


CASE REPORT

Extremely dilated intestine

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Key words

constipation, sigmoid torsion, surgery.

An old woman with severe constipation was diagnosed with sigmoid torsion and time-limited surgery was performed to save her life.

Accepted for publication 27 October 2024.

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Declaration of conflict of interest: No potential conflict of interest was reported by the author.

Funding support: Outstanding Doctoral Development Programme of the eighth affiliated hospital of Sun Yat-sen University

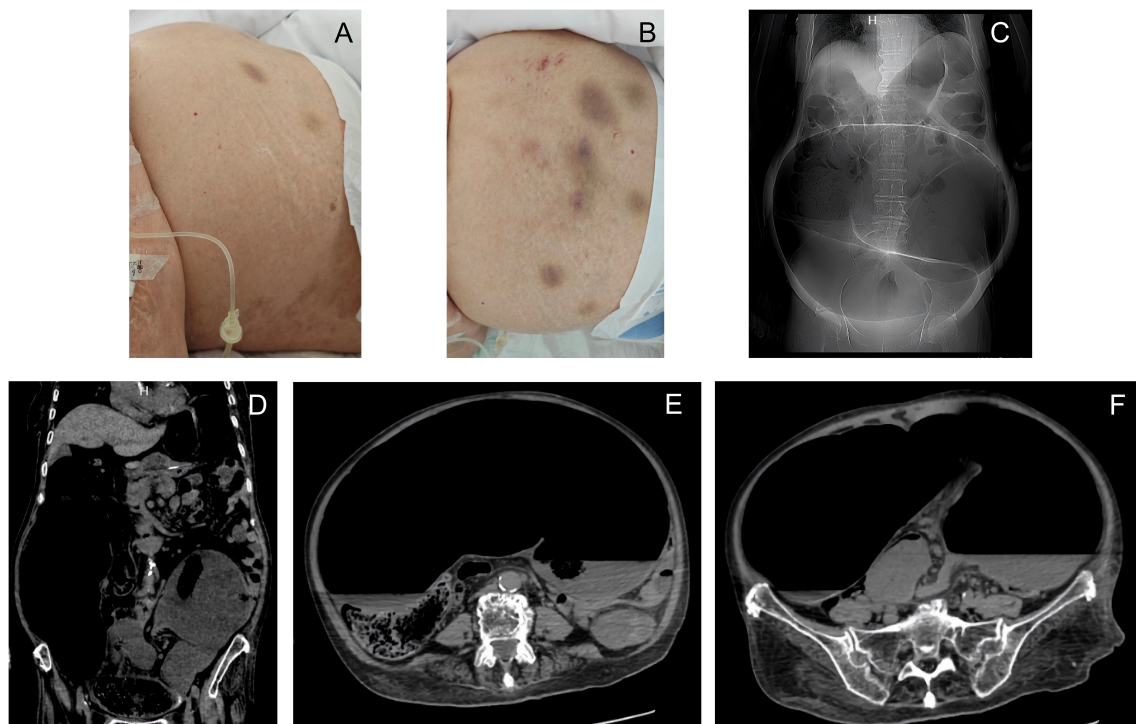


Figure 1 Belly bulge of the patient (A,B). Plain abdominal radiograph shows coffee bean sign (C). Coronal (D) and axial (E,F) CT imaging shows air-fluid level and extreme dilatation of the bowel.

An 80-year-old woman presented to emergency department with severe constipation of approximately two weeks duration. Her abdomen was extremely distended and the type of bowel was visible (Fig. 1A,B). Emergency computed tomography of her abdomen showed extreme dilatation of the colon with sigmoid volvulus (Fig. 1C–F). She had been bedridden for a long time and was mute due to advanced Parkinson's disease. A diagnosis of sigmoid volvulus was concluded. In this case, conservative treatment including bowel rest, fluid replacement, decompression, glycerin enema, and somatostatin was initially applied, but failed and ended with surgery. Pathological examination of the surgical specimen revealed intestinal mucosal hemorrhage and necrosis. Sigmoid volvulus, which can be diagnosed on the basis of typical clinical manifestations and imaging findings, is an increasing disease in the elderly,¹ especially those with chronic constipation. Endoscopic detorsion may be useful in some cases without perforation or peritonitis.² However, this approach is limited because it requires technical experience for the endoscopist. Therefore, for patients who are less likely to benefit from

conservative treatment, surgery is an important life-saving tool, although these patients may face significant surgical risks.³

Ethics statement

Publication of this case report was approved by the Ethics Committee of the Eight Hospital of Sun Yat-sen University, Shenzhen, China.

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