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**Educational Abstract**

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**Superior Mesenteric Artery Syndrome: A Rare Presentation of Acute Abdomen in a Young Healthy Boy**

**Li Yuen Nyin**

Malacca General Hospital, Malaysia

**Learning objectives:** Superior mesenteric artery (SMA) syndrome is a rare clinical entity whereby the third part of duodenum is locally compressed by the SMA against the abdominal aorta. This causes a constellation of symptoms due to duodenal compression, which often imposes a delayed or missed diagnosis in a young patient. This case reveals the challenges to diagnose SMA syndrome and the need to include this condition in the arsenal of differential diagnoses for acute abdomen.

**Background:** We report a 13-year-old boy who presented with subacute intermittent abdominal pain for a week following recent hospitalization for acute pharyngitis. It was also associated with nausea, poor oral intake, bilious vomiting and altered bowel habits. He presented repeatedly to the Emergency Department with similar symptoms after he was discharged from hospital. However, he was treated on an out-patient basis until he was admitted for dehydration.

**Findings and procedure details:** Clinically he was thin. His abdomen was soft with mild tenderness at left iliac fossa. Contrast-enhanced Computed Tomography of abdomen demonstrated a sudden luminal narrowing of the third duodenum with proximal dilatation of the duodenum. A decreased aortomesenteric angle and distance were suggestive of SMA syndrome.

**Conclusion:** SMA is a rare diagnosis in upper gastrointestinal obstruction in a young patient. However, it should not be left out as one of the differential diagnoses when a patient presents with obstructive upper gastrointestinal symptoms and a recent weight loss.

