Sigmoid volvulus causing displacement of the liver and gastric outlet obstruction

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DESCRIPTION

A 50-year-old man with no significant medical history presented with a 2-day history of severe abdominal pain, vomiting and complete constipation. Physical examination revealed a distended, tympanitic abdomen with mild tenderness in the right upper quadrant. Serum lactate was 4.8 mmol/L (normal 0.5–2.2 mmol/L). Abdominal X-ray showed a distended stomach. CT of the abdomen showed a grossly distended sigmoid volvulus (blue arrow) with swirling of the mesentery (green arrow; [figure 1](#)), proximal large bowel obstruction (white arrow), medial displacement of the liver (red block arrow) and gastric outlet obstruction (red arrow; [figure 2](#)). At emergency laparotomy, a gangrenous sigmoid volvulus was found and resection with primary anastomosis was carried out. The patient made an uneventful recovery and was discharged home well on postoperative day 8.

To the best of our knowledge, there are no previous reports of sigmoid volvulus causing liver displacement or gastric outlet obstruction.

Learning points

- ▶ Sigmoid volvulus may cause displacement of the liver.
- ▶ Gastric outlet obstruction is a rare presentation of sigmoid volvulus.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

Figure 1 CT of the abdomen showed a grossly distended sigmoid volvulus (blue arrow) with swirling of the mesentery (green arrow).

Figure 2 CT of the abdomen showing proximal large bowel obstruction (white arrow), medial displacement of the liver (red block arrow) and gastric outlet obstruction (red arrow).

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