

Exceptionally Rare Case of Synchronous Sigmoid And Cecal Volvulus

Akhila Sridharamurthy, MD; Andreana Finn, MD; Vanessa Petrich BA; Ryan Fey, MD

Department of Surgery, Hennepin Healthcare, Minneapolis, Minnesota



Clinical Description

A 70-year-old male with long standing constipation presented to the ED with abdominal pain, distention, obstipation, vomiting. Exam showed distended abdomen, with tenderness in lower quadrant. He had tachycardia, leukocytosis, mildly elevated lactate. Imaging with CT Scan showed sigmoid and cecal volvulus with swirling appearance of distal colon and mesenteric vessels (**Figure 1 & 2**)

Surgical management with emergency laparotomy confirmed synchronous sigmoid and cecal volvulus without perforation or ischemia (**Figure 3**). Given the extent of colonic dilation we performed total abdominal colectomy and end ileostomy. Postoperative course complicated by ileus that resolved prior to discharge.



Figure 1: CT Abdomen & Pelvis: Dilated Loops of colon

Background

Volvulus is axial rotation of bowel around its mesentery causing obstruction and ischemia.

Sigmoid volvulus represents the most common subtype (43–75%), followed by cecal volvulus (10–52%).

Synchronous sigmoid and cecal volvulus is **exceptionally rare**, with only a small number of cases described in the literature.

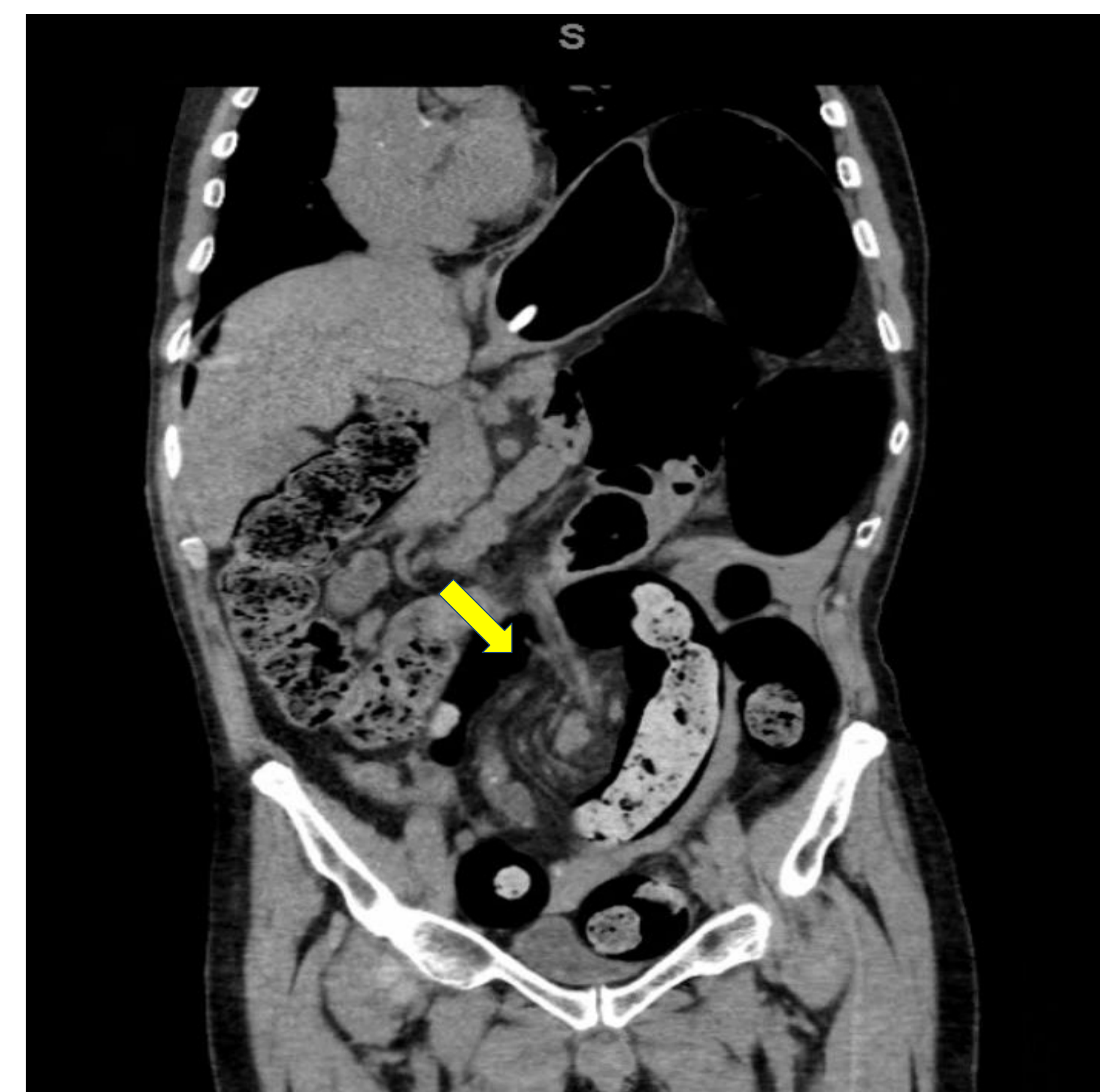


Figure 2: Sigmoid volvulus with Swirling appearance of mesenteric vasculature. (Yellow arrow)

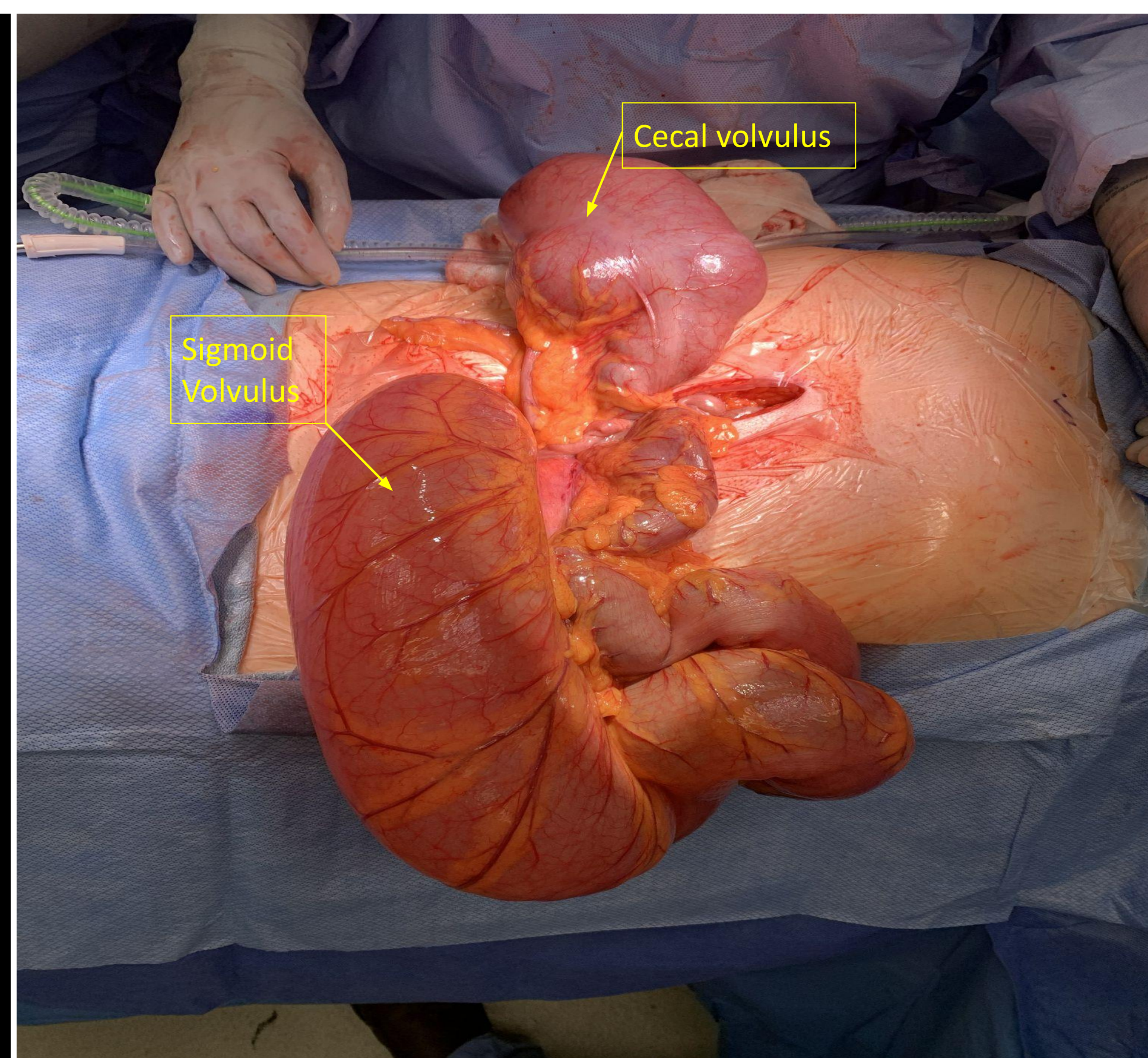


Figure 3: Operative Findings
Synchronous sigmoid and cecal volvulus, gross colonic distention without ischemia

Discussion

Synchronous sigmoid and cecal volvulus poses a diagnostic dilemma given its rarity. Definitive management requires surgical resection. **This case adds to the limited body of evidence** and emphasizes the need for awareness among surgeons when encountering atypical large bowel obstruction.

Conclusion

Synchronous sigmoid and cecal volvulus is an exceptionally rare but clinically important cause of large bowel obstruction. ***Suspicion should be raised when CT imaging shows disproportionate cecal dilation in the presence of sigmoid volvulus.*** Early surgical exploration is required to avoid bowel ischemia and perforation.

References

