



A CLINICAL STUDY ON SIGMOID VOLVULUS IN ADULTS

General Surgery

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ABSTRACT

Background: Sigmoid volvulus is an abnormal twisting of the bowel on its mesenteric axis $>180^\circ$. First described by Von Rokitsansky in 1836. **Aims and Objectives:** The aim of this study is to highlight the clinical features, management of sigmoid volvulus and its outcome in terms of morbidity and mortality. **Methods:** This study was a retrospective study conducted on 30 patients who have been diagnosed with sigmoid volvulus in department of general surgery and Surgical Gastroenterology, Narayana Medical college and Hospital, from MARCH 2020 to march 2023. Data such as age distribution, sex distribution, duration of symptoms, management, post op complications was collected and evaluated. **Results:** Mean age of presentation was 52 years (35-80). peak age of incidence was 51-60yrs. Of 30 patients 21 are male and 9 are female. Clinical features are mostly abdominal distension, abdominal pain, constipation, vomiting, fever, visible peristalsis. duration of symptoms ranges from 2-20 days. mainly presented as acute symptoms with uncomplicated and viable bowel. 18 patients underwent Hartmanns procedure, 12 patients underwent resection and primary anastomosis. Post op complications includes surgical site infection, chest infections, colostomy complications, paralytic ileus, wound dehiscence, intraabdominal abscess collection. **Conclusion:** Sigmoid volvulus is a common cause of large bowel obstruction and males are commonly affected than females mostly of elderly aged. mostly presented with acute symptoms and management depends on viability of bowel. Early diagnosis and timely intervention reduces the morbidity.

KEYWORDS

INTRODUCTION

An abnormal twisting of the bowel on its mesenteric axis $>180^\circ$. First described by Von Rokitsansky in 1836 and it is Second most common cause of large bowel obstruction following malignancy includes four percent of all cases in developed countries and 50% in developing countries. Common in patients with chronic constipation with laxative abuse. The aetiology is multifactorial. Common in mentally retarded patients, Ogilvie syndrome, hypothyroidism, parkinsons disease. Precipitating factors includes long mesentery, loaded sigmoid colon, peridiverticulitis, adhesions, narrow attachment of sigmoid mesocolon. It requires about one and half turns of rotation to cause vascular compromise.

Aims and Objectives

- To highlight the clinical features, management of sigmoid volvulus and its outcome in terms of morbidity and mortality.

Study Design: A retrospective study.

No. of cases – 30.

Study Period: 3 Years (March 2020 - March 2023).

Involves Department Of General Surgery And Department Of Surgical Gastroenterology.

MATERIALS AND METHODS

Inclusion Criteria: All cases found to have sigmoid volvulus either clinically or radiologically.

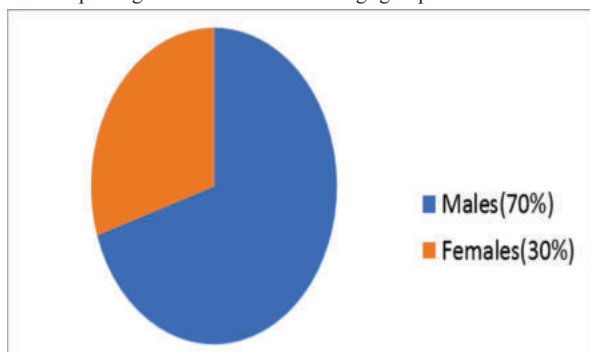
Exclusion Criteria: All the other causes of large bowel obstruction and pseudo-obstruction.

Data Analysis

Age Distribution

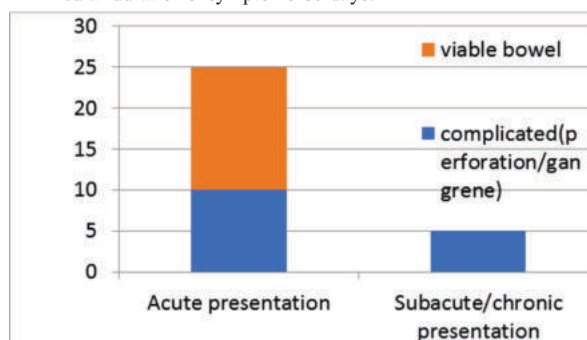
Mean age of presentation was 52 years (35-80).

- The peak age of incidence was in the age group 51-60.

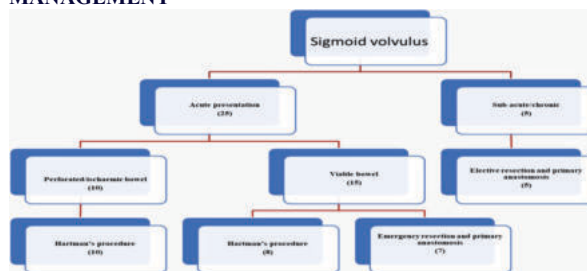


Duration Of Symptoms

- The duration of symptoms ranged from 2 to 22 days.
- Median duration of symptoms is 9 days.



MANAGEMENT



Postoperative Complications

Postoperative Complications	Frequency
Surgical site infection	29 (56.86%)
Chest infection	15 (29.41%)
Colostomy complications	11 (21.56%)
Prolonged paralytic ileus	5 (9.80%)
Wound dehiscence	1 (1.96%)
Intraabdominal abscess	1 (1.96%)

CONCLUSION

Sigmoid volvulus is common cause of large bowel obstruction. Males are commonly affected than females. Commonly involves elderly aged. Most of the patients presented acutely. If bowel is viable, resection & primary anastomosis is feasible. Temporary colostomy is considered in cases with complications. Early diagnosis and timely intervention reduces the morbidity.

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