

Clinical features of volvulus

Clinical features of volvulus

Volvulus of the small intestine This may be primary or secondary and usually occurs in the lower ileum. It may occur spontaneously in African people, particularly following the consumption of a large volume of Henry Hamilton Bailey , 1894–1961, surgeon, The Royal Northern Hospital, London, UK. Jean Baptiste Hippolyte Dance , 1797–1832, physician, Hôpital Cochin, Paris, France. secondary to adhesions passing to the parietes or female pelvic organs. Caecal volvulus This may occur as part of volvulus neonatorum or de novo and is usually a clockwise twist. It is more common in females in the fourth and fifth decades and usually presents acutely with the classic features of obstruction. Ischaemia is common. At first the obstruction may be partial, with the passage of flatus and faeces. In 25% of cases, examination may reveal a - palpable tympanic swelling in the midline or left side of the that abdomen. The volvulus typically results in the caecum lying in the left upper quadrant. The diagnosis is not usually made preoperatively . Sigmoid volvulus The symptoms are of large bowel obstruction. Presentation varies in severity and acuteness, with younger patients appear - ing to develop the more acute form. Abdominal distension is an early and progressive sign, which may be associated with hiccough and retching. Constipation is absolute. In the elderly , a more c hronic form may be seen. In some patients the grossly distended torted left colon is visible through the abdominal wall.

Revision #1

Created 2025-12-31 15:28:11 UTC by Omar Ayman

Updated 2025-12-31 15:28:11 UTC by Omar Ayman