

Complete Intestinal Malrotation in Adult Associated to Intestinal SubOcclusion: Case Report

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ABSTRACT

Intestinal malrotation is a congenital anomaly which includes all alterations that may occur in the rotation of the intestine in the axis of the superior mesenteric artery, or in its fixation during embryological development. It may occur as incomplete rotation, non-rotation or alterations in the intestinal fixation between the 10th and 12th week of gestation. Typically, it is evidenced in the first months of life, being rare in adulthood. However, when the symptoms appear in adolescents and adults it represents a diagnostic challenge, generating difficulty and depending on a high degree of suspicion, due to the similarity of the symptoms to several other abdominal pathologies. In adults, when symptomatic the malrotation may be shown in acute form or chronic form, although most cases are seen in asymptomatic patients, who are diagnosed accidentally. A case of intestinal malrotation was reported in a 49-year-old male patient, as well as a review of the literature on epidemiology, diagnosis and treatment. Case Report A 49-year-old male patient, caucasian, with history of severe epigastric pain, irradiated to the back, worsened after feeding and accompanied by nausea, vomiting and constipation. On physical examination, he presented mild abdominal distention, flaccid abdomen, with diffuse pain on palpation and no signs of peritoneal irritation. Computed tomography scan of the abdomen was performed, evidencing the presence of complete intestinal malrotation (small intestine on the right and colon on the left) and left kidney in pelvic position. The gastrointestinal transit X-ray also showed intestinal alterations described in the Computed Tomography. He presented a congenital hearing deficit and a history of recent previous videocolicectomy. Considering the tomographic findings, the patient underwent exploratory laparotomy with a median longitudinal incision. A large number of bridles were identified in the cavity and Ladd

bands, associated to complete malformation with the entire small intestine located in the right hemiabdomen, absence of the angle of Treitz and colon positioned integrally to the left. A cryptorchid testicle was also identified in the topography of the left iliac fossa. Thus, the complete release of the bridles and Ladd bands was performed, in addition to the surgical treatment according to the Ladd technique

Discussion Intestinal malrotation is usually evidenced in the first months of life but rare in adulthood. In 30-60% of the cases, it is associated with other malformations, mainly with congenital defects of the abdominal wall and the diaphragm. It is more frequent in boys (up to 2:1) and presents a very variable prevalence, with estimates of 1:200 and 1:500 live births. However, this rate decreases to 1:6,000 live births if