

Imaging in volvulus

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In caecal volvulus, radiological abnormalities are identifiable in nearly all patients but are often non-specific, with caecal dilatation (98–100%), a single air–fluid level (72–88%), small bowel dilatation (42–55%) and absence of gas in distal colon (82–91%) reported as the most common abnormalities. A barium enema may be used to confirm the diagnosis if there are no concerns about ischaemia, with an absence of barium in the caecum and a bird’s beak deformity. CT scanning is now the imaging of choice. In sigmoid volvulus, a plain radiograph shows massive colonic distension. The classic appearance is of a dilated loop of bowel; the two limbs are seen running diagonally across the abdomen from right to left (Figure 78.14 two fluid levels seen, one within each loop of bowel (if an erect film is taken). In volvulus neonatorum, the abdominal radiograph shows a variable appearance. Initially, it may appear normal or show evidence of duodenal obstruction but, as the intestinal strangulation progresses, the abdomen becomes relatively gasless.

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