

LETTER TO EDITOR (VIEWERS CHOICE)

CONGENITAL INTESTINAL MALROTATION IN ADULTS- A DIAGNOSTIC DILEMMA

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Intestinal malrotation is an anomaly that occurs when the bowel fails to rotate around the superior mesenteric artery axis in the embryonic age.^{1,2} The disease is largely considered a disease of neonatal and infantile age groups and presents more often as a surgical emergency in newborn. Malrotation presenting in adult life is not only uncommon but merits high index of suspicion to early diagnose and effectively treat such patients.³

A forty-four years old gentleman attended to the emergency with pain and distension of the abdomen, repeated bilious vomiting and constipation. Patient was pale, dehydrated. After initial resuscitation, patient had an imaging done which was suggestive of malrotation with midgut volvulus and small bowel obstruction. Patient was taken up for emergency exploratory laparotomy. The operative findings showed multiple Ladds bands causing jejunal obstruction and ischemic changes. Duodeno jejunal flexure was to the right of midline. Patient underwent resection of ischemic bowel with anastomosis followed by conventional Ladds procedure. Post operative recovery was uneventful.

Intestinal malrotation affects neonates with an incidence of 1 in 500. Most patients present to the pediatric surgeon in neonatal age or infancy as an acute volvulus or small bowel obstruction. In adults, the presentation is rare accounting only 0.2% of the cases. Common presentations include bilious vomiting, multiple episodes of pain and distension abdomen, constipation and malabsorption.^{2,4} Rarely, these adults may attend as a surgical emergency with acute obstruction due to volvulus, however, less than 100 such cases are described in the literature.^{3,4}

Gold standard in diagnosing these patients is by a computed tomography scan with oral contrast studies that shows the site of the DJ flexure and the whirlpool sign suggesting inversion of the relationship of the superior mesenteric axis. There is no practically not much means to know which patients will progress to acute volvulus or bowel ischemia. The symptoms are caused by obstructing multiple peritoneal Ladd's

bands. These congenital bands typically run from the ileo caecum to the duodenum.⁴

Surgery is the mainstay of treatment. Ladds procedure is standard with management of volvulus and ischemic bowel as needed.

Intestinal malrotation in adults is rare but can be catastrophic if not diagnosed early. Although uncommon, it is important that the emergency surgeon handling such cases be made to aware to have a wide approach and high index of suspicion to avoid missing a potentially treatable patient.

Compliance with Ethical Standards

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