Midgut Volvulus In A Young Adult Patient Due To Intestinal Malrotation

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ocomplaints of abdominal pain, nausea and vomiting

ostarted about two hours ago.

oin his medical history: periodic abdominal pain complaints

Physical Examination

•Fever: 36,4°C,

•Pulse: 76/min

○Blood pressure: 140/80mmhg

•And respiratory rate: 20/min

•The abdomen was epigastric tenderness and muscular defense.

•Other systemic findings were normal.

Laboratory Parameters:

○White blood cell count: 6,76, neutrophyl: 77,9%.

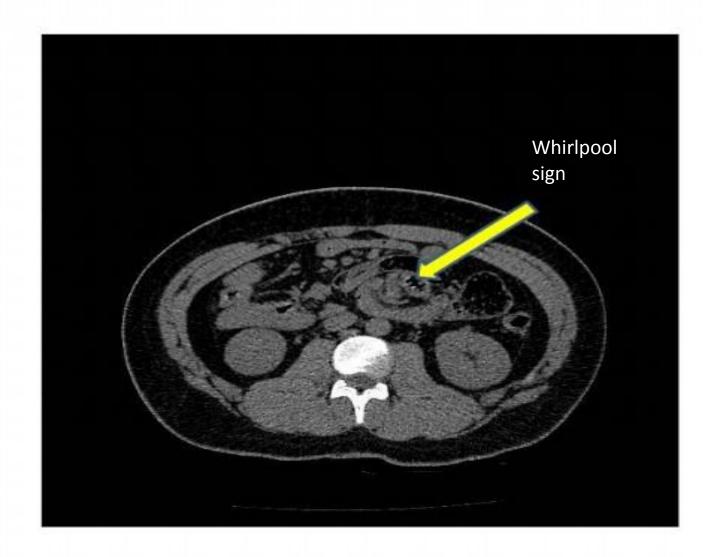
○Other systemic laboratory findings were normal.

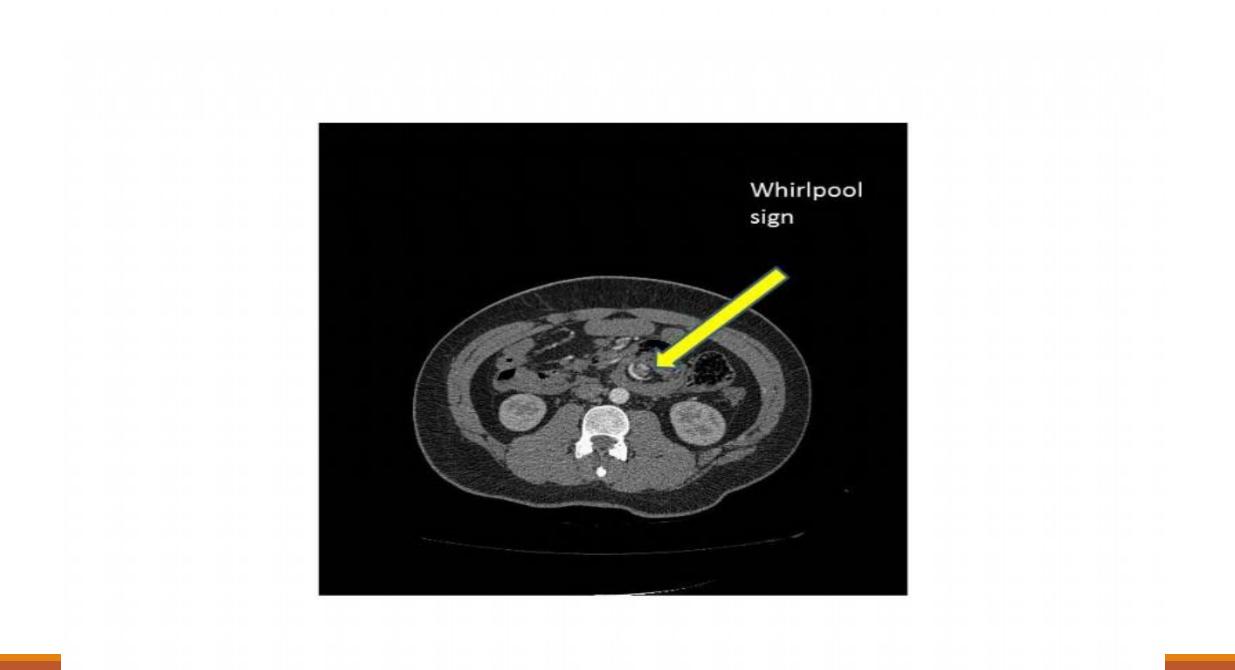
Abdominal Computed Tomography

 Contrast material was observed in the proximal part, approximately 6-7 cm, of the superior mesenteric artery.

 From this point on there wasn't any contrast flow in the distal part and suspected an occlusion.

It was observed that the small intestinal mesenteric part and small intestines in this area turned around the superior mesenteric artery.





 Patient underwent to a surgical intervention after general surgery consultation.

 Post-operatively the patient improved clinically and was discharged on the third day of hospitalization. Intestinal malrotation is a developmental anomaly due to the inappropriate fetal rotation of the midgut and is accompanied by fixation.

It is a congenital anomaly, and symptoms of acute intestinal obstruction occur in the first year of life. Midgut volvulus is a rare malrotation that occurs as a result of rotation around the superior mesenteric artery of the small intestine mesenteric root.

○ It is rarely seen in adults and usually occurs in 6 to 8 decades.

 Intestinal obstructive symptoms may occur due to ladd bands and narrow mesenteric base.

 The ladd bands extend between the intestines or extend from the intestines to the abdominal wall. olt can be difficult to diagnose midgut volvulus.

•Rarely asymptomatic.

oin the asymptomatic period, the diagnosis is usually coincidental.

•Volvulus associated with malrotation can be diagnosed on abdominal CT by the "whirlpool" sign. ○Surgical intervention is needed if clinical symptoms ocur.

 Early and accurate diagnosis prevents intestinal necrosis and reduces the mortality and morbidity rate. With this case, we aimed to emphasize that midgut volvulus should be kept in mind among early adult patients.

Conclusion:

○Midgut volvulus is a rare clinical condition generally seen between 60-70 years.

○But it should be remembered that it can also be seen in young adult period.

 Inspite of the fact that the disease is seen rarely, if a suspicion occurs for this disease computerized tomography imaging should be preferred for rapid and accurate diagnosis.