

Medical Image

Acute Sigmoid Volvulus

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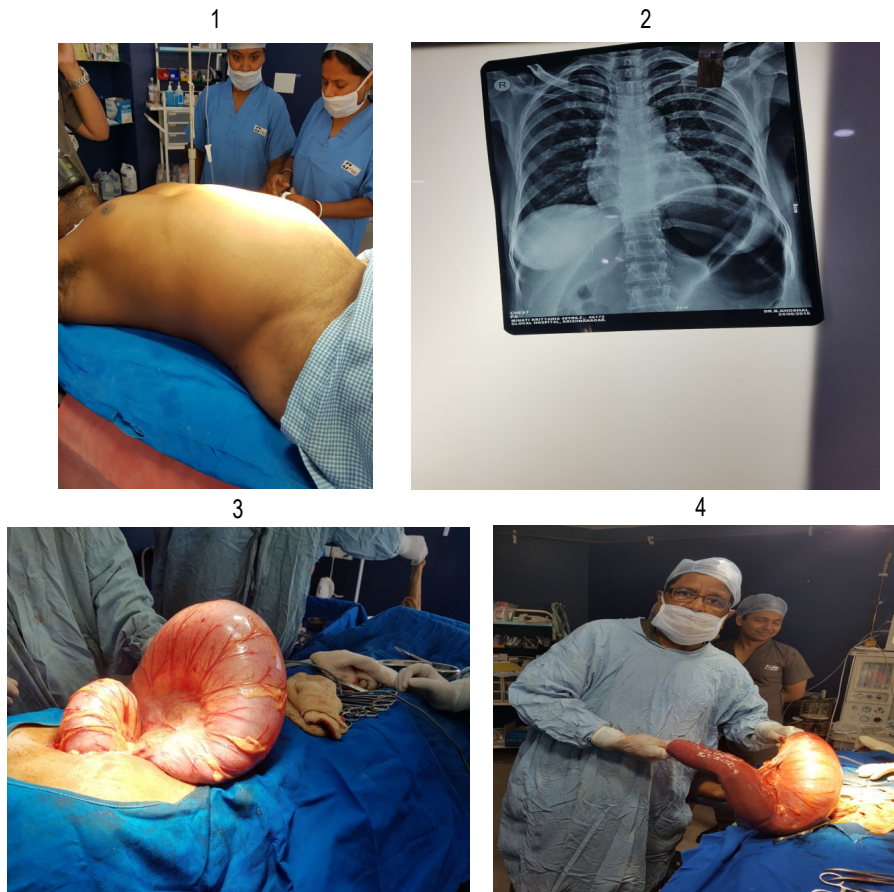


Figure 1: Hugely distended abdomen.

Figure 2: Classical radiological image.

Figure 3: Resected volvulus.

Figure 4: Resected sigmoid colon.

Case Presentation

A male patient aged about 50 years presented with huge abdominal distension (Figure 1) for the past two days. This was associated with repeated vomiting and obstipation. Clinical examination revealed a tire-like intestine with occasional visible peristalsis. Caecum was tense, tender and distended. Scout film (Figure 2) of the abdomen showed typical features of sigmoid volvulus (e.g., inverted U). After appropriately resuscitating the patient, exploratory laparotomy was done (Figure 3). Hugely distended sigmoid colon with knotting at the base of the sigmoid meso-colon. Detorsion followed by resection of the sigmoid colon (Figure 4) and end to end anastomosis of large gut was done. The patient made uneventful recovery.

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