

## Images in Medicine

### Mattox manoeuvre: A forgotten method

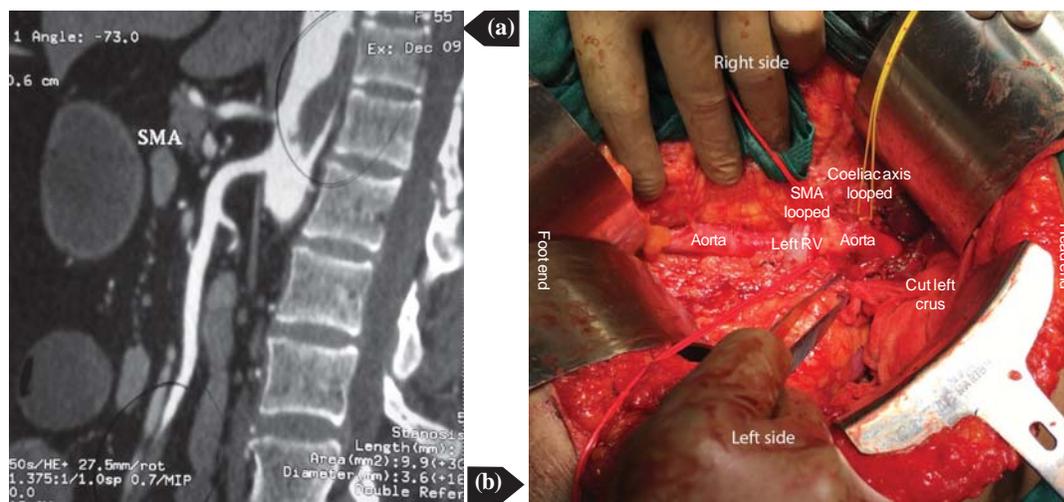


FIG 1. (a) CT angiography showing floating thrombus in the upper abdominal aorta and a thrombus in the distal branches of the superior mesenteric artery; (b) operative picture of Mattox manoeuvre. The left colon with body and tail of the pancreas and spleen rotated medially. The left kidney is left behind in the retroperitoneum SMA superior mesenteric artery RV renal vein

A 55-year-old woman, with hypertension and ischaemic heart disease, had recurrent small-bowel obstruction for 2 months. CT angiography of the abdomen (Fig. 1a) revealed a floating thrombus in the upper abdominal aorta with a thrombus in the distal branches of the superior mesenteric artery and an ischaemic stricture in the mid-small bowel. The patient underwent a midline laparotomy, and Mattox manoeuvre was performed (Fig. 1b) to expose the upper abdominal aorta. Thrombectomy of the aortic thrombus, and resection and anastomosis of the small bowel stricture was done. The postoperative course was uneventful.

Mattox manoeuvre gives an ideal exposure to major supramesocolic vessels<sup>1</sup> except the inferior vena cava. It is also known as left medial visceral rotation. It consists of medial mobilization of the left colon and spleen with distal pancreas by dividing along the white line of Toldt and phrenicosplenic ligament. The plane is avascular and once in the correct plane, speedy dissection can be done bluntly in an emergency situation. The left kidney can be either left behind or mobilized medially along with other viscera depending on the need.

Due to the increased use of endovascular techniques, exposure to Mattox manoeuvre during training has become rare. Familiarity with this manoeuvre can be helpful to expose major supramesocolic vessels.

*Conflicts of interest.* None declared

#### REFERENCE

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