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Caecal Bascule: A Rare Complication Following Caesarean Section

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1. Abstract

Caecal bascule is an uncommon variant of caecal volvulus and a rare cause of intestinal obstruction following caesarean section. We report the case of a 40-year-old multiparous woman with a history of three vaginal deliveries and one prior caesarean section who underwent an emergency caesarean section for fetal distress. On the third postoperative day, she developed significant abdominal distension and pain without vomiting. Clinical examination revealed a tender, tympanic mass in the right upper quadrant. Imaging studies suggested caecal volvulus. Emergency laparotomy confirmed caecal bascule with associated necrosis and serosal tears. A right hemicolectomy was performed, and the patient recovered uneventfully. This case highlights the importance of early recognition and prompt management of this rare but serious condition.

2. Keywords:

Caecal bascule, caecal volvulus, intestinal obstruction, caesarean section

3. Introduction

Intestinal obstruction is a rare but serious complication following caesarean section, with reported incidence ranging from 1 in 1,500 to 1 in 66,431 cases. Among these, volvulus accounts for approximately 24% of cases occurring during pregnancy and the puerperium.

Caecal volvulus involves axial twisting of the caecum, terminal ileum, and ascending colon. Caecal bascule represents a rare subtype in which the caecum folds anteriorly and superiorly without torsion, resulting in obstruction due to kinking of the ascending

colon.

4. Case Report

A 40-year-old multiparous woman presented in spontaneous labor. Her obstetric history included three previous vaginal deliveries and one caesarean section. A trial of scar was planned; however, due to fetal distress, an emergency caesarean section was performed under general anesthesia without intraoperative complications.

On the third postoperative day, the patient developed progressive abdominal distension and pain, without associated vomiting. Physical examination revealed a tender, tympanic mass in the right upper quadrant and epigastrium.

Caecal volvulus was suspected. Abdominal radiography demonstrated a markedly distended caecum, and computed tomography confirmed significant caecal dilatation (approximately 12 cm) without a clear transition point. Rectal examination and rigid sigmoidoscopy showed a collapsed rectum, making pseudo-obstruction unlikely.

Given the concern for impending perforation, an emergency laparotomy was undertaken. Intraoperatively, the caecum was found to be folded upon itself, creating a sharp kink in the ascending colon. Areas of necrosis and serosal tears were noted, while the terminal ileum and remaining colon appeared normal. These findings were consistent with caecal bascule.

A limited right hemicolectomy was performed. The patient had an uneventful postoperative recovery.

5. Discussion

Intestinal obstruction during pregnancy and the postpartum period is uncommon but carries significant morbidity and mortality. Caecal volvulus is a rare entity, and cases occurring after caesarean section are particularly infrequent.

Physiological and anatomical changes during pregnancy contribute to this condition. The enlarging uterus displaces the caecum upward, and following delivery, the sudden reduction in intra-abdominal pressure may predispose to abnormal bowel mobility, increasing the risk of volvulus or bascule formation.

Diagnosis can be challenging, as symptoms such as abdominal distension and pain may mimic more common postoperative conditions like paralytic ileus or pseudo-obstruction. Delayed recognition can lead to bowel ischemia, perforation, and increased

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mortality.

Radiological findings typically include a markedly dilated caecum, often displaced from its normal position, and a single prominent air-fluid level. However, imaging may not always clearly differentiate between types of volvulus.

Surgical intervention is the mainstay of treatment. Right hemicolectomy is considered the definitive procedure, as it eliminates the risk of recurrence and has relatively low complication rates. Alternative procedures, such as caecopexy or caecostomy, may be considered when the bowel is viable but carry risks of recurrence and infection.

Mortality rates vary depending on bowel viability, with significantly higher rates observed in cases complicated by gangrene.

6. Conclusion

Caecal bascule is a rare but serious cause of postoperative intestinal obstruction following caesarean section. Its clinical presentation can mimic more common conditions, leading to delays in diagnosis. A high index of suspicion, prompt imaging, and early surgical intervention are essential to reduce morbidity and mortality. Increased awareness among clinicians is crucial, particularly in the context of rising caesarean section rates.

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