Acute mesenteric ischaemia: irreversible bowel damage versus reversible ischaemic changes.
Single centre experience

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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

I do not have any potential conflict of interest.
Acute mesenteric ischaemia

- High mortality rate (50-90%)
- Prognosis depends on:
  - early recognition
  - accurate diagnosis
  - timely intervention

How to recognize irreversible bowel damage?
- Avoid unnecessary surgery ("abdominal airing")
- Avoid revascularisation of the necrotic bowel
Material & Method

- Retrospective single centre study
  2006 – 2014 Tartu University Hospital (Estonia)

- 106 patients operated due to the acute mesenteric ischaemia (open surgery)

  - Diagnostic laparotomy (DgnL) – 50
  - Revascularization (REV) – 43
  - Bowel resection (BOW) – 13

<table>
<thead>
<tr>
<th></th>
<th>ALL</th>
<th>1.DgnL</th>
<th>2.REV</th>
<th>3.BOW</th>
<th>alive</th>
<th>dead</th>
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<td>50</td>
<td>43</td>
<td>13</td>
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<td>25</td>
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<tr>
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<td>0</td>
<td>24</td>
<td>7</td>
<td>73</td>
<td>77</td>
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<td>77</td>
<td>76</td>
<td>64</td>
<td>73</td>
<td>77</td>
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<tr>
<td>history</td>
<td>33 h</td>
<td>43 h</td>
<td>23 h</td>
<td>40 h</td>
<td>22 h</td>
<td>31 h</td>
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CTA findings:

- Occlusion or stenosis of the superior mesenteric artery
- Bowel wall thickening
- Pneumatosis
- Distended, thin-walled (mostly small) bowel

<table>
<thead>
<tr>
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In everyday practice, using the common laboratory tests and routine diagnostic procedures, we could not recognize patients with irreversible bowel damage in the case of AMI. Hence invasive treatment should be considered for all AMI patients whose general condition allows to undergo it.

Poorer outcome
- longer history
- older age
- higher values of inflammation indicators
- decreased kidney function

"Carotid stenosis: from silent atherosclerosis to symptoms"