intestines run directly from the aorta, the main artery from the heart.

Mesenteric artery ischemia is often seen in people who have hardening of the arteries in other parts of the body. The condition is more common in smokers and in people with high blood pressure or high blood cholesterol.



Mesenteric ischemia may also be caused by a blood clot ([embolus](#)) that suddenly blocks one of the mesenteric arteries. The clots usually come from the heart or aorta. These clots are more commonly seen in people with abnormal heart rhythms ([arrhythmias](#)), such as [atrial fibrillation](#).

Symptoms

Symptoms of long-term (chronic) mesenteric artery ischemia caused by hardening of the arteries ([atherosclerosis](#)):

- Abdominal pain after eating
- Diarrhea

Symptoms of sudden (acute) mesenteric artery ischemia due to a traveling blood clot:

- Diarrhea
- Sudden severe abdominal pain
- Vomiting

Exams and Tests

In acute mesenteric ischemia, blood tests may show a higher than normal [white blood cell](#) count and changes in the blood acid level. There may be bleeding in the GI tract.

A Doppler ultrasound or [CT scan](#) may show problems with the blood vessels and the intestine.

A mesenteric angiogram is a test that involves injecting a special dye into your bloodstream to highlight the arteries of the intestine. Then x-rays are taken of the area. This can show the location of the blockage in the artery.

Treatment

Acute mesenteric artery ischemia is an emergency. Treatment can include:

- Medicines to dissolve blood clots and widen the mesenteric arteries (vasodilators) if the problem is caused by a blood clot.
- Surgery to treat mesenteric ischemia.
- Surgery for chronic mesenteric artery ischemia involves removing the blockage and reconnecting the arteries to the aorta. A bypass around the blockage is another procedure. It is usually done with a plastic tube graft.
- Insertion of a stent. A stent may be used to as an alternative to surgery to enlarge the blockage in the mesenteric artery or to deliver medicine directly to the affected area. This is a new technique and it should only be done by experienced health care providers. The outcome is usually better with surgery.

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Outlook (Prognosis)

The outlook for chronic mesenteric ischemia is good after a successful surgery. However, it is important to make lifestyle changes (such as a healthy diet and exercise) to prevent hardening of the arteries from getting worse.

People with acute mesenteric ischemia often do poorly because portions of the intestine may die before surgery can be done. However, with prompt diagnosis and treatment, acute mesenteric ischemia can be treated successfully.

Possible Complications

Tissue death from lack of blood flow (infarction) in the intestines is the most serious complication of mesenteric artery ischemia. Surgery may be needed to remove the dead portion.

When to Contact a Medical Professional

Call your health care provider if you have:

- Changes in bowel habits
- Fever
- Nausea
- Severe abdominal pain
- Vomiting

Prevention

The following lifestyle changes can reduce your risk for narrowing of the arteries:

- Getting regular exercise
- Following a healthy diet
- Treating heart rhythm problems
- Keeping your blood cholesterol and blood sugar under control
- Quitting smoking

Alternative Names

Mesenteric vascular disease; Ischemic colitis

References

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Updated by: Todd Eisner, MD, Private practice specializing in Gastroenterology, Boca Raton, FL. Affiliate Assistant Professor, Florida Atlantic University School of Medicine. Review provided by VeriMed Healthcare Network. Also reviewed by David Zieve, MD, MHA, Isla Ogilvie, PhD, and the A.D.A.M. Editorial team.

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