Stent Implantation of Critical Stenosis in Celiac Trunk

Çölyak Arterdeki Kritik Darlığa Stent Yerleştirilmesi

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A 69-year-old male patient presented with postprandial abdominal pain, food fear and significant weight loss (25-30 kg) that gradually worsened over the past 4 years, suggesting a diagnosis of chronic mesenteric ischemia. Eight months ago, he had had a myocardial infarction (MI) followed by coronary artery bypass grafting (left internal mammarian artery to left anterior descending artery (LIMA-LAD) and aorta-circumflex artery (Ao-CX)), as well as a long-standing history of hypertension and smoking for years. Laboratory examination was normal with the exception of elevated fasting hyperglycemia (124 mg/dL). The electrocardiography showed sinus rhythm with right bundle branch block. He reports having undergone gastroenterology examination several times in the past. No pathology could be detected in endoscopy and colonoscopy. Celiac and mesenteric angiography were performed that demonstrated 90% stenosis of celiac artery. Considering the symptoms, intervention to the lesion was planned. The patient was taken to the angiography laboratory. Selective catheterization of the celiac trunk was performed by a 7F right Judkins catheter guide sheath through the femoral artery from anteroposterior and left lateral projections. Endovenously, 10.000 U of heparin was administered. The stenosis was passed by a 0.014 hi-torque extra support guidewire. The lesion was predilated with a 4.5 x 12 mm balloon. A 6.0 x 18 mm balloon expandable stent was implanted after ballooning. The lesion was fully opened. No complications occurred. After the procedure, the patient was completely symptom-free during and after meals, which also provided significant psychological relief due to recuperation of the ability to eat without fear.



Figure 1. (A) Digital subtraction angiography image of the severe occlusion of the celiac trunk (B) Ballooning of celiac trunk, (C) Placement of stent into celiac artery ostium, (D) Image showing successful recanalization of the celiac artery.



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