

PICTURES IN DIGESTIVE PATHOLOGY

Intestinal occlusion secondary to transverse colon volvulus

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Fig. 1.- Transverse colon volvulus.
Imagen de la laparotomía mostrando dilatación e isquemia del colon transverso.



Fig. 2.- Ischemia of transverse colon volvulus.
Vólvulo de colon transverso.

Transverse colon volvulus is an uncommon disease (1-5%) (1,2). It is caused by a short mesentery associated with a normal fixation at the hepatic and splenic angles (1). A 34-year-old woman previously diagnosed with neurofibromatosis visited an emergency room due to 4-day-standing abdominal distension as a result of intestinal occlusion. Laboratory tests showed leukocytosis and neutrophilia, metabolic acidosis, and abnormal coagulation. A plain abdominal Rx demonstrated a greatly dilated large bowel, and a volvulus was suspected (Fig. 1). After a failed attempt at endoscopic devolvulation, the patient underwent emergency surgery, during which a segmental colonic resection with end-to-end anastomosis was needed (Fig. 2). The patient had a second procedure for anastomotic dehiscence and diffuse peritonitis the 10th postoperative day, needing a proximal colostomy and closure of the distal stump. As predisposing factors, anatomical and congenital alterations (lax colonic angles and mesentery fixations), physiological factors (chronic constipation results in colon elongation and motility disorders, commonly associated with mental defective patients), and distal intestinal occlusion (sigma volvulus, pregnancy, carcinoma, surgical adhesions) must be considered (1,3). Associations with Chilaiditi's syndrome and Hirschsprung's disease have been described (2). Under normal circumstances, volvulus of the transverse colon has an acute or subacute clinical presentation. Sometimes vomiting appears early from duodenal-jejunal compression (1). Endoscopic devolvulation is not recommended because of a high percentage of gangrene in this type of volvulus (16%) (3). This is why surgery is the best treatment, with colonic resection plus primary anastomosis or colostomy and mucosal fistula being primarily indicated (1-5).

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