American College of Radiology  
ACR Appropriateness Criteria®  

Radiologic Management of Mesenteric Ischemia

**Variant 1:** Recent onset abdominal pain, no peritoneal signs, and known atrial fibrillation. CTA shows filling defect in proximal SMA consistent with embolus. No intramural or extra-luminal air. Initial therapy.

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### Variant 2: Recent onset abdominal pain, no peritoneal signs, and known atrial fibrillation. CTA shows calcified atherosclerotic plaque involving the aorta and its major branches, as well as proximal short-segment occlusion of the proximal SMA. No intramural or extra-luminal air. Initial therapy.

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### References

- **Systemic anticoagulation**
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  - Limited
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  - Peds RRL: N/A
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  - Median: 8
  - Final Tabulations: 1 0 1 0 0 1 2 4 6

  **References**
  - 1 (30360689)
  - 4 (28359440)

- **Angiography and endovascular intervention including possible thrombolysis, angioplasty, or stent placement**
  - Usually appropriate
  - Strong
  - Adults RRL: N/A
  - Peds RRL: N/A
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  **References**
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  - 14 (27178034)
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**Variant 3:** Patient with cardiac disease causing low cardiac output who developed abdominal pain but without peritoneal signs. CTA shows patent origins and proximal portions of celiac artery, SMA, and IMA, with diffuse irregular narrowing of SMA branches. Initial therapy.
**Variant 4:** Recent onset abdominal pain, peritoneal signs, and known atrial fibrillation. CTA shows filling defect in the proximal SMA consistent with embolus and evidence of bowel infarction. Initial therapy.

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References: Study Quality
1 (30777691)
4 (28359440)

Surgical revascularization is Usually appropriate for adults.

**Systemic anticoagulation**

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References: Study Quality
1 (30360689)
4 (28359440)

Systemic anticoagulation is Usually appropriate for adults.

**Angiography and aspiration embolectomy**

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References: Study Quality
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Angiography and aspiration embolectomy is May be appropriate for adults.

**Transcatheter thrombolysis**

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References: Study Quality
4 (28359440)

Transcatheter thrombolysis is Usually not appropriate for adults.

**Variant 5:** Abdominal pain after meals and CTA showing widely patent origins of SMA and IMA, with compression of the celiac origin by the median arcuate ligament. Initial therapy.

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References: Study Quality
31 (3965762)

Surgery with median arcuate ligament release is Usually appropriate for adults.
### Mesenteric Angiography in Lateral Projection During Both Inspiration and Expiration

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### Percutaneous Transluminal Angioplasty with Stent Placement

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### Systemic Anticoagulation

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### Variant 6: History of abdominal pain after meals for the past few months and weight loss. CTA shows aortic atherosclerotic disease and suggests SMA-origin stenosis with occlusion of celiac origin and an occluded IMA. Initial therapy.

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**Variant 7:** Previously healthy with worsening diffuse abdominal pain for 2 weeks. CTA shows occlusion of the superior mesenteric vein and its major tributaries. Bowel appears normal. Serum lactate level is normal. Initial therapy.
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<th>SOE</th>
<th>Adults RRL</th>
<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
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References

- 4 (28359440)
- 44 (19821530)
- 47 (15872320)
- 46 (24704749)
- 4 (28359440)
- 48 (26253926)
- 45 (31489698)
- 45 (31489698)
- 42 (19859995)
- 41 (27263813)
- 4 (28359440)
- 43 (30428441)
Appendix Key
A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

**Appropriateness Category**: The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

**SOE**: Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References**: The citation number and PMID for the reference(s) associated with the recommendation.
- **Study Quality**: The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

**RRL**: Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

**Rating**: The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

**Median**: The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

**Final tabulations**: A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at [www.acr.org/ac](http://www.acr.org/ac).