

Case	(010) Cecal volvulus: an infrequent cause of bowel obstruction
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## CASE PRESENTATION

A 29 year-old male that attended our emergency department for diffuse abdominal pain that last up to 48 hours. No surgical history. The physical examination reveals a distended abdomen painful on palpation.

Plain films (figure 1): the dilated cecum is medially displaced.

Computed tomography (CT) (figure 2): dilated cecum (up to 10 cm) with associated small bowel dilation while the colon distal to the cecum is collapsed. Free intraperitoneal fluid.

## DISCUSSION

The sigmoid colon is the most common site of volvulus although it can occur at other sites of the alimentary tract as the stomach and the small bowel. Cecal volvulus is a rotation of a mobile cecum and ascending colon and it causes about 1 to 3 % of large bowel obstructions.

The clinical manifestations are non-specifics and highly variable.

The diagnostic evaluation should start with an upright plain film of the abdomen. If on the plain film we can identify large bowel obstruction we should do an abdominopelvic CT scan to locate the level of obstruction and the bowel compromise.

On plain films we can see how the dilated cecum is typically displaced medially and superiorly and the small bowel is distended while the distal colon is decompressed.

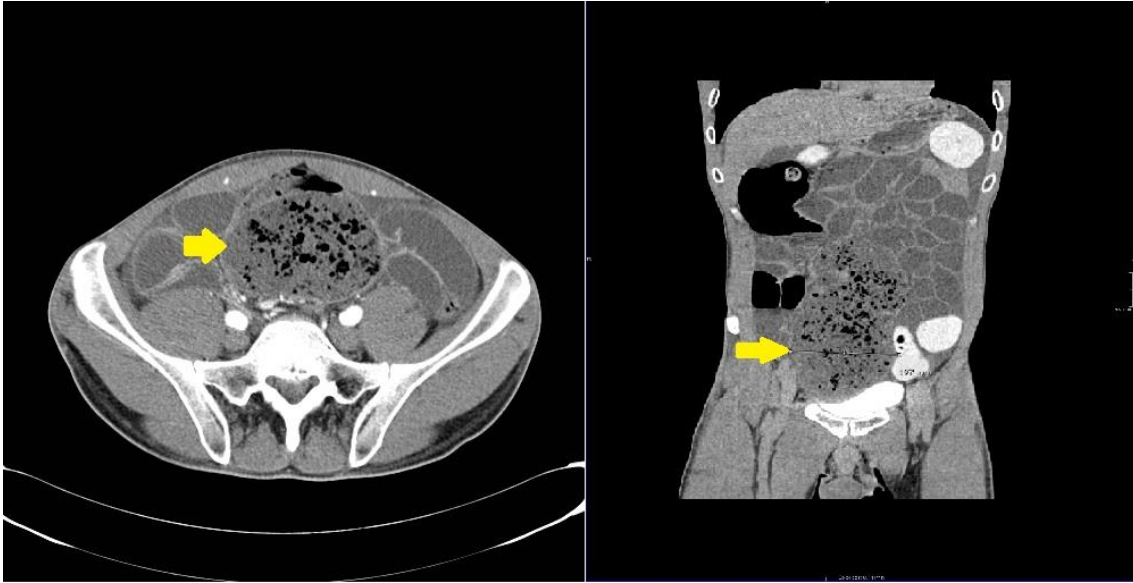
CT scan is usually needed to establish the diagnosis, in some patients we can find the whirl sign (a torsion of the mesentery around the ileocolic vessels) which is pathognomonic for volvulus.

## CONCLUSION

Cecal volvulus is an uncommon cause of intestinal obstruction.

On CT images, cecal volvulus is suspected by the extreme dilatation of the cecum. A specific CT sign for volvulus is the whirl sign.

Laparotomy is normally required.



## BIBLIOGRAPHY

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