

Images in clinical medicine



Sigmoid volvulus in a child

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Sigmoid volvulus in a child

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Image in medicine

A 10-year-old boy who was previously well presented with sudden onset of intermittent severe abdominal pain, non-bilious vomiting and constipation. Abdominal examination was essentially normal. Abdominal radiographs showed a large dilated loop of the colon with a few air-fluid levels on erect views (a) and supine views displayed a coffee-bean sign (b). Contrast enema was done to exclude other pathologies, which disclosed gradual narrowing of the sigmoid colon up to the level of obstruction, this is termed bird's beak sign (c). Radiological features were consistent with diagnosis of sigmoid volvulus (SV). The patient was taken to theatre for sigmoidoscopy, which successfully de-rotated SV and elective date for surgery was prearranged. However, the patient presented recurrent

symptoms 3 weeks later. Urgent laparotomy was performed and 360-degree rotation of sigmoid colon identified (d). The bowel was de-rotated and sigmoid resection with primary anastomosis was

performed. There were no complications and the child was asymptomatic at one month follow-up. Histology result of resected sigmoid colon was within normal limits.

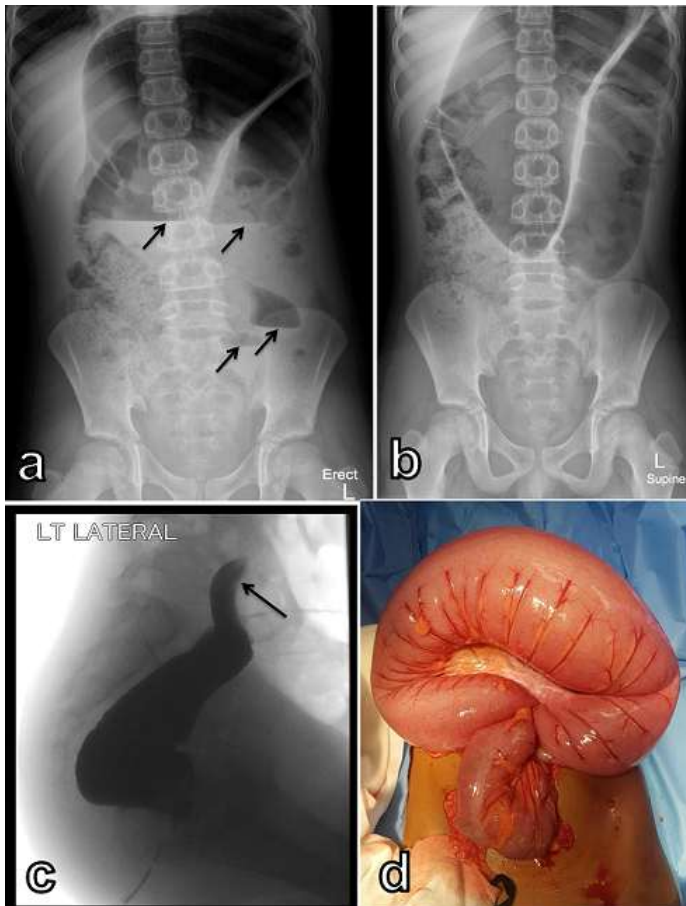


Figure 1: a) abdominal radiographs (erect) shows a huge dilated loop of the colon with a few air-fluid levels (black arrows); b) abdominal radiographs (supine) shows a coffee-bean sign (thickening in the inner wall represents the double wall thickness of opposed loops of bowel with thinner outer walls due to single wall thickness); c) contrast enema shows gradual narrowing of the sigmoid colon up to the level of obstruction, which gives an appearance of bird's beak sign (black arrow); d) sigmoid volvulus with 360-degree