

## Correspondence

### **Cecal vascule. An overlooked mechanism of cecal volvulus**

Sir

I read with interest the case report and mini review of cecal volvulus by Dr. Alaa Abduljabbar in the October issue of the Saudi Medical Journal.<sup>1</sup> The review was concise, informative and to the point. However, in describing the mechanism of cecal volvulus, the author mentioned the axial rotation or "twist" of a redundant and poorly fixed cecum as the only mechanism. Although this is the most common form of volvulus, there is another less frequent form, which is the upward folding of the cecum on the ascending colon and is known as "cecal bascule".<sup>2,3</sup> This term was first coined and reported by Treves in 1899,<sup>4</sup> and characterized later as a type of cecal volvulus by Mandel Weinstein.<sup>5</sup> The term bascule is French and means seesaw or a balanced drawbridge. In this case there will not be any "twist" and thus the obstructed cecum may remain to the right side of the abdomen. Since there is no axial torsion of the bowel, the typical radiological findings of "coffee-bean sign" in cecal volvulus or the "bird's beak" of sigmoid volvulus may not be seen and the diagnosis may be overlooked.<sup>6</sup> Review, diagrams, photographs and radiological images are well presented in textbooks<sup>7,8</sup> and recently published case reports.<sup>9</sup> This mechanism and its peculiarity should be mentioned in the review of this subject for the sake of thoroughness, physicians' awareness and academic interest. Thank you.

**Dr. Abdulmajeed Al-Abdulkareem**  
King Abdulaziz Medical City  
National Guard Health Affairs  
Riyadh  
Kingdom of Saudi Arabia

### *Reply from the Author*

I would like to thank Dr. Abdulmajeed Al-Abdulkareem for his interest in my short review

regarding cecal volvulus in spite of his busy schedule. His valuable comments are greatly appreciated. I totally agree with his additional information with regards to the other mechanism of cecal volvulus, which was not mentioned in my review. I did concentrate on one mechanism, which explains the case of my patient, as it was a quick and short review. I think my paper should be read with Dr. Al-Abdulkareem's addition so the description would be complete.

**Dr. Alaa Abdul Jabbar**  
Department of Surgery  
King Faisal Specialist Hospital & Research Center  
Riyadh  
Kingdom of Saudi Arabia

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