

Guidance issued for colonic volvulus, acute colonic pseudo-obstruction

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(HealthDay)—In a clinical practice guideline issued by the American

Society of Colon and Rectal Surgeons and published in the September issue of *Diseases of the Colon & Rectum*, recommendations are presented for the management of colonic volvulus and acute colonic pseudo-obstruction (ACPO).

Karim Alavi, M.D., M.P.H., from the University of Massachusetts Medical School in Worcester, and colleagues developed 15 recommendations related to the diagnosis and treatment of colonic volvulus and the evaluation and treatment of ACPO.

The authors recommend that initial evaluation of colonic volvulus include a focused history, [physical examination](#), and basic laboratory assessment. Colonic volvulus is often initially evaluated with plain abdominal radiographs in hemodynamically [stable patients](#), while computed tomography imaging may be used to confirm diagnosis. Lower endoscopy should be performed to assess sigmoid [colon](#) viability, detorse the anatomy, and decompress the colon in patients without hemodynamic instability, peritonitis, or evidence of perforation. When endoscopic detorsion of the sigmoid colon fails and in cases of nonviable or perforated colon, urgent sigmoid resection is indicated. Attempts at endoscopic reduction are generally not recommended for cecal volvulus; the preferred treatment is segmental resection. For ACPO, initial evaluation should include a focused history and physical examination, baseline laboratory values, and diagnostic imaging. Initial treatment is supportive and includes eliminating or correcting conditions that predispose patients to or prolong the course of ACPO.

"We hope these recommendations will provide the basis for a scientifically informed approach to management of these serious conditions, always informed by the physician's judgment and tailored to the individual patient's situation," a coauthor said in a statement.

More information: [Abstract/Full Text](#)

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