VOLVULUS OF SMALL BOWEL EARLY DIAGNOSIS AND SURGICAL SOLUTION

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Purpose : to be aware about this rare cause of small bowel obstruction and surgical options to avoid recurrence
Methodology: retrospective study of 4 cases managed in Dammam medical complex between September 2002 till May 2014. Age from 22 – 56 years.
Clinical presentation: severe abdominal pain (central), and shock. Signs of peritonism.
History of previous similar attacks of central abdominal pain.
History of previous negative laparotomy in 3 cases.
Diagnosis was intraoperative in almost all 4 cases.
Radiological study with CT scan of abdomen and pelvis was helpful in 1 case.
Laparotomy was carried out in all 4 cases. Small bowel resection carried out in 2 cases due to extensive gangrene **(pictures)**. Internal hernia was found in 1 case. Surgical plication and shortening of the height of mesentery making twisting less likely **(pictures)**. Bowel resection may decrease the possibility of recurrent volvulus.

Results : Anatomical precipitating factors are narrow based root of mesentery, long leaves of mesentery lead to redundancy and fanning of small bowel ending in twisting (volvulus) and resultant ischemia of small bowel. Post-operative course was smooth in 3 cases, one case developed hemiplegia on the third day postoperative. Prophylactic heparin was given in all 4 cases. Cases followed for 30 months after surgery. No recurrence occurred in any of them. No morbidity or mortality was reported.
Conclusion:
• High index of suspicion in cases of central severe abdominal pain.
• History of previous laparotomy in young age groups.
• CT scan (Bouquet sign).PICTURES INCLUDED.
• Surgical technique to reduce possibility for recurrent volvulus of small bowel.
• Prophylactic heparin to avoid thromboembolic complications.

Biography:

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