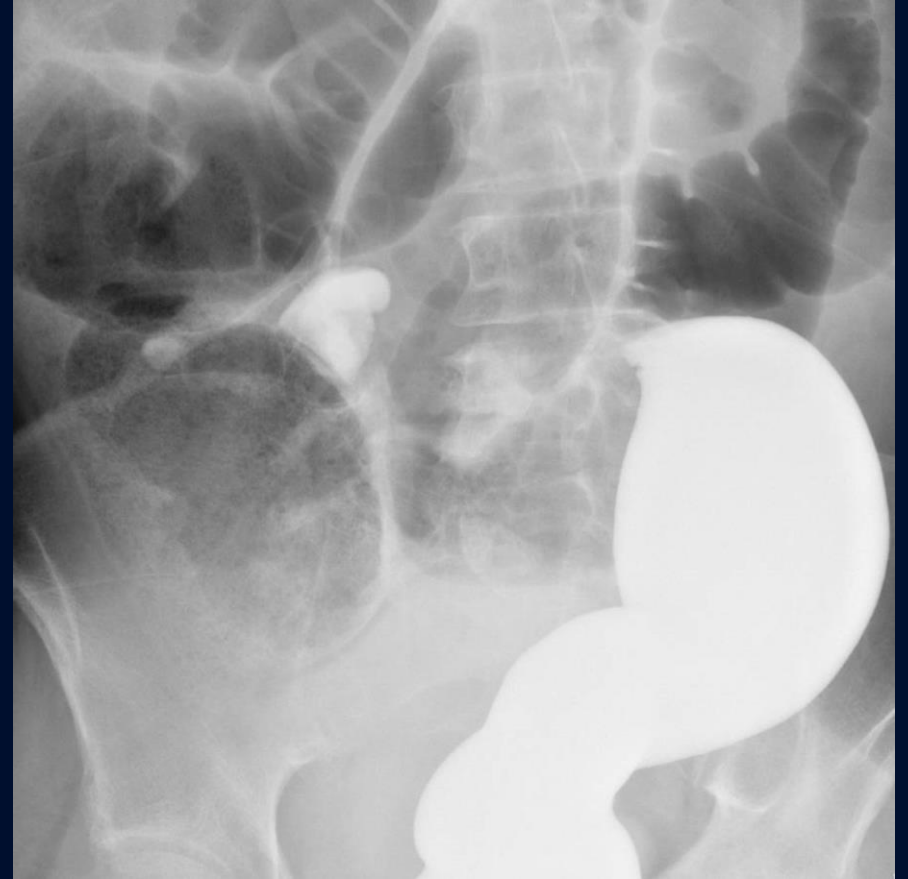


65-year-old male presents with acute abdominal pain

John J. DeBevits IV, MD





A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

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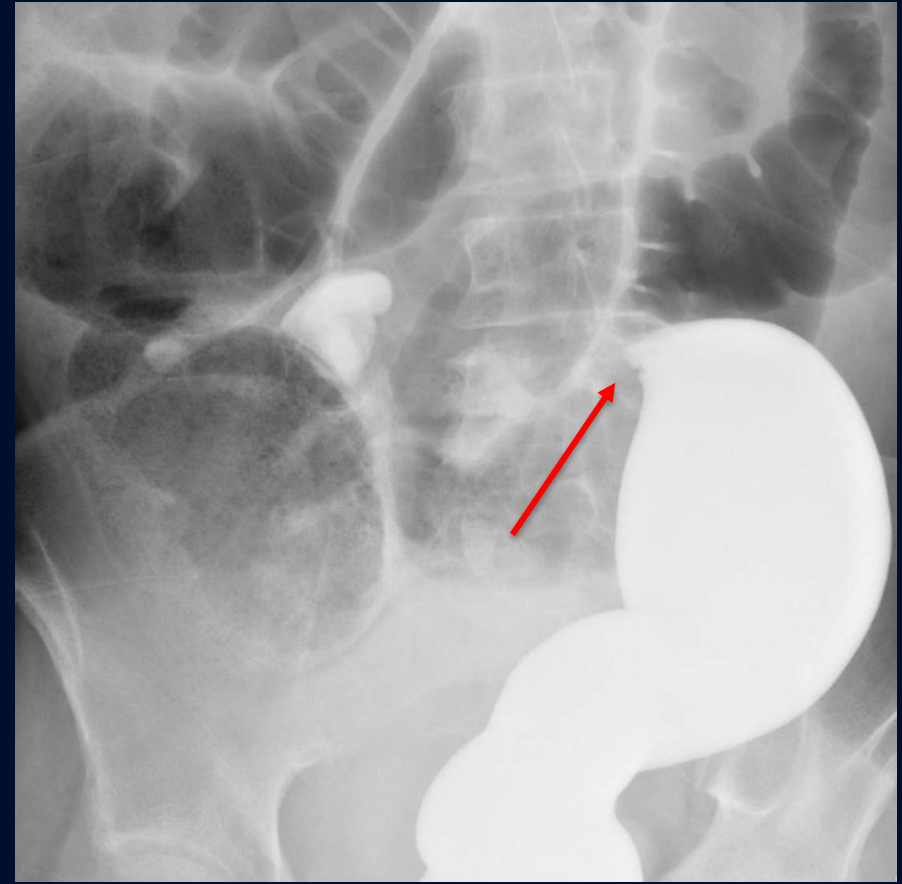
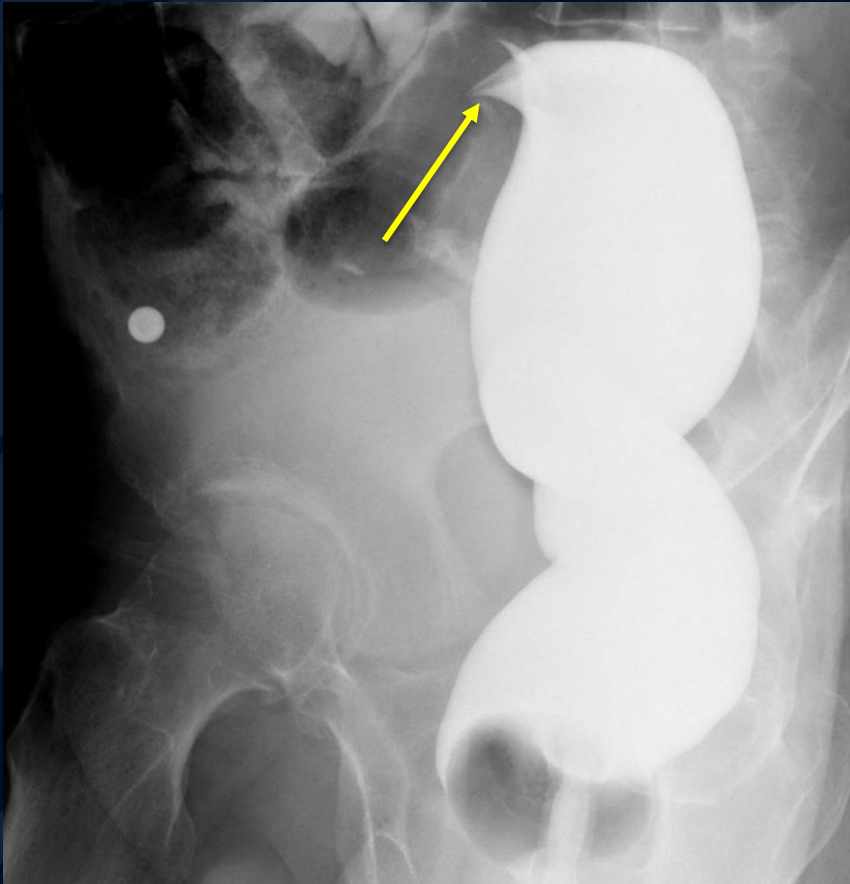
Sigmoid volvulus

Sigmoid volvulus



Air can be seen in the rectum and distal sigmoid colon; however, there is significant dilatation and loss of haustral markings involving the entire visualized sigmoid colon.

Sigmoid volvulus



Smooth, tapered narrowing of the proximal rectosigmoid colon seen during retrograde administration of contrast with lack of filling beyond the sigmoid colon (red arrow). The mucosal folds demonstrate a corkscrew pattern at point of torsion (yellow arrow). Numerous proximal dilated loops of small and large bowel are also seen.

Bird's beak sign!!!!



Sigmoid volvulus

- Torsion or twisting of the sigmoid colon around its mesenteric axis
- Acute or insidious onset of abdominal pain, vomiting, constipation/obstipation
- High association with psychiatric disease (30%)
- Complications include closed loop obstruction, ischemia and necrosis, and perforation
- Treatment includes sigmoidoscopic decompression of obstruction +/- rectal tube insertion
- Recurrence rate of 40-50% of nonoperative reduction
 - 3% after nonoperative and operative reduction

Fluoroscopic findings

- Use water-soluble contrast enema in suspected cases of obstruction due to risk of perforation
- “Beaking”: smooth, tapered narrowing or point of torsion at rectosigmoid junction
- Mucosal folds often show corkscrew pattern at point of torsion
- Shouldering: localized wall thickening at site of twist in chronic or recurrent volvulus
- Fluoroscopy with water-soluble contrast often performed after resolution of a volvulus to assess for underlying colon cancer