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Colonic Prolapse of Efferent Stoma in Patients with Cecal Bascule

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Abstract

Background:

Cecal bascule, initially described in 1899 by Treves, is the rarest form of cecal volvulus and represents a phenomenon when a redundant and distended cecum folds anteriorly over the ascending colon causing an intestinal obstruction. Patients with cerebral palsy are at increased risk for this condition.

Case presentation:

We present a 28-year-old male with cerebral palsy, fully functionally dependent in activities of daily living, who presented to the emergency department with a large loop ileostomy prolapse which was the result of an inverted prolapsed cecum due to a cecal bascule. He underwent a right hemicolectomy with end ileostomy and transverse mucous fistula creation through the previous ostomy site. He progressed well appropriately postoperatively and was discharged home.

Conclusions:

Cecal bascule is a rare form of cecal volvulus which itself is a rare cause of large bowel obstruction. Patients with cerebral palsy are at an increased risk for this condition. The treatment options are numerous and are primarily surgical. A high index of suspicion is warranted in all cases of large bowel obstruction to minimize risk of recurrence, morbidity and mortality for patients afflicted by this condition.

Introduction

- Cecal bascule is the rarest form of cecal volvulus, which itself is rare accounting for 1-2% of large bowel obstructions
- The etiology is thought to be related to adhesions, either congenital or acquired, between the anterior cecum and the anterior ascending colon
- Requires presence of a functional ileocecal valve which prevents backflow of cecal contents to the small bowel
- Can result in obstruction, distension, and ischemia

Case Presentation

- 28-year-old male with past medical history significant for cerebral palsy with quadraplegia
- Previously had pseudo-obstruction at outside hospital, found to have cecal bascule during operative surgery; was given a diverting loop ileostomy and gastrostomy tube
- Presented with fever and prolapsed stoma (see photo 1)
- Was subsequently taken to operating room for correction of prolapse
- Upon closer inspection, it was discovered that prolapsed portion was the colon distal the ileostomy (see photo 2)
- Decision was made to proceed with a right hemicolectomy and mucous fistula creation at the level of the transverse colon (see photo 3)

Outcomes

- Patient's postoperative course was complicated by prolonged return of bowel function
- Discharged home on postoperative day 9
- Tolerated tube feeding through his gastrostomy tube with adequate ileostomy function

Photos

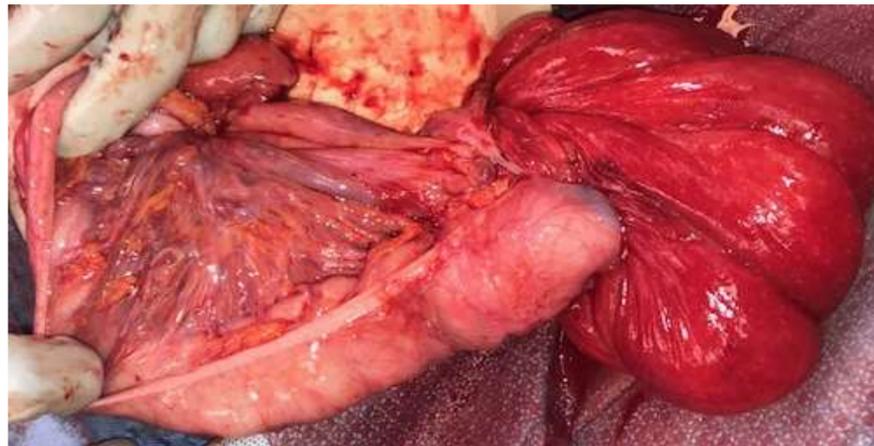


Photo 1. Prolapsed portion of proximal ascending colon inverted (dark red) with extended portions of colon (pink)

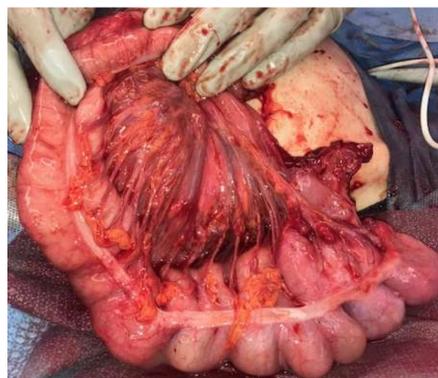


Photo 2. Prolapsed portion of colon after everting the intussusception



Photo 3. Completed ileostomy

Discussion

- Three types of cecal volvuli exist: axial, loop, and cecal bascule
- Cecal bascule is thought to be related to congenital malformation of the cecum or peritoneal adhesions between the anterior portion of the cecum and ascending colon
- Patients with neurologic disease and neurogenic bowel dysfunction such as colonic pseudo-obstruction and ileus are at increased risk for developing this condition
- Pathognomonic finding of cecal volvulus on plain film is a coffee bean shaped air-distended loop of bowel in the left upper quadrant
- Surgical treatment includes cecoexy with or without cecostomy to ileocecectomy or right hemicolectomy with or without proximal diversion

Conclusions

- Cecal bascule is a rare form of cecal volvulus
- High index of suspicion is warranted in all cases of large bowel obstruction, and particularly in patients with neurologic diseases, to minimize risk of recurrence, morbidity, and mortality for these patients
- Patients with cerebral palsy are at increased risk for cecal bascule

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