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Imaging findings of cecal volvulus

Sir,

We report a case of a 42-year-old female that was presented with blunt abdominal pain and nausea with normal laboratory values. Plain abdominal anteroposterior radiograph showed marked distention of the stomach, a portion of small bowel, and the proximal colon. An extensive dilated bowel loop, most probably belonging to the right or transverse colon, appeared to extend up to the epigastrium and left upper abdominal quadrant, with no clear air/fluid level inside. Normal air-filled small bowel loops were also seen, without free intraperitoneal air.

Computer Tomography followed revealing a "double stomach" sign, with an empty and one contrast filled stomach like structure (Fig. 1). Some ascites was seen with no free intraperitoneal air.

Through a nasogastric tube gastrographin was given, and the small bowel was opacified in the next 20 min. Contrast was seen in the distended large bowel loop 6 h later. Cecal volvulus was suspected, and the diagnosis was confirmed during open surgery. The patient recovered very well after right hemicolectomy.

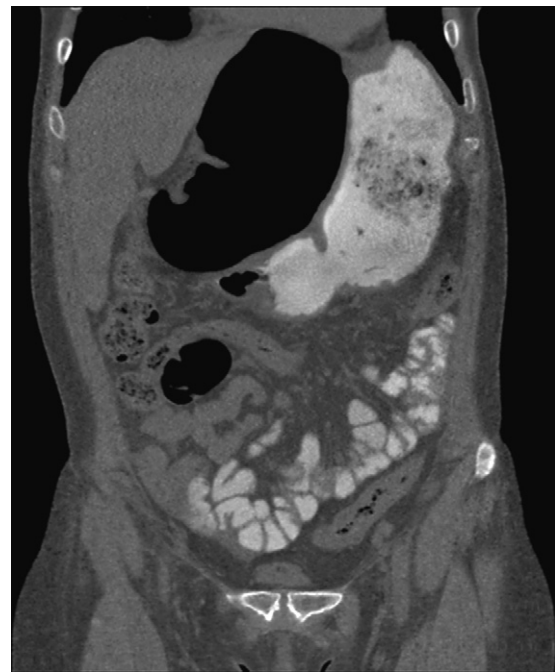


Fig. 1. Computer Tomography, coronal reconstruction showing the presence of a contrast filled stomach like structure (the "double stomach") in the epigastrium.

Cecal volvulus is a rare condition, representing 1–3% of cases of intestinal obstruction in adults [1]. It is the result of abnormal mobility of the cecum because of congenital improper fusion of the cecal mesentery with the posterior parietal peritoneum. Early diagnosis is important in order to avoid life threatening complications, such as extensive bowel necrosis and sepsis.

Conflict of interest statement

There are no commercial relationships that might pose a conflict of interest in connection with the submitted manuscript.

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