Sutton Kadir Syndrome

R Chidambaram, J Soares, J Tibballs, J Ferguson, S Samuelson
Disclosures: none
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Sutton-Kadir Syndrome

- 1973
- CA stenosis/occlusion + aneurysm formation in collaterals
Pathophysiology

Unknown

? related to retrograde flow via the SMA
Since 1973, 125 reported cases

PDA aneurysms 84%

Presenting with rupture 38%

Size doesn’t correlate with rupture risk
The challenge

Close proximity of inferior PDA aneurysms to the SMA
Single-centre experience

5 patients

IR Department, Sir Charles Gairdner Hospital, Perth, Western Australia

Retrograde access via the SMA in all cases
## Case series

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Presentation</th>
<th>MAL compression of CA</th>
<th>Aneurysm location</th>
<th>Diameter</th>
<th>Rupture</th>
<th>Embolic agent</th>
<th>Outcome</th>
<th>Complications/Ischaemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>M</td>
<td>Abdominal pain</td>
<td>Yes</td>
<td>IPDA</td>
<td>6mm</td>
<td>Yes</td>
<td>Histoacryl: Lipiodol</td>
<td>Technical success</td>
<td>Nil</td>
</tr>
<tr>
<td>55</td>
<td>M</td>
<td>Abdominal pain</td>
<td>Yes</td>
<td>IPDA</td>
<td>5mm</td>
<td>Yes</td>
<td>Coil</td>
<td>Technical success</td>
<td>Nil</td>
</tr>
<tr>
<td>64</td>
<td>M</td>
<td>Abdominal pain</td>
<td>Yes</td>
<td>IPDA</td>
<td>10mm</td>
<td>Yes</td>
<td>Histoacryl: Lipiodol</td>
<td>Technical success</td>
<td>Nil</td>
</tr>
<tr>
<td>71</td>
<td>M</td>
<td>Flank pain</td>
<td>Yes</td>
<td>IPDA</td>
<td>25mm</td>
<td>No</td>
<td>Coil</td>
<td>Technical success</td>
<td>Nil</td>
</tr>
<tr>
<td>55</td>
<td>F</td>
<td>Abdominal pain</td>
<td>Yes</td>
<td>IPDA</td>
<td>8mm</td>
<td>Yes</td>
<td>Coil</td>
<td>Technical success</td>
<td>Nil</td>
</tr>
</tbody>
</table>
Case 1

71-year-old male, symptomatic IPDA aneurysm, CA stenosis.

Histoacryl-Lipiodol embolization.
Case 2

55-year-old male, symptomatic, CA stenosis from median arcuate ligament

Coil embolization.
Case 4

71-year-old male, symptomatic, CA occlusion

Coil embolization.
Pathophysiology

IPDA affected at/near branch point off the SMA

Increased retrograde flow into collaterals via the SMA leads to aneurysm formation
MAL Compression

Recognised risk factor

Occurs from a young age

Likely under-appreciated
Conclusion

Embolisation (glue +/- coils) via SMA access is a safe and feasible approach
Future research

Longitudinal studies

Potential role for CA intervention
Acknowledgements

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