

İleoçekal düğümlemeye bağlı olarak gelişen barsak tıkanıklığı; Olgu sunumu.

INTESTINAL OBSTRUCTION DUE TO ILEOCAECAL KNOTTING; A CASE REPORT.

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ABSTRACT

Ileocaecal knotting is a rare cause of intestinal obstruction. It needs emergency exploratory laparotomy and further intervention for management. Here, a case of intestinal obstruction due to ileocaecal knotting in a 15 year old thalassemic patient is reported.

Key words : Intestinal obstruction; Exploratory laparotomy; Ileostomy.

ÖZET

İleoçekal düğümleme barsak tıkanıklığının nadir bir sebebidir. Tedavi için acil laparotomi yapılması gereklidir. Burada, 15 yaşındaki bir talasemik erkek hastada ileoçekal düğümlemeye bağlı olarak gelişen barsak tıkanıklığı vakası sunuldu.

Anahtar kelimeler: Barsak tıkanıklığı; Tanısal laparotomi; İleostomi.

INTRODUCTION

Ileocaecal knotting is a rare cause of acute intestinal presentation. It presents with acute life threatening condition requiring urgent operative intervention to save the life of the patient. Ileocaecal knotting is a rare presentation where ileum is twisted against mobile cecum. Acute presentation should be dealt with utmost urgency. On laparotomy if ileum is viable it should be untwisted otherwise resection of the nonviable gut is done. Anastomosis or stoma anything can be done depending upon the condition of the patient.

Case report

A 15 year old boy came to us with features of subacute intestinal obstruction. He was a known

thalassemic patient with previous history of splenectomy and cholecystectomy. Patient was managed conservatively for 3 days but after that he developed features of acute intestinal obstruction with straight x-ray abdomen revealing multiple air fluid level.

We took the patient to emergency operation theatre and on exploratory laparotomy, we found dilated distal ileum with twisting of terminal ileum around congested caecum. Cecum was mobile. Ileum was also congested. There was no congenital band or adhesion. We untwisted the gut, resected the devitalized distal 15 cm of ileum. We close the ceecal opening and made an end ileostomy. Patient was discharged on 10th post operative day. He again admitted after 2 months and ileostomy closure was done at that time.



Figure 1: On exploration - dilated ileum (arrow).

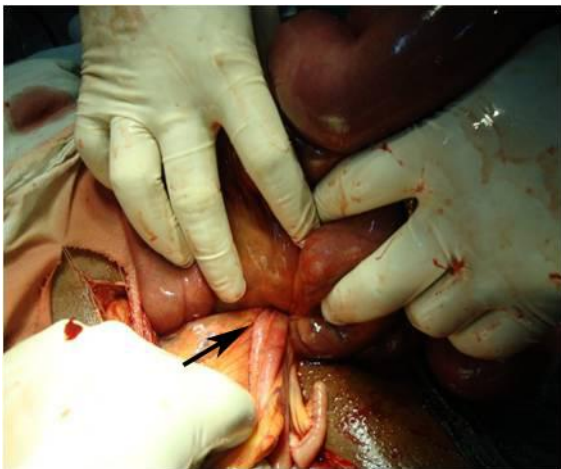


Figure 2: Ileocaecal knotting (arrow).

DISCUSSION

Ileocaecal knotting is an extremely rare cause of bowel obstruction and ischemic necrosis; it consists of a loop of the ileum encircling the loop of the caecum (1-3). The diagnosis, before surgery is often difficult to establish. Indeed, the symptoms of ileocaecal knotting are not specific and the accurate preoperative diagnosis is made in less than 20% of cases (4). Very rarely patient can present with subacute obstruction and conservative approach will suffice. The anatomical and pathological changes dictate the operative procedure. Mainly a segment of ileum twists against a mobile caecum. Attempt at the reduction of knot or division of the encircling gangrenous ileal loop may cause perforation (5). Usually resection of the nonviable gut with end to end anastomosis is done. In some conditions resection of the segment with closure of the proximal loop and an end ileostomy is done (6).

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