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A Cecal Volvulus with Mobile Sigmoid: A Rare Case Presentation

KEYWORDS: Volvulus, gangrene,ileostomy, shock.

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ABSTRACT *Volvulus describes a condition in which the bowel becomes twisted on its mesenteric axis, a situation that results in partial or complete obstruction of the bowel lumen and a variable impairment of its blood supply. The condition usually affects the colon, most commonly sigmoid and less frequently right colon and terminal ileum, called cecal volvulus. The objective of treatment in case of caecal volvulus is to avoid any complication such as gangrene, with resection if gangrene has already developed. Here we present a case report of cecal volvulus presented to us in shock, who was resuscitated and resection of terminal ileum with ileostomy was done. Patient had concomitant mobile sigmoid colon.*

INTRODUCTION:
Cecal volvulus is a rare condition, and its incidence is reported to range from 2.8 to 7.1 per million people per year[1]. It is characterized anatomically by the axial twisting that occurs involving the cecum, terminal ileum, and ascending colon. It is more uncommon when it occurs as metachronous colonic volvulus involving the cecum and sigmoid colon. Only 4 cases of metachronous cecal and sigmoid colon volvulus have been reported in the literature [2–5]. Although most of the volvulus occurs in the sigmoid colon, cecum is the second in its frequency of occurrence[6]. The condition is permitted by an elongated free segment of colon accompanied by an lengthy mesentry, which allows two ends coming close with twisting around a narrow mesenteric base. Lack of familiarity with this condition usually causes diagnostic doubt and consequently delays in treatment, which are all contributing factors for development of gangrene with probable high morbidity and mortality[6,7].

CASE REPORT
A 45 years old male presented to our emergency department in shock. His PR was very feeble 123/min, BP was not recordable.

Two wide bore intravenous lines were secured and resuscitation was started. Patient was taken on inotropic support. A history of pain abdomen, moderate to severe degree, earlier spasmodic, later became constant since two days. History of multiple episodes of vomiting, 13 to 15 per day, watery mixed with food particles was present. Patient was not able to pass flatus and feces since two days. There was no history of blunt trauma abdomen, any drug reaction or tuberculosis. PA examination revealed moderate distension, tympanic note on percussion and absent bowel sounds.

X ray abdomen AP erect after resuscitation revealed distended cecum in a gas filled comma shape. Small bowel loops were also dilated. Laparotomy revealed cecal volvulus with mobile cecum and sigmoid.(Fig.1).

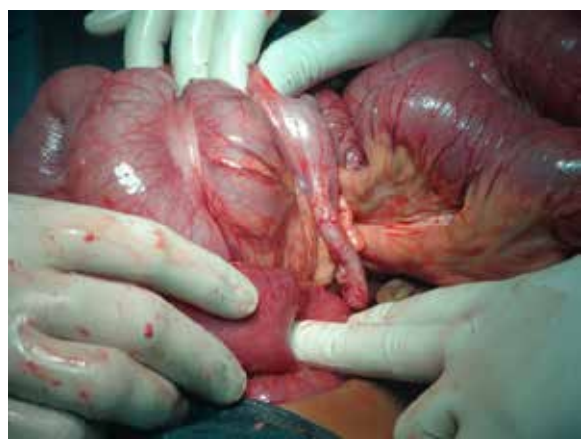

Fig.1: Cecal volvulus

Terminal ileum was resected and ileostomy was done in view of poor general condition of patient.(Fig.2).

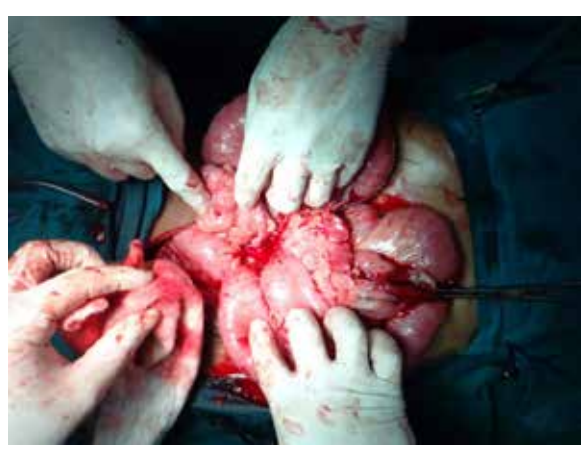

Fig.2: Resected ileum.

Patient responded well to damage control laparotomy and is in follow up for further management of mobile cecum and sigmoid.

DISCUSSION:
Cecal volvulus is actually a cecocolic volvulus, consisting of an axial rotation of terminal ileum, cecum and ascending colon,

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with concomitant twisting of associated mesentery. Its more common in females and affect middle age groups(late 50s) [8]. Factors implicated include previous surgery, pregnancy, malrotation and obstructing lesion of left colon, which in our case might be caused by highly mobile sigmoid. Typical presentation is sudden onset pain abdomen and distension, which increases if condition prolongs and ischemia occurs. Most cases require surgery to correct volvulus and prevent ischemia. Right colectomy is procedure of choice. Primary anastomosis is usually preferred unless the volvulus has resulted in frankly gangrenous bowel, in which case resection of gangrenous bowel with ileostomy is a safer approach[8]. This was the case in our patient.

CONCLUSION:

Cecal volvulus is a relatively rare condition. Prompt recognition and urgent treatment may avoid gangrenous changes of the bowel. Right colectomy with resection anastomosis is preferred surgical modality depending on general well being of patient.

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