

Review on average rates of ischemic complications for stomach, colon, and jejunum.

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Abstract

Intestinal ischemia is a medical disorder in which a lack of blood supply causes harm to the large or small intestine. Acute intestinal ischemia occurs immediately, but chronic intestinal ischemia occurs gradually. The acute form of the disease is characterised by abrupt, severe stomach pain and a high risk of mortality. Abdominal pain after eating, accidental weight loss, vomiting, and anxiety of eating are common symptoms of the chronic type. Atrial fibrillation, heart failure, chronic renal failure, a proclivity for blood clots, and a history of myocardial infarction are all risk factors for acute intestinal ischemia. A blood clot from somewhere else gets lodged in an artery, a new blood clot forms in an artery, a blood clot forms in the superior mesenteric vein, and insufficient blood flow due to low blood pressure or arterial spasms are the four causes that cause poor blood flow. A risk factor for acute disease is chronic disease. Angiography is the best method of diagnosis, however computed tomography (CT) is utilised when that is not possible.

Keywords: Ischemic complications, Abdominal pain, Computed tomography.

Introduction

Stenting or drugs to break down the clot delivered at the site of obstruction by interventional radiology may be used to treat acute ischemia. Open surgery may also be required to remove or bypass the obstruction, as well as to remove any dead intestines. If not treated quickly, the results are frequently bad. Even with treatment, the chance of death among individuals infected is 70-90%. The treatment of choice for people with chronic illness is bypass surgery. Anticoagulants such as heparin and warfarin may be used to treat vein thrombosis, with surgery being utilised if the condition does not improve [1-4].

In the developed world, over 500,000 people perish from acute intestinal ischemia each year. Chronic intestinal ischemia affects one in every 100,000 persons. The majority of those affected are over 60 years old. Males and females of the same age have similar rates. Ischemia of the intestine was first described in 1895 [5].

Diagnostic heuristics

Intestinal ischemia "should be considered when individuals, particularly those at high risk for acute intestinal ischemia, suffer severe and persistent abdominal pain that is disproportionate to their abdominal findings," or simply pain out of proportion to the exam.

• In the case of intestinal artery thrombosis or embolism, "early symptoms are present and are very moderate for three to four days in 50% of cases before medical attention is sought."

• In the case of intestine arterial thrombosis or embolism, "any patient with an arrhythmia, such as atrial fibrillation, who complains of abdominal pain is strongly suspected of having embolization of the superior mesenteric artery until proven otherwise," says the expert [6].

• In the case of nonocclusive intestinal ischemia, "any patient who takes digitalis and diuretics and complains of abdominal pain must be assumed to have nonocclusive ischemia until otherwise proven [7].

During endoscopy

A variety of instruments have been used to determine how well oxygen is delivered to the colon. Tonometry was used in the early devices, and it took time to equilibrate and determine the pH_i, which was a rough indication of local CO₂ levels. The first FDA-approved gadget employed visible light spectroscopy to evaluate capillary oxygen levels (in 2004). When used during aortic aneurysm repair, the device identified when intestinal oxygen levels dropped below safe levels, enabling for real-time repair. Specificity for chronic intestinal ischemia was 83 percent in numerous investigations, and 90% or higher for acute colonic ischemia, with a sensitivity of 71 percent to 92%. However, endoscopy is required to implant this device.

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