Isolated dissection of the superior mesenteric artery (ID-SMA) is considered as a rare disorder. We report a case of IDSMA that mimicked common causes of acute abdominal pain. A 52-year-old healthy man came to the emergency room with a sudden onset of moderate right lower quadrant and periumbilical abdominal pain for 2 hours. He also reported breaking out in a cold sweat for five minutes but denied any other symptoms. An abdominal examination revealed a flat and slightly tender right lower quadrant. Initial investigations, laboratory data and abdominal ultrasound were normal. We chose to focus on the continuous pain that had started at a precise moment he could clearly pinpoint, and contrast CT angiography was performed. The findings showed dissection with thrombosis in the proximal SMA (Picture a and b). Although patients with this disease may undergo extensive workups for abdominal causes (1, 2), taking a careful history concerning the instantaneous development of continuous pain is helpful for a quick diagnosis.

The authors state that they have no Conflict of Interest (COI).

References


The Internal Medicine is an Open Access article distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (https://creativecommons.org/licenses/by-nc-nd/4.0/).