

A case report of gastric volvulus

분당제생병원 내과¹이정환¹, 장은정¹

Introduction: Gastric volvulus is a rare condition caused by abnormal rotation of the stomach resulting in stomach blockage, with three types including organoaxial, mesenteroaxial, and a combination of the two. Two-thirds of gastric torsions are organoaxial, and a close correlation to gastric outlet obstruction has been reported. Herein, we present a gastric volvulus case with history of percutaneous gastrostomy and intra-abdominal surgery who was treated with wedge resection.

Case report: An 80-year old female, with a history of laparoscopic cholecystectomy and percutaneous gastrostomy presented to the emergency department with acute onset of vomiting. Physical examination showed severely bloated abdomen. Abdominal x-ray showed severely distended stomach and AP-CT revealed organoaxial gastric volvulus rotated around the gastrostomy site. Upper GI endoscopy showed severe active ulceration around the gastrostomy site. Endoscopic reduction was attempted and partial reduction was achieved. The patient was treated conservatively with NG tube decompression and symptoms improved after 7 days. However, gastric volvulus recurred after discharge. Therefore, wedge resection of the gastrostomy site, extensive adhesiolysis and feeding jejunostomy was performed. After surgery, obstructive symptoms improved and the patient was discharged without any complications.

Conclusion: Gastric volvulus is rarely reported in adults. Approximately 70% of secondary gastric volvulus occurs mainly through a paraesophageal hernia or a congenital diaphragmatic hernia, whereas 30% of primary gastric volvulus occurs due to the laxity of ligaments supporting the stomach. This case demonstrates that restriction of post-operative gastric motility in a patient with history of multiple intra-abdominal surgeries and percutaneous gastrostomy without anatomical abnormalities may serve as a risk factor for acute gastric volvulus. Complete gastric volvulus can lead to death due to complications such as gastric ischemic necrosis, gastric perforation, and shock. Timely diagnosis and decompression is important. However, if decompression is unsuccessful, surgical treatment should serve as a rescue therapy.



Figure 1. Abdominal computed tomography revealed of volvulus around the gastrostomy site. (A) showing the gastrostomy tube and (arrow) obstructed lesion. (B) showing distended stomach, obstructed lesion (arrow) and greater curvature locates superior to lesser curvature. (C) showing gastrostomy tube (arrow).

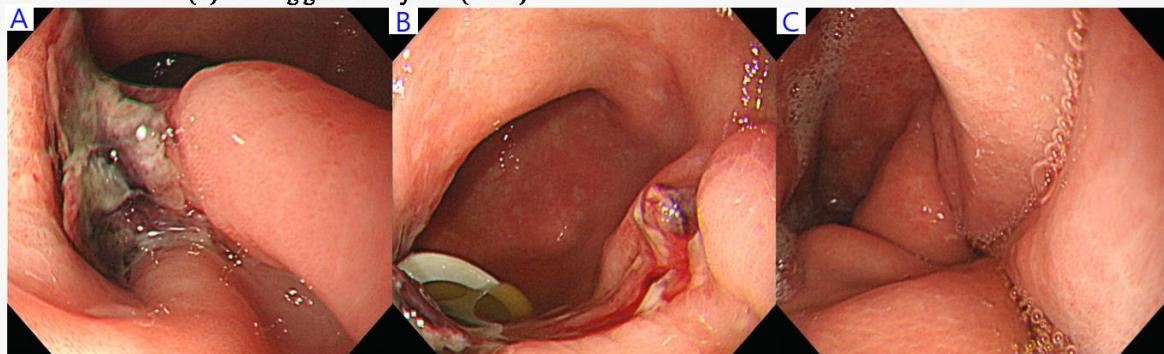


Figure 2. Upper GI endoscopic findings shows severe active ulcer (A) and inflammation (B), and gastric outlet obstruction due to gastric volvulus (C).