



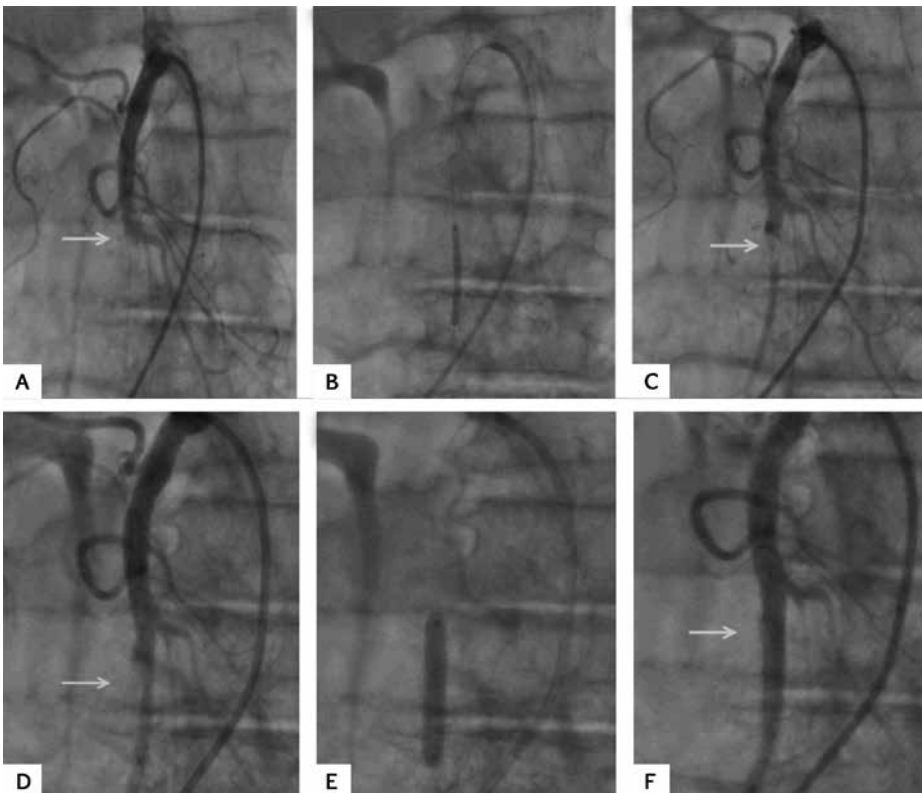
## Successful Recanalization of Acute Superior Mesenteric Artery Thrombotic Occlusion

### Süperior Mezenterik Arter Akut Oklüzyonunun Başarılı Tedavisi

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A 73-year-old woman was admitted to our emergency unit with abdominal pain evolving over the last 4 h. On performing a physical examination, diffuse tenderness without notable rebound tenderness was observed. On performing electrocardiogram, atrial fibrillation of unknown duration was noted. She was not receiving any anticoagulant therapy. Transthoracic echocardiography showed normal ejection fraction, biatrial enlargement and moderate mitral regurgitation. Multislice computed tomography angiography of the abdominal arteries showed occlusive thromboembolism in the mid-portion of the superior mesenteric artery (SMA). After she was treated with 300 mg of aspirin, 600 mg of clopidogrel, and a weight-adjusted (70 IU/kg) bolus of unfractionated heparin, mesenteric angiography was performed, revealing an acute occlusive thromboembolism of the SMA, which was 1-2 cm away from the origin (Figure 1A). We decided to perform endovascular revascularisation, instead of surgical embolectomy, for acute mesenteric ischemia. After thrombus aspiration, the control angiographic view showed residual focal severe stenosis in the mid-portion of the SMA (Figure 1B,C). After balloon predilatation, we implanted a balloon expandable stent F (Figure 1D, E) in the SMA, and complete revascularisation was achieved (Figure 1F).



**Figure 1.** Figure A shows an acute occlusive thromboembolism of the SMA. Figure B, C, D, E, F show the percutaneous intervention and successful recanalization of the SMA by Stages.

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