Cecal Bascule Presenting as Internal Hernia

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INTRODUCTION

Cecal volvulus predominantly affects females and younger patients in their 2nd or 3rd decade[1]. Presentation is either insidious or mimics small bowel obstruction with abdominal pain, distention, nausea/vomiting. Internal hernias are an uncommon cause of intestinal obstruction seen in 0.5-4% of cases[2]. Prompt diagnosis and treatment prevent ischemia, necrosis, or perforation. Cecal bascule, a type of cecal volvulus, and internal hernia are rare causes of bowel obstruction but have occasionally been described in combination in patients with remote surgical history. We present a patient with a cecal bascule and internal hernia due to an adhesive band in a virgin abdomen.

CASE PRESENTATION

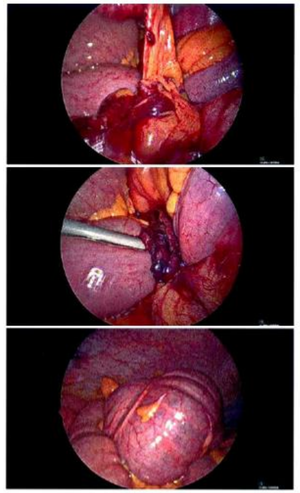
A 68-year-old male with hypertension and no past surgical history presented with a two-day history of diffuse abdominal pain, anorexia, and nausea. Vitals: Temp 98.2°F, BP 149/79, Pulse 64, and SpO2 97%.

Physical exam demonstrated a mildly distended abdomen with umbilical and epigastric tenderness. Labs were unremarkable. CTA/P showed two separate areas of mesenteric swirling: one in the distal small bowel resulting in small bowel obstruction and another involving the distal transverse colon. The cecum was noted to be in the RUQ (Fig 1-3).

The patient underwent an emergent diagnostic laparoscopy. A cecal bascule was noted with a thick adhesive and necrotic band arising from the colonic mesentery and omentum causing an internal hernia (Fig 4). The bowel was viable and the band was resected. The transverse colon was tortuous without herniation. A RLQ cecopexy was performed. The patient was discharged after an uneventful postoperative course



Figure 1-3: Two separate areas of mesenteric swirling in distal small bowel and distal transverse colon



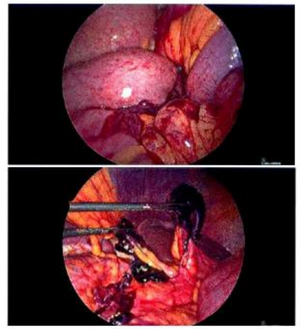


Figure 4: Thick necrotic/ adhesive band arising from colon mesentery entrapping band. Cecal bascule found in the RUQ

DISCUSSION

- Cecal bascule is a rare type of volvulus, accounting for 5-20% of cases[1].
- The hypermobile cecum folds anteriorly and superiorly on itself. Due to the lack of axial rotation of the colon, mesenteric vascular compromise is rare, and patients typically present with less critical illness[2].
- Clinical symptoms include abdominal pain, nausea, vomiting, and decreased bowel movements.
- Imaging shows a displaced cecum in the mid or upper abdomen, a transition zone between the ascending colon and cecum, and/or perihepatic free fluid.
- Internal hernias can be congenital or acquired from trauma, inflammation, or prior surgery and can potentially be life-threatening, as bowel entrapment can lead to strangulation and ischemia[5].
- Cases of cecal bascules herniating through the foramen of Winslow[3-4] or in patients with prior surgery have been reported, unlike our case in a virgin abdomen.

CONCLUSION

Cecal bascule and/or internal hernia can occur with prior surgery but also in a virgin abdomen. Once diagnosed or suspected, there should be prompt surgical intervention, either with resection +/- ileostomy creation or detorsion and cecopexy.

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