

# Simultaneous Cecal and Sigmoid Volvulus: A Rare Cause of Intestinal Obstruction

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## Abstract

Volvulus is a rare cause of intestinal obstruction. The main types of colonic volvulus are sigmoid volvulus and cecal volvulus. The simultaneous occurrence of cecal and sigmoid colon volvulus is extremely unusual. To our knowledge, few reports on simultaneous sigmoid and cecum colon have been published to date. We are reporting a case of a synchronous volvulus of ceacum and sigmoid colon.

**Keywords:** Volvulus; Intestinal obstruction

## Introduction

Volvulus is a rare cause of intestinal obstruction. The main types of colonic volvulus are sigmoid volvulus and cecal volvulus. The simultaneous occurrence of cecal and sigmoid colon volvulus is extremely unusual. To our knowledge, few reports on simultaneous sigmoid and cecum colon have been published to date. We are reporting a case of a synchronous volvulus of ceacum and sigmoid colon.

## Case Report

An 80 years old man presented with an abrupt onset of abdominal distention while he was hospitalised for exploration of diffuse interstitial lung disease. His medical profile included complete atrial fibrillation. No neurological impairment was detected. He never had a history of abdominal pain or chronic constipation. Physical examination revealed a diffuse abdominal distention, with mild tenderness. The plain abdominal radiographs showed a coffee bean sign, which led to the diagnosis of sigmoid volvulus (Figure 1). We completed by a CT-scan to look for gravity signs which would contraindicate an endoscopic devolvulation. This exam showed a synchronous volvulus of the sigmoid colon and cecum, without any sign of gravity. These findings led to surgery. Surgery confirmed the findings of the CT imaging and revealed an epigastric situation of the cecum that had a marked distention and

had rotated in a counterclockwise rotation around its long axis. It also revealed a dolicho-sigmoid volvulus in a clockwise rotation. There was neither necrotic nor perforative lesions (Figure 2). A subtotal colectomy was performed with ileo-sigmoidostomy. The patient had a satisfactory recovery and was discharged ten days after surgery.

## Discussion

Volvulus remains a rare cause of intestinal obstruction. Sigmoid volvulus accounts for about two thirds of all cases of colonic volvulus, whereas cecal volvulus accounts for one fourth of them. A synchronous colonic volvulus is even more unfrequent [1,2]. It seems that dolichocolon is a clinical condition involving elongation and dilatation of the colon, most commonly seen in elderly patients, as in our case. The CT signs are atypical. The diagnosis is unfortunately made preoperatively in less than 20% of cases [3]. Early diagnosis and prompt surgical intervention are mandatory to avoid mortality. Surgery usually consists of a total or subtotal colectomy with or without restoration of digestive continuity.

## Conclusion

Simultaneous cecal and sigmoid volvulus is a rare but serious entity. Its evolution is quick to digestive necrosis, secondary to vascular strangulation. An early diagnosis and urgent surgical intervention are essential to avoid mortality.

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Figure 1: Diagnosis of sigmoid volvulus.



Figure 2: Neither necrotic nor perforative lesions.

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