ORIGINAL RESEARCH PAPER

General Surgery

A CASE OF SECONDARY GASTRIC VOLVULUS – A CASE REPORT

KEY WORDS: Gastric volvulus, mesentero-axial, organoaxial, gastropexy.

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ABSTRACT

Gastric volvulus secondary to postoperative inflammatory adhesions is a rare phenomenon.We report a case of 58 year old female presented with complaints of abdominal pain,abdominal distension and obstipation for 2 days.she is a known case of carcinoma anorectum for which diversion transverse loop colostomy was done.on examination,patient had abdominal distension with epigastric tenderness.CECT abdomen showed features suggestive of gastric volvulus.UGI scopy confirmed the diagnosis of gastric volvulus,endoscopic derotation was attempted but it was not successful.Patient was taken for emergency exploratory laparotomy which revealed a Grossly dilated edematous stomach with Mesenteroaxial type of gastric volvulus secondary to Inflammatory adhesive mass adherent to stomach,lesser omentum and transverse mesocolon.Adhesiolysis with enbloc removal of inflammatory mass along with anterior gastropexy done.

INTRODUCTION:

Gastric volvulus is an uncommon clinical condition,in which the stomach abnormally rotates by atleast 180 degree or more.males and females are equally affected.About 10-20% of cases occur in children. The classic triad associated with gastric volvulus is of severe epigastric pain,retching without vomiting,inability to pass nasogastric tube. Gastric volvulus secondary to postinflammaatory adhesions is a rare phenomenon and one such case is presented here in a patient with carcinoma rectum who underwent transverse colostomy.

CASE REPORT:

58 years old female admitted with complaints of abdominal pain,abdominal distension and obstipation for 2days. She is a known case of carcinoma anorectum presented with acute large bowel obstruction 1 month ago for which she underwent exploratory laparotomy with diversion transverse colostomy. On examination upper abdomen distension and epigastric tenderness was present,ryles tube couldnot be passed.

CECT abdomen revealed grossly distended stomach filled with contrast and no distal passage of contrast,with collapsed antrum and duodenum. Upper Gastrointestinal endoscopy showed features of gastric volvulus and hence endoscopic derotation of volvulus attempted but not successful.Hence patient was taken up for emergency exploratory laparotomy. Intraoperative findings include Grossly dilated edematous stomach with Mesenteroaxial type of gastric volvulus secondary to Inflammatory adhesive mass adherent to stomach, lesser omentum and transverse mesocolon. Adhesiolysis with enbloc removal of inflammatory mass along with anterior gastropexy.

Fig 1 CECT Abdomen- Features Suggestive Of Gastric Volvulus

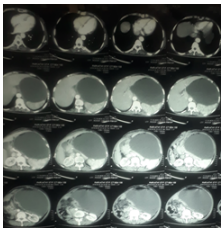
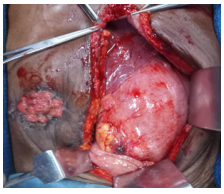


Fig2 Intraoperative Picture- Grossly Dilated Stomach



DISCUSSION:

Berti, described gastric volvulus in a female autopsy patient in 1866. Berg, first performed surgery for gastric volvulus.Depending on the etiology, gastric volvulus can be classified as primary or secondary. Primary gastric volvulus occurs due to abnormalities of the gastric ligaments. Secondary gastric volvulus arises in the presence of local anatomic abnormalities including paraesophageal hernia, diaphragmatic hernia,abdominal bands , gastric tumours and intraabdominal adhesions. Based on anatomy classified as organoaxial and mesenteroaxial,organoaxial is the most common type.

Borchardt described a clinical triad of acute gastric volvulus which includes severe epigastric pain with distension, vomiting followed by retching with inability to vomit and difficulty or inability to pass a nasogastric tube into the stomach beyond the level of obstruction .

Early diagnosis and prompt Gastropexy prevents complications such as ischemia,necrosis and perforation for which partial or total gastrectomy may be needed.The best method is endoscopic derotation of volvulus and laproscopic gastropexy.

CONCLUSION:

Acute Gastric volvulus is a surgical emergency,an early diagnosis and intervention prevents morbidity and mortality.

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