

PS17 Primarni volvulus ileumaMarina Andrešić^a, Josipa Živko^a, Mihaela Benčić^a, Maša Sorić^a^a *Objedinjeni hitni bolnički prijem, Klinička bolnica Dubrava*DOI: <https://doi.org/10.26800/LV-144-supl6-PS17> Marina Andrešić 0000-0002-3753-778X, Josipa Živko 0000-0001-7297-5366, Mihaela Benčić 0000-0002-9226-9845, Maša Sorić

Ključne riječi: Bol, Abdominalna; Ileum; Volvulus, Crijevni

UVOD: Volvulus tankog crijeva rijetko je hitno medicinsko stanje. Primarni volvulus ileuma javlja se bez predisponirajućih faktora, dok sekundarni u podlozi ima kongenitalni ili jatrogeni uzrok.

PRIKAZ SLUČAJA: Do sada zdrav muškarac od 31 godinu javlja se u hitnu službu radi naglo nastale grčevite boli u epigastriju koja se širila u donje dijelove abdomena uz osjećaj mučnine, ali bez povraćanja. Vitalni znakovi bili su stabilni i u granicama normale. U fizikalnom pregledu izdvaja se izrazita osjetljivost abdomena na palpaciju. Laboratorijski nalazi bili su bez osobitosti, osim povišenog broja leukocita. Rendgenska snimka abdomena učinjena je dvaput te su obje bile bez patoloških znakova. Radiografski i laboratorijski nalazi nisu bili u korelaciji s kliničkim stanjem pacijenta, a bol je bila refraktorna na primijenjenu analgetsku i spazmolitičku terapiju. Učinjen je ultrazvuk abdomena uz krevet pacijenta kojim se verificira izraziti meteorizam i dilatacija vijuga tankog crijeva uz „to-and-fro“ gibanje crijevnog sadržaja. Na MSCT-u abdomena prikazan je volvulus ileuma uz ileus zatvorene petlje. Učinjena je hitna laparotomija kojom se nalazi strangulirani ileum uvučen u Morisonov prostor. Nakon de strangulacije, tkivo ileuma bilo je vitalno i bez znakova ishemije te nije bilo indikacije za resekciju crijeva. Postoperativni tijek pacijenta protekao je bez komplikacija te je pacijent otpušten četiri dana nakon operacije.

ZAKLJUČAK: Volvulus ileuma je po život opasno hitno medicinsko stanje. Zahvaljujući ranoj dijagnostici i kirurškom zahvatu, u ovome slučaju spriječena je ishemija crijeva, kao i posljedična gangrena i potreba za resekcijom crijeva.

Primary ileal volvulus

Keywords: Ileum; Pain, Abdominal; Volvulus, Intestinal

INTRODUCTION: Small bowel volvulus is a rare medical emergency. Primary ileal volvulus occurs without any predisposing factors, whereas secondary volvulus has an underlying congenital or iatrogenic condition.

CASE REPORT: A 31-year-old man without previously known morbidities presented to the emergency department with acute colicky epigastric pain radiating to the lower parts of the abdomen accompanied by nausea, but not vomiting. His vital signs were stable and within normal range. Physical examination revealed severe abdominal tenderness. Laboratory findings were unremarkable, except for an elevated count of white blood cells. X-ray of the abdomen was performed twice and showed no abnormal findings. The radiographic and laboratory results did not correlate with the patient's state and the pain was refractory to the given analgetic and spasmolytic therapy. Point of care ultrasound of the abdomen revealed severe meteorism and dilated small bowel loops with the “to-and-fro” peristalsis. MSCT of the abdomen showed volvulus of the ileum and closed-loop bowel obstruction. Emergency laparotomy was performed and strangulated ileum indrawn in the Morison pouch was found. After devolvulation, the ileum was vital, showed no signs of ischemia and there was no need for bowel resection. The patient had an uneventful postoperative recovery and was discharged four days after the surgery.

CONCLUSION: Volvulus of ileum is a potentially life-threatening medical emergency. Due to early diagnosis and surgical treatment, bowel ischemia was prevented in this patient, as well as consequential gangrene and bowel resection.