

Image of the Month

James Hamilton Black III, MD

A 68-YEAR-OLD MAN WITH A HISTORY OF DYS-lipidemia and an elevated Lp(a) lipoprotein level developed acute abdominal pain and had tenderness to deep palpation on the right side of his abdomen. A computed tomographic scan demonstrated thickening of the ascending colon consistent with ischemic colitis. Hydration and antibiotic administration rapidly relieved his pain.

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Subsequent duplex imaging of the superior mesenteric artery revealed poststenotic turbulence and elevated peak velocities were noted. He was referred for angiography (**Figure**).

What Is the Diagnosis?

- A. Takayasu arteritis
- B. Median arcuate ligament syndrome
- C. Visceral aortic atherosclerosis
- D. Fibromuscular dysplasia

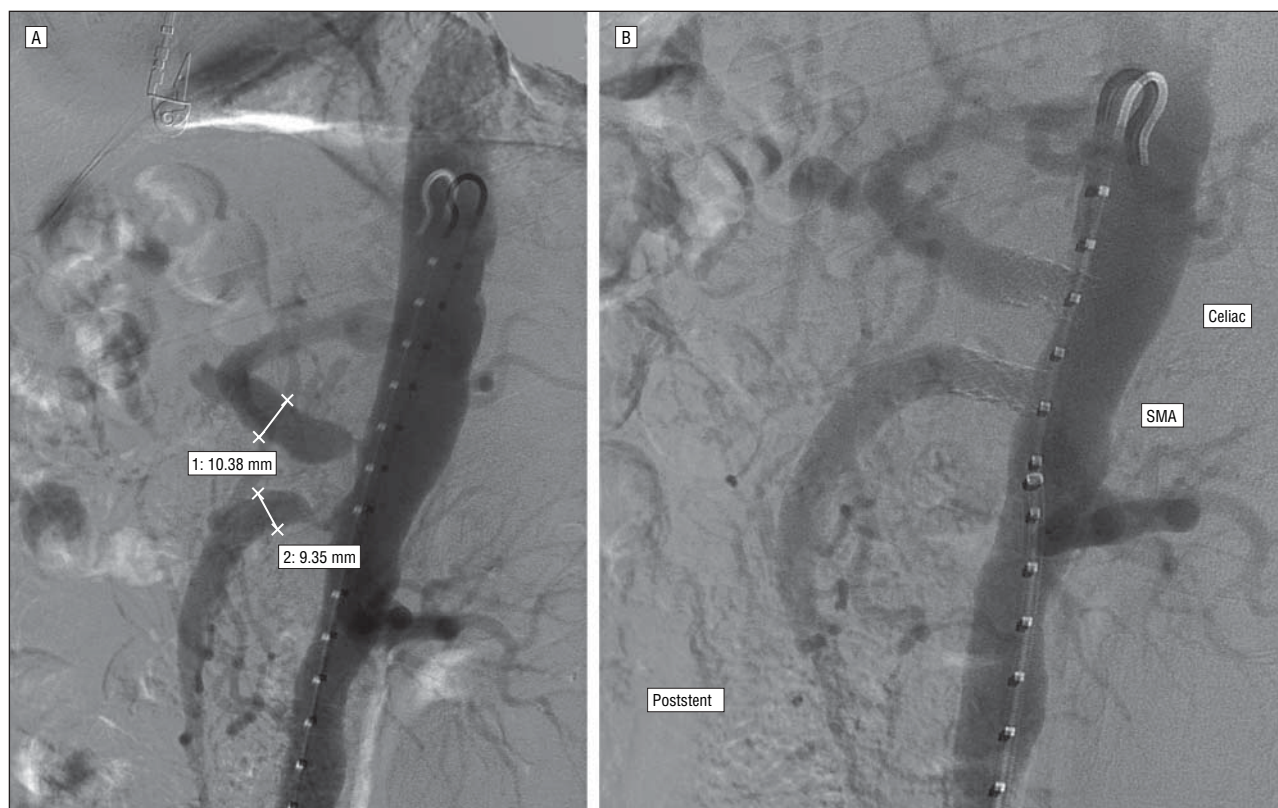


Figure. Diagnostic aortography in a lateral projection revealed 90% to 95% stenosis appreciated at the origin of the celiac axis and the superior mesenteric artery (SMA). The inferior mesenteric artery was occluded. Balloon-expandable 8 × 18-mm stents were deployed in both vessels. The celiac axis stent was dilated to 10 mm to improve a residual stenosis. The patient recovered well and was discharged the next day, tolerating a regular diet and pain free. A, Before stents. B, After stents.