

Chronic Sigmoid Volvulus Associated with Dolichomegacolon: Report of a Case

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Introduction: Sigmoid volvulus occurring with megacolon is an uncommon cause of bowel obstruction and various approaches to treatment have been proposed. Sigmoid volvulus is the third most common cause of colonic obstruction after cancer and diverticulitis. Etiologic factors include anatomic variation, chronic constipation, neurologic disease and megacolon. Accurate diagnosis is essential for optimal management. Most patients can be managed by nonoperative decompression, whenever there are no compromised intestines, followed by elective colic resection. When emergency laparotomy is necessary, resection is the best procedure.

Methods: We report herein a case of chronic sigmoid volvulus associated with dolichomegacolon in which only the surgery finding allowed us to confirm.

Results: A 74-year-old woman was admitted to the 'Tor Vergata' Hospital with a story of neuropsychiatric disorders, intermittent abdominal pains with obstinate stipsi. Physical examination: abdominal pain, especially on hypogastrium, distension, severe constipation, peristalsis absent. In consideration of the clinical picture and the X-ray imagings (present of omega loop sign) an explorative laparotomy was performed. It revealed a distension of left colon and sigmoid volvulus in patient with dolichomegacolon. Operative detorsion of sigmoid volvulus and left emicolectomy was performed.

Discussion: The primary prevention is not possible. The surgical treatment becomes necessary in presence of considerable dilatation with loss of the motility and the hope of preventing recurrent volvulus who present high mortality (20–30%).