GASTRIC VOLVULUS SECONDARY TO DIAPHRAGMATIC EVENTRATION IN A CHILD

1DR JASON ANDRADE, 2DR LEO TAUNO
1SENIOR RESIDENT, 2PROFESSOR,
DEPARTMENT OF GENERAL SURGERY
FATHER MULLER MEDICAL COLLEGE HOSPITAL
Mangalore, India

Abstract- This is a case report of a 3 year old girl who presented with acute pain abdomen and non bilious vomiting. She was diagnosed to have gastric volvulus with eventration which has only been reported in literature 27 times among paediatric age group

I. INTRODUCTION (HEADING 1)
Acute gastric volvulus-rare pathology, first described in pediatric population by Oltmann in 1899 [1]. It is an abnormal rotation of the stomach for more than 180° leading to a closed-loop obstruction-may progress to ischemia and strangulation [2].
Gastric volvulus associated with diaphragmatic eventration is extremely rare. Occurs when the gastrophrenic and gastroplenic ligaments which are connected to the left diaphragm become elongated or are absent. According to the current literature, only 27 pediatric cases have been reported so far.

CASE REPORT
3 year old girl presented with h/o severe abdominal pain, nausea and non bilious vomiting following food intake for 3 days.
On examination-upper abdominal distension with reduced breath sounds on the left side.
X-ray showed elevated left hemidiaphragm, with grossly distended gastric shadow.
CECT of the abdomen revealed abdominal structures seen extending to left hemithorax and grossly distended stomach with features of volvulus.

Intra operative findings-thinned out left hemidiaphragm, stomach grossly distended with an organoaxial volvulus.
Derotation was done and gastropexy was done by fixing the stomach superiorly to the crux of the diaphragm.
Post operative course was uneventful and on follow up the child is doing fine.
DISCUSSION
Gastric volvulus secondary to diaphragmatic eventration is an acute condition with an abnormal rotation of the stomach for more than 180° leading to a closed-loop obstruction which may progress to ischemia and strangulation. Abdominal x-ray may sometimes clinch the diagnosis and should be used as an advantage to save time and operate. Standard protocol being exploratory laparotomy with gastropexy with diaphragmatic

CONCLUSION
gastric volvulus is a serious condition with very high morbidity and mortality. It should be considered in the differential diagnosis of children with epigastric pain and uncontrolled non bilious vomiting.

REFERENCES: