

Atypical Presentation of Synchronous Sigmoid Volvulus with Cecal Bascule



Arif, Azzan MD, Williams, John B.S. Smith, James
Western Reserve Health Education, Warren, Ohio

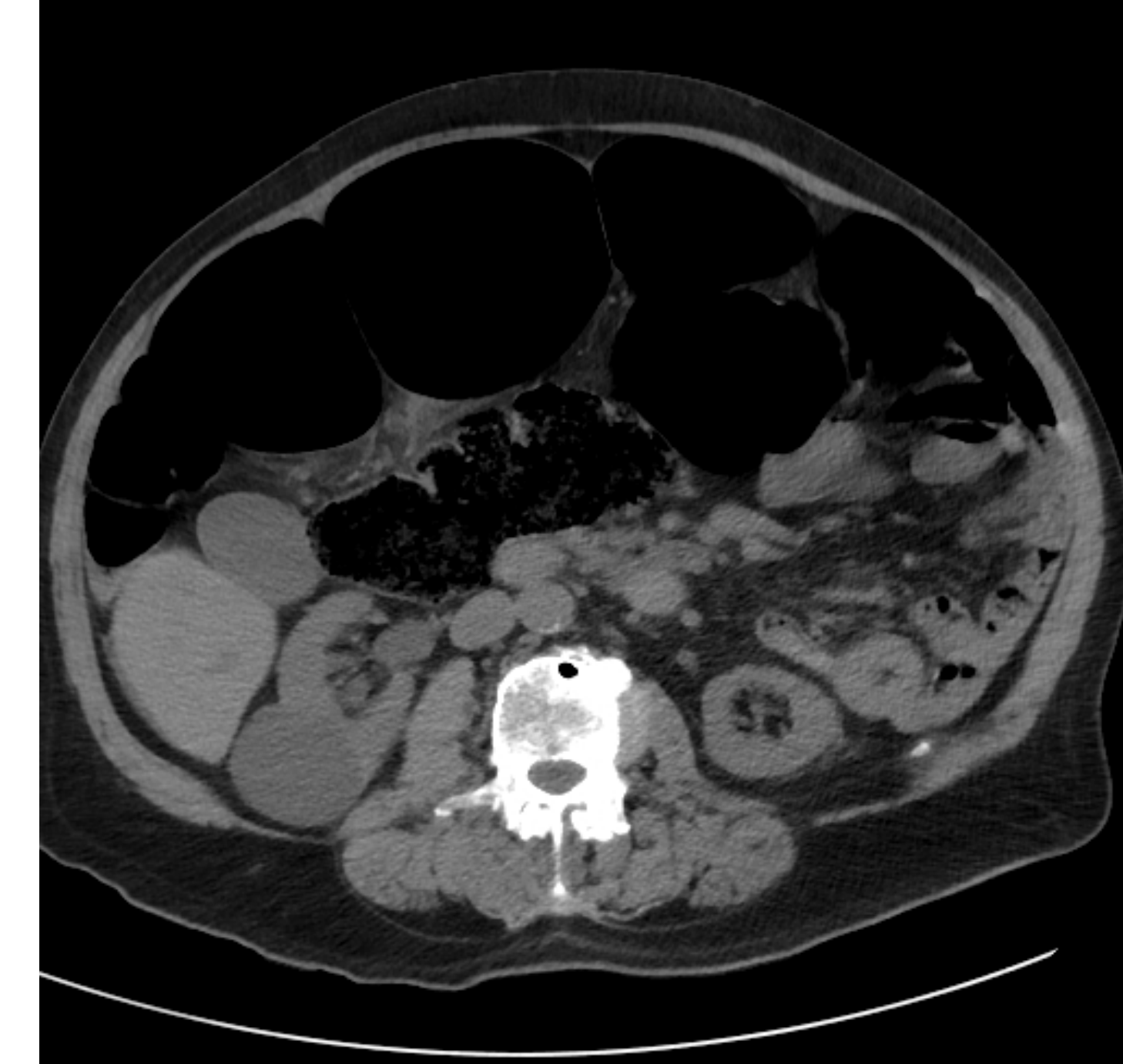
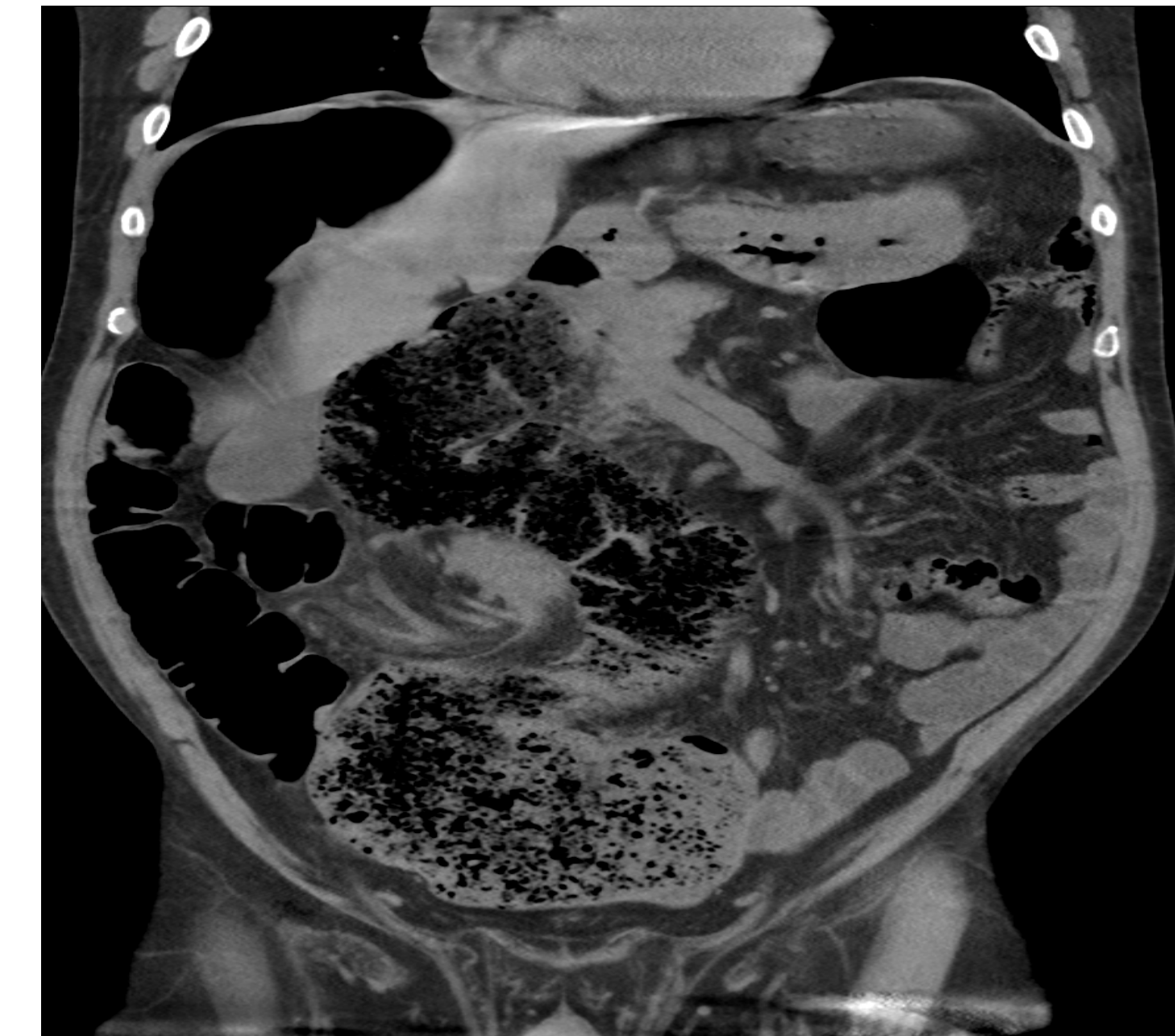
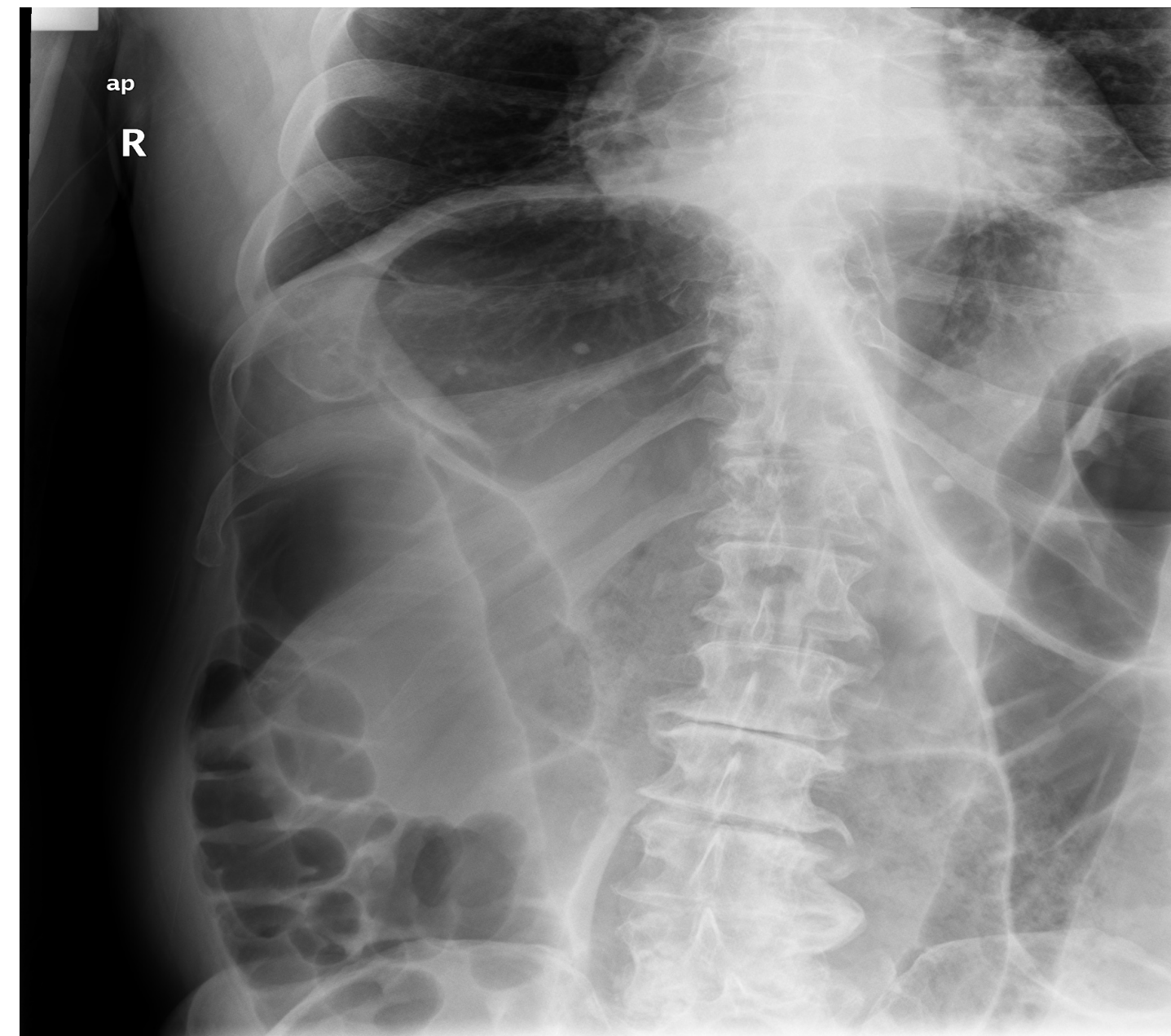


Introduction

Volvulus is the third most common cause of large bowel obstruction. Sigmoid volvulus is responsible for approximately 10% of large bowel obstruction cases in the US. A cecal bascule is an uncommon type of cecal volvulus where the cecum folds anteriorly over the ascending colon. The incidence of a synchronous cecal and sigmoid volvulus is unusual and rarely encountered.

Case Report

A 70-year-old man presented to the emergency room for abdominal discomfort and seven days of obstipation. An abdominal cat scan was done which was questionable for a sigmoid volvulus. The patient was admitted and managed conservatively. The following day his abdominal distension worsened, which led to the patient having a barium enema done. This was diagnostic for a sigmoid volvulus. The patient was taken for endoscopic decompression however failed. We then proceeded with an exploratory laparotomy. Once entering the peritoneal cavity, severely distended colon was obvious. We had explored the bowel and noticed not only a sigmoid volvulus but also a cecal bascule. The patient underwent a subtotal colectomy with ileosigmoid side to side functional end to end anastomosis.



Discussion

This case represents an unusual and rare case of a synchronous sigmoid and cecal volvulus. Recognition of such an entity poses a challenge to the surgeon when diagnosing and planning further treatment. Interestingly, we have found very few literature documenting a synchronous volvulus. This case reports illustrates the everlasting complexities in general surgery and the uniqueness of each and every case we face every day.

Synchronous sigmoid volvulus and a cecal bascule were identified intra-operatively in a seventy year old active caucasian male with an atypical presentation of painless abdominal bloating associated with constipation. To the best of our knowledge, there have been less than 10 reported cases of a synchronous sigmoid volvulus and cecal bascule. ^(1,2,4,5)

Synchronous sigmoid and cecal bascule was evident intra-operatively and represents one of the few cases documented in modern medical literature. Patient presented with painless abdominal bloating and constipation for seven days. His physical exam was benign and labs were within normal limits with no significant white blood cell count, hemoglobin or any abnormalities in basic metabolic profile. Radiographic imaging all suggested towards a sigmoid volvulus. Patient failed endoscopic decompression and subsequently underwent an exploratory laparotomy.

The atypical presentation and lack of radiological evidence of a synchronous volvulus led to diagnosis intraoperatively. Management includes electrolyte management, distal sigmoid anastomosis with side to side ileosigmoid anastomosis. Patient remained stable. This represents the fifth case of synchronous sigmoid volvulus with cecal bascule reported in the English-language literature to our knowledge.

Conclusion

The purpose of this abstract is to increase awareness of a rare cause of large bowel obstruction that may not be evident on radiographic findings with atypical presenting symptoms in an elderly patient. It is the authors' intention to contribute to the literature available on this rare complication of synchronous volvulus and cecal bascule that further trends may be identified according to patient presentation, radiological findings, age, and other factors. Further reporting of rare cases can promote awareness of synchronous volvulus with cecal bascule as a differential when approaching a large bowel volvulus intraoperatively.

Acknowledgment

- 1.Halabi WJ, Jafari MD, Kang CY, et al. Colonic Volvulus in the United States. *Annals of Surgery*. 2014;259(2):293-301. doi:10.1097/sla.0b013e31828c88ac
- 2.Avgerinos DV. A Unique Case of Recurrent Metachronous Volvulus of the Gastrointestinal Tract. *Archives of Surgery*. 2009;144(12):1176. doi:10.1001/archsurg.2009.206.
- 3.Hodin RA. Cecal Volvulus. Uptodate. https://www.uptodatecom.auamed.idm.oclc.org/contents/cecal-volvulus?search=cecal-bascul&source=search_result&selectedTitle=1~2&usage_type=default&display_rank=1. Published April 18, 2018. Accessed July 29, 2018.
- 4.Islam S, Hosein D, Harnarayan P, Naraynsingh V. Synchronic volvulus of splenic flexure and caecum: a very rare cause of large bowel obstruction. *BMJ Case Reports*. 2016. doi:10.1136/bcr2015-213029.
- 5.Moore JH, Cintron JR, Duarte B, Espinosa G, Abcarian H. Synchronous cecal and sigmoid volvulus. *Diseases of the Colon & Rectum*. 1992;35(8):803-805. doi:10.1007/bf02050333