# Optimal Selective Treatment for Concurrent SMA and SMV Thrombosis


**Presenter**
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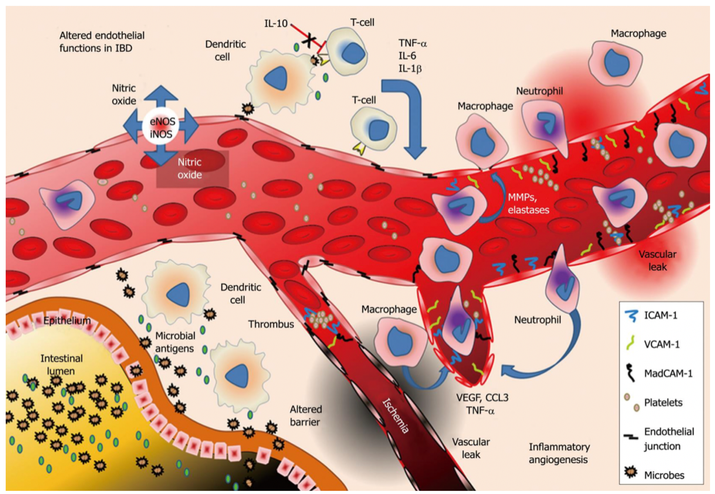
## *Case Presentation*

- A 67-year-old female patient with a history of celiac disease and Crohn's disease presented with recurrent nausea, vomiting, diarrhea, and abdominal pain.
- Physical examination was unremarkable. Laboratory tests showed leukocytosis with white blood cell count of 22.3 x 10^3/mcL. Abdominal contrast-enhanced CT revealed thrombotic occlusion in the distal segment of the superior mesenteric artery and the superior mesenteric vein, with no evidence of bowel ischemia.
- The patient was initiated on a heparin drip and later switched to Eliquis. Empiric antibiotics, including piperacillin, tazobactam, and ciprofloxacin, were administered. The patient's condition improved significantly after receiving the prescribed treatment.

## *Literature review*

- Inflammatory bowel disease (IBD) comprises ulcerative colitis and Crohn's disease, involves chronic inflammation of the gastrointestinal tract.
- Between 20 and 30% of IBD patients exhibit manifestations in other organs, including arterial thromboembolism (ATE) and venous thromboembolism (VTE). While ATE is less frequent than VTE, the latter is a common extra-intestinal consequence of IBD.
- Some theories suggest that chronic inflammation in Crohn's disease could increase the risk of thrombosis by impairing hemostasis and disrupting the vascular endothelial lining [1,2].




Inflammation affects vascular endothelial lining in IBD

## *Unique Aspect*

- The simultaneous ATE and VTE in patients with underlying Crohn's disease is uncommon and challenging in management.
- Anticoagulation with unfractionated or low molecular weight heparin is the preferred treatment for patients without significant bleeding. Direct oral anticoagulants offer advantages over vitamin K antagonists, including lower bleeding risk, no need for INR monitoring or heparin bridging, and earlier treatment at home for stable patients [3].
- Lifelong anticoagulation should be considered in irreversible systemic conditions like Crohn's disease (4).

## *Conclusions*

- The simultaneous occurrence of both ATE and VTE is rare. Computed tomography is favorable in diagnosing and assessing the severity of ATE and VTE.
- Treatment strategies should be tailored to each individual, considering their specific clinical circumstances and medical history.

## *References*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