

ISOLATED SUPERIOR MESENTERIC ARTERY DISSECTION, A RARE CAUSE OF ABDOMINAL PAIN

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A 42-year-old previously healthy male presented with 5 days of spontaneous mid-epigastric intense abdominal pain and mild epigastric tenderness on palpation. CT angiography revealed a Sakamoto type 2 isolated superior mesenteric artery dissection (SMA) with a “cul-de-sac” shaped false lumen (B-C: large arrow), side branch perfusion from both lumens, and

compression of the true (A-D: small arrow) by the false lumen (A-D: large arrow). Dissection flap presented just distal to an aberrant right hepatic artery arising from the SMA (B,D: star). CT, clinical and analytic findings did not suggest visceral compromise and was successfully treated with bowel rest and anticoagulation. He is now on close clinical and imaging follow-up.

