

## Slimming by eating: a dream or a nightmare? A particular case of chronic mesenteric ischaemia

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### Background

Chronic mesenteric ischaemia (CMI) is an uncommon and underdiagnosed clinical condition that includes stenosis or chronic occlusion of the celiac trunk, superior mesenteric artery (MSA) and inferior mesenteric artery. It is characterized by postprandial abdominal pain and weight loss with preserved appetite. The most common cause is atherosclerosis, followed by Vasculitis and fibro muscular dysplasia.

### Case History

64 years-old male with an involuntary weight loss of 10 kg in three months, is hospitalized in our division. Risk factors: arterial hypertension. Performed oncological markers, EGDS and colonoscopy, autoimmunity, thyroid and dyslipidemia profile with negative results; heterozygosity of the MTHFR gene.

The suspicion of HCM was raised and abdominal AngioTC was performed, finding stenosis of more than 90% of the celiac trunk and 75% of the MSA, followed by abdominal aortography with

stent insertion in the MSA and subsequent body weight gain. Subsequently Cardio-CT and coronarography were performed, with finding of total occlusion of the distal part of the right coronary artery and 70% of the MSA treated with PTCA+stent.

### Discussion

Symptomatic HCM is rare, while the asymptomatic form affects 14% of adults with possible even fatal repercussions. The incidence of CMI is higher than previously believed and increases with age. The present clinical case demonstrates how this pathological entity, although serious, is underdiagnosed and how fundamental is the clinical assessment of the internist from whose critical eye the suspicion of CMI arose, confirmed by the appropriate therapeutic and diagnostic procedure immediately activated.

### Reference

1. Anandan AS, Silva M. Ann Med Surg Lond (2022) chronic mesenteric ischemia: Diagnosis management.