



A Case of Cecal Volvulus

Keisuke Mizoguchi^{1*}, Akiko Sumi¹, Masafumi Uchida^{1,2} and Toshi Abe¹

¹Department of Radiology, Kurume University School of Medicine, Japan

²Department of Radiology, Kurume University Medical Center, Japan

Clinical Image

A 65-year-old man presented to the Emergency Department with acute lower right abdominal pain. No rebound tenderness and abdominal rigidity were noticed. A supine abdominal radiograph shows the gas-filled bowel distension in the middle abdomen. It was similar to the comma sign. Moreover, the associated gas accumulation in the proximal part of the appendix arising from the cecal apex is shown (Figure 1). The patient was diagnosed with a cecal volvulus. CT images confirm the dilated bowel with gas as the cecum and the proximal appendix (Figure 2). There is an axial twisting of the ascending colon in the right lower abdomen, and the terminal ileum is twisted along with the cecum. At the emergency surgery of repair, the mobile cecum twisted 270° counterclockwise with involving ascending colon was confirmed. Cecal volvulus is a rare form of intestinal obstruction

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*Correspondence:

Keisuke Mizoguchi, Department of Radiology, Kurume University School of Medicine, 67 Asahi-machi, Kurume, Fukuoka 830-0011, Japan, Tel: +81-942-31-7576; Fax: +81-942-32-9405; E-mail: mizoguchi_keisuke@med.kurume-u.ac.jp

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Figure 1: Supine abdominal radiograph shows the associated gas accumulation in the proximal part of the appendix arising from the cecal apex (→).

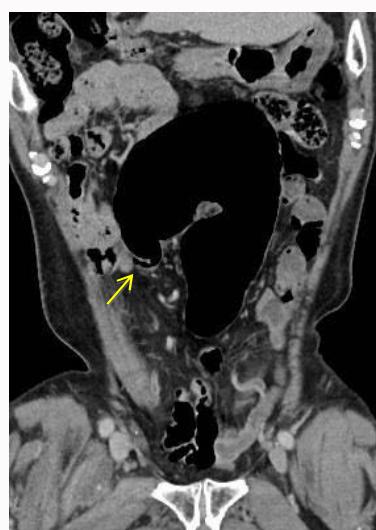


Figure 2: Coronal CT image confirms the dilated bowel with gas as the cecum and the proximal appendix (→).

that occurs 1% to 1.5% of all intestinal obstruction [1]. As there are no specific clinical symptoms, signs, or laboratory tests for cecum torsion, radiograph or CT image findings are important for diagnosis [1,2]. CT images may make the diagnosis of cecal volvulus easier by showing cecal distention, cecal apex in left upper quadrant, mesenteric whirl, and ileocecal twist [1]. However, abdominal radiograph can be also diagnostically useful by recognizing that the cecum may be displaced anywhere in the abdomen [2]. In this case, the findings of an abdominal radiograph in which we found out the associated gas

accumulation in the proximal part of the appendix arising from the distended cecal apex, enabled us to diagnose cecal volvulus.

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