Colonic intussusception after endoscopic volvulus decompression

João Santos-Antunes · Rosa Ramalho · Susana Lopes ·
Guilherme Macedo

Accepted: 23 December 2014 / Published online: 14 January 2015
© Springer-Verlag Berlin Heidelberg 2015

Dear Editor:

A 44-year old man came to the emergency department in April 2014 because of acute abdominal pain and vomiting starting the day before. He had a history of two episodes of intestinal occlusion due to sigmoid volvulus in 2012. He was not taking any medications or had other relevant medical issues. On admission, he was without fever, with normal blood pressure and heart rate, but with a very distended and painful abdomen. Blood analysis showed mild leukocytosis and elevated C-reactive protein (65 mg/L). Abdominal X-ray showed a distended colon with features compatible with a volvulus.

In the colonoscopy, we successfully passed through the volvulus, and a very distended colon with hard stools was seen proximally. Upon retrieval of the scope, we decompressed the colon but unexpectedly, a spontaneous intussusception occurred, which was successfully reduced with the scope, with no adverse events. The patient referred a considerably symptomatic improvement after the procedure. He was advised of the need of a total colonoscopy to exclude neoplastic lesions and of the possible complications of a colonic volvulus, namely perforation and sepsis.

Despite the successful management of these situations by colonoscopy, with good results in up to 80 % of the patients [1] or even higher [2], it is well known that the recurrence rate after endoscopic decompression is also high [3]. Emergency surgery is required only for patients in whom nonoperative treatment is unsuccessful or in those with peritonitis [2]. Concerning this patient in particular, this was already his third episode, and perhaps, elective surgical excision of the redundant sigmoid may be the best management of this situation [3].

References

1. Gingold D, Murrell Z (2012) Management of colonic volvulus. *Clin Colon Rectal Surg* 25:236–244
2. Lou Z, Yu ED, Zhang W, Meng RG, Hao LQ, Fu CG (2013) Appropriate treatment of acute sigmoid volvulus in the emergency setting. *World J Gastroenterol* 19(30):4979–4983
3. Theuer C, Cheadle WG (1991) Volvulus of the colon. *Am Surg* 57(3): 145–150

Electronic supplementary material The online version of this article (doi:10.1007/s00384-014-2115-4) contains supplementary material, which is available to authorized users.

J. Santos-Antunes (✉) · R. Ramalho · S. Lopes · G. Macedo
Gastroenterology Department, Faculty of Medicine, Hospital de São
João, Alameda Prof. Hernani Monteiro, 4200-319 Porto, Portugal
e-mail: joao.claudio.antunes@gmail.com

J. Santos-Antunes
Department of Biochemistry (U38-FCT), Faculty of Medicine,
University of Porto, Porto, Portugal