

**RF9 The Endovascular Treatment of a Superior Mesenteric Artery Embolism in a Jehovah's Witness**

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Despite recent advances, emergent treatment of acute mesenteric ischemia (AMI) carries a mortality of 40-60%. Endovascular therapy provides a reasonable option for high-risk patients with AMI who will not tolerate a laparotomy. We present a case of successful endovascular embolectomy of the superior mesenteric artery (SMA), visceral aorta, and right iliac artery in a high-risk octogenarian who refused the transfusion of blood products. The patient was an 83 year old Jehovah's Witness with hypertension, diabetes mellitus, chronic atrial flutter, and congestive heart failure who presented with generalized fatigue. She was found to have second-degree heart block and was admitted for permanent pacemaker placement. On the day of the cardiac procedure, she began to experience diffuse abdominal pain and right-sided leg pain. The following day, contrast-enhanced computed tomography revealed a mid-aortic thrombus with occlusion of the SMA, aorta, and right common iliac artery and vascular surgery was consulted. She was taken to the operating room, where an anterior-posterior abdominal aortogram confirmed a non-occlusive thrombus in the visceral aorta, but patent left renal and celiac arteries. A Fogarty balloon catheter was advanced into the left renal artery and inflated to protect the left kidney from emboli. Endovascular aortic, SMA and right iliac embolectomies were then performed. Residual ostial SMA narrowing was noted, therefore two 6 X 18 mm balloon-expandable stents were advanced into the SMA and deployed. The Fogarty catheter in the left renal artery was deflated, and repeat angiogram revealed brisk antegrade flow through the recannulated SMA, celiac artery, and left renal artery. Bilateral common femoral embolectomies were then performed resulting in brisk flow to the lower extremities. She was returned to the surgical intensive care unit on intravenous heparin and was eventually converted to oral warfarin therapy. Her renal function returned without need for dialysis, her bowel ischemia resolved, and she never required transfusion of blood products. Six weeks after her procedure, the patient was discharged to a subacute rehabilitation center. As older patients present with more comorbidities, endovascular techniques will play an increasingly large role in the treatment of acute mesenteric ischemia.