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## A Rare Case of Ischemia-Reperfusion Injury After Mesenteric Angiography and Stenting

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Ischemia-reperfusion injury is a rare complication from mesenteric angioplasty and stenting treated usually with the conservative approach but may require treatment with coil embolization in severe cases. Use of dual anti-platelets after endovascular treatment with stents to maintain stent patency or for other medical reasons, increases the risk of acute gastrointestinal bleeding which can mimic symptoms of ischemia-reperfusion injury. It is crucial to distinguish between those two entities, and we present a case of ischemia reperfusion injury resolved with symptomatic treatment despite concurrent use of dual anti platelets. A 61-year-old male, with a past medical history of end-stage renal disease on hemodialysis, peripheral vascular disease, ischemic stroke, chronic congestive heart failure, hyperlipidemia, presented with left lower quadrant abdominal pain and intermittent non-bloody diarrhea worsened over a month. Percutaneous endovascular treatment with mesenteric angioplasty and stenting has been the first-line treatment for atherosclerotic chronic mesenteric ischemia if technically feasible for high surgical risk patients (class IB ACC/AHA recommendation). Ischemia-reperfusion injury of mesenteric circulation can result in hemodynamic instability, further ischemic injury-causing cell death, and multi-organ failure from endotoxin migration. Other complications from endovascular therapy include embolism to distal mesenteric bed causing acute intestinal ischemia and dissection which can affect renal arteries, peripheral visceral vessels, restenosis. Clinicians have to be mindful of this rare complication as one of the differentials after mesenteric revascularization.