

Case	(535) Cecal volvulus: presentation of a case and bibliography review
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CASE PRESENTATION

We present the case of an 87-year-old patient who was attended in the Emergency Department for intermittent abdominal pain in mesogastrium of 2 days of evolution.

Physical examination showed distended and tympanic abdomen with pain on palpation, without peritonea irritation. Conventional-x-ray revealed a distended loop on the left flank and mesogastrium with haustral folds apparent, and absence of visualization of the cecum in the right-lowerquadrant what was occupied by small bowel. These findings led to suspicion of the diagnosis of cecal volvulus.

CT with multiplanar reconstructions confirmed a large distended cecum located in mesogastrium. There was an abrupt transition point or beaking at the volvulation point. Sagittal reconstructions demonstrated mesenteric swirling in the right flank. Signs of loops suffering and pneumatosis in the cecal wall were also reported.

The patient was referred to urgent surgery, observing the axial rotation of the cecum accompanied by twisting of the mesentery causing intestinal ischemia. Right hemicolectomy was performed

DISCUSSION

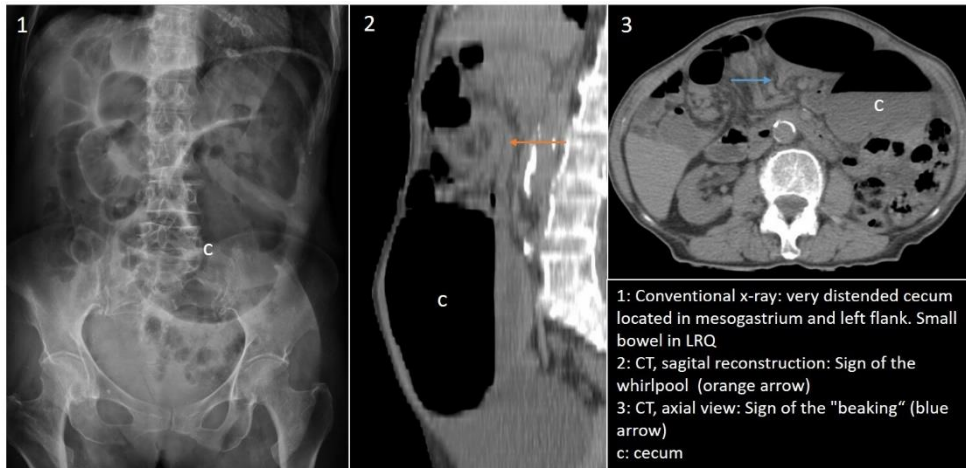
Cecal volvulus is a twisting of the cecum around its mesentery that affects the ascending colon and often results in obstruction The most frequent form consists of the axial rotation that produces twisting of the mesentery and affects the vascularization.

Radiograph has a sensitivity of 50% and demonstrate a dilated air filled cecum in the left-upper-quadrant, markedly distended small bowel and little to no gas in the distal colon CT is considered the best modality for diagnosis (sensivity close to 90%).

The classic signs on CT are the presence of a very distended and ectopic cecum and the sign of the whirlpool that has a 100% specificity although it's not exclusive of cecal volvulus. The sign of the "beaking" was described in the barium enema but its sensitivity in other studies is up to 56%. In addition, CT detects complications such as ischemia, necrosis or perforation

CONCLUSION

Cecal volvulus is an emergency consisting of the twisting of the cecum around its mesentery. It represents about 1-1,5% of all causes of bowel obstruction. The low incidence (2,8-7 per million people/year), the non-specific clinic and the difficulty of the interpretation of findings in conventional-x-ray can delay the diagnose



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