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CE 5940 inglés

Median arcuate ligament syndrome as a cause of intestinal angina

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CASE REPORT

An 81-year-old male with stage IV lung adenocarcinoma and brain metastases was admitted to hospital with recurrent episodes of postprandial epigastric pain, nausea, vomiting and weight loss. Thus, the patient was receiving nutritional supplements. A computed tomography (CT) showed extrinsic compression of the celiac trunk output by the arcuate ligament (Fig. 1A and B, ligament marked with a red arrow), conditioning deformity and stenosis at its proximal end (Fig. 1C and D, celiac trunk stenosis marked with a green arrow). A diagnosis of median arcuate ligament syndrome (MALS) was established after excluding other etiologies due to a normal gastroscopy, absence of liver/intraabdominal metastases or intrinsic vascular involvement. The patient was treated conservatively due to the coexistence of the underlying neoplastic disease.

DISCUSSION

The median arcuate ligament is a fibrous band that connects the diaphragmatic pillars on each side of the aortic arch, generally passing above the celiac axis from D12 to L2. The prevalence of the syndrome is 2/100,000 and only a small proportion of cases would present hemodynamically significant compression which would cause symptoms (1). MALS predominates in females aged 20-40 years and produces intermittent epigastric pain, postprandial nausea, vomiting, diarrhea, weight loss (1-3) and bruit in the mid-epigastrium (1).

Laparoscopic ligament release is a therapeutic option for this syndrome (2,3). Endovascular methods (dilation and endoluminal stents) have been used with unfavorable results, as the firm consistency of the ligament leads to the fragmentation of the prosthesis in some cases. Surgical

treatment ensures a long-term cure in up to 80% of cases. This consists of the section/ablation of the celiac plexus, as the fibers are deeply related to those of the arcuate ligament (3).

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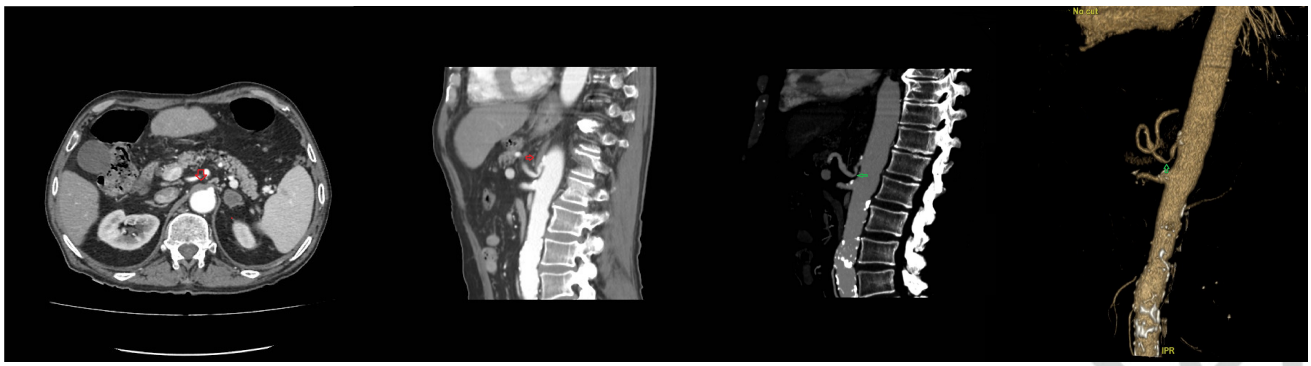

Fig. 1. A and B. Extrinsic compression of the celiac trunk by the arcuate ligament with ligament marked with a red arrow. C and D. Deformity and stenosis of celiac trunk marked with a green arrow.