



SUPERIOR MESENTERIC ARTERY SYNDROME

RESEARCH AWARENESS AND SUPPORT

What is SMAS?

Superior Mesenteric Artery Syndrome (SMAS) is a potentially life-threatening illness that affects the duodenum, a portion of the gastrointestinal tract in the small intestines that comes off the stomach. The easiest way to describe SMAS is to say food passes through the stomach and hits a blockage created by two arteries- the Superior Mesenteric Artery (SMA) and Abdominal Aorta (AA). These arteries are held apart by a fat pad, and when something occurs for the fat pad to disappear, the arteries begin to come together and put pressure on the duodenum as it passes between. It becomes more and more difficult for food and liquid to pass through as the arteries come closer together. Weight loss begins to occur and can be slow or very fast. It can be fatal if proper treatment is not received.

Causes

Some people who find they have been dealing with SMAS for their entire lifetime (Chronic), may have intestinal malrotation, lack of internal body fat, have a high insertion of the ligament of Treitz, or a low insertion of the SMA. Those with acute SMAS may have developed it from prolonged bed rest, casting following scoliosis surgery, a traumatic injury, burn or left kidney removal. It is important to note that SMAS is not an eating disorder, and while it mimics ED, it is important to be clear with your doctor as any misdiagnosis can prolong access to proper care and chances for recovery.

Signs and Symptoms

Signs and symptoms include becoming full very quickly, nausea and sometimes vomiting, fullness and bloating after eating, belching, abdominal pain (sometimes in the upper left side) and malnutrition can occur as people begin to become afraid to eat. Lying on the left side or stomach can help food move better and ease pain, while lying on the right side or back can aggravate pain and slow the movement of food.

Tests to diagnose SMAS

CTA, Upper GI with Small Bowel follow through, MRA, ultrasound, endoscopy

Medical Management for SMAS

NJ tube, J tube, TPN or PICC Line, and small frequent meals are suggested management treatment options.

Surgery for SMAS

Duodenojejunostomy, Duodenojejunostomy with Strong's Procedure (release of ligament of treitz), SMA Transposition, LADDS Procedure (duodenal derotation)

Number of People with SMAS

These estimates have ranged from 0.013% to 0.3% among people referred for UGI barium studies.

SMAS Research Awareness and Support

The SMASRAS or SMAS Patient Assistance is a registered USA nonprofit that assists those with superior mesenteric artery syndrome. The nonprofit provides grants to those with SMAS and assists with medical bills, travel costs/accommodations, feeding tube supplies, other medical related expenses, rent, utilities, and groceries. More information can be found on their website: www.smasynndrome.org/grants