

## 61. SUPERIOR MESENTERIC ARTERY SYNDROME

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**Introduction.** Extrinsic duodenal obstructive disease of the third part of the duodenum by compression between the aorta and the upper mesenteric artery. The aorto-mesenteric angle being less than 18 degrees.

**Aim of study.** Diagnosis and surgical treatment of patients with chronic duodenal obstruction, by the aorto-mesenteric forceps mechanism.

**Methods and materials.** 7 patients, aged between 21 and 46 years old and treated in the Surgery Department of *St. Michael the Archangel* Municipal Clinical Hospital, from 2012 to 2018.

**Results.** Long medical history, with unsystematic epigastric pain, postprandial fullness, constipation. Underweight, with a BMI of 21.43kg / m<sup>2</sup>. Gastroduodenal radiography: relatively larger stomach, dilated duodenum with stasis of barium substance, pendular movements, duodenogastric reflux (DGR), delayed gastric and duodenal emptying. At angiographic CT, the aorto-mesenteric angle equal to 13.47 mm is determined. The surgical treatment undertaken: 1. Duodenojejunostomy L-L in 5 cases; 2. Strong Surgery in 2 cases. Simple postoperative evolution. Remote results: in 4 cases satisfactory results were recorded; in 2 cases constipation persisted, and in one case there were no changes.

**Conclusion.** The aorto-mesenteric forceps syndrome is clinically suspected, confirmed by duodenography and CT with angiography. The surgical treatment consists in performing a bypass anastomosis or lowering the duodenojejunal angle, with acceptable results.