The Sutton-Syndrome – rare but dangerous

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Disclosure

Speaker name:
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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

I do not have any potential conflict of interest
Sutton Syndrome

Aneurysms of the pancreaticoduodenal arteries represent 2% of all visceral arteries. There is a subgroup of pancreaticoduodenal aneurysms in which a tight stenosis or occlusion of the Coeliac trunk appears to be underlying cause. This subgroup should be considered as a separate entity. It was first described by

SUTTON and LAWTON in 1973

Sutton D., Lawton G. Coeliac stenosis or occlusion with aneurysms of the collateral supply
Sutton Syndrome

The association of these aneurysms and occlusion of CA is not coincidental - without aneurysm is a common finding. However, in conjunction with weakness of the arterial wall it can be determining factor. The increased flow in the collateral arteries is associated with increased turbulences.

This in turn may lead to the development of aneurysms. This theory is supported by

MORA and OBST(Aust.Rad.1967), PROUD and CHAMBERAIN

The incidence of the association of CA occlusion and aneurysms of supply arteries is not known.
Sutton Syndrome

Rupture was the initial clinical manifestation in 15 of 32 cases with Sutton-Syndrom, reported in literature and in 7 of the 13 true aneurysms without this association.

Rupture may result in intraperitoneal, retroperitoneal or gastrointestinal hemorrhage.

Sutton Syndrome

The diagnosis is confirmed by US, CT or MRI.

Angiography is mandatory to evaluate vascular anatomy, the size, number of the aneurysms and patency of the CA.
Sutton Syndrome

Therapeutic options depend on whether or not the aneurysm has ruptured.

QUANDALLE et al. reported a 31% (4 of 13 patients) mortality rate with surgical treatment of ruptured pancreatioduodenal aneurysms associated with CA occlusion.

There was no mortality of either ruptured or non ruptured aneurysm not associated with CA occlusion.
Sutton Syndrome

Transcatheter embolization of these aneurysms has been reported more during recent years and appears to have a comfortable outcome.


MANDEL et al. reported a 79 % success rate. However, the majority of these reports discuss pseudo aneurysms or trauma (UHER et al. 1994)
Sutton Syndrome

Case 1
A 79 year old woman was admitted because of acute onset of upper abdominal pain, circulation collapse
History: hypertension, diabetes, COPD
Sutton Syndrome

Case 1
Sutton Syndrome

Case 1
Sutton Syndrome

Summary

Ruptured aneurysms:

• Treatment is needed as soon as possible

INTERVENTIONAL AT FIRST!

• Revascularization of the CA
Sutton Syndrome

Summary

Nonruptured aneurysms

- Aneurysms with smaller size- revascularization of the CA wait and see?

- Aneurysms are still appearance-transcatheter embolization requires a suitable vascular situation

- Aneurysms with larger size-transcatheter embolization revascularization of the CA
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