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Suradnja gastroenterologa i psihijatara u liječenju složenih bolesnika: prikaz slučaja bolesnika sa sindromom medijalnog arkuatnog ligamenta

/ Collaboration Between Gastroenterologists and Psychiatrists in the Treatment of Complex Patients: A Case Report of a Patient With Median Arcuate Ligament Syndrome

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Sindrom medijalnog arkuatnog ligamenta (MALS) rijetko je stanje povezano s kompresijom celijačne arterije. Obilježavaju ga bolovi u trbuhu, mučnina i gubitak težine, koji su često popraćeni nesanicom, sniženim raspoloženjem i dugotrajnom anksioznoću. Kirurško liječenje metoda je izbora, ali simptomi se mogu vratiti. U takvim situacijama često nije jasno koja je odgovarajuća terapijska opcija. Prikazat će se slučaj u kojemu je liječenje psihofarmacima dovelo do poboljšanja psihičkih tegoba, ali i smanjenja intenziteta gastroenterološkihtegoba. Gospodin A. bio je 43-godišnjak kada je ponovno

Median arcuate ligament syndrome (MALS) is a rare condition associated with compression of the celiac artery. It is characterized by abdominal pain, nausea, and weight loss, often accompanied by insomnia, low mood, and long-standing anxiety. Surgical treatment is the method of choice, but symptoms may recur. In such situations, it is often unclear what the appropriate therapeutic option is. This report presents a case in which treatment with psychotropic medications led to improvement in psychological symptoms as well as a reduction in the intensity of gastrointestinal complaints. Mr. A was 43 years old when he was rehospitalized for recurrent MALS symp-

hospitaliziran zbog ponavljajućih simptoma MALS-a sedam mjeseci nakon operacije. Ultrazvuk abdomena s respiratornim manevrom pokazao je promjene vršne sistoličke brzine u celijačnoj arteriji koje su bile tipične za MALS i u osnovi su se podudarale s onima registriranima prijeperacijski, bez obzira na prethodnu operaciju. Uz jaku bol, pacijent je imao i simptome anksioznosti, depresije i nesanicu. Započeta je terapija pregabalinom, sulpiridom i mirtazapinom. To je liječenje dovelo do znatnog poboljšanja unutar nekoliko dana. Sedam mjeseci nakon početka terapije lijekovima, pacijent je imao povremene blage bolove, nije imao prethodnih psiholoških poteškoća, a ultrazvuk abdomena pokazao je normalizaciju vršne sistoličke brzine u celijačnoj arteriji. Tada je procijenjeno da bi se terapija mogla prekinuti. Do pogoršanja dolazi nakon desetak dana, a intenzitet simptoma sve je izraženiji tijekom mjesec dana. Zbog toga se prethodna terapija ponovno uključuje i ponovno dolazi do smanjenja tjelesnih tegoba i poboljšanja psihičkog stanja. Ovaj prikaz opisuje iskustva s liječenjem rekurentnih simptoma MALS-a psihofarmacima te ističe potrebu suradnje gastroenterologa i konzultativnih psihijatara u tretmanu složenih pacijenata.

toms seven months after surgery. Abdominal ultrasound with a respiratory maneuver showed changes in peak systolic velocity in the celiac artery that were typical for MALS and essentially matched those recorded preoperatively, regardless of the previous operation. In addition to severe pain, the patient had symptoms of anxiety, depression, and insomnia. Treatment with pregabalin, sulpiride, and mirtazapine was initiated. This regimen led to substantial improvement within a few days. Seven months after starting pharmacotherapy, the patient reported only occasional mild pain, had no prior psychological difficulties, and abdominal ultrasound showed normalization of peak systolic velocity in the celiac artery. At that point, it was judged that treatment could be discontinued. Worsening occurred after about ten days, and the intensity of symptoms became increasingly marked over the course of a month. The previous treatment was therefore reintroduced, again resulting in a reduction of physical symptoms and improvement in psychological status. This case report describes experience with treating recurrent MALS symptoms using psychotropic medications and underscores the need for collaboration between gastroenterologists and consultation-liaison psychiatrists in the management of complex patients.