Recurrence Risk of Sigmoid Volvulus — a Single Center Cohort Study

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Conclusions

- Non-operative decompression has a high success rate
- The recurrence risk of sigmoid volvulus following successful non-operative decompression is high
- 20% of the patients do not experience a recurrence after their first episode
- Non-operative treatment could be suggested as the sole treatment for the first episode volvulus
- After the second episode it is probable that early planned surgery can improve outcome and reduce health care consumption

Introduction

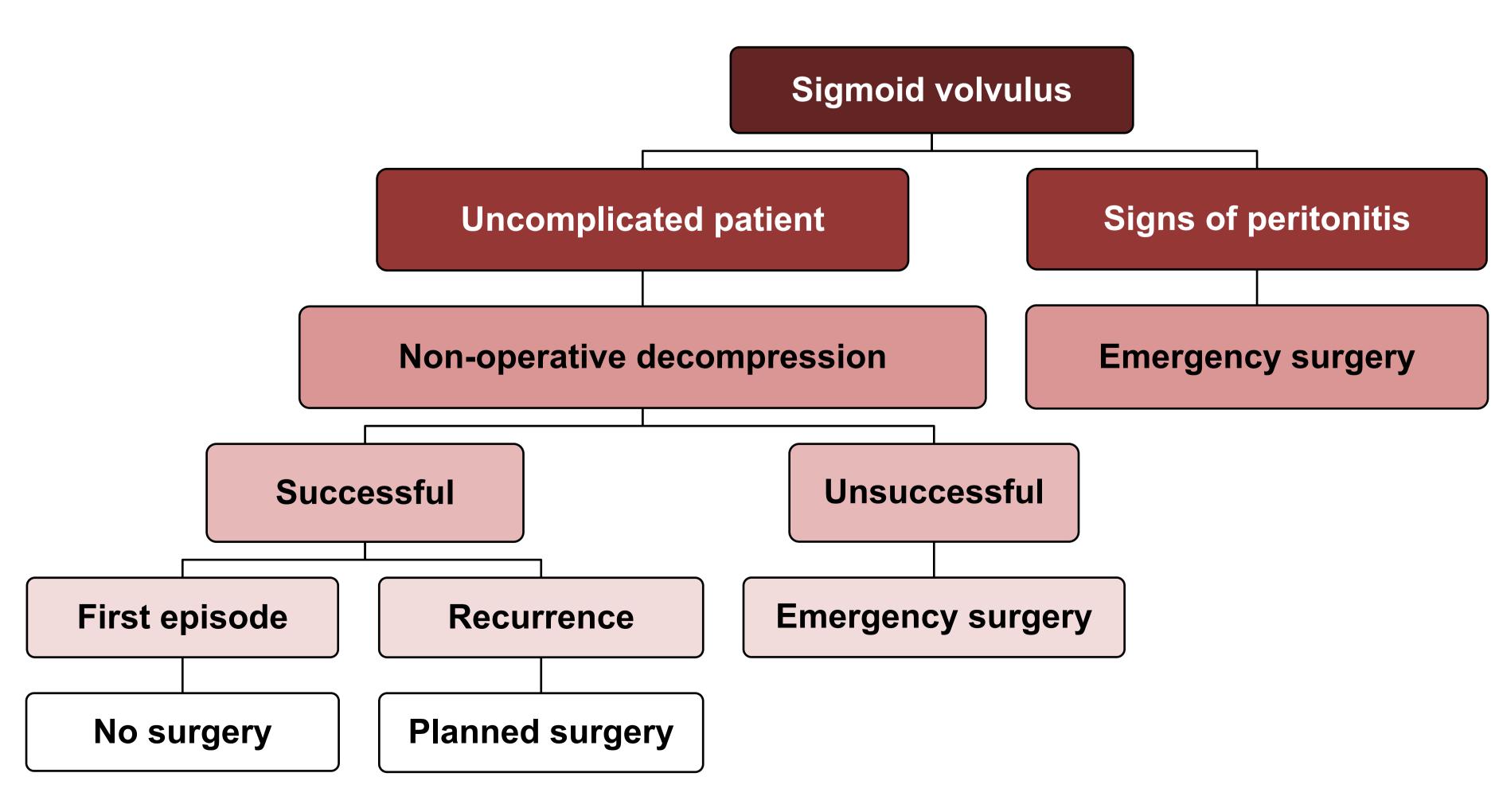
Sigmoid volvulus is a condition with a tendency to recur if treated conservatively. Little research is available on when to perform definitive surgery. The aim of this study was to review the treatment, and asses the outcome, of sigmoid volvulus in adult patients treated at a Swedish university hospital.

Results

- 168 patients were included with a total of 453 admissions for sigmoid volvulus
- Non-operative decompression was attempted as initial treatment in 438/453 (97%) with a success rate of 92% (403/438)
- Without planned surgery following decompression, recurrence occurred after 84% of successful non-operative decompressions
- Recurrence was less common after the first episode compared to following episodes
 - 78% after the first episode, 84% after following episodes
- Median time until recurrence was 58 days
- Mortality after planned surgery following successful decompression was 3% compared to 13% after emergency surgery

Method

All patients diagnosed with the International Classification of Diagnoses version 10 (ICD-10) code K56.2 (Volvulus) at Sahlgrenska University Hospital with a catchment area of 700,000 patients from January 2000 to September 2016 were included and patient charts were reviewed retrospectively. Patients under the age of 16 were excluded from the study. Data was extracted from the medical records for every admission for sigmoid volvulus. Median follow-up time was 8.3 years.



Algorithm for management of sigmoid volvulus based on our results and recommendations found in the literature

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