GASTRIC VOLVULUS IN A PATIENT WITH LIMB-GIRDLE MUSCULAR DYSTROPHY 2A

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Background

- Gastric volvulus is an abnormal rotation of the stomach
  - 80-90% cases occur in adults above 50 years
  - 20% occur in infants under 1 (secondary to congenital diaphragmatic defects)
- **Symptoms:** Frequently nonspecific
- **Complications**: foregut obstruction and stomach strangulation with necrosis, perforation, and shock
- **Mortality**: 30 to 50%
- Early identification is crucial
- Muscular dystrophies (myotonic dystrophy, Duchenne muscular dystrophy, and spinal muscular atrophy) have been associated with gastric volvulus, though never limb-girdle muscular dystrophy

Presentation

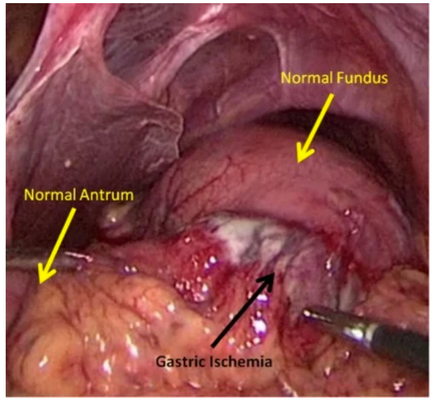
24-year-old woman with a history of limb girdle muscular dystrophy 2A and history of gastric volvulus presents with abdominal pain, nausea, and emesis. She is ill appearing and diaphoretic. Her abdomen is distended and tender to palpation.

Abdomen/Pelvic CT - Gastric distention with pneumatosis and large pneumoperitoneum

Treatment Course

Initial imaging was concerning for gastric volvulus. An NG tube was placed and put out a total of 700cc of gastric contents.

The patient then underwent an exploratory laparotomy. The large distended stomach was rotated, confirming gastric volvulus. Necrosis and perforation along the greater curvature of the stomach were discovered. The necrotic areas were transected out and the perforation was repaired. Though the patient reported history of paraesophageal hernia repair, no evidence of this procedure was noted.



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A gastrojejunostomy tube was inserted, a gastropexy was performed, and the abdomen was closed. Postoperatively, she transitioned to eating and was subsequently successfully discharged.

Discussion

This patient is atypical of gastric volvulus due to:

1. Between the peaks of age of incidence
2. No immediate etiology of her condition - though she claimed to have had a paraesophageal hernia, there was no evidence of the condition
3. Demonstrated 2/3 features of Borchardt's triad (occurs in 70% of cases of gastric volvulus) – retching and epigastric pain

This case is unique due to her age of onset, lack of precipitating factors, and association with limb-girdle muscular dystrophy. Due to several instances of gastric volvulus appearing in patients with of muscular dystrophy, physicians should consider gastric volvulus higher on the differential for these patients.

Resources

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