CORRESPONDENCE

Conservative Therapy vs. Extensive Stenting in Superior Mesenteric Artery Dissection: the Right Balance remains to Be Found

In their paper, Jia et al.[1] reported an impressive experience of bare stents with or without assisted coiling for isolated mesenteric artery dissection (IMAD) aneurysms. Interestingly, this paper questions the benefit of a more interventionist attitude in IMAD, as 35% of IMAD patients were treated by stenting for aneurysm, which contrasts with the current trend favouring conservative therapy.[2] This rate is much higher than that reported by Wang et al.[3] in a recent meta-analysis gathering 904 symptomatic IMAD, where only 3% (29/904) of patients underwent an intervention for aneurysmal degeneration. Even though the natural course of IMAD remains unclear, especially in terms of morphological progression, the short delay of one month between onset of symptoms and endovascular treatment reported by Jia et al. would reflect a rapid aneurysmal degeneration in this population. However, as bare stents do not aim to exclude an aneurysm, it is hard to evaluate their direct effect on superior mesenteric artery (SMA) remodelling compared with the spontaneous evolution with conservative therapy.

Moreover, it would have been interesting to detail patient selection and medical treatment to better understand the indications for stenting, especially regarding their definition of IMAD aneurysm: 1.5 times the diameter of the normal SMA. Surprisingly, the overall median diameter of IMAD aneurysm was 7.5 mm (range 7–9 mm), which is much lower than diameters observed in our intestinal stroke unit. This highlights that maybe we should not apply the same morphological reading grid to define IMAD aneurysm in Asian and Caucasian patients. Although most IMAD studies come from East Asia, ethnicity is not documented in the literature, pointing to the need for morphological studies in different IMAD populations to define SMA reporting standards to guide our daily practice. A better understanding of SMA remodelling is needed to find the right balance between conservative therapy and intervention for IMAD.

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Re: "Conservative Therapy vs. Extensive Stenting in Superior Mesenteric Artery Dissection: the Right Balance has to Be Found"

I thank Ben Abdallah and colleagues for their letter. I would certainly agree that most patients with isolated mesenteric artery dissection resolve completely with conservative management. Most of the patients were treated before