Original Research Paper Surgery

A Case of Sigmoid Volvulus in A Surgical Clinic (ACSMCH)

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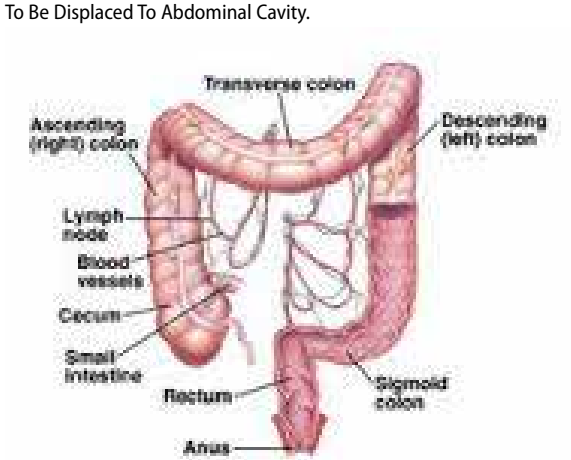
KEYWORDS :

Sigmoid Colon Anatomy:
Sigmoid Colon Is A Part Of Large Intestine That Is Closest To Rectum And Anus.It Forms A Loop That Averages 35 To 40 Cm.Normally Lying Within Pelvis,But On Account Of Its Freedom Of Movement Its Liable To Be Displaced To Abdominal Cavity.



They begins at the superior aperture of the lesser pelvis, continuing to illiac colon, and passes transverse across to front of sacrum to right of pelvis. Then curves on itself and turn towards the left to reach the middle line at the level of third piece of the sacrum, where it bends downwards and end in rectum.

Normally it functions to expel solid and gaseous waste from gastro-intestinal tract.the curving path it takes towards the anus allows it to store gas in the superior arched portion,enabling colon to expel gas without excreting faeces simultaneously.

These functions gets affected in volvulus of git most commonly sigmoid volvuluswith abdominal pain,distension and constipation.

Causes:
1.Chronic constipation

2.Excessive and prolonged use of laxatives.

3.High fibre diet.

4.Chagas disease.

5.Chronic neurological conditions.

6.Treatments for psychiatric conditions.

It occurs when due to any of these causes sigmoid loop rotates around a narrow, elongated mesentry producing arterial and venous obstruction of affected segment, followed by rapid distention of the closed loop.

Case:
Ramesh(16/m) came with c/o pain in the abdomen, distension of abdomen and constipation for 3 days.

Had treatment elsewhere. Patient was seen in our unit and found to have intestinal obstruction ??Lower bowel.no h/o fever ,vomiting, jaundice, dyspnoea and synosis.abdominal pain and distension started suddenly and distension slowly increased in size.

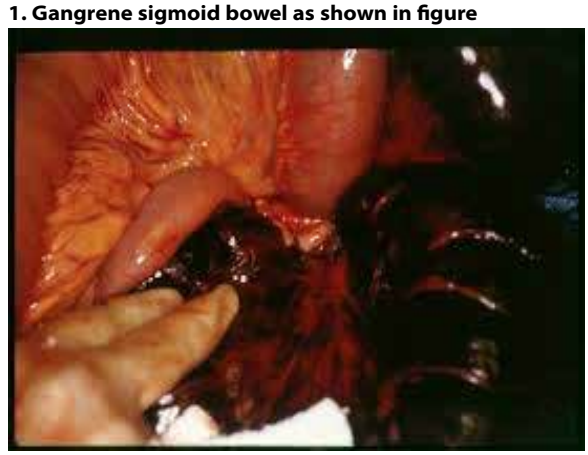
O/e:pulse,bp,temp. Are normal.patient has a sick look with abdominal distension.

P/a:distended soft ,tenderness in the left illiac region.bowels sounds not heard.no free fluid or blood.

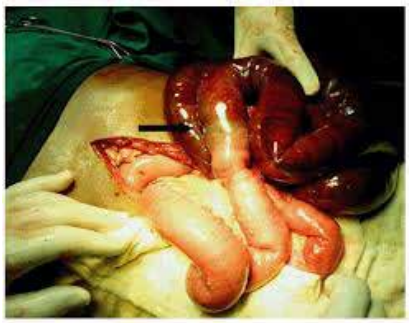
Routine investigations done:
Plain X-ray abdomen erect showed gas distended sigmoid bowel with multiple fluid levels seen. CT abdomen done showed sigmoid volvulus.

Patient was taken up for emergency surgery and the findings were the following:

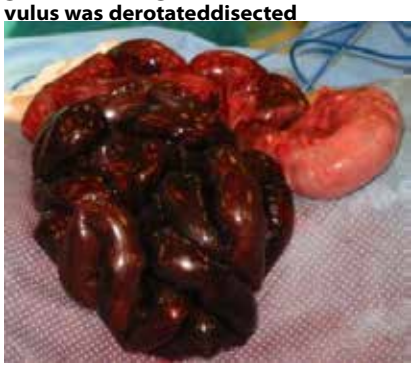
1. Gangrene sigmoid bowel as shown in figure



2.There was a very clear distinction from normal bowel to gangrened bowel



3.Patient had a long sigmoid mesocolon probably congenital that might have been the cause for volvulus.volvulus was derotateddisected



End to end anasthamosis was done in the discending colon and the rectum end stappled.

Post opersatively:
Patients condition was uneventfull.he passed motion on the second day ,slowly he became absolutely normal and he was discharged.patient is attending the review periodically every three months.

Incidence:
Sigmoid volvulus is an exceptionally rare & potentially life threatening condition in the adolescence because it's a classic condition seen in elderly age group.we report our experiment with a case reported in our surgical clinic of sigmoid colon.sigmoid volvulus is the third leading cause of colon obstruction in adults with a male to female ratio of 3.5 to 1.

Discussion:
They are rare occurrence in adolesence compared to elderly but it should be included in the differential diagnosis of pain in abdomen particularly if colonic dialation is seen in radiographs, when colon distension is present even in young & adoloescence.all algorithm for treartment is proposed.