53F with chronic epigastric pain

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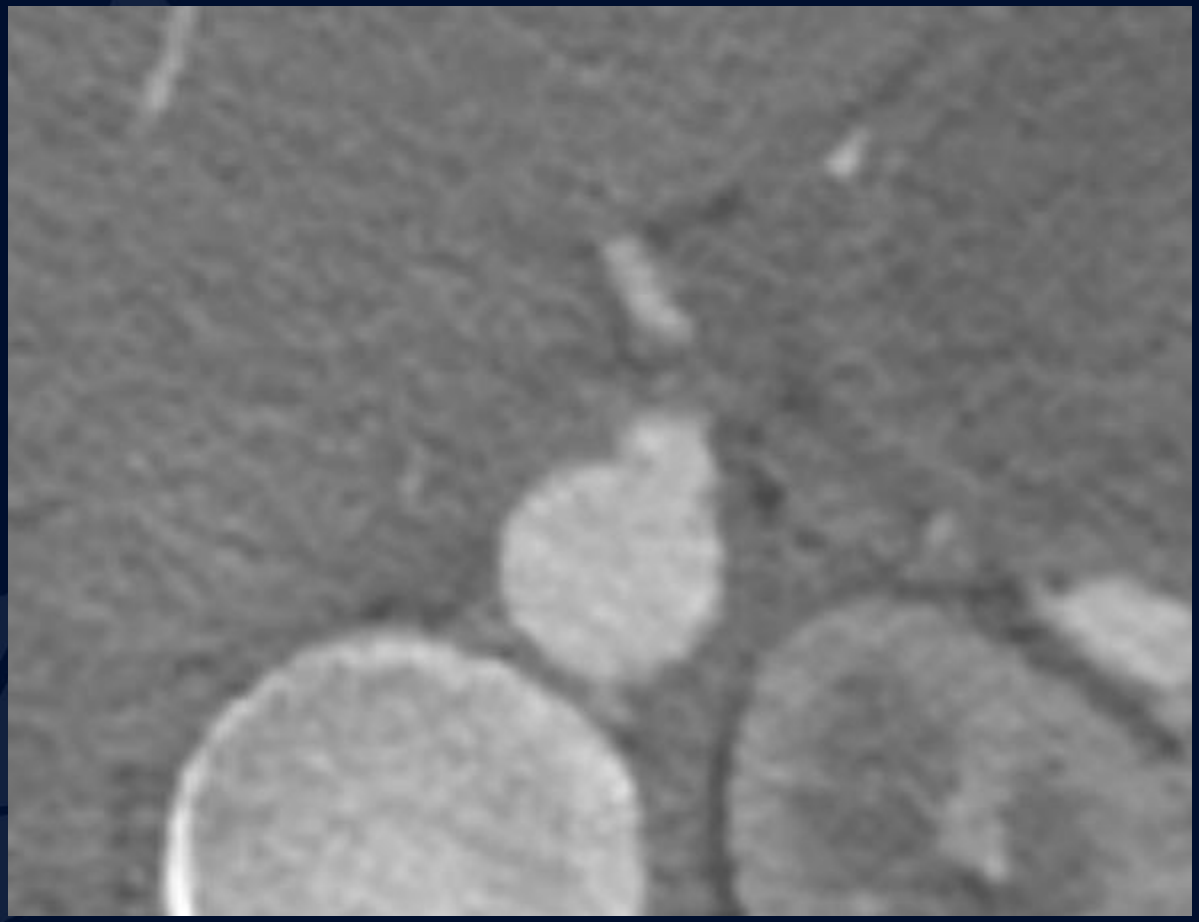

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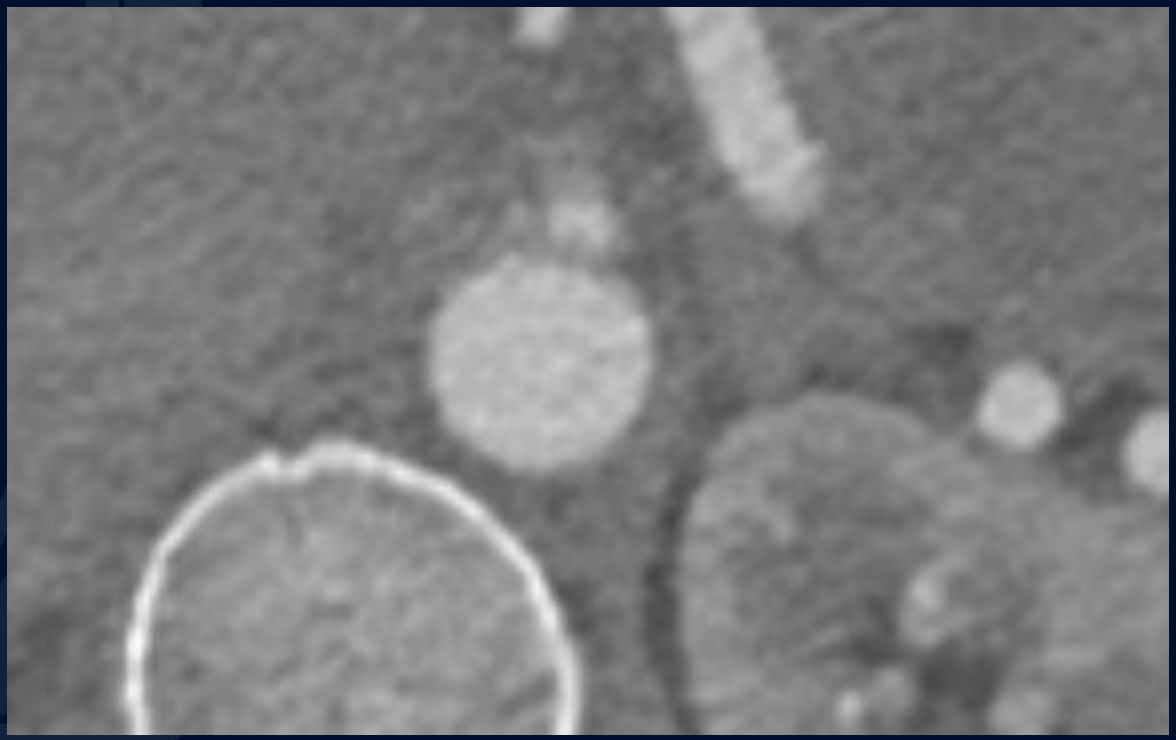

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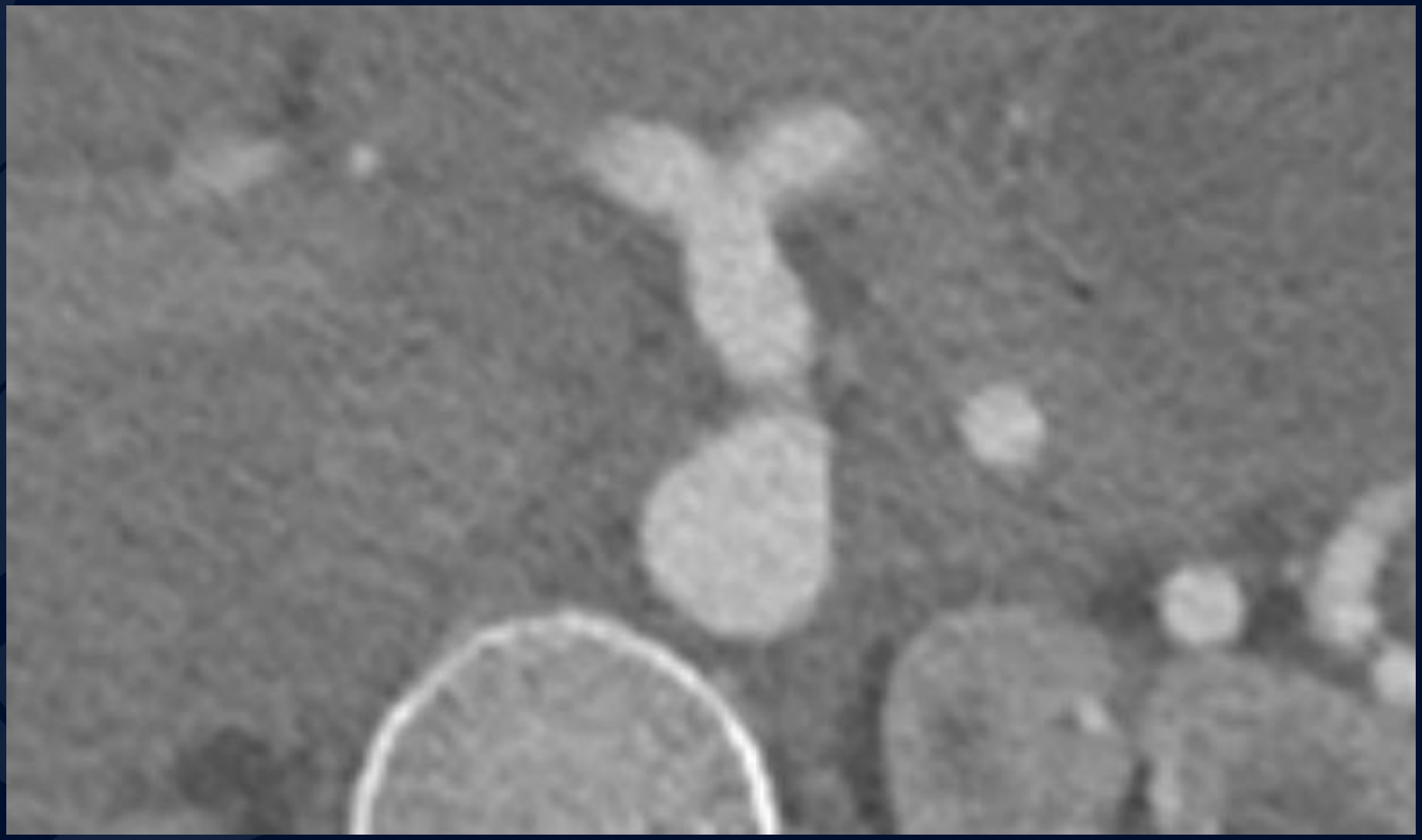

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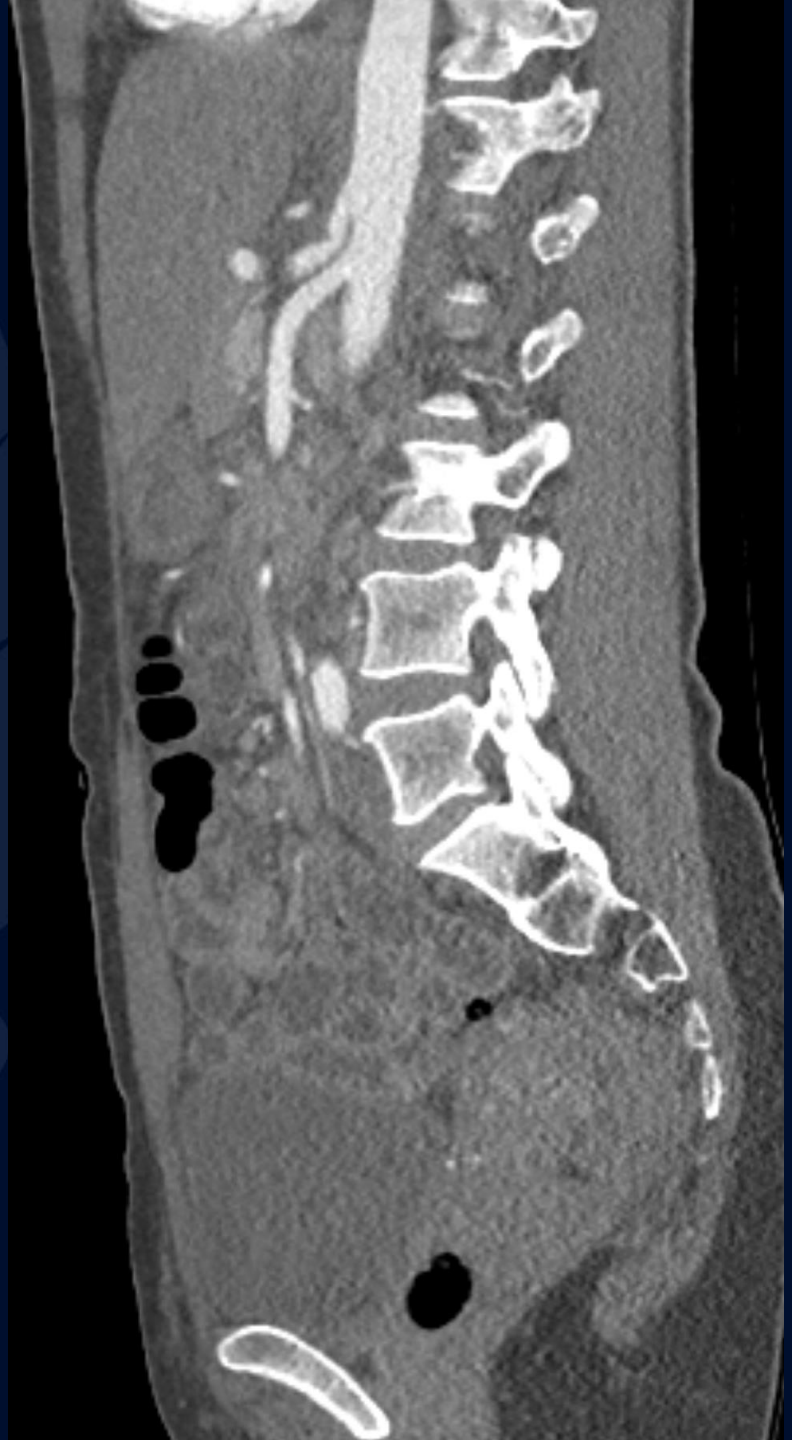

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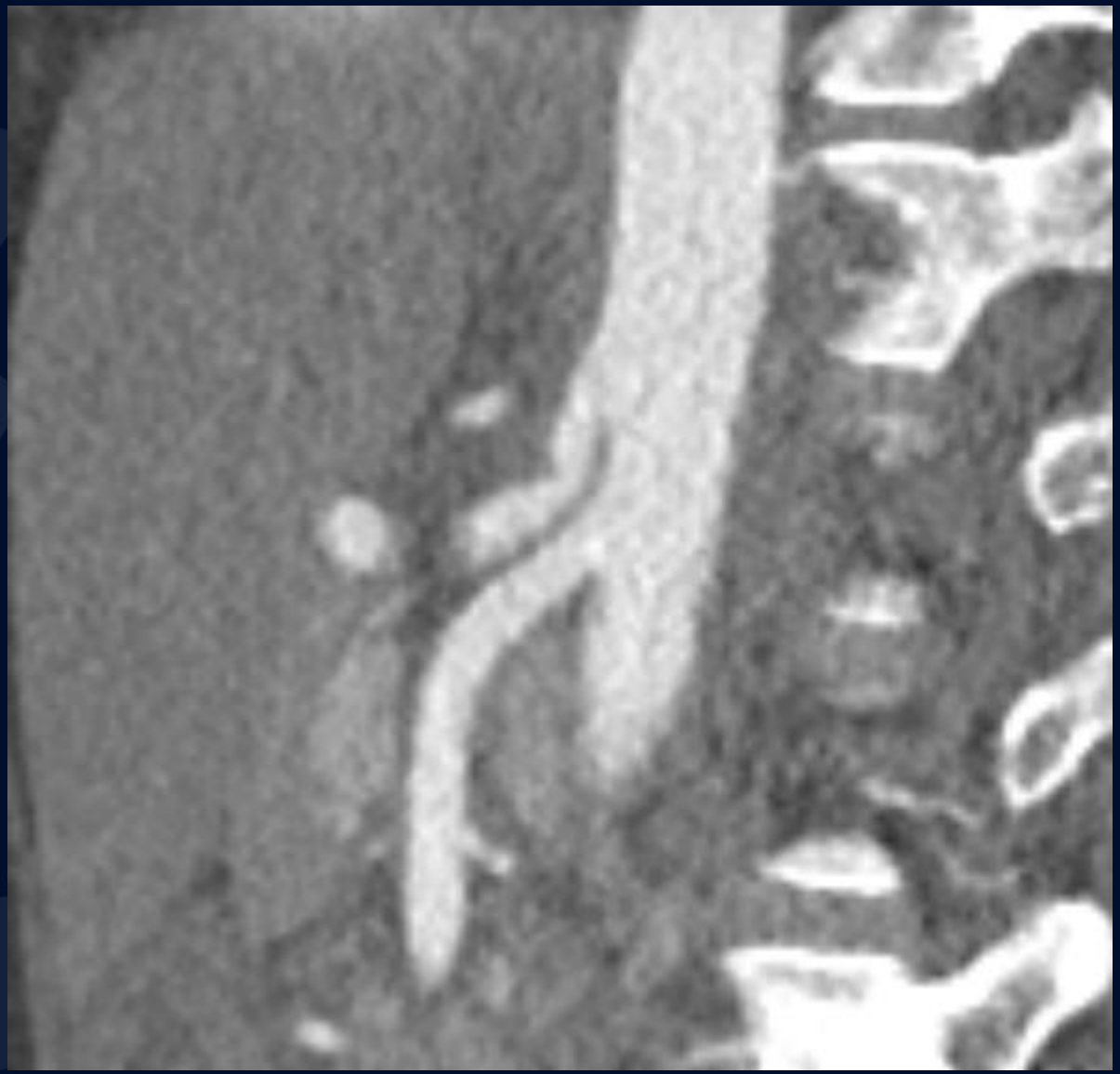

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Celiac artery compression syndrome

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Mild dilatation of celiac artery distal to kink

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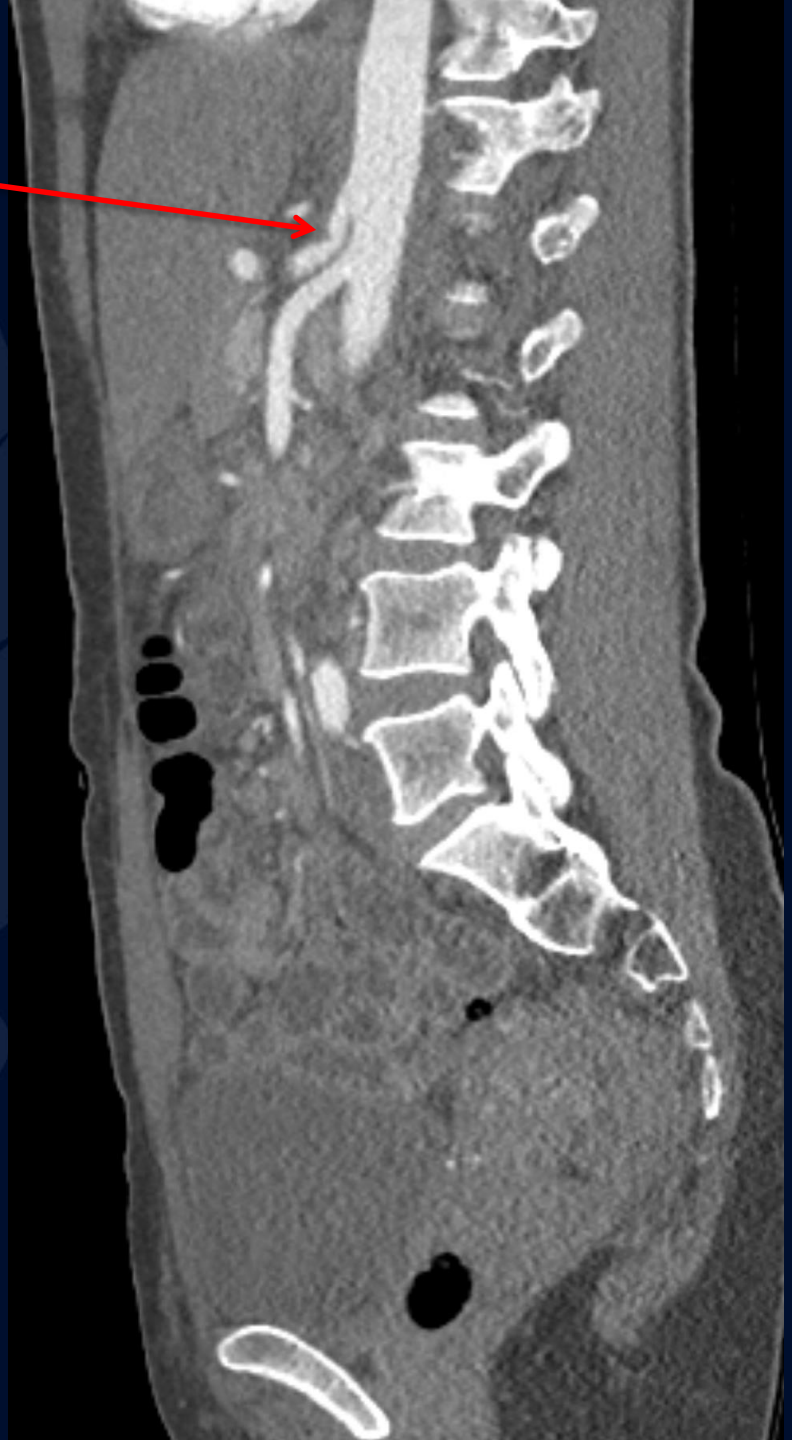
Notched or kinked appearance of proximal celiac artery secondary to compression by the median arcuate ligament



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Notched or kinked appearance of proximal celiac artery

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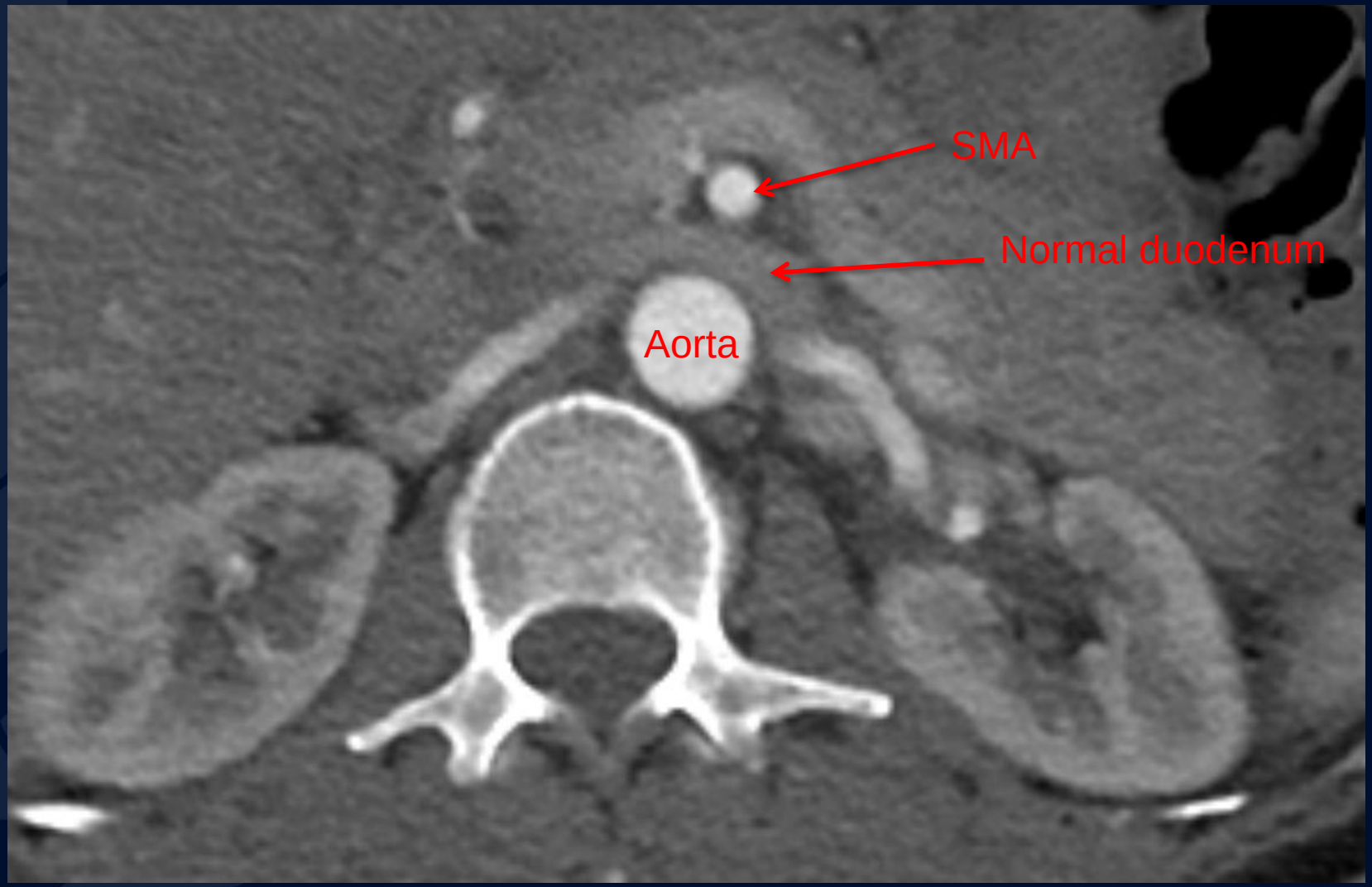

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Celiac artery compression syndrome (aka median arcuate ligament syndrome)

- Diagnosis best made on CTA or MRA images
- Median arcuate ligament: fibrous arch which at the crura of diaphragm which overlays aorta
- Celiac artery compression accentuated during expiratory phase of respiration; expiration useful during imaging for detection
- Compression of celiac artery may occur at the proximal celiac artery, demonstrating a notched or kinked appearance from external compression rather than internal stenosis

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Celiac artery compression syndrome

- A.K.A. celiac axis syndrome, median arcuate ligament syndrome, and Dunbar syndrome
- Diagnosis of exclusion for chronic epigastric or abdominal pain
- Symptom triad: postprandial abdominal pain, weight loss, +/- abdominal bruit
- Epidemiology: F>>M, 4^{th}-6^{th} decades of life, low BMI
- Definitive Dx made with CTA/MRI + US
- Treatment: surgery in highly select patients

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References

1. Gloviczki P, Duncan AA. Treatment of celiac artery compression syndrome: does it really exist? Perspect Vasc Surg Endovasc Ther 2007; 19:259.
2. Kim EN, Lamb K, Relles D, et al. Median Arcuate Ligament Syndrome-Review of This Rare Disease. JAMA Surg 2016; 151:471.
3. Weber JM, Boules M, Fong K, et al. Median Arcuate Ligament Syndrome Is Not a Vascular Disease. Ann Vasc Surg 2016; 30:22.

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