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The Wilkie syndrome: A case report

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Introduction: Wilkie syndrome, also known as the superior mesenteric artery syndrome, is a rare disease resulting from vascular compression of the third portion of the duodenum by the superior mesenteric artery (SMA) where it passes to the duodenum upwardly, compressing it with aorto-mesenteric clamp. It is often associated with significant weight loss, rapid linear growth without gain weight, scoliosis, spinal surgery and the unusually high position of the ligament of Treitz. The typical symptoms are similar of incomplete duodenal obstruction, including intermittent abdominal pain, postprandial fullness, early satiety, nausea, vomiting and anorexia. This condition can be diagnosed by radiological evidence of vascular obstruction of the third portion of the duodenum using a seriography esophagus, stomach and duodenum, CT angiography or magnetic resonance angiography. Patients can be treated with nasogastric suction and total parenteral nutrition and reintroduce oral feeding in two to four weeks. The surgical treatment consists of a duodenal junction.

Objective: Present a case report of a patient with diagnosis of syndrome Wilkie who was admitted to the ward of the I Surgical Clinic of the Federal Hospital of Bonsucesso- Rio de Janeiro-Brazil, in June 2014.

Case Report: M.C.S.R., female, 37 years old was admitted to the infirmary of the I Surgical Clinic of the Federal Hospital of Bonsucesso-Rio de Janeiro-Brazil in June 2014 complaining of pain in the epigastric region, which had started about four years, moderate intensity and worse after feeds beyond nausea and vomiting associated. The patient also reported weight loss of 37 kg over this period. Underwent screening for cancers, with normal endoscopy, colonoscopy and computed tomography of chest, abdomen and pelvis. Conducted a traffic slender suggested that an extrinsic compression of the third portion of the duodenum and distention upstream. A CT angiography was done, which revealed an anomalous pathway of the superior mesenteric artery. The case was discussed in clinical service session, and considering the diagnosis of Wilkie syndrome and was proposed surgical approach. The patient underwent laparotomy and evidenced aorto-mesenteric clamp compressing the third portion of duodenum beyond gastrectasia. Duodenal-jejunal anastomosis was done. The patient recovered well postoperatively with initiation of the diet on the second day and discharged on sixth postoperative day.

Conclusion: The Wilkie syndrome is a rare disease, and its diagnosis must be entertained in patients with suggestive clinical. The case shown is consistent with the clinical symptoms described in the literature and the diagnosis was established by associating the clinical patient imaging studies, which showed typical signs of aorto-mesenteric clamp. The proposed surgical treatment was effective, with a favorable postoperative course and symptomatic improvement with weight gain.

Biography

Mariana Artimos da Matta Tenorio is doing Medicine Graduation Course at the Federal University of Rio de Janeiro and Federal Hospital of Bonsucesso-Rio de Janeiro-Brazil. She is a participant of the study group formed by: Dr. Flavio Antonio Sa Ribeiro.

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