

Gastric volvulus

Organoaxial gastric volvulus: Twisting along the long axis of stomach

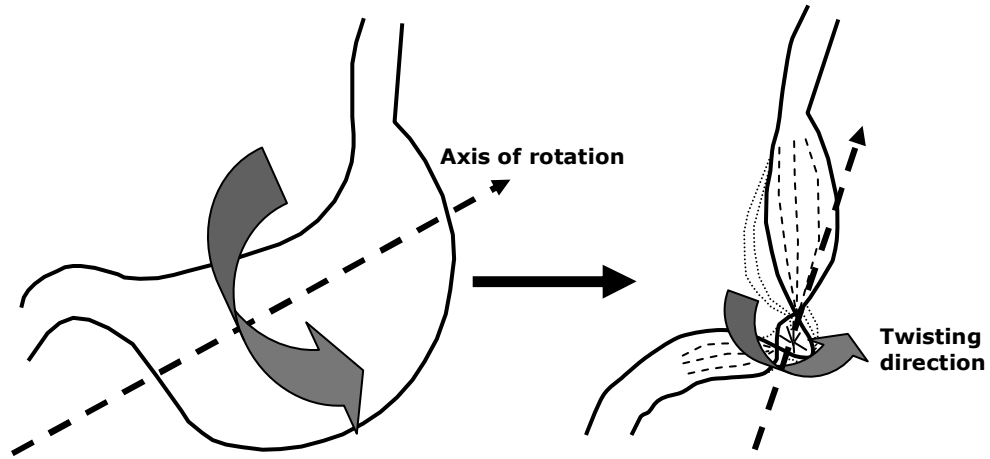


Fig 1: Twisting (curved arrow) along the long axis of stomach, organoaxial (broken arrow) leads to prior distal stomach being positioned on the left side of the abdomen with the point of narrowing in the mid stomach (body region). Clinical symptoms include severe persistent abdominal pain, retching and vomiting. Prolonged volvulus can compromise circulation resulting in ischaemia and infarction.

Mesenteroaxial gastric volvulus: Twisting along the perpendicular axis of stomach

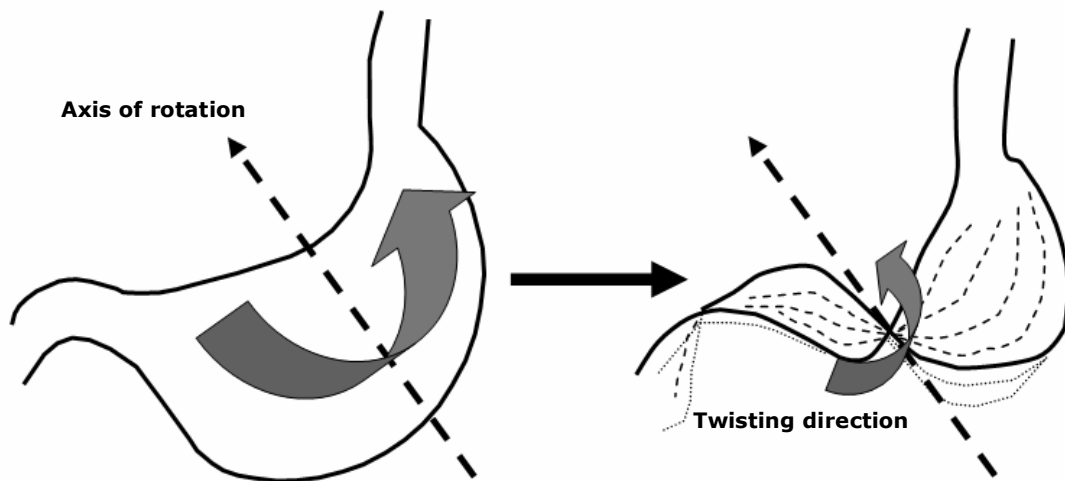


Fig 2: Twisting (curved arrow) along the perpendicular axis of stomach, mesenteroaxial (broken arrow) leads to prior distal stomach being positioned above the normal position of antrum with the point of narrowing in the mid stomach.

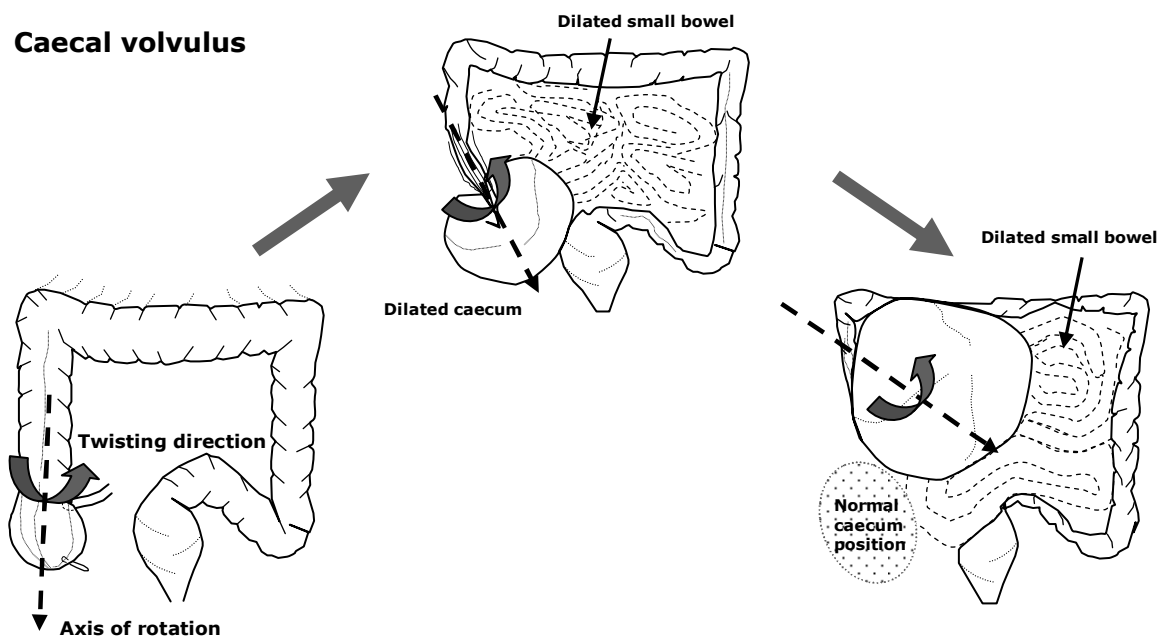


Fig 3: Caecal volvulus occurs when there is twisting (curved arrow) along the long axis of the ascending colon (black broken arrow) above the ileocaecal valve usually in a counterclockwise direction. The twisting will result in the distension of the caecum with resultant collapse of the colon distal to the twist. The dilated caecum will be pulled to the upper abdomen.

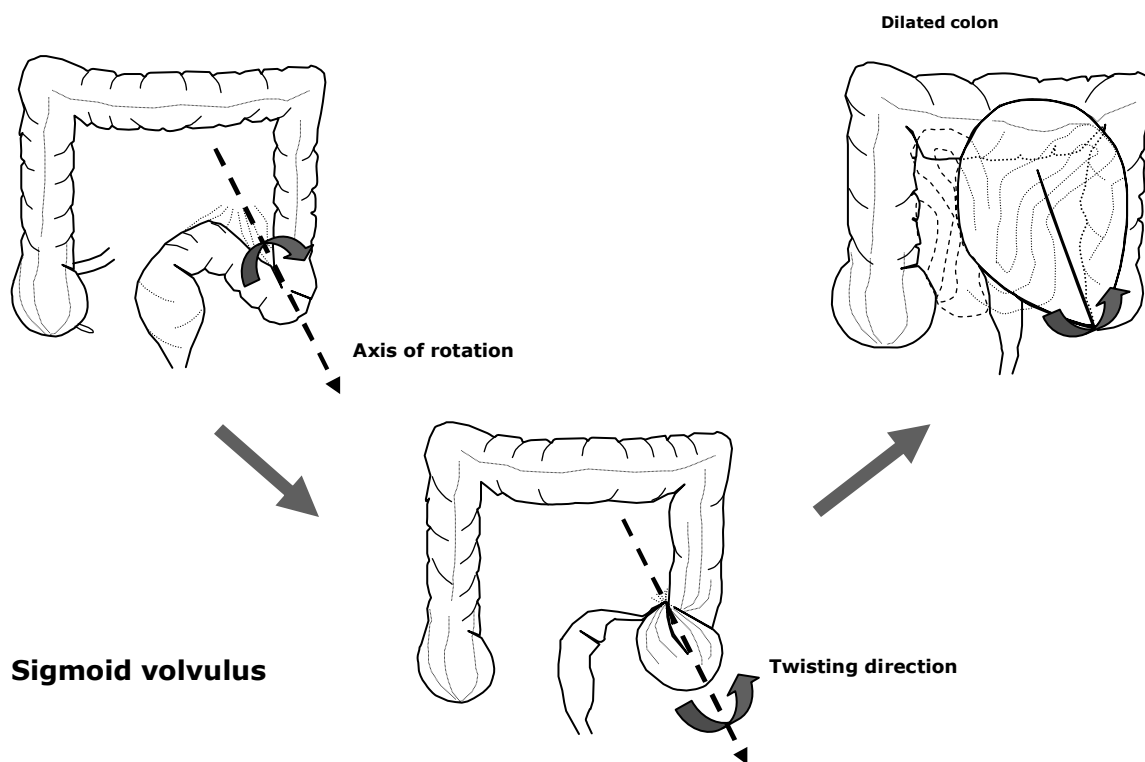


Fig 4: Sigmoid volvulus occurs when there is twisting (curved arrow) of the sigmoid counterclockwise or clockwise along the long axis of the sigmoid mesentery (broken arrow). As the twisting continue the affected sigmoid portion distends along with the proximal colon. The distended sigmoid gives the characteristic 'coffee bean' appearance.

Note: Supplementary text included to enhance the education value