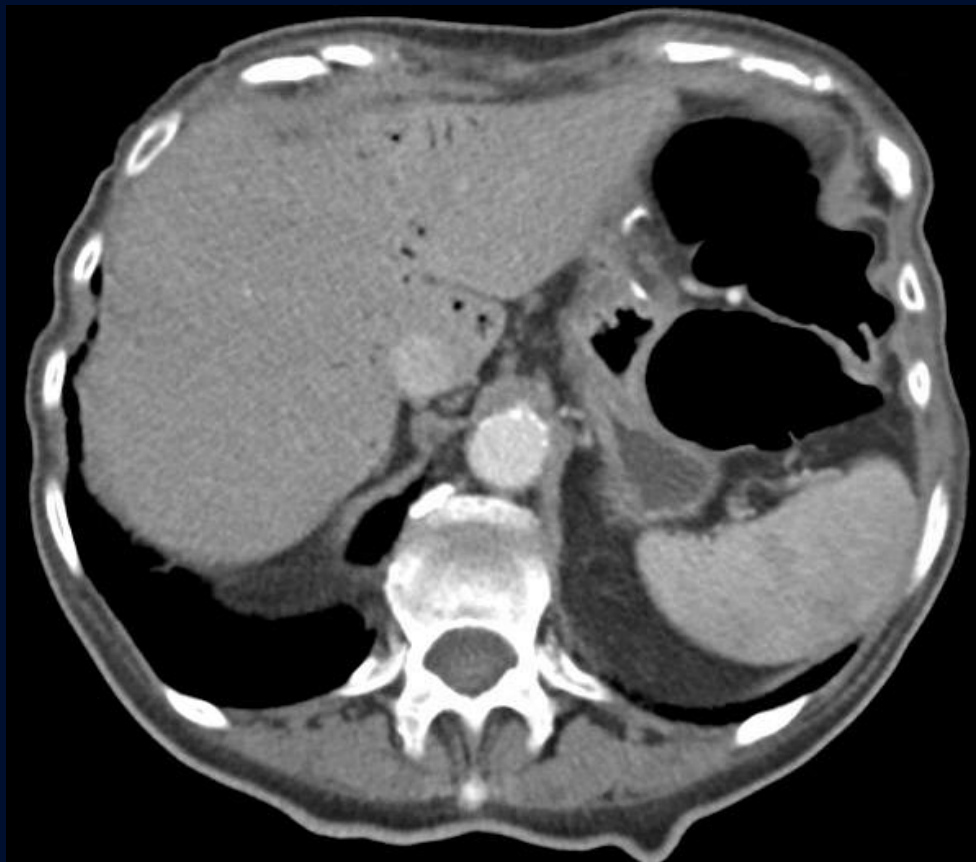
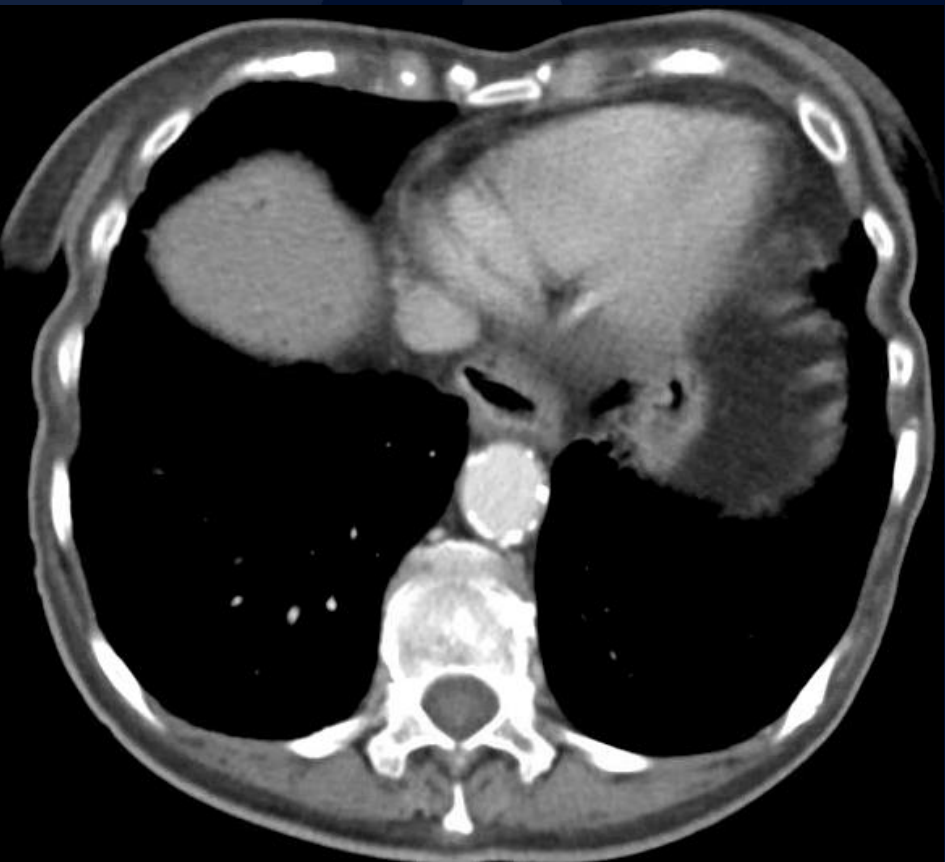


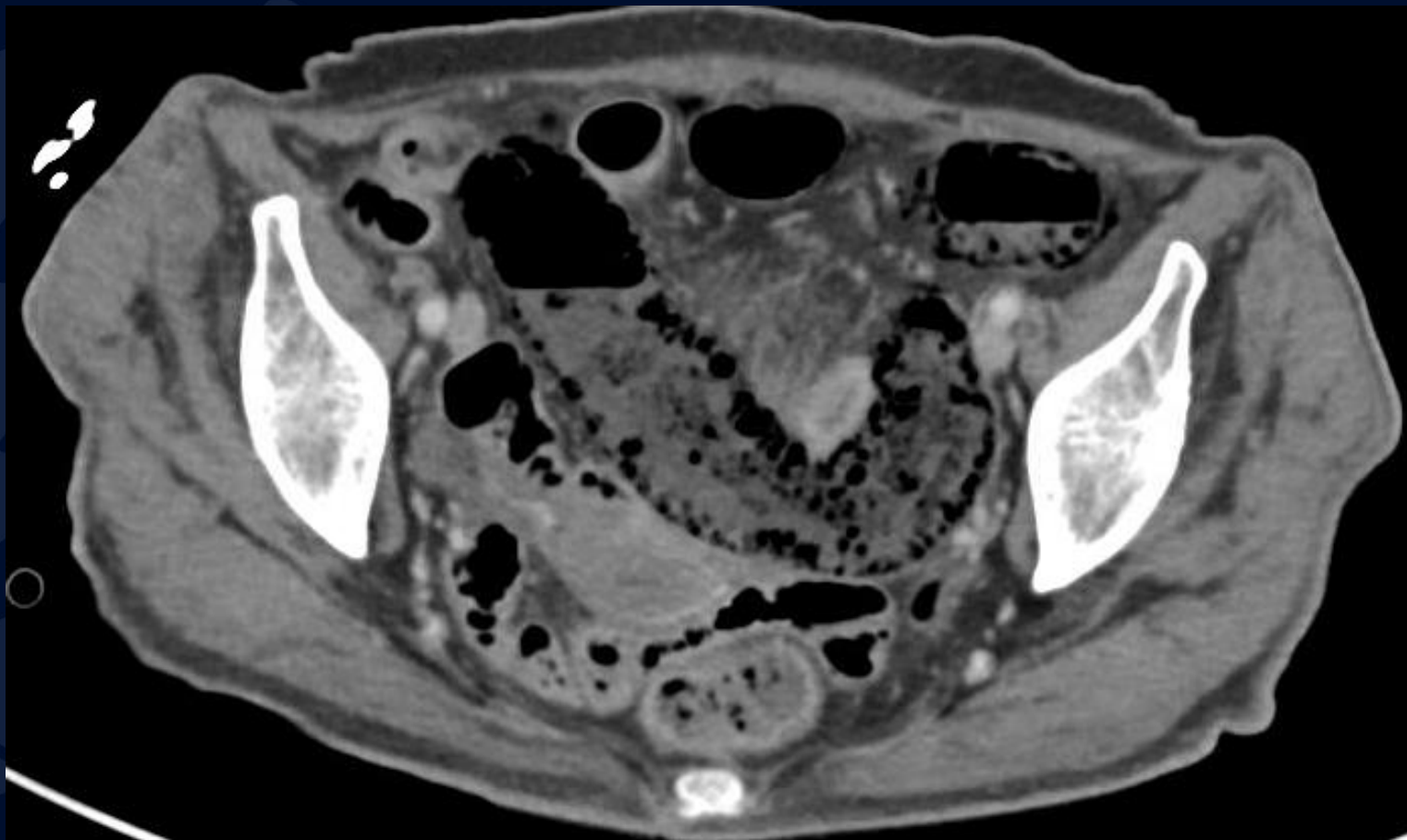
86-year-old female presenting
with 1-day history of abdominal
pain, nausea, vomiting, and non-
bloody diarrhea

Xenia Bradley, MS3

CT IV Contrast



CT IV Contrast

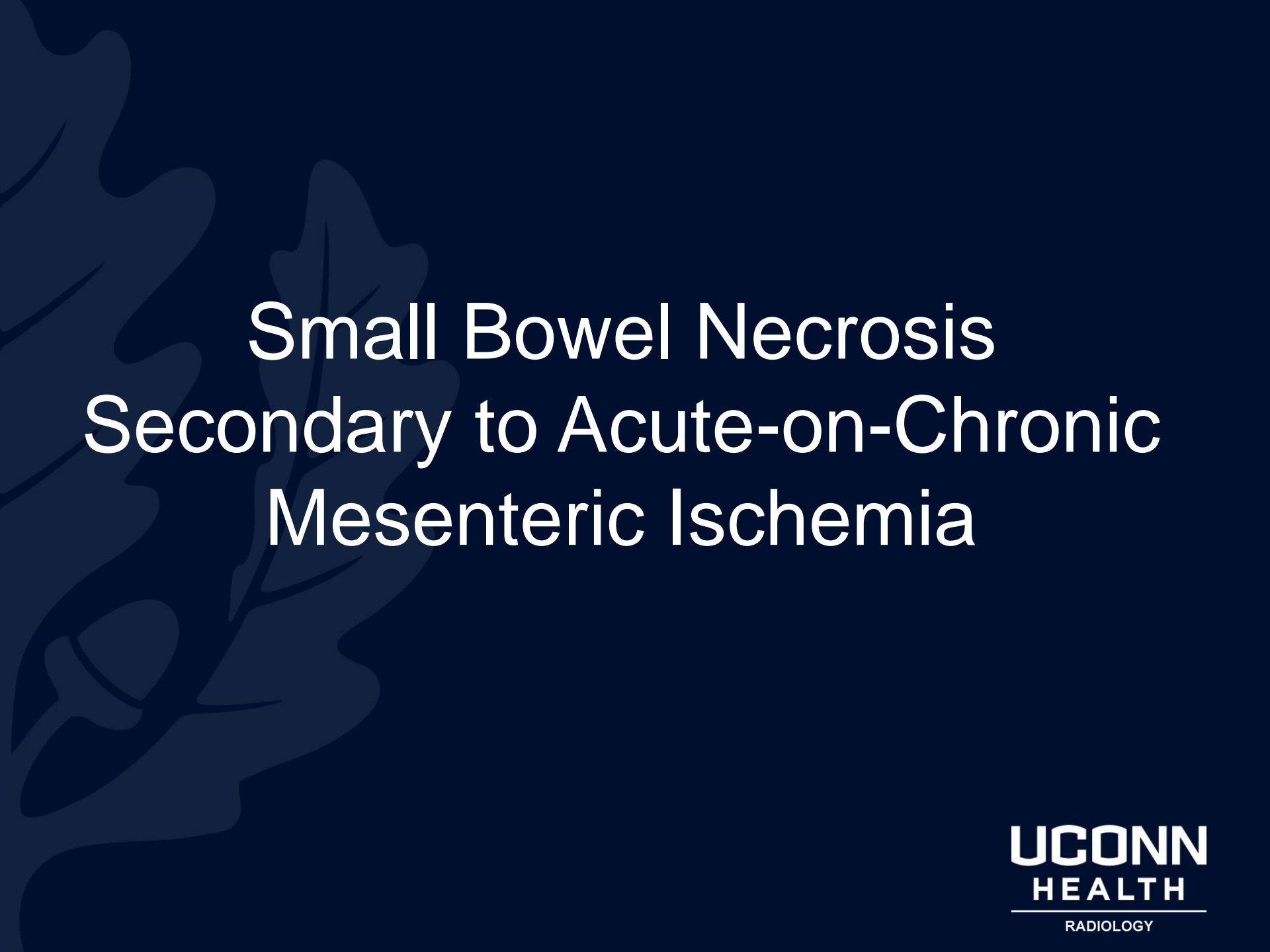


CT IV Contrast



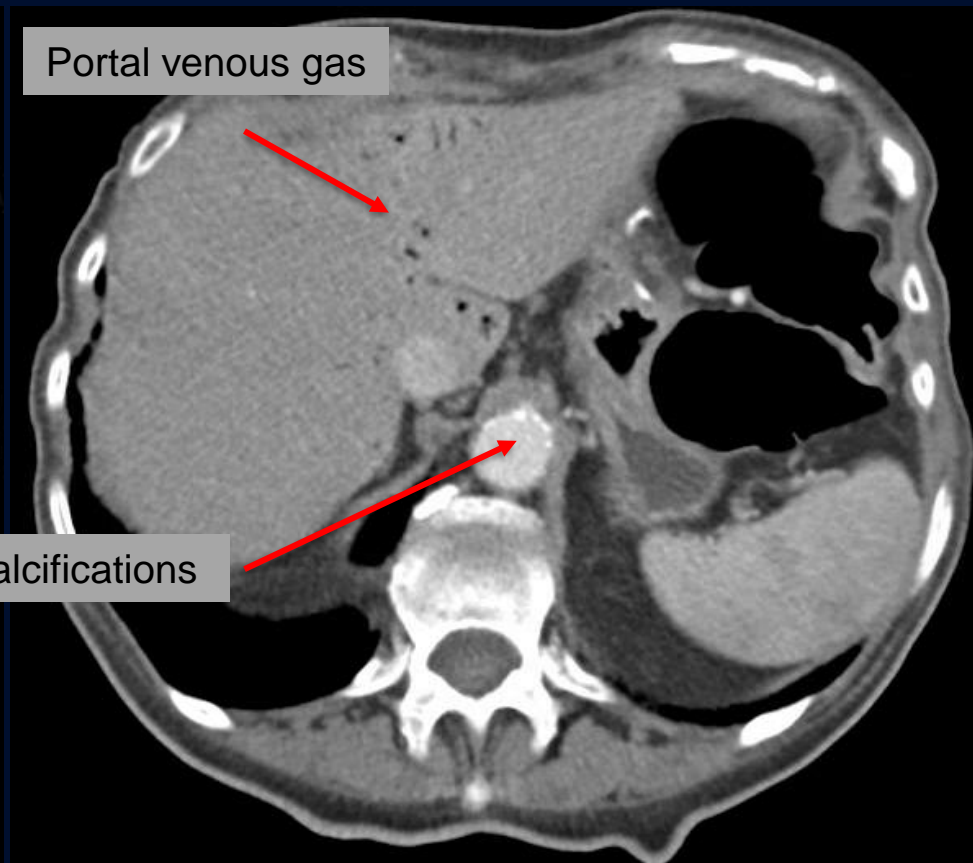
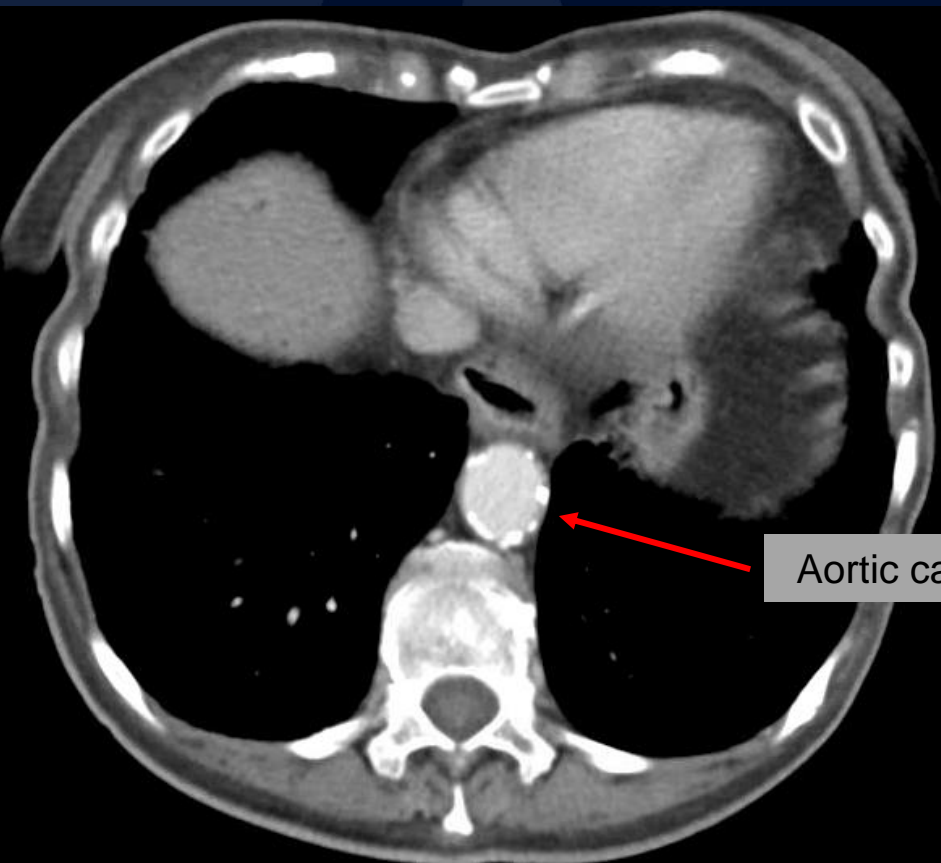


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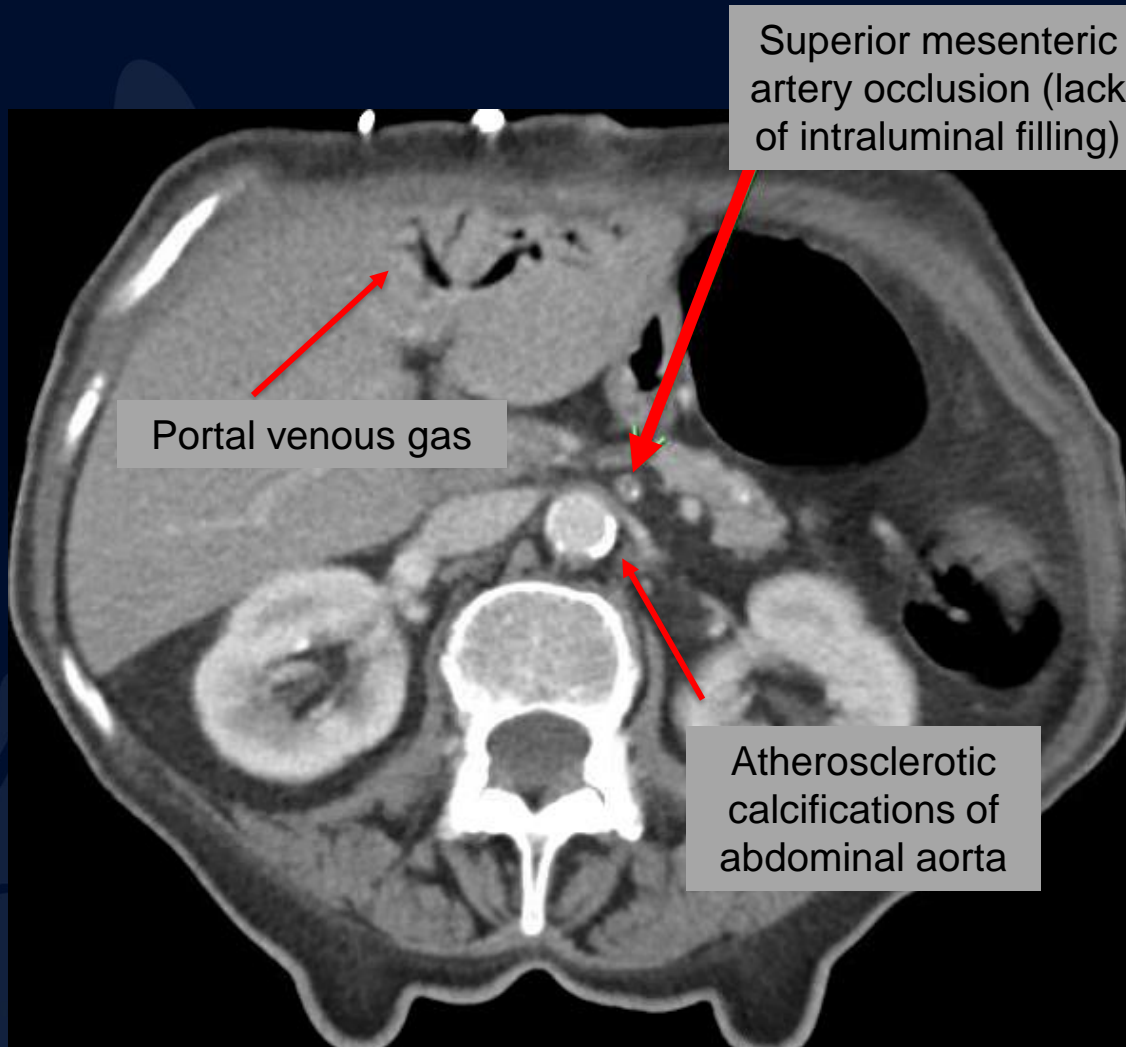
The background of the slide features a dark blue, stylized pattern of overlapping leaves or branches, creating a textured, organic feel. The main text is centered and rendered in a clean, white, sans-serif font.

Small Bowel Necrosis Secondary to Acute-on-Chronic Mesenteric Ischemia

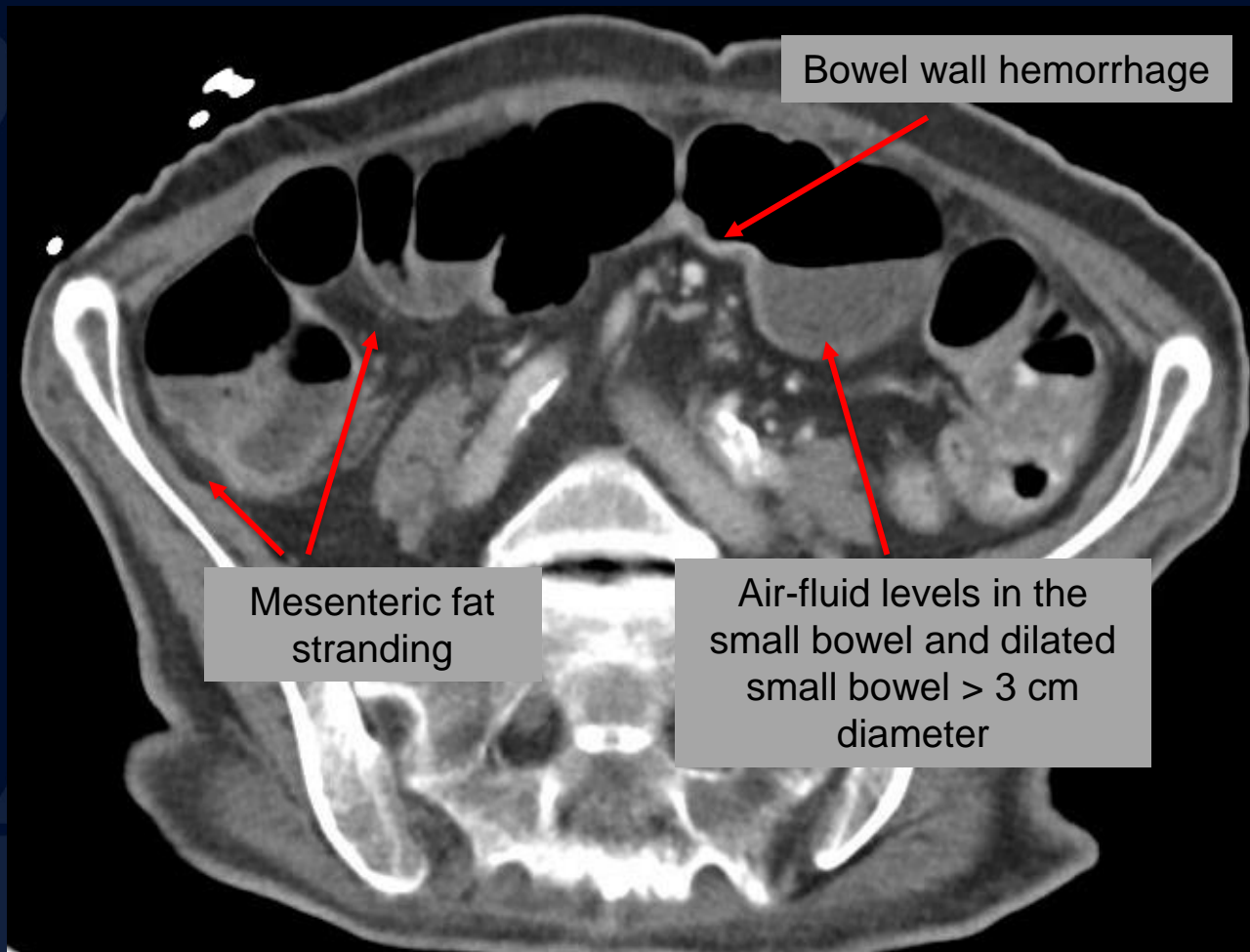
CT IV Contrast



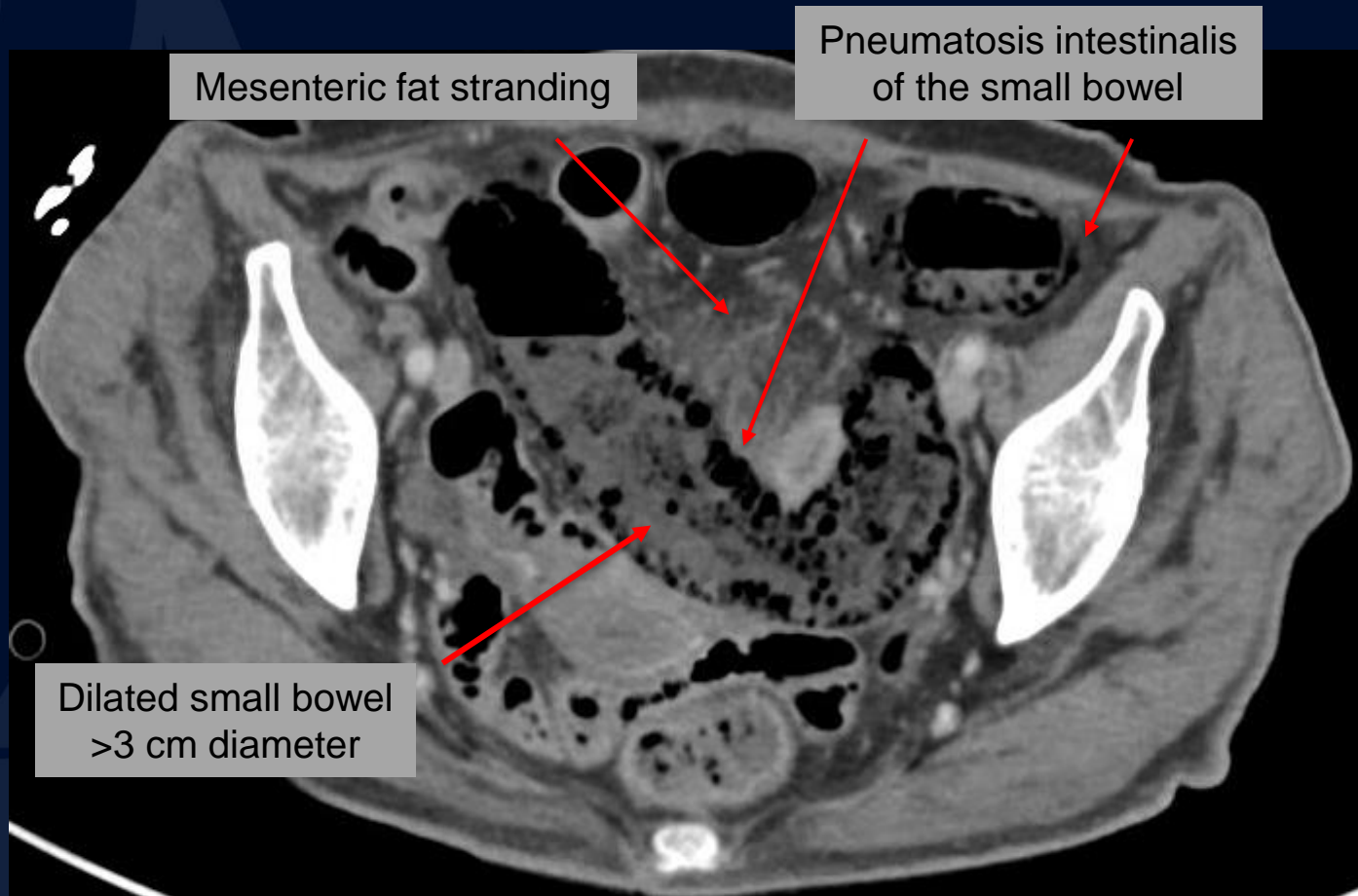
CT IV Contrast



CT IV Contrast

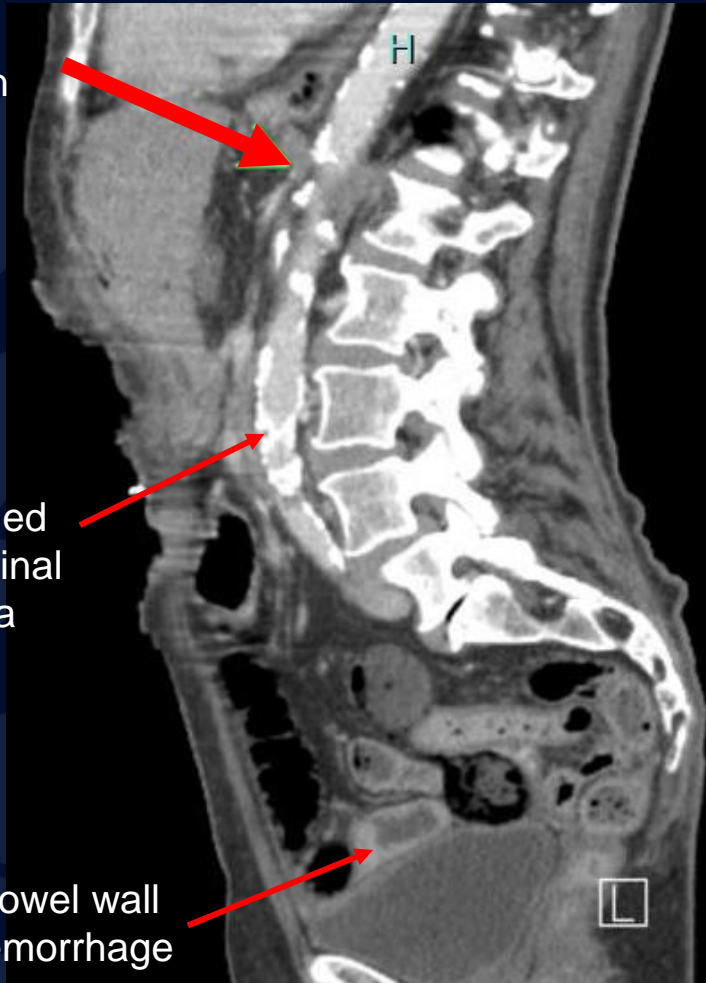


CT IV Contrast



CT IV Contrast

SMA
occlusion



Pneumatosis
intestinalis of the small
bowel

UCONN
HEALTH

RADIOLOGY

Mesenteric Ischemia

- **Pathophysiology:** vascular compromise of the bowel and its mesentery – very high mortality if not emergently treated
 - Acute mesenteric ischemia is a more common etiology than chronic mesenteric ischemia
- **Clinical presentation:** severe abdominal pain disproportionate to exam
 - Dehydration and fluid loss from third-spacing can cause mental confusion, tachycardia, tachypnea, circulatory collapse.
 - Lab findings likely include metabolic acidosis with elevated anion gap and lactate levels, leukocytosis, and hemoconcentration
- **CT** is the first-line diagnostic study
 - Pneumatosis intestinalis and portalis, pneumoperitoneum from bowel perforation, arterial changes (lack of enhancing SMA lumen), bowel changes (thick or thin wall, dilated bowel loops, air-fluid levels), free fluid, mesenteric edema
- **Treatment:** endovascular thrombolysis / thrombectomy if thrombus identifiable, necrotic bowel resection, arterial bypass
- **Prognosis:** arterial occlusive mesenteric ischemia 75-90% mortality despite treatment

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