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A case presentation on sigmoid volvulus

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Abstract
A sigmoid volvulus occurs when a loop of the sigmoid colon twists around the mesentery, often leading to bowel obstruction and constipation.
Patients with sigmoid volvulus can either present with insidious or an acute onset of abdominal pain, abdominal distension, nausea and constipation.
Imaging is imperative to facilitate a timely sigmoid volvulus.

Keywords: Sigmoid, volvulus, twisting

Introduction
A Volvulus is a twisting or axial rotation of a portion of bowel about its mesentery. The Rotation causes obstruction to the lumen (>180 ° torsion) and also causes vascular occlusion in the mesentery (>360 ° torsion).
A sigmoid volvulus occurs when a loop of the sigmoid colon twists around the mesentery: the sigmoid mesocolon.

The exact cause of sigmoid volvulus include: Family history, high fiber dire, institutionalization, chronic faecal loading, psychiatric disease, colonic dysmotility, previous abdominal surgeries, diabetes and Hirshsprung's disease.

Case Report
A 50 yr old male presented with complaints of abdominal pain and distension since 3 days, inability to pass stool and flatus since 3 days, and and 4 episodes of vomiting since 2 days.
No complaints of Fever, blood in stool, with no any previous operative history.
On examination generalized abdominal distension was present with guarding and peristalsis were absent.
Abdominal X-ray Standing and Chest X-ray: Multiple air filled dilated bowel loops seen in abdomen with eventration of left dome of Diaphragm typically showing Coffee bean/Bent inner tube /Omega sign. Suggestive of Volvulus/Obstruction. No any free gas under Diaphragm
RT insertion was done, initially rectal tube was attempted to release the bowel gas.
Midline laparotomy was done: grossly dilated sigmoid and descending colon was found.
Sigmoid volvulus with anticlockwise 720 ° rotation was seen.
Sigmoid colon and descending colon were resected and colorectal anastomosis was performed

Discussion
- The majority of patients with SV present with insidious onset of progressive abdominal pain, abdominal distension, nausea and Constipation.
- Other symptoms include hematochezia, early vomiting and paradoxical diarrhea.
- The main examination findings include abdominal distension, tenderness to palpation or percussion, guarding, signs of peritonitis
- **Plain X-ray:** Diagnostic in 70- 80%
- **Contrast enema shows:** Bird beak sign {Ace of spade appearance}
- **CT scan shows:** Whirl pattern.
- **Treatment:** RT aspiration, IV fluids, catheterization IV antibiotics.
- A Flatus tube or Sigmoidoscopy, if derotation does not occur, midline incision laparotomy is done.
- **If sigmoid colon viable:** Sigmoidopexy is done and if gangrenous resection and

anastomosis is done. Colostomy can be performed if required like Paul Mickulicz and Hartman operation. Later after 6-12 weeks colorectal anastomosis can be performed.

Conclusion

- Acute sigmoid volvulus is a diagnosis to exclude in patients presenting with acute abdominal pain.
- Failure to recognize the condition can lead to sigmoid perforation, sepsis, peritonitis and death. Imaging is imperative to facilitate a timely Diagnosis of sigmoid volvulus
- If uncomplicated, Sigmoid volvulus is best initially treated with flexible sigmoidoscopy and rectal tube placement
- If this fails, or if the patient has complicated acute sigmoid volvulus, then emergency surgery is required: emergency midline laparotomy surgery

Conflict of Interest

Not available.

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