Turk J Gastroenterol *2016; 27: 85-6*

Conservative therapy for superior mesenteric artery syndrome

To the Editor,

A 19-year-old man presented to our hospital with recurrent episodes of profuse vomiting since 2 days and mild upper abdominal pain. He complained that he was not able to gain weight because of loss of appetite and dyspepsia since 5 years. He had no other comorbidities. He had a history of chronic anorexia along with loss of appetite. Clinical examination revealed dehydration and a cachectic appearance [weight: 59 kg, height: 192 cm, body mass index (BMI): 16 kg/m^2]. Laboratory investigations were normal. Plain radiograph of the abdomen and upper gastrointestinal endoscopy revealed a massive dilated stomach and duodenum. Contrast-enhanced computed tomography scan revealed a grossly distended stomach and duodenum proximal to the third part of the duodenum at the level of the origin of the superior mesenteric artery with abrupt narrowing at this level, a reduced distance of 4.1 mm between the aorta and superior mesenteric artery, and a narrowed aortomesenteric angle (14°) suggestive of Wilkie's syndrome (Figures 1, 2). Proton pump inhibitors, analgesics, and nutritional supplements with high calories to effectively increase the nutritional intake were initiated. He gained 3 kg during this treatment in 2 weeks. The patient was discharged from the hospital, and he had no symptoms and weighed 64 kg (BMI: 17.3 kg/cm^2) at the 3-month follow-up.

The definition of this syndrome may be a diagnostic quandary and could be by keeping in mind it. Although many patients with superior mesenteric artery syndrome require surgery, our case did not vomit and he gained weight after the initiation of nutritional support and proton pump inhibitors; thus, he did not require any surgery.

Figure 1. Computerized tomography image; grossly distended stomach and duodenum.

Figure 2. Computerized tomography image; a reduced distance of 4.1 mm between the aorta and SMA with gastric dilation, and narrowed aortomesenteric angle.

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Ethics Committee Approval: N/A.

Informed Consent: N/A.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept - A.K.; Design - A.K.; Supervision - S.B.; Resource - A.K.; Materials - A.A.; Data Collection and/or Processing - A.K.; Analysis and/or Interpretation - A.K.; Literature Search - A.O.Y.; Writing - A.K.; Critical Reviews - S.B.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

Turkish Journal of Gastroenterology editorial staff reached out to Eğritaş et al. but could not receive their response to this letter yet.

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Received: October 13, 2015 **Accepted:** October 14, 2015
Available Online Date: November 27, 2015