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Chagas disease, therapeutic and conduct in sigmoid colonic volvulus

Volvulus is a conditions in which sigmoid is twisted on its mesentery causing acute colonic obstruction, for a volvulus to occur, sigmoid must be mobile and have sufficient length (megasygma) to rotate around a relatively narrow and fixed mesenteric base. This condition is present in Chagas disease, Endemic problem in Bolivia, transmited by the parasite Trypanosoma Cruzi. Volvulus of sigmoid is most frequent cause of colonic obstructions in patients in Cochabamba – Bolivia, and one of the most frequently causes of consult in emergency rooms, clinic presentation is typical, Crampy abdominal pain, distention, diminished stool output, and nausea and vomiting,

progression of pain according the mesenteric vasculature may be compromised by mechanical torsion of the volvulus around the mesenteric pedicle. First conduct is a Sigmoidoscopy, and see the mucosal conditions, if this is with ischemic changes, colors changes, blood, or perforated, the correct procedure is a laparotomy for resection o palliative measures. If the conditions are of a complicated volvulus, whit ischemic changes, the procedure is a devolvulation, and after this a surgery procedure, Duhamel resection vs ilio recto anastomosis after a total colectomy.

Biography

Adolfo Parrado Tellez has completed his bachelor's degree at 2000 year from Universidad Mayor de San Simon de Cochabamba – Bolivia in 2005 Surgery General Especiality in Mexico City, Cruz Roja Mexicana Hospital; Sub especiality in Endoscopic Surgery in "ISSSTE" Fernando Quiroz hospital CD méxico. Presently he is an endoscopic Surgeon in San Vicente Hospital in Cochabamba – Bolivia, Surgeon in SETON hospital public. Also he the Professor in Universidad Mayor de San Simon.

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