Unusual Complication of Frailty: Superior Mesenteric Artery Syndrome

Yuji Okazaki¹, Yusuke Higashi¹ and Hidehiko Takigawa²

Key words: superior mesenteric artery syndrome, frailty

The patient was an 89-year-old-man who was hospitalized due to bilateral foot drop caused by lumbar spine stenosis. His body mass index at admission was 19 kg/m² and his body weight had decreased 5 kg over four months. According to the Cardiovascular Health Study Frailty Screening Scale, he met the diagnostic criteria for frailty. He suddenly complained of epigastric pain and vomiting. Contrast-enhanced computed tomography (CT) revealed a bloated stomach and a sandwiched horizontal portion of the duodenum between the aorta and superior mesenteric artery (SMA) (Picture 1). Abdominal ultrasonography revealed that the angle between the aorta and SMA was 6° and the distance was 4.2 mm (Picture 2), which fulfilled the diagnostic criteria for SMA syndrome (1). He completely recovered after gastric decompression using a nasogastric tube. Prolonged bed rest and weight loss can contribute to decreased acuity of the angle between the aorta and SMA. Since social concern in relation to frail elderly people has been growing (2), we should give this rare complication special consideration.

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

References