Visceral Arterial Disease

Atherosclerosis is the hardening of arteries caused by plaque build-up or fatty deposits on the walls of the arteries. This is a disease that can affect the entire body and is the most common reason for visceral artery disease. **Visceral Artery Disease**, or Mesenteric Artery Disease, is when the mesenteric arteries become occluded (blocked) and the blood supply is limited to the intestines, spleen and liver. The mesenteric arteries are the major arteries that supply the stomach, intestines, liver, spleen, pancreas and gallbladder. Atherosclerosis of the mesenteric arteries can cause ischemia (deficiency in blood flow), and may cause pain, or worse death of the affected organ. This disease may be called mesenteric artery disease or visceral artery disease.

Symptoms of visceral artery disease start gradually or present acutely. Gradual development of decreased blood flow include: cramp-like abdominal pain particularly after a meal; weight loss; development of a fear of eating; consuming smaller meals; diarrhea, constipation or vomiting. Acute symptoms from a blood clot may occur with preexisting disease or travel to the intestines from the heart. Acute patients may have severe pain, nausea and vomiting, and/or bloody stool. These patients require immediate medical attention.

Treatment for Visceral Arterial Disease

Interventional radiologists may utilize different techniques to relieve the mesenteric arterial blockage. These techniques include angioplasty, stenting, thrombolysis, or nonsurgical embolism dislodgement. Most patients may be treated with intravenous sedation and one night in the hospital. There is no surgical incision ? just a small nick in the skin ? and no stitches are needed. Often, patients may return to normal activity shortly after the procedure.

Angioplasty and Stenting

Balloon

In this technique, the interventional radiologist inserts a very small balloon attached to a thin catheter into a blood vessel through a small nick in the skin. The catheter is threaded under fluoroscopy "real-time" guidance to the site of the blocked artery. The balloon is inflated to open the artery. Sometimes, a small metal scaffold, called a stent, is inserted to keep the blood vessel open.

Stent

Balloon angioplasty and stenting have generally replaced open surgery as the first-line treatment because randomized trials have shown interventional therapy to be as effective as surgery for many arterial occlusions. In the past seven to ten years, a very large clinical experience in centers around the world has shown that stenting and angioplasty are preferred as a first-line treatment for more and more processes throughout the body, including visceral artery disease.

Patients may have to stay overnight in the hospital. Normal daily activities are normally able to be performed quickly. There is often a prolonged period of intestinal dysfunction, when the problem was a intestinal occlusion, and the recovery could several weeks or months, depending on how quickly it was able to be treated.

Risk Factors for Visceral Arterial Disease

- Diabetes
- Hyperlipidemia (High Cholesterol)
- Hypertension (High Blood Pressure)
- Obesity
- Having a family history of cardiovascular disease
- Gender: women are more frequently affected
- Smoking: Although most people are well aware of the risk of cancer from smoking, few people realize the damage smoking causes throughout the body's vascular system. Smoking damages the blood vessels and smokers are at risk for all vascular diseases including peripheral arterial disease, stroke, heart attack, abdominal aortic aneurysm and subsequent death.

Additional reference includes: UC Davis Health System, www.ucdmc.ucdavis.edu.