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**Retrospective Cohort Study**  
**Nomogram for predicting transmural bowel infarction in patients with acute superior mesenteric venous thrombosis**

Jiang M *et al.* Nomogram for predicting TBI  
  
Meng Jiang, Chang-Li Li, Chun-Qiu Pan, Wen-Zhi Lv, Yu-Fei Ren, Xin-Wu Cui, Christoph F Dietrich

**Abstract**  
**BACKGROUND**  
The prognosis of acute mesenteric ischemia (AMI) caused by superior mesenteric venous thrombosis (SMVT) remains obscure and early detection of transmural bowel infarction (TBI) is crucial. The predisposition to develop TBI is of concern, which can lead to fatal sepsis with hemodynamic instability and multiorgan failure. Early resection of necrotic bowel could improve the prognosis of AMI, however, accurate prediction of TBI remains a challenge for clinicians. When determining eligibility for explorative laparotomy, the underlying risk factors for bowel infarction should be fully evaluated.

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**Acute mesenteric venous thrombosis** (MVT) accounts for only 2% to 10% of AMI cases, and only 0.01% of emergency surgery admissions. 1 A large system- atic review showed a 44% mortality rate for MVT, in contrast to 66% to 89% for all other

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**Acute superior mesenteric venous thrombosis** (SMVT) is a rare condition that accounts for 5% to 10% of **acute mesenteric** ischemia.<sup>1, 2</sup> In the past, **mesenteric venous thrombosis** (MVT) was considered a fatal condition because its diagnosis was often delayed as a result of its presentation of nonspecific abdominal symptoms. 3 MVT is often identified at laparotomy or autopsy, and the ...

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