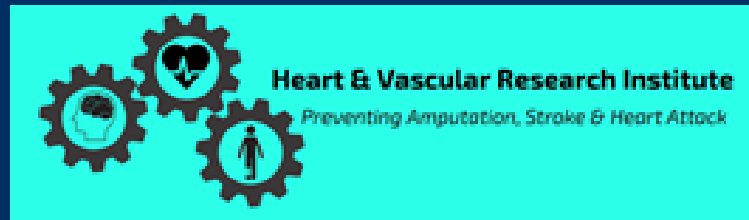




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Sutton Kadir Syndrome

R Chidambaram, J Soares, J Tibballs,
J Ferguson, S Samuelson





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Disclosures: none

Speaker name:

RAMA CHIDAMBARAM

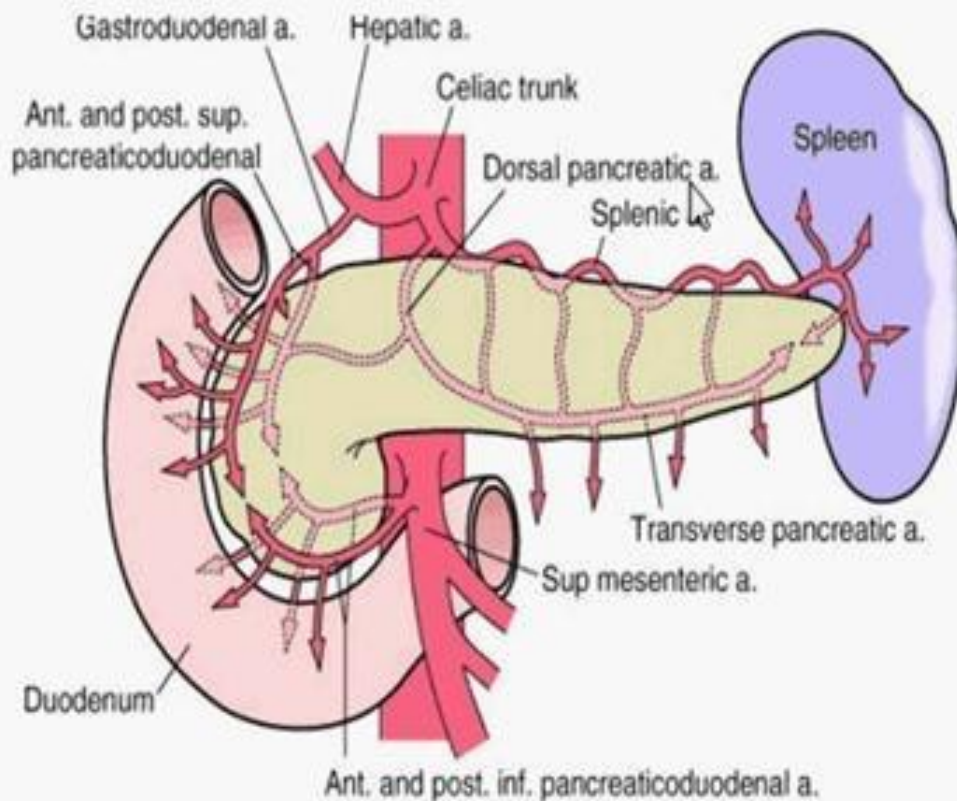


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Sutton-Kadir Syndrome



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



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Pathophysiology

Unknown

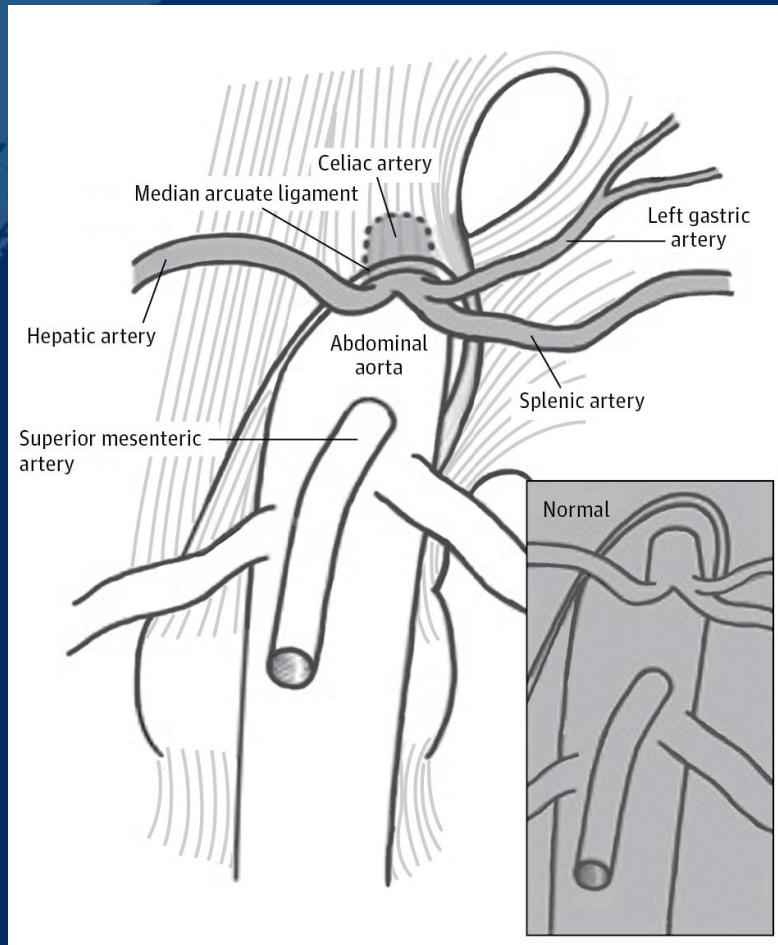
? related to retrograde flow via the
SMA





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Median Arcuate Ligament





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Literature

Since 1973, 125 reported cases

PDA aneurysms 84%

Presenting with rupture 38%

Size doesn't correlate with rupture risk





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The challenge

Close proximity of inferior PDA
aneurysms to the SMA





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Single-centre experience

5 patients

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

Retrograde access via the SMA in all
cases





Case series

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



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Case 1

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

Histoacryl-Lipiodol embolization.



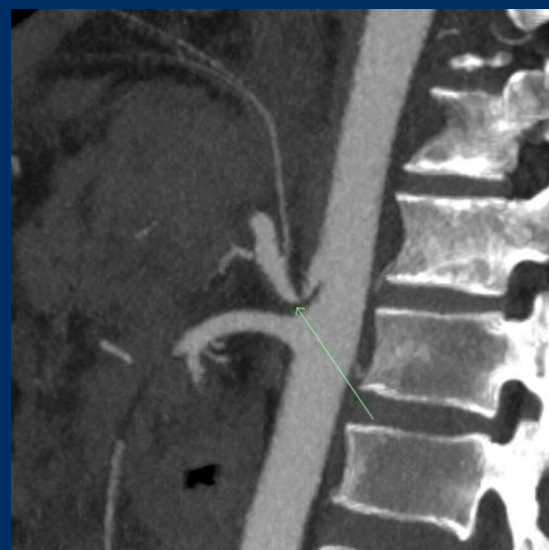
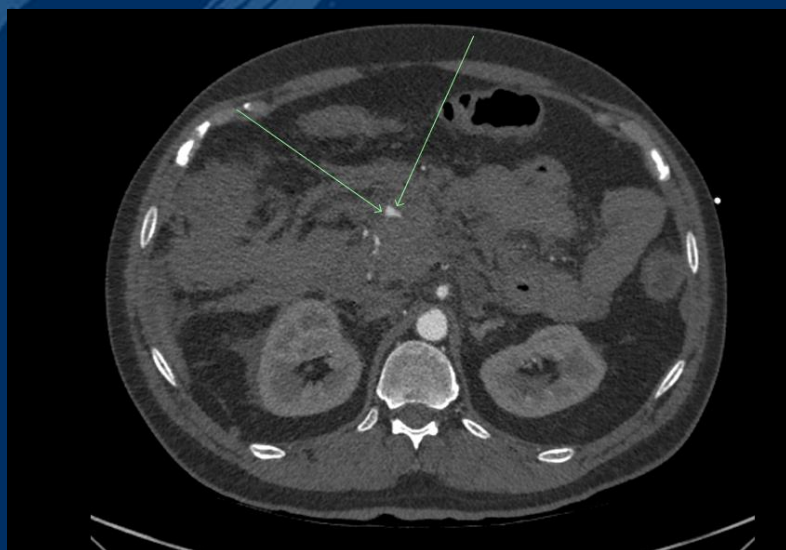


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Case 2

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

Coil embolization.





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Case 4

71-year-old male, symptomatic, CA occlusion

Coil embolization.





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?Pathophysiology

IPDA affected at/near branch point off the SMA

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





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MAL Compression

Recognised risk factor

Occurs from a young age

Likely under-appreciated



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Conclusion

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





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Future research

Longitudinal studies

Potential role for CA intervention





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Acknowledgements

Professor Shirley Jansen MBChB FRACS FRCS PhD

Consultant Vascular and Endovascular Surgeon

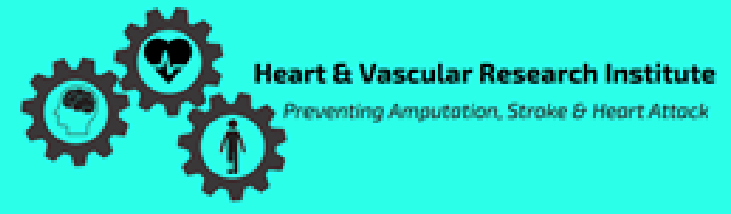
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