

A Case of Caecal Volvulus Requiring Right Hemicolectomy : A Rare Post Caesarean Section Phenomenon



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Introduction

- Volvulus is a bowel obstruction from twisting of bowel loops around its mesentery.
- Caecal volvulus accounts for 15% of such cases and sigmoid volvulus is the commonest type with around 80% incidence.
- Cecal volvulus is reported in pregnancy due to associated hypermobility of caecum at that time.
- However, it is very rare occurrence during postpartum period.

Objectives

- To describe the presentation, assessment and management of caecal volvulus in a post caesarean section mother.

Case

- A 31-year-old primigravida with unremarkable antenatal, medical and surgical history underwent caesarean section for failure to progress at term, which was complicated with 1.8L bleeding requiring haemostatic sutures and uterotonics.
- She became unwell on second post-operative day with severe twisting abdominal pain, distension and right sided rebound tenderness.
- She was also tachycardic. But the blood pressure was normal.
- Urgent investigations were performed in view of bowel injury and internal bleeding.

Results

- Urgent CT revealed marked sigmoid colonic distension upto 7cm, without evidence of mechanical obstruction, ischemia or perforation of bowel and suggestive of postoperative ileus or pseudo-obstruction.
- However, the latter was unlikely in the absence of air-fluid level or proximal large bowel obstruction.
- She was managed conservatively in next 24 hours with laxatives and analgesia.
- In the absence of clinical improvement, CT images were re-evaluated and was more suggestive of caecal volvulus.
- She underwent an urgent midline laparotomy, which showed caecal volvulus with necrotic area and right hemicolectomy, decompression of distal large bowel and functional end-to-end anastomosis was performed.
- She recovered well post-operatively and is undergoing outpatient follow-up.

Discussion & Conclusion

- Cecal volvulus after C-section is very rare yet associated with high morbidity.
- Therefore, high clinical suspicion and promptly investigating post C-section abdominal pain, particularly associated with severe abdominal pain, distension and tenderness is crucial.

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Disclosure

Authors have no conflict of interest to declare

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