

Volvulus of the stomach

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Rotation of the stomach usually occurs around the axis and between its two fixed points, i.e. the cardia and the pylorus. In theory, rotation can occur in the horizontal (organoaxial) or vertical (mesenteroaxial) direction, but the former is more common. Volvulus is usually associated with a large diaphragmatic defect around the oesophagus (paraesophageal herniation) (Figure 67.35). Commonly the transverse colon moves upwards to lie under the left diaphragm, taking the stomach with it. The stomach and colon may both enter the chest through the eventration of the diaphragm. The condition is commonly chronic, the patient presenting with difficulty in eating. An acute presentation with ischaemia may occur. Endoscopically, it can be extremely difficult to identify the anatomy, and this is one situation in which the contrast radiograph is superior. If symptomatic, surgical treatment is required increasingly by a laparoscopic approach. If there is a hernia, the sac and its contents (usually the stomach) should be reduced. The defect in the diaphragm should be closed, if necessary, with a mesh. It is advisable to separate the stomach from the transverse colon and to perform an anterior gastropexy to fix the stomach to the anterior abdominal wall.

Figure 67.35 Barium meal showing organoaxial volvulus of the stomach associated with eventration of the diaphragm.

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