

Acute mesenteric ischaemia

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Acute mesenteric occlusion may be either thrombotic (following atheromatous narrowing) or embolic. Embolic occlusion results in sudden, severe abdominal pain, with bowel emptying (vomiting and diarrhoea) and a source of emboli present (usually cardiac). Unfortunately, the diagnosis is often only made at laparotomy with widespread infarction of the small and large bowel present; in this situation it is often fatal. Occasionally, the degree of bowel infarction is more limited; resection of the dead bowel and embolectomy of the superior mesenteric artery may be indicated. A 'second look' laparotomy 24 hours later to check the viability of the bowel may be indicated.

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