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SURGICAL IMAGES

Volvulus of the left colic angle



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Available online 30 May 2019

An 82-year-old female patient was hospitalized due to occlusive syndrome. Her medical history included arterial hypertension, atrial fibrillation with anticoagulation, an appendectomy and cholecystectomy. Abdominal x-ray suggested left colic occlusion (Fig. 1). Tomodensitometry (TDM) revealed sizable dilatation of the colon reaching a tortuous left angle without any visible obstacle (Fig. 2). Medical treatment with a naso-gastric tube was decided. As there was no resumption of normal bowel function, optimal bowel preparation could not be carried out. While colonoscopy did not reveal any obstacle, it was impossible for the procedure to advance beyond the iliac colon. Given the ongoing clinical deterioration, exploratory laparotomy was performed. Surgical exploration led to discovery of transverse colic distention with signs of suffering above a total volvulus of the left colic angle (Fig. 3). Elective colectomy without reestablishment of continuity was carried out. The postoperative course was marked by Clostridium Difficile colitis treated with metronidazole. Subsequent evolution was favorable, rendering discharge and rehabilitation possible.

Twisting of the colon (volvulus) is a frequent cause of occlusion. While it can affect all regions of the colon, it is located mainly at the level of the sigmoid colon and the caecum. Impairment at the left colic angle represents its rarest form [1]. A number of anatomical malformations have been reported in the literature including congenital absence of splenic fixation (phrenosplenic, gastrosplenic, and left phrenicocolic ligament, and chronic constipation leading to elongation of the mesocolon) [2,3].

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<https://doi.org/10.1016/j.jviscsurg.2019.05.005>

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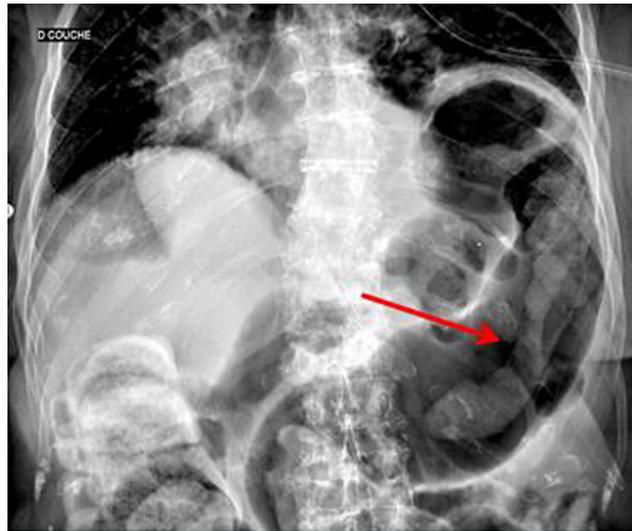


Figure 1. Abdomen without preparation: left colic distension suggesting left colic occlusive syndrome. Arrow: left transverse colon.

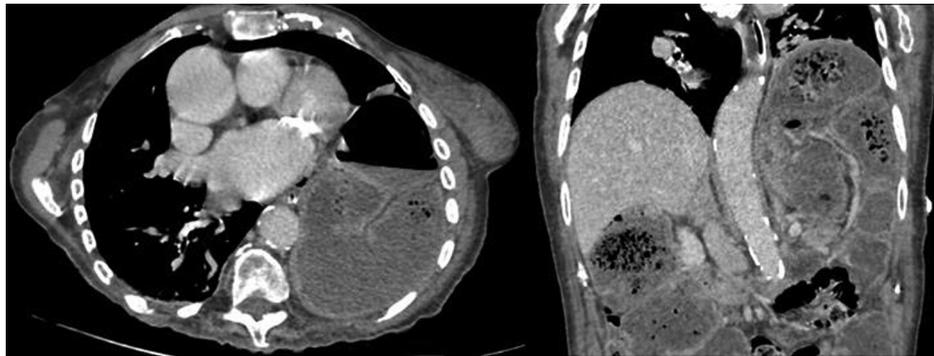


Figure 2. Abdominal TDM in coronal and transversal slices (75 to 90 seconds).

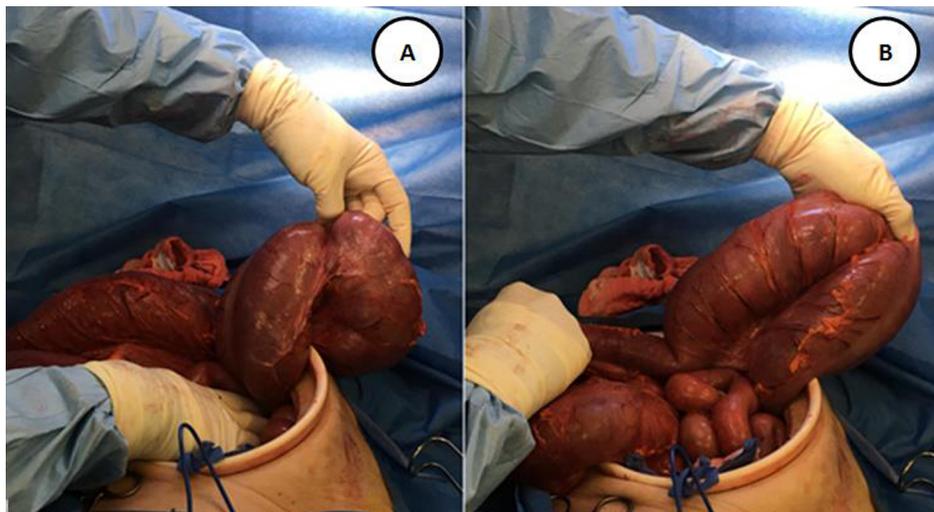


Figure 3. Intraoperative view. A. Volvulus of the left colic angle. B. Result after reduction.

Disclosure of interest

The authors declare that they have no competing interest.

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