CASE REPORT

Splenic flexure volvulus in which posture advice was effective

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Accepted 13 March 2014

SUMMARY

A previously healthy 35-year-old woman suffered from recurrent abdominal pain which had occurred once a week since the age of 23 years. Abdominal CT showed splenic flexure volvulus. Therapeutic colonoscopy was performed successfully, but the frequency of pain attacks remained at once a week. The attacks began after she started to work mainly in a standing position, and never happened while lying down. Therefore, we thought they were induced by forward sigmoid flexure due to gravity. Posture advice, including the knee-chest position and abdominal compression using colonic intraluminal pressure for the resolution of incomplete volvulus during pain attacks, was effective. The severity and frequency of the pain attacks decreased from once a week to once a month. This is the first report of splenic flexure volvulus in which posture advice was effective. Posture advice as a measure to resolve recurrent splenic flexure volvulus should be attempted before surgery.

BACKGROUND

Splenic flexure is a rare site for volvulus. Incomplete volvulus of the splenic flexure is a cause of recurrent abdominal pain, but no effective treatment other than surgery is known. We encountered a patient with splenic flexure volvulus in whom postural advice was effective.

CASE PRESENTATION

A previously healthy 35-year-old woman came to our hospital with a recurrent abdominal pain. The pain occurred once a week since starting to work as a nurse from the age of 23 years.

The pain was located in the left upper quadrant, and one attack lasted a few seconds to 10 min. It was sometimes so severe that she could not maintain a standing position, but it never occurred while sleeping. She had no history of constipation.

This time, the abdominal pain started at the same site and with a similar severity, but it lasted

Figure 1 (A- F) Non-contrast abdominal CT of the section shown in figure 2.

To cite: Ueda T, Katsurai T.
BMJ Case Rep Published
online: [please include Day
Month Year] doi:10.1136/
bcr-2014-203978

Figure 2 A scheme of the splenic flexure volvulus.

for a few hours, and aggravated with time. Physical examination showed abdominal distension and tenderness in the left upper quadrant. Bowel sounds were normal. There was no sign of irritation.

INVESTIGATIONS

Abdominal CT showed splenic flexure volvulus (figures 1 and 2). Therapeutic colonoscopy was performed successfully, but the frequency of pain attacks remained at once a week.

TREATMENT

Posture advice, including the knee–chest position and abdominal compression using colonic intraluminal pressure for the resolution of incomplete volvulus during pain attacks, was effective.

OUTCOME AND FOLLOW-UP

The severity and frequency of the pain attacks decreased from once a week to once a month.

DISCUSSION

Overextension of the sigmoid colon is a major cause of sigmoid volvulus; on the other hand, congenital absence, surgical division, or laxity of the phrenicocolic, gastrocolic or splenocolic ligaments are other causes of splenic flexure volvulus.¹

In this case, the attacks began after she started to work mainly in a standing position, and never happened while lying

down. Therefore, we thought they were induced by forward sigmoid flexure due to gravity.

This is the first report of splenic flexure volvulus in which posture advice was effective.

Learning points

- ▶ Splenic flexure volvulus should be considered in the differential diagnosis of recurrent left upper quadrant abdominal pain.
- ▶ Splenic flexure volvulus may show a tendency to occur in a standing position.
- ▶ Posture advice as a measure to resolve recurrent splenic flexure volvulus should be attempted before surgery.

Contributors TU and TK diagnosed this case together. TU wrote this report.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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- 1 Mittal R, Samarasingh I, Chandran S, et al. Primary splenic flexure volvulus. *Singapore Med J* 2007;48:e87–9.

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