

Clinical Image on Sigmoid Volvulus (Ileo-Sigmoidal Knoting) in Mearg General Hospital West Tigray, Ethiopia

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Introduction

This is a 28 years Para four mothers on her third post-partum period presented with sever persistent abdominal pain, vomiting, fever, fast breathing and failure to pass faces and flatus of three days duration. Investigation Hct=18% Bg and Rh=O +ve PAF shows multiple air fluid level with distended colon. On physical examination Bp=80/40 mmHg T=38.8 PR=131bpm RR=32 bpm pale conjunctiva, grossly distended abdomen, sever direct and rebound tenderness, involuntary abdominal guarding and empty rectum on PR. The Intraoperative finding were ileosigmoidal knotting (ileum were wrapped around the sigmoid) with gangrenous ileum and sigmoid. Untying the knot, resection of gangrenous ileum and sigmoid colon, ileo-transfers end to side anastomosis and end sigmoid colostomy was done (Figure 1-3).



Figure 3: Functional Hartmann's colostomy.



Figure 1: Gangrenous small bowel (Terminal Ileum).



Figure 2: Gangrenous small (Terminal Ileum) and large bowel (Sigmoid).