Vomiting and Rapid Weight Loss in a Man with Newly Diagnosed HIV Infection
(See pages 1157–8 for the Photo Quiz)

Figure 1. Radiographic image from a small-bowel follow-through examination demonstrating high-grade obstruction of the third portion of the duodenum and associated gastric dilation.

Diagnosis: Superior mesenteric artery (SMA) syndrome.

The radiographic and CT findings (figures 1 and 2) are consistent with SMA syndrome. This is an infrequent cause of high-intestinal obstruction that occurs in association with a period of rapid weight loss. Although initially described in the 1820s [1], its status as a true clinical syndrome was not confirmed until the late 1960s, with improvement in radiologic techniques. The third portion of the duodenum is held fixed by the ligament of Trietz. It is situated between the superior mesenteric artery, to the anterior, and the aorta, to the posterior. The angle at which the superior mesenteric artery separates from the aorta is normally maintained by intraperitoneal fat and lymphatic tissue. A loss of fat in this area, which can occur in severe malnourishment and cachexia, can cause the angle to become more acute, resulting in compression of the duodenum.

Common symptoms of SMA syndrome are postprandial epigastric pain and fullness and voluminous vomiting [2]. SMA syndrome has been previously reported in association with
Figure 2. CT scan of the abdomen demonstrates “beaking” of the duodenum at the level of the superior mesenteric artery, but there is no evidence of a mass or of lymphadenopathy.

AIDS wasting in a pediatric patient [1]. Therapy is directed toward weight gain, but, if the condition is refractory to conservative treatment, surgical bypass of the obstruction is the definitive treatment [3]. SMA syndrome should be considered in the differential diagnosis of HIV-infected patients with rapid weight loss and a proximal small-bowel obstruction.

In our patient, a gastrojejunal, double-lumen tube was placed with the distal port beyond the obstruction. Tube feeding and HAART were initiated. The patient is currently doing well as an outpatient; the gastrojejunal tube was removed without difficulty after he had gained weight for several months.

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References


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