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Comments on "Hirschsprung's Disease Complicated by Sigmoid Volvulus: A Systematic Review"

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To the Editor,

I read with great interest the article titled "Hirschsprung's disease complicated by sigmoid volvulus: A systematic review" written by Uylas et al.,[1] who evaluated 31 cases with sigmoid volvulus complicating Hirschsprung's disease in 22 papers. sigmoid volvulus is a rare clinical entity worldwide; nevertheless, it is relatively common in eastern Anatolia, my practicing area.[2] We have a 1036-case experience with sigmoid volvulus treated over 54.5 years between June 1966 and January 2021, the largest single-center sigmoid volvulus series globally.[2] In light of this experience, I would like to discuss the incidence, pathogenesis, and treatment of sigmoid volvulus complicating Hirschsprung's disease regarding the presentation of the authors.

First, Hirschsprung's disease is seen in about 0.6% of sigmoid volvulus cases.[3] In our series, we have two patients (0.2%) with sigmoid volvulus complicating Hirschsprung's disease; both were young adults with recurrence following endoscopic detorsion. Most likely due to the rarity of this coexisting, cause and effect relation is not clearly identified in the literature.[1,3] In my theoretical opinion and experience, Hirschsprung's disease may trigger sigmoid volvulus by initiating a sigmoid twisting in some cases, while Hirschsprung's disease may mimic sigmoid volvulus by inducing a pseudo-obstruction in some others. No matter which is more effective, these clinical presentations suggest a relationship between the ganglion cells of the intestinal plexus and sigmoid volvulus. Hence, in a prospective controlled study, when compared with that of the patients with sigmoid malignancy, we found a statistically significant decrease in the numerical density of ganglion cells in Auerbach's plexus in patients with sigmoid volvulus while no patient presented an aganglionic segment.[4]

Second, sigmoid volvulus tends to recur in about 25% of patients regarding the treatment method.[5] Although the most common cause of recurrent sigmoid volvulus is non-definitive treatment, including endoscopic or surgical decompression alone, even if uncommon, sigmoid volvulus recurrence may be seen following sigmoid resection. In my opinion, the most common causes of the last clinical presentation are inadequate resection, which may be prevented by resecting a maximum length of the sigmoid colon allowing a tension-free anastomosis without requiring a descending colon mobilization, and unnoticeable HD, which may be treated with a wider resection including aganglionic segments following a rectal biopsy.

I congratulate the authors for their interesting presentation and discussion on an undefined subject, sigmoid volvulus complicating Hirschsprung's disease.

Conflict of Interest: The author has no conflicts of interest to declare.

REFERENCES

1. Uylas U, Gunes O, Kayaalp C. Hirschsprung's disease complicated by sigmoid volvulus: a systematic review. *Balkan Med J*. 2021;38(1):1-6. [CrossRef]
2. Atamanalp SS. Sigmoid volvulus: the first one thousand-case single center series in the world. *Eur J Trauma Emerg Surg*. 2019;45(1):175-176. [CrossRef]
3. Khalayleh H, Koplewitz BZ, Kapuller V, et al. Neonatal sigmoid volvulus. *J Pediatr Surg*. 2016;51(11):1782-1785. [CrossRef]
4. Atamanalp SS, Gündoğdu C, Ünal D, et al. Stereological evaluation of ganglion cells in the sigmoid colon in primary and recurrent sigmoid volvulus. *Turk J Med Sci*. 2013;43:509-514. [CrossRef]
5. Atamanalp SS, Atamanalp RS. Sigmoid volvulus: avoiding recurrence. *Tech Coloproctol*. 2019;23(4):405-406. [CrossRef]

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