New Approach To Median Arcuate Ligament Syndrome: Transthoracic Ligament Release And Mesenteric Revascularization

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Indications for using the descending thoracic aorta for visceral artery bypass

- Hostile abdominal conditions
- Lack of adequate intra-abdominal inflow source
- Transluminal intervention not possible or indicated

The thoraco-abdominal approach provides excellent exposure of visceral vessels and the descending thoracic aorta

But:
- May not avoid hostile abdomen
- Too extensive insult
- Too invasive for median arcuate ligament release

We here describe an exclusively Transthoracic Technique that allows:

- Easy transection of the median arcuate lig.
- Resection of the autonomic splanchnic ganglia
- Celiac and SMA revascularization

Incision:
Standard Left anterolateral 8th ICS thoracotomy with left lung deflation

Disclosure Statement of Financial Interest

Nothing to disclose pertinent to this presentation
The 9th Rib is transected anteriorly and posteriorly to allow caudal retraction of the diaphragm.

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The transected rib is repaired with wire and the thoracotomy closed in standard fashion.

In summary:

- A low antero-lateral thoracotomy allows easy transection of the median arcuate ligament, resection of the autonomic splanchnic ganglia and revascularization of the celiac and SM arteries when necessary.
- This approach appears best suited for treatment of median arcuate ligament syndrome, and for mesenteric revascularization when an ante-grade bypass is indicated in the presence of hostile abdominal conditions.

Thank You