

Ischaemia infarction

Ischaemia/infarction

The most useful test when bowel ischaemia or infarction is suspected is a CT scan. Intravenous contrast administration is essential to look for thrombus/embolus in the mesenteric vessels, though ischaemia due to low-flow states can still occur in their absence. Ischaemia can be a difficult diagnosis to make radiologically but is suspected, in the appropriate clinical context, by bowel wall thickening, submucosal oedema and free fluid between the folds of the mesentery (particularly if haemorrhagic). Ischaemia must be strongly suspected if these findings are seen in association with a closed loop obstruction or strangulated hernia. Ischaemic colitis typically affects the 'watershed area', which is the junction of the areas supplied by the superior and inferior mesenteric arteries, typically in the region of the splenic flexure. When bowel wall ischaemia proceeds to transmural infarction, the diagnosis is usually more straightforward with evidence of pneumatosis (air in the bowel wall) typically identified. The air in the bowel wall can then track into mesenteric veins and thence to the portal vein, a CT sign of grave prognostic significance in an adult as it implies widespread and relatively longstanding bowel infarction. Ischaemia/infarction

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