PRESENTER
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Pregnancy With a Twist: A Case of Sigmoid Volvulus in the Third Trimester

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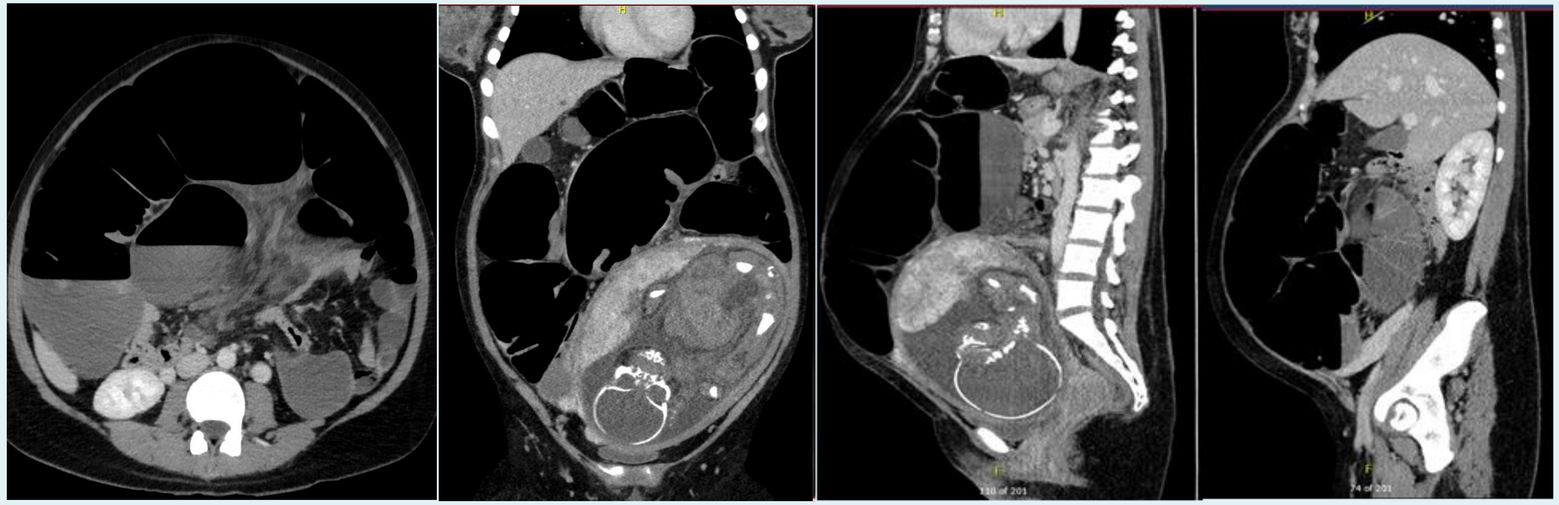
Introduction

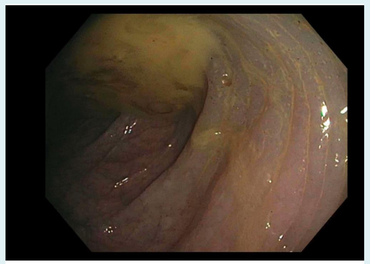
- Sigmoid volvulus is a rare cause of bowel obstruction in the general population and particularly in pregnancy.

Case

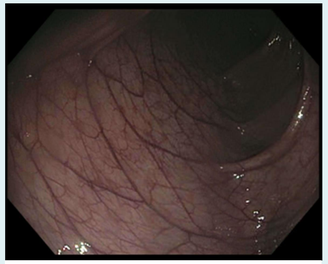
- A 27-year-old woman with no prior medical history who was 31 weeks pregnant presented with four days of progressive abdominal pain and distension with associated constipation, nausea, vomiting and decreased oral intake. Her surgical history was pertinent for prior cesarean section and right laparoscopic salpingectomy. Her vital signs were normal. Her abdomen was distended and tender to light palpation with guarding and rebound tenderness.
- CBC and CMP were normal.
- A Computed tomography (CT) scan revealed a sigmoid volvulus with severe proximal colonic dilation and no signs of perforation.
- A therapeutic colonoscopy confirmed the sigmoid volvulus with healthy appearing mucosa. The proximal colon was decompressed and detorsion completed. A decompression tube was placed with the proximal tip near the hepatic flexure.
- The patient's abdominal pain improved significantly after colonic decompression. Three days later, she underwent definitive open sigmoidectomy with primary anastomosis. Three days later, the patient had vaginal bleeding along with contractions and had breech vaginal delivery of a male infant.



CT scan of the abdomen and pelvis showed bowel distension up to 10.5 cm with air fluid levels and twisting of the mesentery at the sigmoid colon.



Sigmoid Colon



Descending Colon

Endoscopy: The colon proximal to the volvulus was dilated and stool-filled. Sigmoid volvulus was successfully traversed and reduced without evidence of tissue ischemia.

Discussion

- Sigmoid volvulus in pregnancy is rare but should be included in the differential diagnosis of abdominal pain, especially in the 3rd trimester.
- A high index of suspicion is necessary due to the insidious nature of symptom development. Delays in diagnosis or late presentation can result in significant morbidity and mortality for mother and fetus.
- Maternal complications include sepsis, peritonitis, and bowel perforation. Fetal complications include pre-term delivery, intrauterine death, and neonatal sepsis.
- It is important to have a multi-disciplinary approach with gastroenterologists, colorectal surgeons and obstetricians in the management of sigmoid volvulus in pregnancy. Endoscopic decompression is successful in 75-95% of cases. Elective surgery is recommended after endoscopic detorsion.

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