



A TWISTED TALE

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Abstract

Caecal volvulus is a rare cause of intestinal obstruction, involving axial twisting of the caecum, ascending colon, and terminal ileum. It accounts for 1–1.5% of intestinal obstructions and typically affects older adults, though younger patients may also be affected. Diagnosis is challenging due to nonspecific symptoms ranging from intermittent abdominal pain to acute crises. We report a case of a 40-year-old male presenting with acute right lower abdominal pain. Early diagnosis and prompt surgical intervention are crucial to improving outcomes, especially in cases complicated by ischemia or perforation. Caecal volvulus should be considered even in atypical presentations or younger patients.

Keywords:

[Intestinal obstruction](#), [Caecal Volvulus](#), [caecal perforation](#), [acute abdomen and hemicolectomy](#)

Main Subjects

[GIT Surgery](#)

Introduction:

Volvulus of the colon is the third leading cause of colonic obstruction, with caecal volvulus being a relatively rare subtype. Caecal volvulus typically affects individuals in their sixth decade of life, although it can occasionally present in younger patients¹. The incidence is estimated with annual rate of 2.8–7.1 cases/million, accounting for almost 1–1.5% of all intestinal obstructions².

Given its uncommon occurrence and lack of distinctive clinical features, diagnosis is often delayed. Symptoms can range from intermittent, crampy abdominal pain to an acute abdominal crisis, depending on the degree of torsion, the extent of bowel obstruction, and the duration of vascular compromise. Mortality rates vary between 10% and 40%, largely influenced by the presence of bowel ischemia or gangrene.

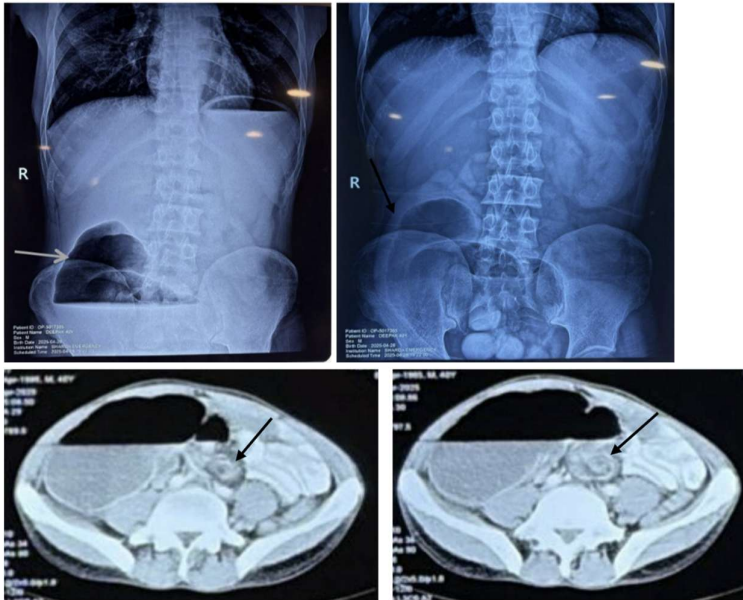
We present a case of caecal volvulus in a 40-year-old male, complicated by gangrene and perforation, to highlight diagnostic challenges and management strategies in a younger patient. This case underscores the importance of early diagnosis of caecal volvulus even in patients outside the commonly affected age group.

CASE REPORT:

A 40-year-old male presented with a history of 2 days of acute abdominal pain. The pain was at right iliac fossa sudden onset, colicky in nature, associated with frequent non-bilious vomiting, abdominal distension and obstipation. The patient appeared acutely unwell and was severely dehydrated. Per-abdominal examination revealed distension of the abdomen, most pronounced in the right iliac fossa with marked tenderness and guarding. The remainder of the abdomen was soft. Bowel sounds were absent on auscultation.

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X-ray abdomen (erect/supine) and CECT abdomen findings are as shown below.

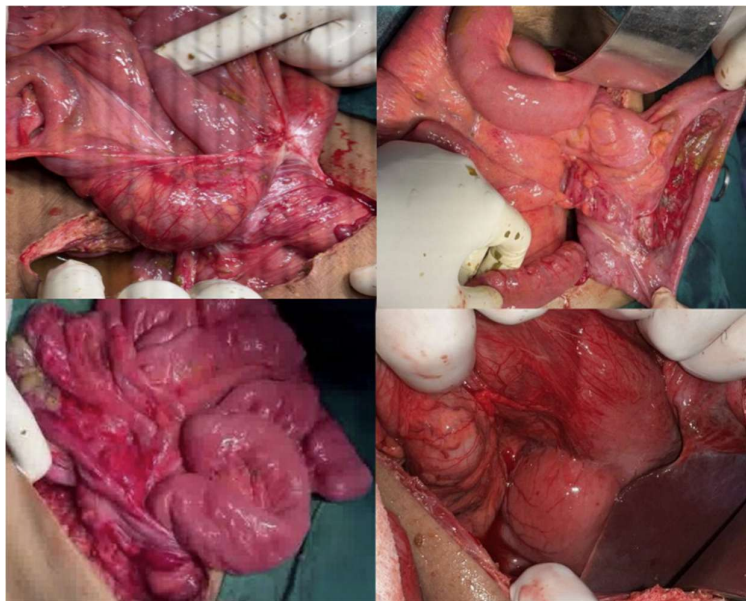
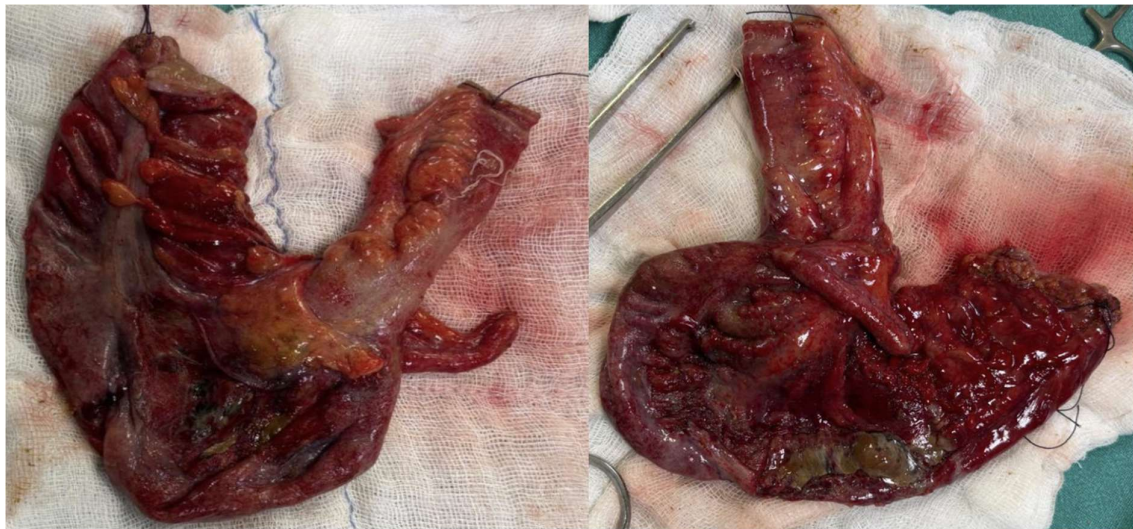


The patient underwent an emergency exploratory laparotomy via a midline abdominal incision. On exploration, caecal perforation with gangrenous caecum, 10 cm of ascending colon, and 10 cm of ileum including the appendix was found. The mesentery of the right colon was notably long and lax, allowing for a medial rotation (volvulus) of approximately 180-360 degrees. Approximately 250 ml of faecal

contamination was present. A right hemicolectomy extending 10 cm into the terminal ileum was performed. An end ileostomy was fashioned, and the distal transverse colon was oversewn as a mucous fistula. Abdominal drain (ADK 28Fr) was placed in the pelvic cavity. Histopathological examination showed gangrene of resected portion.

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Patient showed gradual improvement in general condition, stoma was functional on postoperative day 2, and he was discharged in satisfactory condition.



Discussion:

Caecal volvulus, a rare cause of intestinal obstruction, accounts for about 1–1.5% of all intestinal obstructions and 20–40% of colonic volvulus cases. Its pathogenesis is often linked to abnormal embryologic development, such as incomplete fusion of the right colon with the lateral peritoneum or insufficient colonic fixation.

In our case, the patient presented with acute abdominal pain with features of intestinal obstruction which was evident on x-ray abdomen but the CT abdomen showed confirmatory sign for caecal volvulus.

The management depends on the condition of the bowel, Due to the extent of gangrene and faecal contamination, resection with end ileostomy was performed. In viable bowel, options including caecopexy or right hemicolectomy with primary anastomosis are considered. In cases of gangrene or

perforation with difficult dissection, resection is mandatory.

While caecal volvulus is often associated with anatomical predispositions, secondary causes such as adhesions from prior surgery, chronic constipation, pregnancy, or prolonged immobilization can also play a role. Identifying such risk factors in patients highlights the importance of maintaining a high index of suspicion for caecal volvulus, even in atypical presentations or younger age groups.

Although none of the above risk factors were noted in our patient, any form of anatomical abnormality could be an underlying anatomical abnormality was the likely cause of volvulus.

In our case, the patient presented with acute abdominal pain with features of intestinal obstruction which were evident on abdominal X-ray, while CT imaging provided confirmatory signs of caecal volvulus.

CONCLUSION:

Caecal volvulus should be considered in patients presenting with signs of intestinal obstruction, especially when imaging suggests right-sided colonic distension. In cases with gangrenous bowel, resection with end ileostomy is a viable surgical approach, particularly when patient stability or contamination contraindicates primary anastomosis. Early recognition and timely intervention are critical to reduce morbidity and mortality.

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REFERENCES:

1. Mahendran V, Reddy B, Jaradat I. The Unfolding Situation of Caecal Volvulus: A Retrospective Analysis of 36 Cases from a Single Center. *Cureus*. 2022 Jan 10;14(1):e21071. <https://doi.org/10.7759/cureus.21071> PMID:35028246 PMCID:PMC8744366
2. Mohamed AA, Alharbi M, Alrashidi I, Mohamed S. CAECAL VOLVULUSa Rare Cause of Intestinal Obstruction. A Case Report. *Cureus*. 2022 Oct 21;14(10):e30560. <https://doi.org/10.7759/cureus.30560>
3. Rajni Bhardwaj, Gurbir Singh, Shavi Rayoo, Tanisha Singh. Caecal volvulus, a rare cause of intestinal obstruction with incidental jejunal diverticula: an unusual case report. *International Surgery Journal*, 11 (6), 1029-1032. <https://doi.org/10.18203/2349-2902.isj20241412>
4. Zabeirou AA, Belghali H, Souiki T, Ibn Majdoub K, Toughrai I, Mazaz K. Acute Caecal volvulus: A diagnostic and therapeutic challenge in emergency: A case report. *Ann Med Surg (Lond)*. 2019 Oct 31;48:69-72. <https://doi.org/10.1016/j.amsu.2019.10.021>. PMID:31737261 PMCID:PMC6849140
5. Alexandra Rout, Sandhya Pillai, Caecal volvulus: high index of suspicion is the key to early diagnosis, *Journal of Surgical Case Reports*, Volume 2021, Issue 11, November 2021, rjab517, <https://doi.org/10.1093/jscr/rjab517>. PMID:34868549 PMCID:PMC8634507
6. Abdulmutaleb AT, Al-Habbal Z, Ahmed F. caecal volvulus in a 35-year-old man: a case report. *Pan Afr Med J*. 2023 Jan 19;44:37. <https://doi.org/10.11604/pamj.2023.44.37.37403>. PMID:37034486 PMCID:PMC10080308

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