

IMAGES IN EMERGENCY MEDICINE

Gastrointestinal

Woman with right abdominal pain

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1 | CASE PRESENTATION

A 52-year-old woman presented to the emergency department with severe, acute right-sided abdominal pain that woke her from sleep 5 hours prior, radiated to the right flank, and had not improved after a bowel movement. She had associated nausea and non-bilious emesis, but she had no diarrhea or fever. She had no significant medical history or previous abdominal surgeries. She had a screening colonoscopy 1 month prior. Her abdominal examination was soft, non-distended, and severely tender in the right midabdominal region. Laboratory results were within normal limits. Figures 1 and 2 show an abdomen/pelvis computed tomography (CT), with scrollable CT available in the [Appendix](#).



FIGURE 1 CT of the abdomen and pelvis with intravenous contrast (axial view) showing dilated large bowel. The terminal ileum is marked with an asterisk. No whirl sign was present. Abbreviation: CT, computed tomography



FIGURE 2 CT of the abdomen and pelvis with intravenous contrast (coronal view) showing dilated large bowel. The dilated cecum is marked with an asterisk. Abbreviation: CT, computed tomography

2 | DIAGNOSIS

Cecal bascule

The CT demonstrated a cecal volvulus, bascule subtype, with cecal closed-loop obstruction, without bowel ischemia or perforation. There was no whirl sign, a radiographic finding with 73% sensitivity and 100%

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specificity for *axial* cecal volvulus.^{1,2} Bascules are the rarest subtype of cecal volvulus, representing 5%–20% of cecal volvuli.³ They involve an anterior folding of the cecum rather than the axial twisting found in axial cecal volvulus and thus will not have a whirl sign.^{3,4} In a literature review, the most common presenting symptom for cecal bascule was abdominal distension (84%), which our patient lacked.³ Interestingly, colonoscopy can be a precipitating factor for cecal bascule.⁵ Abdominal pain was a presenting symptom in only 61%, and vomiting in 30%.³ Emergency physicians should maintain a nuanced index of suspicion given cecal bascules' lack of uniform presentation. The patient underwent right hemicolectomy with ileostomy and recovered well.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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