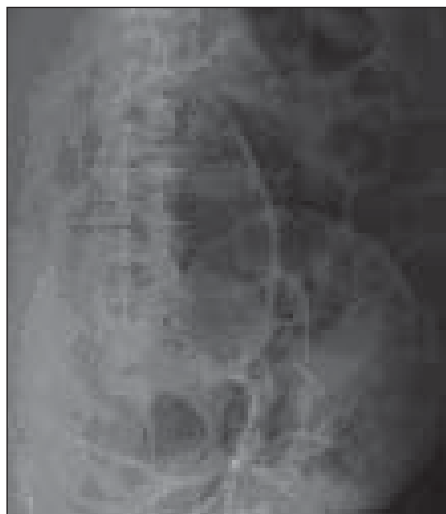


Caecal volvulus

A 58-year-old man presented complaining of severe colicky abdominal pain over a 24-hour period. He also complained of persistent bile-stained vomiting a few hours after the pain had started. There was no significant

Figure 1. Abdominal X-ray demonstrating notable small bowel dilatation.



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past medical or surgical history. The patient was afebrile with a temperature of 36.9°C, blood pressure of 105/65 mmHg and a pulse rate of 110 beats/minute. Abdominal examination revealed significant diffuse abdominal tenderness and notable peritonism. Investigations revealed a white cell count of 17.7×10^9 /litre, a C-reactive protein level of 123 mg/dl and normal urea and electrolytes. A plain radiograph of the abdomen demonstrated dilatation of the small bowel with the caecum

projecting over the small bowel (Figure 1).

A computed tomography scan of his abdomen demonstrated a large distended loop of bowel in the region of the caecum. Distal to this, the large bowel was seen to be notably

decompressed. The terminal ileum was seen adjacent to the loop of bowel and the diagnosis of caecal volvulus was assigned. There was no evidence of a malignant lesion or perforation within the caecum (Figure 2).

The patient underwent an emergency laparotomy with resection of the terminal ileum and right colon followed by a primary intestinal anastomosis. The patient made a successful recovery postoperatively. **BJHM**

Figure 2. Abdominal computed tomography scan demonstrating evidence of caecal

