

## Superior Mesenteric Artery Syndrome in Patient with Snake Bites

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**Abstract :** Superior mesenteric artery (SMA) syndrome is a rare cause of high-section intestinal obstruction. SMA syndrome is characterized by compression of the third segment of the duodenum due to the narrowing of the distance between the superior mesenteric artery and the abdominal aorta. The main clinical signs of SMA syndrome are high intestinal obstruction, such as postprandial vomiting, epigastric pain, early feeling of abdominal fullness, and indigestion. Abdominal computed tomography plays an important role in diagnosis. There are two main methods of treating SMA syndrome that are conservative and surgical treatment. We report a clinical case of an 18-year-old male patient admitted to the hospital because of a Bungarus snake bit in the second hour, to the twelfth day of treatment, the patient developed diarrhea that lasted until the twenty-fourth day of treatment. On the twenty-fifth day of treatment, the patient lost 16 kilograms (from 56 down to 40). The patient had symptoms of vomiting after eating, indigestion, and epigastric pain. On abdominal computed tomography, the angle created by the superior mesenteric artery and the abdominal aorta was 17 degrees, the distance between the two arteries was 3.8 millimeters, light dilation and stagnation of the D1 and D2 segment of the duodenum with gas and watery level inside segment D3 and D4 of the duodenum and this segment was constricted. This patient was diagnosed with superior mesenteric artery syndrome with the Bungarus snake bites. Currently, the patient was treated with feeding through a jejunal tube each other intravenous nutrition. Finally, The patient was discharged and returned to his house on the forty-fifth day of treatment. We reported this clinical case to introduce clinical and paraclinical signs, diagnose, and methods treated for patient having SMA syndrome.

**Keywords :** superior mesenteric artery syndrome, Bungarus snake bites, loss weight

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