

CECAL BASCULE PRESENTING AS ACUTE INTESTINAL OBSTRUCTION: THE CRUCIAL ROLE OF CT

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59 YEARS
AGE

4 DAYS
SYMPTOMS

CT
KEY INVESTIGATION

THREATENED
BOWEL VIABILITY

OBJECTIVE

To highlight cecal bascule, a rare subtype of cecal volvulus, as an uncommon yet life-threatening cause of acute intestinal obstruction and to emphasize the pivotal role of contrast-enhanced computed tomography (CT) in its timely diagnosis. Early recognition of its characteristic imaging findings is essential for prompt surgical intervention and prevention of bowel ischemia and perforation.

METHOD

This case report describes the clinical presentation, imaging findings, diagnosis, and management of a patient with cecal bascule. Clinical records and contrast-enhanced CT images of the abdomen and pelvis were retrospectively reviewed, with emphasis on the radiological features that established the diagnosis and guided patient management.

RESULT

A 59-year-old morbidly obese woman with asthma, hypertension, and hypothyroidism presented with four days of abdominal distension and vomiting, followed by worsening shortness of breath. Abdominal radiography suggested intestinal obstruction. Contrast enhanced CT demonstrated a markedly dilated cecum folded anteromedially within the right abdomen, associated with upstream small bowel dilatation, pneumatosis involving the cecal pole extending to the appendix, and mild pelvic free fluid, consistent with cecal bascule with threatened bowel viability. Urgent surgical consultation was advised; however, surgical intervention was declined because of high perioperative risk, and the patient's code status was changed to do-not-resuscitate (DNR).

IMAGING

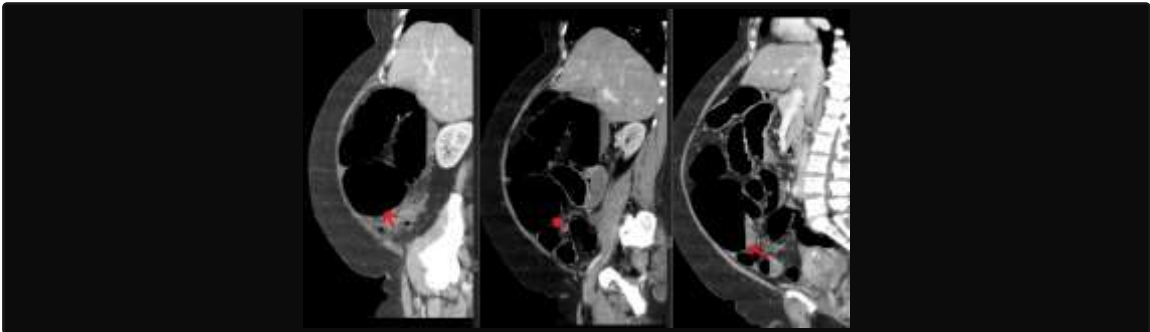
Contrast-enhanced CT

CECAL BASCULE

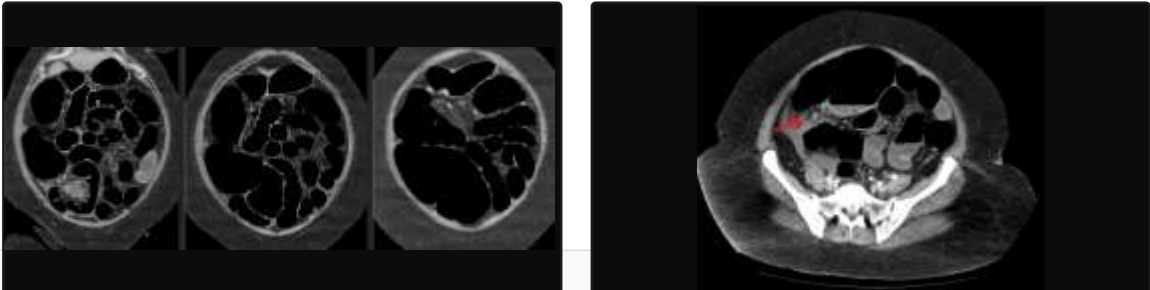
with threatened bowel viability

KEY CT FINDINGS

- Markedly dilated cecum
- Anteromedial folding in the right abdomen
- Upstream small-bowel dilatation
- Pneumatosis at cecal pole extending to appendix
- Mild pelvic free fluid



A • Sagittal / coronal views with arrows highlighting the involved bowel loop



MANAGEMENT

Urgent surgical consultation was advised; however, intervention was declined because of high perioperative risk. The patient's code status was changed to do-not-resuscitate (DNR).

CONCLUSION

Cecal bascule is a rare but potentially fatal cause of intestinal obstruction. Recognition of its characteristic CT findings enables early diagnosis and timely surgical intervention before irreversible bowel ischemia develops. Radiologists play a crucial role in identifying this uncommon surgical emergency and facilitating prompt multidisciplinary management.