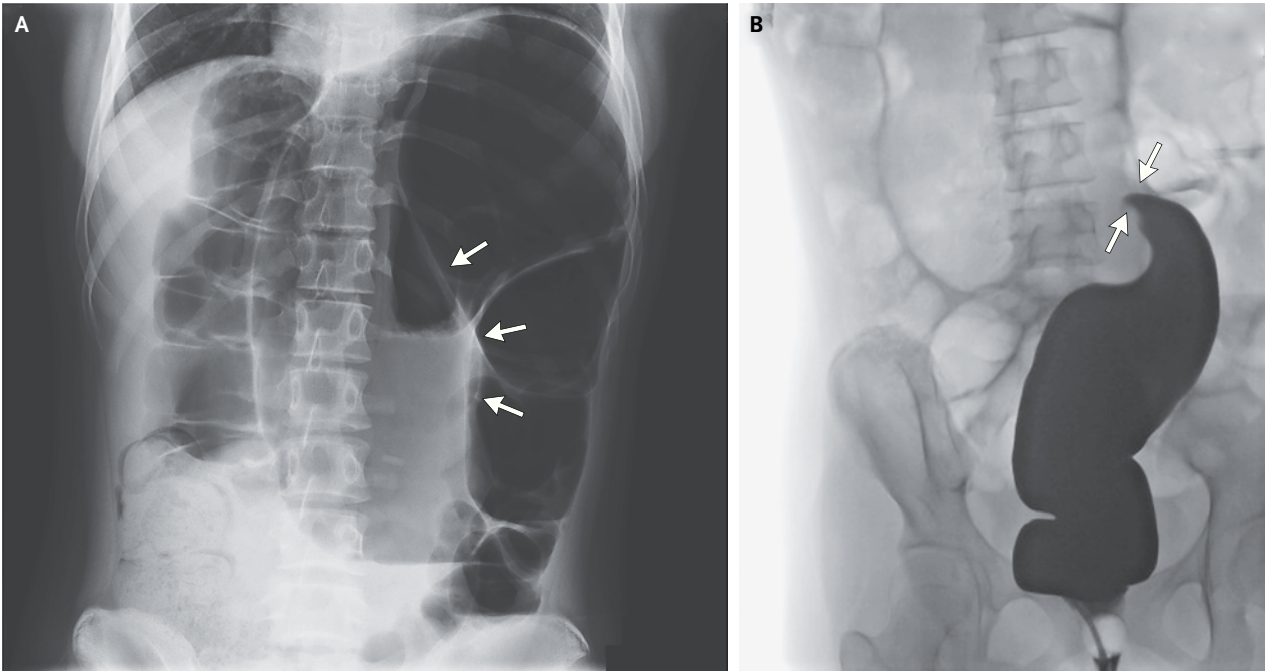


IMAGES IN CLINICAL MEDICINE

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Beans and Beaks



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A 12-YEAR-OLD GIRL PRESENTED WITH A 1-WEEK HISTORY OF CONSTIPATION with one episode of vomiting. Initially, she had generalized abdominal pain. On admission, she reported having intermittent bilateral loin pain. She had no history of preexisting gastrointestinal disturbances. On physical examination, the abdomen was distended but soft with an empty rectum. The supine abdominal radiograph (Panel A) showed a large bowel dilatation, called the coffee-bean sign, with a cleft in the center (arrows) representing torsion of the sigmoid mesentery. Insertion of a rectal tube released a large volume of gas and a small amount of mucus. The contrast enema radiograph (Panel B) identified the bird's beak–like abrupt transition (arrows) at the level of the twist in the sigmoid lumen, confirming the volvulus. On laparotomy, a redundant segment of sigmoid colon measuring 45 cm in length and 15 cm at its widest diameter was resected. The patient's postoperative recovery was unremarkable. Sigmoid volvulus is an important cause of colon obstruction in adults but is rare in healthy children.

DOI: 10.1056/NEJMicm1304303

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