

Ischemic Bowel Disease.

R Bindra

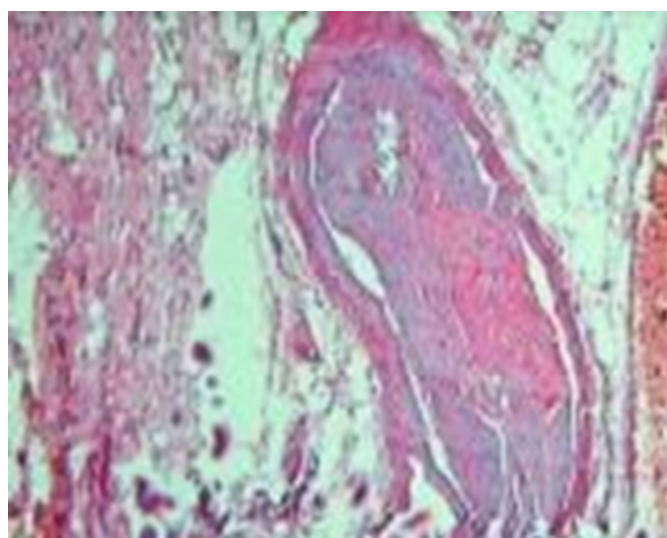
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Abstract

The ischemic bowel diseases are a heterogenous group of disorders usually seen in elderly individuals. They represent ischemic damage to different portions of the bowel and therefore produce a variety of clinical syndromes and outcomes.(1) Colonic ischemia is the commonest of these disorders and has a favourable prognosis in most cases.(2)

Figure 1



Resected specimen of jejunum measuring 11cm in length.was received in the pathology department for gross and microscopic examination .Gross examination showed a

Stricture measuring 6 cm in length.

Cut section :-

Stricture part showed loss of mucosal folds.

Uniformly grey-white in colour with focal yellow white areas.

Rest of mucosa was normal

M/E shows full thickness mucosal wall necrosis,mixed inflammatory cells in wall of intestine and thrombi seen in

lumen of blood vessels.

Based on above histopathological findings diagnosis of ischemic bowel disease was made

Histopathology(400x)H/Estaining fig.shows thrombus in lumen of vessel.

The subsets of acute mesenteric ischemia include mesenteric arterial occlusion(by embolus or thrombosis),mesenteric venous thrombosis and non occlusive mesenteric

Despite advances in pathophysiology,laboratory and imaging techniques,acute mesenteric rates of more than 60%and continues to be a challenging diagnostic problem. The key to a better outcome (& the main problem in clinical practice)is early diagnosis.

Clinical presentation may be unspecific, but is often characterized by an initial discrepancy between severe subjective pain and relatively unspectacular findings on physical examination.Upto now there are no simple and non invasive diagnostic test

Of sufficient sensitivity and specificity;thus angiography remains the cornerstone of diagnosis and should be performed early in all patients in which ischemia is a realistic differential diagnosis.(3)

There is a pressing need for simple non-invasive tests to segregate these patients from acute mesenteric ischemia from those whose acute abdomen is due to some other cause.

Proper diagnosis and management of patients with ischemic bowel disease require vigilance on the part of the physician and a willingness to embark on an aggressive

plan of diagnosis and management in the appropriate setting

Mortality rates of acute mesenteric ischemia still range between60%to100%.

Unfortunately retrospective series series have not shown any significant improvement in mortality in past decades.(4)

Treatment for obstructive mesenteric arterial syndromes and most patients

With mesenteric venous thrombosis is surgical, whereas non-occlusive mesenteric ischemia may be managed by pharmacological vasodilatation.

References

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