

## AB185. 227. Acute mesenteric ischaemia: a pictorial review of CT findings

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**Background:** Acute mesenteric ischaemia can be caused by various conditions such as arterial occlusion, strangulating obstruction, and hypoperfusion. The CT findings of acute mesenteric ischaemia can vary widely depending on the cause and location. Many of these features are non-specific and can therefore mimic other intestinal pathologies.

**Methods:** Using cases from our institution, we will provide a pictorial description of the CT findings associated with mesenteric ischaemia in order to improve detection of this condition at a potentially reversible stage.

**Results:** The rapid diagnosis of acute mesenteric ischaemia requires a strong clinical suspicion, usually combined with a CT. This pictorial review will illustrate the various imaging features of bowel ischaemia from early to late

stage disease. We will correlate the imaging findings with pathological specimens and clinical outcome. In early mesenteric ischaemia, non-specific findings such as bowel wall thickening, dilatation, abnormal bowel enhancement and mesenteric stranding can only be attributed to ischaemia in the context of clinical suspicion. Bowel wall thickening is most frequently identified however is the least specific finding. Pneumatosis intestinalis and portal venous gas are more well recognised features, however these indicate necrosis for which urgent surgical resection is the only option. The cases in this exhibit will review each of the salient findings of mesenteric ischaemia with a number of examples. We will also highlight the tips and tricks we find helpful in diagnosis.

**Conclusions:** A strong clinical suspicion followed by a methodical search for both intra and extraintestinal features of mesenteric ischaemia are essential for its prompt diagnosis.

**Keywords:** Mesenteric ischaemia; intestinal ischaemia; acute abdomen; CT abdomen

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