“Wilkie’s Syndrome: Case Report”

Vladimir Schraibman1*, Marina Gabrielle Epstein1, Gabriel Maccapani1, Franco Milan Sapuppo2 and Marilia Fernandes1
1Department of General, Gastric and Minimally Invasive Surgery, Albert Einstein Jewish Hospital, São Paulo, Brazil.
2Medical Student, Americas University of Medicine, São Paulo, Brazil.

*Corresponding author: Vladimir Schraibman, Department of General, Gastric and Minimally Invasive Surgery, Albert Einstein Jewish Hospital, São Paulo, Brazil.

Received Date: May 05, 2021; Accepted Date: May 15, 2021; Published Date: May 19, 2021

Citation: Schraibman V, Marina G Epstein, Maccapani G, Franco M Sapuppo, Fernandes M. (2021) “Wilkie’s Syndrome: Case Report”. J. Surg Case Repo and Imag. 4(4); DOI:10.31579/2690-1897/078

Copyright: © 2021 Vladimir Schraibman, This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

Superior Mesenteric Artery or Wilkie Syndrome is a rare cause of duodenal obstruction and results from compression of the third portion of the duodenum by the superior mesenteric artery and the aortic artery.

This diagnosis is being made more frequently due to the advancement of diagnostic tests, in the detection of this syndrome that affects patients and often are not diagnosed correctly and are treated for other diseases while having Wilkie's syndrome. This rare syndrome should be remembered mainly in patients with nausea, postprandial abdominal pain, early satiety and weight loss. In these cases, the correct diagnosis really does make a difference and most likely there will be more and more patients who demand this type of surgery. Robotic duodenojejunostomy is a practical option to treat Wilkie's syndrome. It provides definitive treatment with the advantages and benefits of minimally invasive surgery.