

ABSTRACT SUBMISSION FOR THE SOCIETY OF SURGEONS NATIONAL GRAND ROUNDS  
NOVEMBER 13<sup>TH</sup> 2016

**TITLE:** Adult Intestinal Malrotation: A Case Report and literature review

**AUTHORS:** A. Muddeen, A. Thornton, S.O. Cawich

**INSTITUTION:** Port of Spain General Hospital

William E. Ladd in 1932, described Intestinal Malrotation as “A condition rare enough that it is likely to escape the mind, and it is common enough to be important”. Intestinal Malrotation is a congenital abnormality that results from abnormal rotation of the intestine during embryogenesis. This condition usually presents in early life, with presentation in adulthood quoted as very rare (0.2%). We present a case of a 65 year old man, known Chronic Kidney Disease and Uremic Encephalopathy, who was referred to General surgery with symptoms suggestive of intestinal obstruction.

Computed Tomography scans (Non-contrast) revealed dilated small and large bowel and an initial diagnosis of pseudo-obstruction was made. The patient was subsequently consented for exploratory laparotomy as his symptoms failed to resolve over the course of his admission. Intraoperatively, a gangrenous 2cm segment of ileum was identified. Also on exploration, malrotation of the intestine was recognized with a misplaced duodenojejunal flexure on the right side, the cecum and appendix in the left upper quadrant and the sigmoid in the right abdomen. The Inferior Vena Cava was also noticed to be located to the left of the abdomen. The necrotic small bowel was resected with primary anastomosis and dense adhesions were broken down. Patient subsequently passed due to complications of his medical comorbidities.

A review of literature is presented to highlight the rarity of adult intestinal malrotation and the recommended treatment options.



Figure 1: Photograph showing the caecum and appendix located to the left side of the abdomen

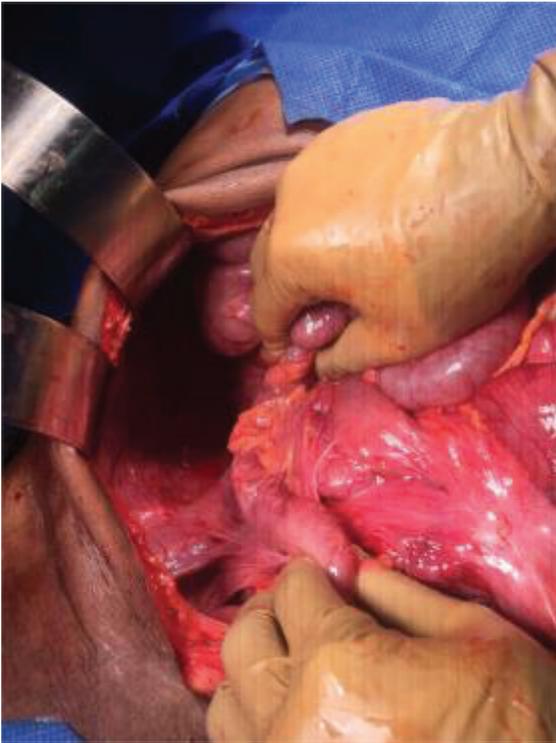


Figure2: Photograph showing dense adhesions



Figure 3: Photograph showing the IVC displaced to the left