LETTER TO THE EDITOR

Comments on "synchronous volvulus of the cecum and sigmoid colon: a rare cause of intestinal obstruction"

Vólvulo sincrónico de ciego y sigmoides: una causa rara de obstrucción intestinal

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To the Editor,

We read with interest the paper titled "Synchronous volvulus of the cecum and sigmoid colon: a rare cause of intestinal obstruction" written by Garcia-Granados and Castaneda-Martinez[1]. Sigmoid volvulus (SV) is a rare colonic obstruction form worldwide, while synchronous cecal and sigmoid volvulus (SCSV) is an extremely rare clinical entity with less than ten cases reported to date[2]. We practice in Eastern Anatolia, in which SV is relatively common. Although we have some isolated cecal volvulus (CV) cases, we have no SCSV patient in our 1046-case SV series treated over 55.5-year period between June 1966 and January 2022, which is the largest single-center SV series over the world[3]. In the light of our comprehensive experience with SV, our comments relate to CV and SCSV.

First, although CV has a very low prevalence and accounts for only 1-1.5% of all causes of intestinal obstruction over the world[4], as the authors declared, it represents 21% of colonic volvulus in Mexico[1]. I wonder about the probable causes of this interesting distribution. In our theoretical opinion, the high incidence of a congenital anatomical prerequisite, mobile cecum, may be responsible for this relatively high incidence of CV in the authors' practicing area. Similarly, although most likely due to the rarity of SCSV, the pathogenesis of this clinical entity is not clearly identified[1,2,4], the togetherness of mobile cecum and dolichosigmoid, the last which is the presence of an elongated and dilated sigmoid colon as a well-known anatomical prerequisite for SV, may explain the probable pathogenesis of SCSV.

Second, as the authors declared, endoscopic decompression is the first-line treatment method in uncomplicated and non-gangrenous patients with SV[1], which was tried in 753 patients with 83.3% of success and 5.4% of the early recurrence rates, whereas late recurrence was present in 25.9% of our patients. Although most practitioners traditionally use a flatus tube to reduce the high recurrence rates in SV[5], such as the authors' practice, its recurrence-preventive role is controversial. In our experience, although flatus tubes may prevent the recurrence during their usage, they are used for only so long and are frequently removed or spontaneously discharged, which suppresses their recurrence-preventive roles.

Regarding the surgical technique, although stoma is a life-saving technique in high-risk and bed-bound patients in emergency surgery as was applied by the authors, sigmoid colectomy with primary anastomosis may be the optimal choice in some selected well-conditioned and non-elderly patients with or without bowel gangrene[3]. In our series, this procedure was applied in 170 patients with 12.4% of mortality and 33.5% of morbidity rates.

We congratulate the authors for their informative article and wait for their opinion on our comments.

Funding

The authors received no funding for this work.

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Date of reception: 26-01-2022
Date of acceptance: 02-02-2022
DOI: 10.24875/CIRU.22000067

Cir Cir. 2022;90(6):858-859
Contents available at PubMed
www.cirugiaycirujanos.com

Conflicts of interest

The authors declare that they have no conflicts of interest.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals fort his study.

Confidentially of data. The authors declare that they followed the protocols of their work center on the publication of patient data.

Right of privacy and informed consent. The authors obtained the written informed consent of all patients.

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