

## Medical Image

### Title: A Volvulating Affair

Deepali Prakash\* and Saira Siddiqui

Department of Upper GI and Thoracic Surgery, Royal Devon and Exeter Hospital, Exeter EX2 5DW, UK

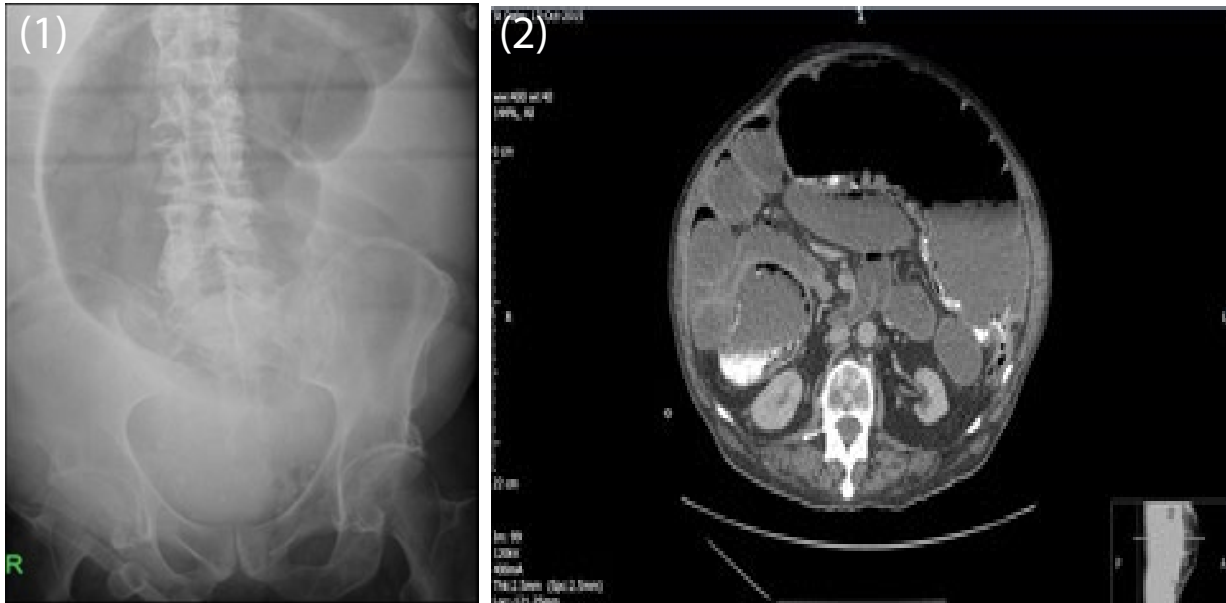


Figure 1: Diagnosis reports of sigmoid volvulus.

Figure 2: CT scan revealed a high-grade bowel obstruction.

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.