# Acute colonic pseudo-obstruction in acromegalic patient with dolicho-megacolon mimicking colonic volvulus

*Dolikomegakolonlu akromegalik hastada kolonik volvulusu taklit eden akut kolonik psödo-obstrüksiyon*

*To the Editor,*

An abnormally long and redundant colon is a recognized predisposition to acute colonic pseudo-obstruction (ACPO), which is a syndrome of massive dilatation of the colon without mechanical obstruction that develops particularly in hospitalized patients with serious underlying medical and surgical conditions (1). Appropriate evaluation of the markedly distended colon involves exclusion of mechanical obstruction and other causes of toxic megacolon. Herein, we present an acromegalic patient with dolicho-megacolon mimicking colonic volvulus.

A 54-year-old male was admitted to our hospital with heavy cramping, diffuse abdominal pain, nausea, and vomiting for the past couple of hours. He had been diagnosed as acromegaly 10 years previously. He also had diabetes mellitus, anemia and hypertension. The physical examination showed remarkable abdominal distention and mild discomfort with no rebound. Digital examination of the rectum was negative for impacted stools and traces of blood. Laboratory investigations were within normal limits except elevated white blood cell count (12,000/mm$^3$) and C-reactive protein at 310 mg/dl. An abdominal X-ray showed an abnormally distended and elongated colonic loop extending from the left to right hemi-diaphragm (Figure 1). The patient underwent colonoscopy for treatment of suspected colonic volvulus. The colonoscope was passed carefully through this area into the dilated colon, mimicking the appearance of sigmoid volvulus. There was no evidence of gangrenous mucosa or masses. Aspiration of gas immediately relieved the abdominal distention after successfully achieving cecal intubation. No recurrence of colonic distention developed after the initial successful colonoscopic decompression.

Acute colonic pseudo-obstruction is characterized by symptoms, signs and radiologic appearance of large bowel obstruction in the absence of a true mechanical obstruction (1). Dolichocolon is commonly encountered in the elderly, and is characterized by elongation of the colon, especially the sigmoid colon (2). Dolicho-megacolon may be seen in acromegalic patients (3). Dolichocolon may predispose to abnormal rotation, as volvulus, or to interposition between the diaphragm and the liver, as Chilaiditi syndrome (4).

In acromegaly, there are irreversible effects of growth hormone (GH) and/or insulin-like growth factor (IGF-I) on collagen synthesis in the colon. The presence of dolichocolon was associated with higher IGF-I concentrations at diagnosis. In patients with acromegaly, the exon-3 deleted growth hormone receptor (d3GHR) polymorphism is associated with an increased prevalence of dolichocolon and adenomatous colonic polyps (5).

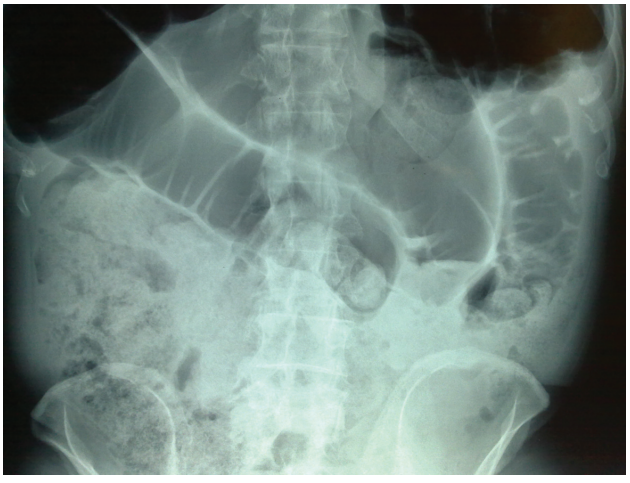

**Figure 1.** Abdominal X-ray shows an abnormally distended and elongated colonic loop.

**Address for correspondence:** Bora AKTAŞ
Y.B. Dışkapı Education and Research Hospital,
Department of Gastroenterology, Ankara, Turkey
E-mail: boraktas@hotmail.com

**Manuscript received:** 12.02.2011 **Accepted:** 24.03.2011

*doi: 10.4318/tjg.2012.0364*

Acute colonic pseudo-obstruction should be suspected and excluded in patients with acromegaly presenting with delayed bowel movement with abdominal pain, and in such cases, gentle colonoscopic decompression should be considered.

## REFERENCES


1. Hartman V, Van Hee R. Acute colonic pseudo-obstruction in vascular patients (Ogilvie syndrome). Acta Chir Belg 2009; 109: 760-2.
2. Ewing M. Dolichocolon. Aust N Z J Surg 2008; 45: 160–3.
3. Resmini E, Parodi A, Savarino V, et al. Evidence of prolonged orocecal transit time and small intestinal bacterial overgrowth in acromegalic patients. J Clin Endocrinol Metab 2007; 92: 2119-24.
4. Campana L. What is your roentgen diagnosis? Hepatodiaphragmatic interposition of the right colonic flexure, Chilaiditi syndrome in dolichocolon. Schweiz Rundsch Med Prax 1992; 81: 813-4.
5. Wassenaar MJ, Biermasz NR, Pereira AM, et al. The exon-3 deleted growth hormone receptor polymorphism predisposes to long-term complications of acromegaly. J Clin Endocrinol Metab 2009; 94: 4671-8.



Zahide ŞİMŞEK, Oğuz ÜSKÜDAR, Murat DEVECİ, Bora AKTAŞ

*Department of Gastroenterology, Y.B. Dışkapı Education and Research Hospital, Ankara*


# Diffuse cavernous hemangioma of the rectosigmoid colon

*Rektosigmoid kolonda diffüz kavernöz hemanjiyoma*

*To the Editor,*

Diffuse cavernous hemangioma of the rectosigmoid colon (DCHRC) is a rare disease that affects mainly young adults. Rectal bleeding (acute, recurrent or chronic) is the main symptom (1).

A 21-year-old male had been suffering from recurrent episodes of rectal bleeding for 17 years. His rectal bleeding had been attributed to hemorrhoids, and hemorrhoidectomy had been performed four times. Fecal incontinence was added to rectal bleeding in the last nine months. He was pale on his physical examination because of anemia. Rectosigmoidoscopy revealed mucosal dilated tortuous venous channels and angioectatic structures. Internal and external sphincter insufficiency was found by anorectal manometry. Magnetic resonance (MR) revealed wall thickening of the rectosigmoid region that was diffuse, circumferential and homogeneous, hypointense on T1-weighted images (WI), and hyperintense on T2WI (Figure 1). Perirectal fat was heterogeneous and contained hypointense serpiginous structures. The mass infiltrated the levator ani muscles and spread through the anal canal. Varicose and tortuous vessels were seen in the gluteal and right inguinal regions.

The clinical presentation of DCHRC is non-specific, and as a result, many patients are incorrectly diagnosed. DCHRC has been frequently mistaken for internal hemorrhoids, ulcerative colitis, or adenomatous polyp. Jeffery et al. (2) found that 80% of patients with DCHRC had had at least one surgical procedure performed because of an incorrect clinical diagnosis. Physicians should be alert to the presence of DCHRC in young patients who complain of rectal bleeding. Inflammation and


**Address for correspondence:** Elif AKTAŞ
Ankara Oncology Education and Research Hospital,
Department of Radiology, Ankara, Turkey
E-mail: elifaktasmd@gmail.com



**Manuscript received:** 20.02.2011 **Accepted:** 01.04.2011

*doi: 10.4318/tjg.2012.0360*