A 77-year-old man presented to the Emergency Department with a 2-day history of abdominal pain associated with vomiting, constipation and abdominal distension. The pain appeared to be colicky in nature and was related to profuse vomiting. The patient had no history of peptic ulcer disease, biliary disease and abdominal surgery. Abdominal examination revealed marked distension with evidence of peritonitis. Rectal examination was unremarkable. Supine abdominal X-ray revealed marked distension of small bowel (Fig. 1). A computed tomography (CT) scan of the abdomen showed “whirl sign”\(^1\), with swirling appearance of bowel and mesentery twisted around the superior mesenteric artery (Fig. 2). Emergent laparotomy was performed with surgical confirmation of small bowel volvulus (SBV) secondary to Meckel’s diverticulum and the patient had an uneventful recovery.

![Image](image.png)  
**Fig. 1** KUB shows dilated loops (arrow) of small bowel
SBV is uncommon in adult with an unknown incidence but life-threatening surgical emergency. The CT “whirl” sign is highly suggestive of intestinal volvulus and should raise suspicion for complicated bowel obstruction\(^2\). The outcome of SBV is dependent on the speed of diagnosis leading to surgical intervention\(^3\).

References