

CORRESPONDENCE

Re. “Mid-Term Results of Endovascular Treatment for Spontaneous Isolated Dissection of the Superior Mesenteric Artery”

We read with great interest the recent article by Qiu *et al.*¹ They raise an important issue on the management of spontaneous isolated dissection of the superior mesenteric artery (SIDSMA). The authors concluded that endovascular treatment could be considered as a first line therapy for SIDSMA. However, we would like to elaborate on the endovascular management for SIDSMA.

The authors reported that 87.5% (112/128) of SIDSMA patients were treated by endovascular stent placement, which contrasts with the current trend favouring conservative therapy.^{2–4} Multiple studies have proved that conservative treatment of SIDSMA is generally successful.^{2,3,5} Also, it was reported that conservative treatment in SIDSMA patients without artery rupture and/or bowel necrosis should be considered first line therapy.^{2,6} Endovascular stent placement has many limitations, including edge stenosis,⁷ and there also exists a risk of mesenteric artery branch stenosis.⁸ Therefore, caution should be taken in stent placement for SIDSMA.

Moreover, the main objective of classification schemes is to categorise patients into treatment groups rather than provide an exhaustive description of all possible types of SIDSMA. Five classifications for SIDSMA have been proposed in recent years.⁹ The authors proposed a new classification, however, this new classification was similar to previous classifications and added nothing to the literature.

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