

Comments on “sigmoid volvulus and descending colon adenocarcinoma, a double cause of intestinal obstruction”

Comentarios a “Vólvulo del sigmoide y adenocarcinoma de colon descendente, una doble causa de obstrucción intestinal”

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To the Editor,

We read with interest the paper written by Senejoa et al¹. on colon malignancy complicating sigmoid volvulus (SV). Although both colon malignancy and SV are relatively common causes of colonic obstruction, their co-occurrence is a very rare clinical entity with seven cases reported to date¹⁻⁴. My colleagues and I have a 57.5-year (from June 1966 to January 2024) experience including 1,076 cases with SV, which is the most comprehensive single-center SV series over the world⁵. In the light of this experience, our comments relate to the comorbidity of SV and colon malignancy.

First, similar to its low worldwide incidence, there is only one case (0.1%) with sigmoid colon carcinoma complicating SV in our 1,076 case series. Most likely, the rarity of this comorbidity prevents the detailed definition of its pathophysiology¹⁻⁴. In our opinion, sigmoid colon masses may trigger SV using their driving force, while malignancies localized in the other segments may increase bowel peristalsis, resulting in SV. In addition, in our experience, both SV and colon malignancy may mimic each other due to their similar clinical presentations.

Second, most likely due to the rarity of this comorbidity, the treatment algorithm is not identified clearly¹⁻⁴. In our opinion, in cases with sigmoid colon malignancy, resection followed by primary anastomosis or stoma is the preferred surgical option. However, the

masses localized in the other segments muck up the treatment plan. In such cases, if the sigmoid is gangrenous, primary anastomosis or stoma following double-segment resection is required. Conversely, in addition to the resection of the tumoral segment, sigmoid detorsion with or without resection, or a recurrence-reducing procedure such as sigmoidopexy, mesoplasty, or extraperitonealization, are the main options in patients with viable sigmoid colon.

We congratulate the authors and we look forward to their reply.

Funding

The authors declare that they have not received funding.

Conflicts of interest

The authors declare no conflicts of interest.

Ethical considerations

Protection of humans and animals. The authors declare that the procedures followed complied with the ethical standards of the responsible human experimentation committee and adhered to the World Medical Association and the Declaration of Helsinki. The

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Date of reception: 22-01-2024

Date of acceptance: 05-02-2024

DOI: 10.24875/CIRU.24000047

Cir Cir. 2025;93(4):455-456

Contents available at PubMed

www.cirugiyacirujanos.com

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procedures were approved by the institutional Ethics Committee.

Confidentiality, informed consent, and ethical approval. The authors have obtained approval from the Ethics Committee for the analysis of routinely obtained and anonymized clinical data, so informed consent was not necessary. Relevant guidelines were followed.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing of this manuscript.

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