Comments on 'Recurrent sigmoid volvulus in a patient with Parkinson's disease': authors' response

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Dear Editors,

We received Dr Atamanalp's thoughtful comments [1] regarding our recent paper on sigmoid volvulus (SV) in Parkinson's disease (PD) [2]. He mentioned that dolichosigmoid, the presence of a long and dilated sigmoid colon with a long mesentery, is the most common anatomical predisposition in SV. Dolichosigmoid can be seen in some children that may have congenital (possibly myopathic/neuropathic) etiologies. In contrast, dolichosigmoid when noted in neurologic diseases may well be a secondary phenomenon due to prolonged colonic transit, etc., but unfortunately, no definitive reports are available. We agree with his notion as to the effects of prior medication such as anticholinergics or antiserotonergics on SV, particularly in elderly patients. In contrast, the effects of anti-parkinsonian drugs on gastrointestinal (GI) motility in PD remain inconclusive, and in our experience, such drugs do not worsen GI motility in early PD patients [3, 4]. We appreciate Dr Atamanalp's contribution regarding GI autonomic dysfunction in PD [5]. GI autonomic problems are common, but still underestimated, in patients with neurologic diseases. As autonomic specialists, we would actively participate in managing GI autonomic

problems in order to improve patients' quality of life, but also, more importantly, to avoid life-threatening emergencies including SV.

References

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