

## INOPERABLINA CRIJEVNA GANGRENA: PRIKAZ SLUČAJA NEUSPJEŠNOG KIRURŠKOG ZAHVATA S FATALNIM ISHODOM

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**KLJUČNE RIJEČI:** reanimacija; ishemija mezenterija; okluzivna arterijska bolest; bioetički problem

**UVOD:** Crijevna gangrena je rijedak i ozbiljan medicinski problem koji predstavlja posebne izazove u dijagnostici i liječenju, često praćen povišenim stopama smrtnosti. Glavni uzroci obuhvaćaju emboliju (40%-50%), arterijsku trombozu (25%-30%), vensku trombozu (10%) i neokluzivnu mezenteričku ishemiju (20%).

**PRIKAZ SLUČAJA:** 80-godišnja pacijentica dovezena je u hitnu službu u stanju šoka: somnolentna, hipotenzivna (41/35 mmHg) i znatno narušenog općeg stanja. Dežurni anesteziolog brzo je započeo postupke reanimacije nadoknadom volumena i korekcijom acidoze (pH= 7.066, pO<sub>2</sub>= 9.49 kPa, c(HCO<sub>3</sub><sup>-</sup>)= 11.1 mmol/L, laktati= 15.0 mmol/L) s 500 mL Ringerove otopine, 500 mL hidroksietil škroba (HES) i 100 mcg adrenalina. Pacijentica je potom prebačena u Jedinicu intenzivnog liječenja (JIL), gdje je daljnja obrada pokazala izrazito povišene vrijednosti jetrenih enzima i loše vrijednosti koagulograma, upućujući na oštećenje jetre. Nakon stabilizacije, MSCT s kontrastom prikazuje okluziju celijačnog stabla i gornje mezenterične arterije, dok se donja mezenterična arterija doimala prohodnom. Kasnijom eksploracijom abdomena otkrivaju se opsežne nekrotizirajuće promjene tankog i debelog crijeva. Shodno težini nalaza, donesena je odluka o odustajanju od daljnjeg kirurškog liječenja. Unatoč svim poduzetim mjerama intenzivnog liječenja, pacijentica je ubrzo preminula.

**ZAKLJUČAK:** Ovaj slučaj postavlja niz etičkih pitanja, uključujući pitanje brze i agresivne intervencije kod starijeg pacijenta sa značajnim komorbiditetima. Odluka o provođenju zahvata postavlja pitanja o usklađenosti načela korisnosti i štetnosti kirurškog liječenja. Ujedno se postavlja pitanje autonomije pacijentice i njezina sudjelovanja u donošenju odluka.

## INOPERABLE INTESTINAL GANGRENE: A CASE PRESENTATION OF AN UNSUCCESSFUL SURGICAL TREATMENT WITH A FATAL OUTCOME

**INTRODUCTION:** Intestinal gangrene is a rare and critical medical condition that presents distinct diagnostic and treatment challenges, frequently accompanied by elevated mortality rates. Most common causes are emboli (40%-50%), arterial thrombosis (25%-30%), venous thrombosis (10%) and non-occlusive mesenteric ischemia (20%).

**CASE REPORT:** An 80-year-old female patient arrived at the emergency department in a state of shock: somnolent, severe hypotension (41/35 mmHg) and a significantly compromised general condition. The attending anesthesiologist promptly initiated resuscitation, administering volume replacement and correcting acidosis (pH = 7.066, pO<sub>2</sub> = 9.49 kPa, c(HCO<sub>3</sub><sup>-</sup>) = 11.1 mmol/L, lactate = 15.0 mmol/L) with 500 mL of Ringer's solution, 500 mL of hydroxyethyl starch (HES), and 100 mcg of adrenaline. The patient was subsequently transferred to the Intensive Care Unit (ICU), where further assessment revealed liver damage, as indicated by elevated liver enzyme levels and abnormal coagulation test results. After stabilization, a contrast-enhanced MSCT revealed coeliac trunk and superior mesenteric artery occlusion, while the inferior mesenteric artery remained open. Subsequent surgical exploration revealed extensive gangrenous changes affecting both the small and large intestines. Given the severity of the findings, a decision was made to abstain from surgical intervention. Despite intensive therapeutic measures, the patient died shortly thereafter.

**CONCLUSION:** This case raises several ethical questions, including rapid and aggressive intervention in an elderly patient with significant comorbidities. The decision to perform surgery raised questions about the alignment with the principles of beneficence and non-maleficence of the surgical therapy. It also questions the autonomy of the patient and their involvement in decision-making.





KEYWORDS: resuscitation; mesenteric ischemia; arterial occlusive disease; bioethical issue

