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Gastrointestinal

Man with abdominal pain

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1 | PATIENT PRESENTATION

A 73-year-old man with a history of esophagectomy with retrosternal right colonic interposition and an extrahepatic bile duct resection with right hepatectomy and biliary reconstruction by a Roux-en-Y jejunal anastomosis presented with acute abdominal pain. Examination revealed abdominal distention, tachycardia, and lower extremity ischemia. A contrast-enhanced computed tomography (Figure 1A,B) was performed.

2 | DIAGNOSIS

2.1 | Obstructive shock with abdominal compartment syndrome caused by the distended interposed colon

The patient developed cardiopulmonary arrest after an unsuccessful attempt to decompress the distention with nasogastric tube insertion. He underwent an emergency laparotomy in the emergency

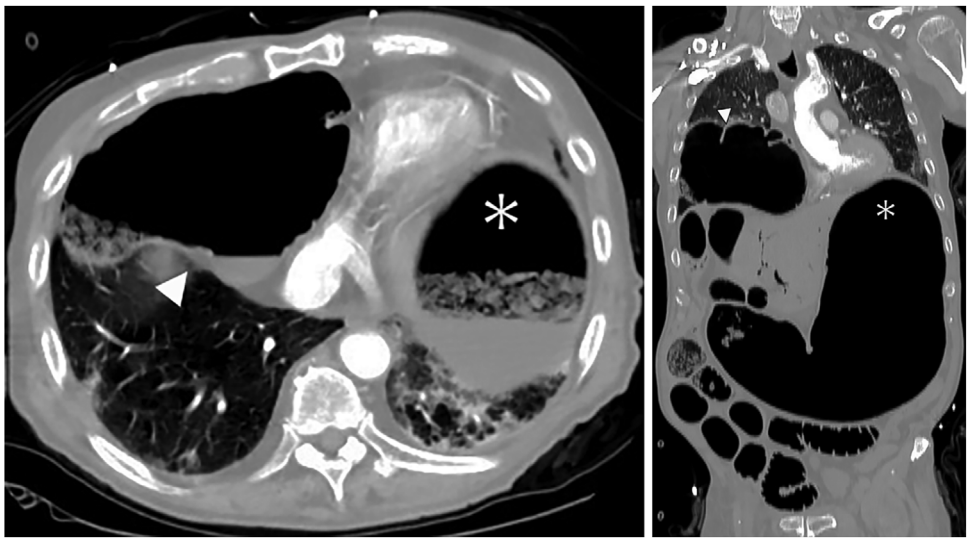

FIGURE 1 Contrast-enhanced computed tomography (A) transverse view; (B) coronal view showed cardiac compression by the distended interposed colon (arrow) and stomach (asterisk).

department with successful resuscitation immediately following surgical decompression of the distended colonic wall. He made a full recovery with no functional impairment. Laparotomy findings also revealed an ileal obstruction caused by an adhesive band.

The anti-reflux barrier of the ileocecal vailve (Bauhin valve) in the interposed colon was responsible for the colonic distention that led to cardiac compression in the present case. This catastrophic condition could occur in anyone who has undergone retrosternal right colonic interposition after esophagectomy.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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