Mesenteric ischemia is a group of disorders with incidence rates that vary according to the acute or chronic presentation and the etiology.

Contemporary incidences of chronic mesenteric ischemia (CMI) are unknown, only case series or incidences in treated patients have been reported. The prognosis remains dark in the acute arterial forms, with mortality about 80%, aggravated by the diagnostic delay, the general state and the comorbidities of the patient. The optimal treatment is controversial and several questions regarding the number of arteries to revascularise, the choice of surgical or endovascular revascularisation.

**Patients and Methods**

We performed a single-center retrospective study of mesenteric revascularization in 14 patients (Tab 01), using open repair in 07 patients, endovascular in 04 patients, and hybrid in 03 patients in a period of two years. The revascularization was done in symptomatic patients after obtention of proof of CMI and asymptomatic patients mostly after aortic repair.

Morbidity, mortality, freedom of symptoms, and patency where evaluated with median follow up 24 months.

<table>
<thead>
<tr>
<th>OPEN REvascularisation</th>
<th>Endovascular REvascularisation</th>
<th>Hybrid REvascularisation</th>
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<tbody>
<tr>
<td>- 02 Aorto bifemoral bypass+ retrograde bypass SMA</td>
<td>- 02 ATL Stenting SMA</td>
<td>- 03 Retrograde open mesenteric stenting (ROMS)</td>
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<tr>
<td>- 01 Aorto bifemoral bypass+ retrograde bypass SMA+ revascularisation IMA (Fig 02)</td>
<td>- 02 ATL Stenting CA (Fig 01)</td>
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<td>- 02 Aorto bifemoral bypass+ reimplantation SMA</td>
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<tr>
<td>- 01 Aorto bifemoral + retrograde bypass Hepatic artery</td>
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<td>- 01 retrograde bypass from iliac artery to SMA</td>
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Tab 01 SMA: Superior mesenteric artery- CA: Coeliac artery- IMA: Inferior mesenteric artery

**Results**

Patients treated by open surgery have been staying more times in hospital but they have better freedom from recurrent symptoms and only the retrograde bypass from iliac artery to SMA was occluded four months after.

Endovascular and hybrid revascularisation where an attractive technics in some situations particularly in this disease.

**Discussion**

The clinical presentation of our patients conditioned management and the type of revascularisation, and there was no significant difference between the two technics.

**Conclusion**

CMI is an uncommon condition requiring an integrated team approach, to diagnosis, selecting patients for revascularization, and being able to offer different treatment options (both open and endovascular surgery).

**Bibliography**