Treatment of Spontaneous Isolated Superior Mesenteric Artery Dissection

To the Editor:
We read with great interest the recent article by Tomita et al. They raised an important issue on the management of spontaneous isolated superior mesenteric artery (SMA) dissection. The authors concluded: (1) patients who were highly suspected of having severe intestinal ischemia or necrosis on CT scan and blood test results had an indication for surgical intervention; and (2) conservative management should be considered first to the patients with spontaneous isolated SMA dissection. However, we would like to elaborate on those conclusions.

There are many articles reporting that the treatment decision should be based on the severity of the symptoms; however, the treatment decision of this study was based on the severe intestinal ischemia or necrosis on CT scan and blood test results, rather than the severity of the symptoms. Besides, the authors did not exactly define severe intestinal ischemia.

Although conservative management could be an optimal treatment strategy for SMA dissection, endovascular treatment should be considered first for patients who have severe intestinal ischemia or dissecting aneurysm likely to rupture, and surgical intervention should be considered first for patients with bowel necrosis.

References