

**TRANSVERSE
COLON VOLVO: AN
UNCOMMON CAUSE OF
OBSTRUCTIVE ACUTE
ABDOMEN - CASE
REPORT**

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Abstract: Volvo is a twisting of part of the gastrointestinal tract along its mesentery, potentially causing luminal obstruction. Colonic volvulus corresponds to the third leading cause of colon obstruction worldwide, behind carcinoma and diverticulitis. In the splenic flexure it corresponds to the minority of cases, behind the well-known sigmoid volvulus and cecum. Risk factors include advanced age, hyperperistalsis, chronic constipation, psychiatric illness, and previous surgery. The surgical approach is indicated due to the high rates of recurrence in conservative treatment and the risk of intestinal ischemia and perforation. This report demonstrates the case of a patient with obstructive acute abdomen due to splenic flexure volvulus that was surgically resolved. This is a male patient, J.F, 83 years old, hypertensive and with heart disease, who was admitted to the emergency room of our service with epigastric pain and chest pain on the left, associated with nausea and vomiting with progressive worsening, in addition to the absence of elimination of flatus. and stool for 5 days. On physical examination, he had an incisional hernia of a median scar from a previous laparotomy, with a previous history of enterectomy for an incarcerated umbilical hernia. Abdominal computed tomography was requested, which showed an abrupt transition in the caliber of the descending colon in the left hypochondrium, with torsion of the loop and adjacent mesentery, with marked distension of the upstream colonic segments and foci of pneumoperitoneum and intestinal pneumatosis. Based on this picture, an urgent laparotomy was indicated with identification of closed-loop obstruction with intense colonic dilation secondary to volvulus in the descending colon, with ischemia and perforation at the site. We opted for total colectomy with terminal ileostomy. The anatomopathological study showed

transmural ischemic infarction of the colon. After surgery, the patient received intensive support for 2 days and was discharged uneventfully on the seventh postoperative day. The volvulus of splenic flexion is rare due to its relative immobility, guaranteed by the phrenic, gastro and splenocolic ligaments. The typical clinical presentation is an obstructive acute abdomen and reports in the literature show a considerable number of patients using antipsychotics for different reasons. Surgical treatment must be instituted early due to the risk of intestinal ischemia and other complications that increase the patient's morbidity and mortality.

Keywords: Volvulus, transverse colon, obstructive acute abdomen.

INTRODUCTION

Volvo is a twisting of part of the gastrointestinal tract along its mesentery, potentially causing luminal obstruction. Colonic volvulus corresponds to the third leading cause of colon obstruction worldwide, behind carcinoma and diverticulitis. Volvo of the transverse colon corresponds to the minority of cases, behind the well-known volvulus of the sigmoid and cecum. Risk factors include advanced age, hyperperistalsis, chronic constipation, psychiatric illness, and previous surgery. The surgical approach is indicated due to the high rates of recurrence in conservative treatment and the risk of intestinal ischemia and perforation.

CASE REPORT

This report demonstrates the case of a patient with obstructive acute abdomen due to transverse volvulus that was surgically resolved. This is a male patient, JF, 83 years old, hypertensive, who was admitted to the emergency room of our service with epigastric pain and chest pain on the left, associated with nausea and vomiting with progressive

worsening, in addition to the absence of elimination of flatus and feces 5 days ago. On physical examination, he presented an incisional hernia of the median scar from a previous laparotomy, with a previous history of enterectomy due to an incarcerated umbilical hernia. Abdominal computed tomography was requested, which showed large colonic dilation with abrupt transition of caliber in the descending colon in the left hypochondrium, with torsion of the loop and adjacent mesentery, in addition to pneumoperitoneum and intestinal pneumatosis. Based on this framework, an emergency laparotomy was indicated with identification of closed-loop obstruction with intense colonic dilation secondary to a volvulus in transition from the transverse and descending colon, with ischemia and perforation at the site. We opted for total colectomy with terminal ileostomy. The anatomopathological study showed transmural ischemic infarction of the colon. After surgery, the patient received intensive support for 2 days and was discharged uneventfully on the tenth postoperative day.

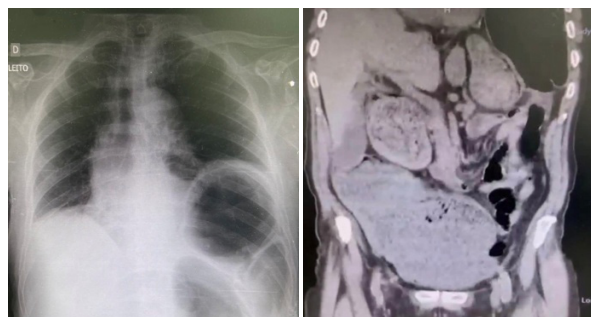


Image 1: Chest X-ray / Image 2: Contrast-enhanced CT scan of the abdomen

DISCUSSION

Volvulus of the transverse colon and splenic flexion are rare, due to their relative immobility, guaranteed by the phrenic, gastro and splenocolic ligaments. The typical clinical presentation is that of an obstructive

acute abdomen and the hypothesis must be considered in cases of intense colonic dilation with abrupt decrease in caliber in the region of the left hypochondrium. Surgical treatment must be instituted early due to the risk of intestinal ischemia and other complications that increase the patient's morbidity and mortality.

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