

Case	(440) Large bowel ischemia after hemodialysis.
Authors	I. Sánchez-serrano, A. Cuélliga González, D. Rodríguez Sánchez, A. Navarro Baño, M. Martínez Cutillas, P. Rey Segovia.
Centre	Hospital Clínico Universitario Virgen De La Arrixaca.

CASE PRESENTATION

61-year-old woman presented to emergency department due to a sudden abdominal pain during a hemodialysis session.

Physical examination revealed left flank and mesogastrium pain and analytics showed leukocytosis.

On CT images a concentric thickening of the transverse colon and hepatic angle of the colon with local mesenteric fat stranding (Figure 1).

No repletion defects were observed in the main mesenteric branches. Intrahepatic portal venous gas was identified. There was no evidence of pneumoperitoneum.

The diagnosis of colonic ischemia secondary to hemodialysis was done, and because of the surgery risk of the patient, conservative treatment was made, with good outcomes.

DISCUSSION

Mesenteric ischemia may be an important cause of morbidity and mortality in patients undergone hemodialysis.

The symptoms usually begin during hemodialysis because of hypotensive episodes and secondary vasoconstriction of the vasa recta, leading to non-occlusive ischemia.

The right colon and ileum are the most frequently affected segments due to the little collateral circulation. A focal or extensive segment may be involved with influence in the management and survival of these patients. Intradialytic hypotensive episodes are common but only in a few cases leads to bowel ischemia.

These cases have other risk factors like vascular calcifications, diabetes mellitus, advanced age and increase time on dialysis.

Plain radiographs and ultrasound are limited techniques for its evaluation, so CT is the election one. The monitoring of these patients must be careful due to the high rate of severe complications. An intensive medical management or an earlier surgical treatment influence the survival of patients [1, 2].

CONCLUSION

Mesenteric ischemia in hemodialysis patients is an important cause of morbidity and mortality so delay in diagnosis must be avoid. Intensive treatment is necessary to improve the outcome of this entity.

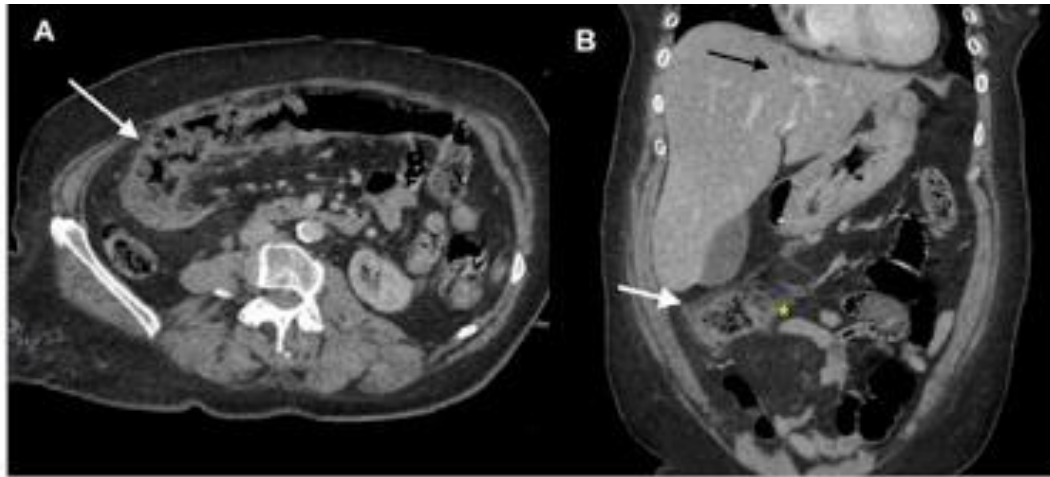


Figure 1. A) Axial contrast-enhanced CT image shows a concentric thickening of the transverse colon and hepatic angle of the colon (white arrow). B) Coronal contrast-enhanced CT image shows intrahepatic portal venous gas (black arrow) and ischemic segments of the colon (white arrow) with local mesenteric fat stranding ().*

BIBLIOGRAPHY

- Rossi UG, Petrocelli F, Seitun S, Ferro C. Nonocclusive mesenteric ischemia in a dialysis patient with extensive vascular calcification. *Am J Kidney Dis.* 2012;60(5):843-6. doi: 10.1053/j.ajkd.2012.05.020
- Picazo M, Cuxart M, Sans R, Sarda C, Exposito E. [Mesenteric ischemia in hemodialysis patients]. *Nefrologia.* 2008;28(2):198-202. PMID: 18454711