



# A Twist of Fate: The Cecal Bascule

Orlando Rodríguez-Amador, MD<sup>1</sup> ; Zeyn Mirza, MD<sup>2</sup>; Camille Diaz-Garcia, BS<sup>1</sup> ; José Martin-Ortiz, MD, FACG<sup>2</sup>

<sup>1</sup>Department of Internal Medicine, VA Caribbean Healthcare System

<sup>2</sup>Gastroenterology and Hepatology Section, VA Caribbean Healthcare System



## INTRODUCTION

- Cecal volvulus is a rare clinical entity with an incidence of 2.8-7.1 per million per year cases and accounts for 1-2% of large bowel obstruction.
- The rarest type of cecal volvulus is cecal bascule, accounting for 5-20% of all cases.
- It occurs when the cecum folds upward and anteriorly over itself in an anteromedial orientation with a competent ileo-cecal valve. This allows for gaseous and fluid distention.
- Mostly occurs in older patients and usually presents with marked GI symptoms such as obstruction, needing emergent treatment.
- Pathogenesis is still unclear, but the literature suggests that congenital or acquired adhesion may be responsible as a mobile cecum.
- Symptoms consist of abdominal pain, distention, nausea and obstipation.
- Diagnosis may be challenging due to its rarity.
- We present a male with an incidental imaging finding suggestive of cecal bascule.

## CLINICAL PRESENTATION

- 82 y/o male patient with history of prostate cancer, A-Fib on Apixaban, diabetes and CKD consulted to GI services due to rectal bleeding.
- He reported episodes of intermittent rectal bleeding in the past year mostly secondary to straining due to constipation. Denied abdominal pain, weight loss, or early satiety.
- Last colonoscopy was 12 years ago showed diverticulosis plus internal and external hemorrhoids; no polyps or masses.
- Hemoglobin was stable and rectal exam was normal.
- In view of risk vs benefits patient opted for CT colonography.
  - CT showed evidence of diverticulosis and a large cecal bascule
- Upon follow-up, he reported feeling well and denied abdominal pain or recurrence of rectal bleeding.

## IMAGING



**Image 1:** Diagnostic CT colonography was performed which was sub-optimal due to residual fecal matter. Polyps were not excluded. Finding suggestive of Cecal bascule within the cecum in the right upper quadrant.



**Image 2 & 3:** Coronal CT view with evidence of findings suggestive of Cecal bascule within the cecum in the right upper quadrant.

## CLINICAL COURSE

- On further investigation he admitted having a complicated open appendectomy 7 years ago where he developed peritonitis.
- Patient was consulted to general surgery for possible cecopexy.
  - In view of patient's comorbidities and that he was completely asymptomatic they recommended conservative management and to avoid constipation.

## DISCUSSION

- Cecal bascule is a rare subtype of cecal volvulus where the cecum folds anteriorly instead of twisting upon itself.
- Risk factors are mostly due to embryogenic defects or iatrogenic (abdominal surgery).
- Diagnosis is made via imaging study, such as CT, or laparoscopy showing the cecum folding upward resulting in obstruction.
  - No pathognomonic sign on plain Xray resulting in an interpretation of non-specific abnormal gas pattern.
- Management is mostly surgical with resection and cecopexy.
- We present a case of cecal bascule with a rare presentation of minimal symptoms with complicated appendectomy most likely being the inciting factor of the cecal bascule.
- Upon literature review most cases present after a more recent surgical procedure.
- The importance of this case is to bring attention of this rare clinical entity, its diagnosis and that in patients who have undergone surgery before, this diagnosis should be placed in the differential.
- Also, we want to reinforce that although most cases found reported specific symptoms it may present with non-specific chronic symptoms.

## REFERENCES

1. Lung BE, Yelika SB, Murthy AS, Gachabayov M, Denoya P. Cecal bascule: a systematic review of the literature. *Tech Coloproctol*. 2018 Feb;22(2):75-80. doi: 10.1007/s10151-017-1725-6. Epub 2017 Nov 20. PMID: 29159782.
2. Park JS, Ng KS, Young CJ. Caecal bascule: a case series and literature review. *ANZ J Surg*. 2018 May;88(5):E386-E389. doi: 10.1111/ans.13898. Epub 2017 Mar 20. PMID: 28318090.
3. S. Areesha Shakeel, Junaid Zaman, Hamza Haroon. Cecal bascule – An unusual cause of intestinal obstruction: A case report. *International Journal of Surgery Case Reports*, Volume 82, 2021. 105888, ISSN 2210-2612, <https://doi.org/10.1016/j.ijscr.2021.105888>.
4. Upreti, Sunita<sup>1</sup>; Musara, Cornelious M. MD<sup>2</sup> Cecal Bascule or "Seesaw Cecum": A Late Complication of Gastric Bypass Surgery, *American Journal of Gastroenterology*; October 2015 - Volume 110 - Issue - p S128-S129