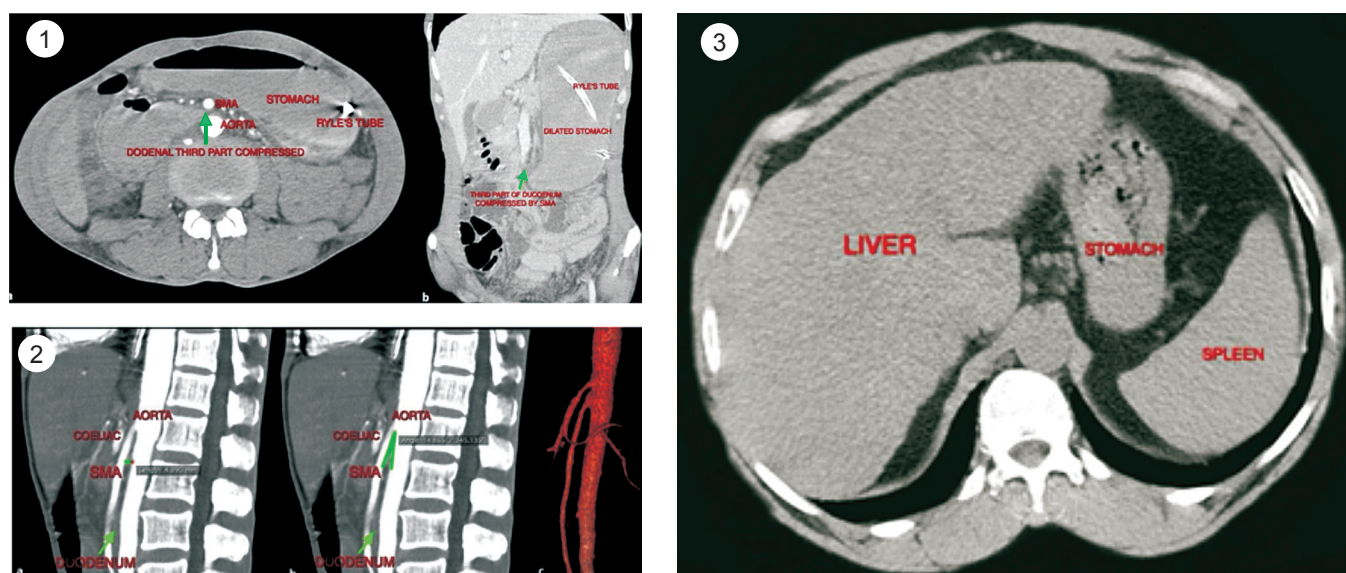


## Clinical Images

### Superior mesenteric artery (Wilkie's) syndrome following expeditious weight loss



**Fig. 1.** CECT abdomen (a) axial plane, arterial phase, and (b) coronal reformatted image delineate third part of duodenum compressed between the aorta and SMA (green arrow). Proximal duodenum and stomach are markedly dilated. Ryle's tube is noted in the stomach for nasogastric decompression. **Fig. 2.** Sagittal reformatted CECT of abdomen, arterial phase, shows aorto-mesenteric (a) distance of 5 mm, and (b) angle of 15 degrees. Arrows depict compressed duodenum. **Fig. 3.** CT plain abdomen at six months follow up depicting normal stomach.

A 53 yr old male presented to the emergency department, C.U. Shah Medical College and Hospital, Gujarat, with repeated episodes of vomiting and acute epigastric pain in November 2013. He looked emaciated with a BMI of 18 kg/m<sup>2</sup>.

Contrast-enhanced computed tomography (CECT) of abdomen revealed distended stomach, first and second parts of duodenum with third part compressed between aorta and superior mesenteric artery (Fig. 1). Aorto-mesenteric distance was 5 mm and angle was 15°, suggestive of superior mesenteric artery (SMA) syndrome (Fig. 2).

Nasogastric decompression and intravenous infusions followed by nutritional therapy were constituted. The patient gained 4 kg weight with significant recovery and was discharged after two months. He was symptom free when followed up six months later (Fig. 3).

**Roopkamal Sidhu & Asutosh Dave\***

Department of Radiology  
C.U. Shah Medical College & Hospital  
Surendranagar 363 001, Gujarat, India

\*For correspondence:  
drasutosh.dave@gmail.com