

GASTRIC VOLVULUS. CASE REPORT. Vólvulo gástrico. Presentación de caso.

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SUMMARY

Gastric volvulus is an uncommon illness which has various forms of presentation. A patient was treated at the university hospital "Nelson Mandela" with a torsion of an axial organ of the stomach inside the left thoracic cavity due to a congenital diaphragmatic hernia. The patient was diagnosed before the surgical procedure and he had a satisfactory resolution with the surgical treatment.

RESUMEN

El vólvulo gástrico es una enfermedad poco frecuente. Tiene varias formas de presentación. Tratamos a un paciente con torsión órgano axial del estómago dentro de la cavidad torácica izquierda por una hernia diafragmática congénita, en el Hospital Académico Nelson Mandela. El diagnóstico fue realizado antes de la operación y el paciente tuvo una resolución satisfactoria con el tratamiento quirúrgico.

INTRODUCTION

Gastric volvulus is an uncommon illness which is caused by laxity of the ligaments supporting the stomach and it is frequently associated with diaphragmatic hernias.

A medical case under the diagnosis of organoaxial volvulus with diaphragmatic hernia treated at the University Hospital "Nelson Mandela" was presented on February, 2011.

CASE REPORT

A 25 years old male patient was seen in the out-patient surgical department with a previous history of two months suffering from vomiting, abdominal pain, dizziness and inability for walking. There was

no any significant past medical history.

On examination, he had a poor general medical condition. He had moderate dehydration. He also was anaemic and no jaundice. Abdominal examination showed an scaphoid abdomen without organomegaly and no tenderness. The rectal examination was not significant.

LABORATORY TEST

The hemoglobin was 7 g/l. The White Blood Count (WBC) rate was normal. However, the biochemistry test showed a medical condition of a metabolic alkalosis. The liver function test was normal.

A provisional diagnosis of Gastric Outlet Obstruction was made.

The patient was resuscitated and further investigations were done, such as:



Chest X Ray:

Fig. 1. Large gas burble under the left hemidiaphragm.

Also, a Barium Meal test was done on 10/02/11. Barium Meal was done 10/02/11.

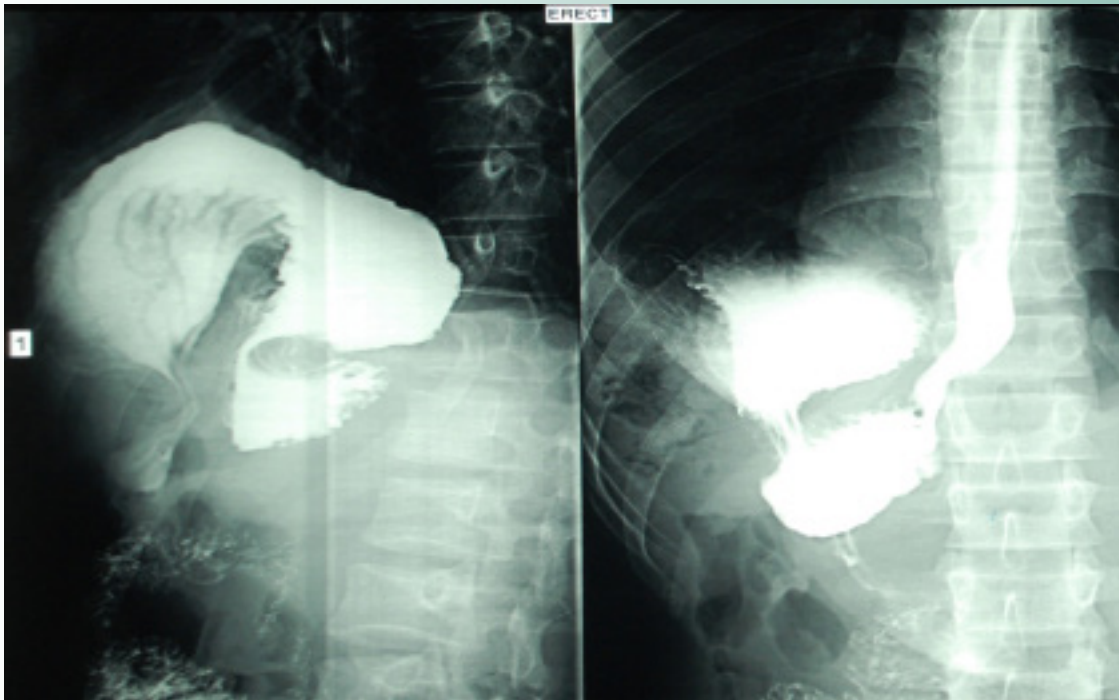


Fig 2: the stomach is everted and rotated to the contra lateral side.

The patient was carried out an Exploratory Laparotomy on 07/03/11. There was an abnormality in the left hemia diaphragm (8 x8 cm) (Fig. 3,4). The stomach was herniated inside the left thoracic cavity along the abnormality detected and it was twisted with an organoaxial rotation. Fifty percent (50%) of the transverse colon included the splenic flexure was herniated inside the thoracic cavity.



Fig. 3

The procedure carried out was:

- a) Reduction of the transverse colon to the abdominal cavity.
- b) Reduction of the stomach to the abdominal cavity. (Fig.4)
- c) Derotation of the stomach.
- d) Gastrostomy using the Stamm technique.(Fig.5)
- e) Repairing of the diaphragmatic abnormality.
- f) Chest tube insertion.
- (Fig.5)
- g) Abdominal drainage was put in the left sub diaphragmatic space.

The postoperative phase was an uneventful.



Fig. 4



Fig 5



Postoperative chest X-ray (second day):
Fig. 6. It shows a small blurry in the left base of the thoracic cavity. The Intercostal drainage (ICD) was removed on the fifth day.

The Barium Meal test was carried out on the seventh day.



Fig. 7. The stomach was seen in a normal position.

There were no complications. The Gastrostomy tube was removed on the 20th day postoperative.



Fig 8 Chest X-Ray before discharge was normal.

DISCUSSION

There are three types of gastric volvulus: (1, 2)

- a) Organoaxial volvulus is a rotation around the cardiopyloric line, a line drawn along the length of the stomach between the cardia and pylorus.
- b) Mesentericoaxial volvulus occurs around a perpendicular line to the cardiopyloric line.
- c) The combination of these two types.

The treatment is surgical, and it includes reduction of the torsion and fixation of the stomach. In humans. A twisting of the stomach may result in an obstruction and impairment of the blood supply to the organ. It can occur in paraesophageal hernia and occasionally in eventration of the organoaxial diaphragm.(3, 4). The chronic type of gastric volvulus is not frequently recognized early in the onset of this medical problem because the clinical presentation is not specific.

Others authors reported that gastric volvulus associated with congenital diaphragmatic hernia is an unusual surgical emergency (5-8).

CONCLUSIONS

Diagnosis of Gastric Volvulus is difficult and some time confusing and it is unfrequently made at the time of laparotomy.

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