

An Under Recognized Entity That Need Awareness Hyper Elasticity and Associated Diseases Especially Superior Mesenteric Artery Syndrome

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Dear Editors

During our practice in UAE, we came across many rare and unusual disease presentations that were missed by many centers because of either: Lack of awareness or failure to check detailed history including family history and proper physical examination. Joint hypermobility alone is common in the general population, affecting approximately 10 to 20 percent of individuals to some degree, it maybe localized or generalized hypermobility.

At this frequency, joint hypermobility can be considered a physical trait rather than a disorder. Symptomatic, disabling, hypermobility-related conditions are less common at approximately 1 in 500 of the general population.

In one large, general population survey in the United Kingdom, the combination of joint hypermobility and chronic widespread pain, which is typical of many patients with hypermobility-related disorders, was found in 3 percent of the surveyed individuals. It is more common in childhood and adolescence, in females, and in Asians and West Africans, lessen with age and has strong heritability and more

common in females at all ages. Natural history includes recurrent soft tissue injuries, fatigue, chronic regional or widespread pain, declining physical capacity, anxiety states, systemic concerns, including autonomic cardiovascular and bowel dysfunction. Clinical manifestations include musculoskeletal manifestations, skin and other tissue manifestations. Gastrointestinal and genitourinary (including gynecologic; 50 percent of symptomatic patients): -bowel symptoms suggestive of functional gastrointestinal disorders (constipation alternating with diarrhea, bloating, nausea, and pain) and early satiety., bowel dysmotility, especially slow-transit constipation.

Heavy And Painful Menstrual Bleeding.

Disabling, persistent fatigue. Anxiety, depression, and phobia (e.g., fear of movement).

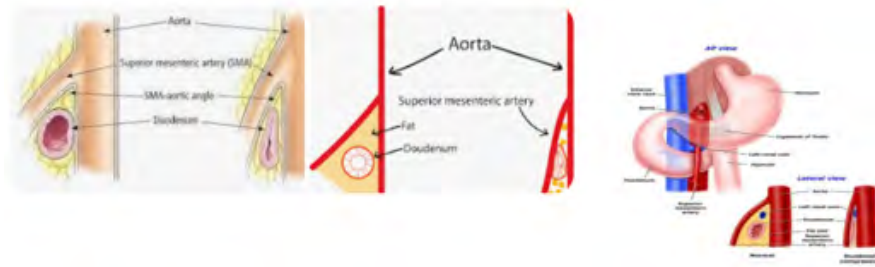
Autonomic dysfunction: Palpitations, chest pain, and near-syncope or syncope due to postural tachycardia.

Orthostatic symptoms, including (near) blackouts due to postural hypotension.

Skin color changes, abnormal sweating.



Anatomy of superior mesenteric artery.



Case Study.



References

1. Smith BG, Hakim-Zargar M, Thomson JD. Low body mass index: a risk factor for superior mesenteric artery syndrome in adolescents undergoing spinal fusion for scoliosis. *J Spinal Disord Tech.* 2009; 22(2): 144-8.
2. Castori M, Tinkle B, Levy H. A framework for the classification of joint hypermobility and related conditions. *Am J Med Genet C Semin Med Genet.* 2017; 175:148.
3. Shah MA, Albright MB, Vogt MT, Moreland MS. Superior mesenteric artery syndrome in scoliosis surgery: weight percentile for height as an indicator of risk. *J Pediatr Orthop.* 2003; 23(5): 665-8.
4. Grahame R. Hypermobility: an important but often neglected area within rheumatology. *Nat Clin Pract Rheumatol* 2008; 4: 522.
5. Hakim AJ, Grahame R. High prevalence of joint hypermobility syndrome in clinic referrals to a North London community hospital. *Rheumatology* 2004; 198.