



A CASE OF SIGMOID VOLVULUS

Surgery

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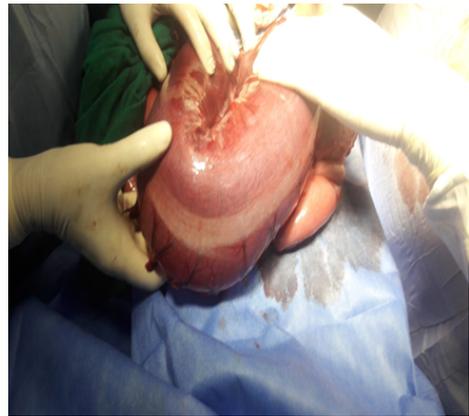
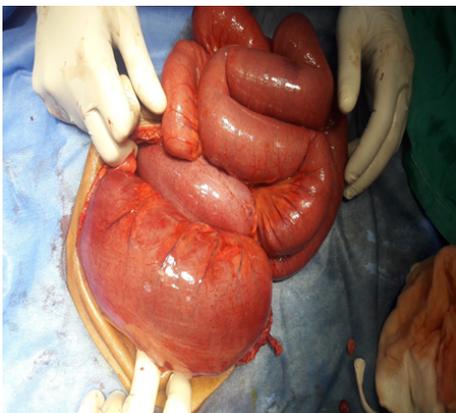
KEYWORDS

- 70 yr old f/o serving soldier
- Presented with c/o pain abdomen, vomiting and obstipation x 03days
- O/E:- P-110/min
- BP-80/70mmhg
- Afebrile
- No pallor/cyanosis
- P/A:-Soft and distended
- Guarding and rigidity was present
- Absent bowel sounds
- No ascites/organomegal



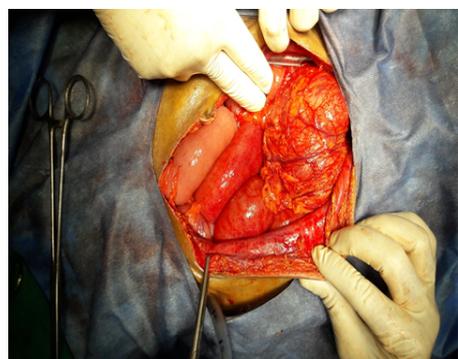
A Diagnosis Of Sigmoid Volvulus Was Made And Patient Was Shifted To Ot

- Meanwhile RT tube was placed, two large bore IV cannula was secured, and dose of broad spectrum antibiotic was given after AST



Surgery-Detwisting and Decompression of Sigmoid Colon with anchoring to lateral wall of abdomen.

- Post OP period was uneventful
- Drain was removed on 7th(abdominal) and 10th POD





DTH on 11th day

DISCUSSION

- **Background:**
An emergent condition
- Requires early identification and prompt surgical intervention
- Colonic obstruction may result from
 - Infectious/inflammatory
 - Neoplastic
 - Mechanical pathology
- Volvulus
- Incarcerated hernia
- Stricture
- **Pathophysiology:**
Rotating or twisting of the cecum or sigmoid
- Causes abrupt onset of symptoms
- Sigmoid volvulus
- Usually occurs in older individuals
- Surgical care is directed at relieving the obstruction

Diverting transverse loop colostomy

- Least invasive procedure for a very ill patient with a left colonic obstruction
- Permits relief of the obstruction and further resuscitation without compromising chances for a subsequent resection