An elderly gentleman presented with a recurrent history of sudden onset abdominal distension and vomiting. He was assessed and diagnosed with a sigmoid volvulus based on his clinical findings and plain abdominal films (Figure 1). A decompression was attempted, unsuccessfully. He was evaluated further, and a CT scan revealed a high-grade bowel obstruction to an abrupt transition point at the splenic flexure due to a mass, with presence of gas in wall of the transverse colon indicating evolving bowel wall ischaemia and/or impending perforation (Figure 2). An extended right hemi-colectomy was performed and histology aided in staging this to be a T3 No Mx adenocarcinoma of the colon. This was an atypical presentation of a colonic malignancy, due to its classical appearance of a sigmoid volvulus.