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Outcomes of first-line endoscopic management for patients with sigmoid volvulus

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Abstract

Background: Sigmoid volvulus is a common cause of colonic obstruction in old and frail patients. Its standard management includes the endoscopic detorsion of the colonic loop, followed by an elective sigmoidectomy to prevent recurrence. However, these patients are often poor candidates for surgery.

Aim: The aim of this study was to compare death rate between elective sigmoidectomy and conservative management following endoscopic detorsion for sigmoid volvulus.

Methods: The medical records of 83 patients undergoing endoscopic detorsion of a sigmoid volvulus from 2008 to 2014 were retrospectively reviewed. Patients were divided into two groups: 'elective surgery' and 'no surgery'.

Results: Patients in the 'no surgery' group (n = 42) were older and had more loss of autonomy than in the 'elective surgery' group. Volvulus endoscopic detorsion was successful in 96% of patients with no complications. The median follow-up was 13 months (1 day-67 months). The death rate was 62% in the 'no surgery' group versus 32% in the 'elective surgery' group (p = 0.02). In the 'no surgery' group, 23/42 of patients had volvulus recurrence. No recurrence occurred after surgery.

Conclusion: Elective surgery must be planned as soon as possible after the first episode of sigmoid volvulus. In frail patients, other options must be developed.

Keywords: Colonic surgery; Endoscopic treatment; Geriatrics; Sigmoid volvulus.

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