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Comments on "Sigmoid volvulus management, only endoscopic devolvulation?"

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Keywords: Sigmoid volvulus. Endoscopic devolvulation.

Dear editor,

We are grateful our case has aroused such interest from our Turkish colleagues from General Surgery Department, and we thank them for their kind reply.(1) Sigmoid volvulus (SV) is the third leading cause of colonic obstruction in the world, following colorectal cancer and complicated sigmoid diverticulitis.The condition typically occurs in a long redundant colonic segment that has elongated mesentery with a narrow base. (2)

Is it widely knownthere is a progressive aging of the population due to advances in health polices and medical technology. Prevention with lifestyle habits and early treatment of cardiovascular risk factors has led to an increase of mean age and pluripatologic chronic conditions and comorbidities. Among them, a higher incidence of neurodegenerative diseases is also a proven fact. Their intestinalinvolvementcan be ina direct form, withneuronal destruction in myenteric plexus leading to chronic constipation, and alsodue to secondary drug effects (laxatives causing fecal overloading, increased intracolonic pressure, dolichocolon…), all favouringweakness in colonic wall, and therefore the appearance of sigmoid volvulus. (3)

We don´t have specific data about SV incidence and recurrence in our centre.However, literature reviews show recurrence is the norm in the majority of cases after colonic decompression. (4)Data reported from our colleagues in Turkey represents a single centre cohort and a broad spectrum over time (from 1960s until now), so recurrence rate should not be generalized to global population. The continuous improvement in endoscopic procedures since their beginning might have despair results of colonic decompression and need of surgery among years. Nowadays we have more sophisticated and high-resolution endoscopes, as well as better trained endoscopists with more advanced therapeutic techniques. This might overlap with surgical development of less invasive techniques, lower rates of complication and shorter postoperative recovery. We suggest the authors to examin in their database the different outcomes through decades in their cohort since we believe medical/endoscopic/surgical approach has changed from 1960s until now. (1)

Finally, we agree elective surgery must be the final treatment in SV cases with American Society of Anesthesiologists (ASA) scores 1-3. Endoscopic or laparoscopic colopexychoice for ASA > 3 patients should be made based on each centre´s experience. We believe endoscopic approach with endoscopic colostomy or sigmoidopexy might be the first approach for fragile patients since it is an easily performed technique, with low rate of complications and acceptable long-term results preventing a recurrence of SV (5). Further studies are needed in order to compare directly minimally invasive surgery to endoscopic approach for these patients.

REFERENCES:

1. Atamanalp SS, Peksoz R, Disci E, Kartal M. Comments on "Sigmoid volvulusmanagement, onlyendoscopicdevolvulation?". RevEspEnfermDig. 2023 Jun 22.
2. Bauman ZM, Evans CH. Volvulus. Surg Clin North Am. 2018 Oct;98(5):973-993.

3. Atamanalp SS. Sigmoid volvulus: coincidence with neurological diseases. Cukurova Med J 2021;46(4):1725-6.
4. Gingold D, Murrell Z. Management of colonic volvulus. ClinColonRectalSurg. 2012 Dec;25(4):236-44.
5. Jackson S, Hamed MO, Shabbir J. Management of sigmoid volvulus using percutaneous endoscopic colostomy. Ann R Coll Surg Engl. 2020 Nov;102(9):654-662.