

## AB169. 38. Volvulus of the transverse colon following Roux-en-Y

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**Background:** Volvulus is a relatively common cause of large bowel obstruction. Whilst the majority involve the sigmoid colon and caecum, volvulus of the transverse colon volvulus is much less common. In this case report we discuss a case of transverse colon volvulus; its presentation, the factors which likely predisposed to its development and its management.

**Methods:** A 74-year-old lady presented with three days of worsening central abdominal pain, nausea, vomiting and one day of increasing abdominal distension and constipation. On examination, her abdomen was distended, tympanic and generally tender. She had undergone a total gastrectomy with retrocolic Roux-en-Y reconstruction previously for a gastric adenocarcinoma.

**Results:** Her admission bloods showed a lactic acidosis with

a lactate of 4.48. Cross sectional imaging with computed tomography (CT) showed a closed loop obstruction in the transverse colon with a second closed loop involving the right colon.

Conclusions: Following initial resuscitation our patient was transferred to theatre for an emergency laparotomy. At laparotomy, an area of volvulus was identified in the proximal transverse colon between two relatively fixed points; the first being the native peritoneal attachments at the hepatic flexure and the second an area of scarring adjacent to the mesenteric window of the Roux-en-Y. There was no colonic ischaemia in the volved segment. As the volvulus was producing a complete obstruction and the ileocecal valve was competent the right colon was obstructed in a closed loop fashion, again without ischaemia. An extended right hemicolectomy was performed with primary anastomosis. Our patient enjoyed an uncomplicated postoperative course and was discharged well.

Keywords: Obstruction; Roux-en-Y; volvulus

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