

Response article to commentary on our article titled 'Volvulus of the gastrointestinal tract'

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Jasmine Brown (brown2@nhs.scot)

Sir,

Firstly, we would like to thank the authors of the response article for their comments on our review article 'Volvulus of the gastrointestinal tract' (Brown et al, 2024) which was insightful and based on a large experience of sigmoid volvulus.

Here is a brief summary of the key points we have responded to: diagnostic modalities for sigmoid volvulus, and endoscopic decompression vs surgery.

With regards to your first point, while Magnetic Resonance Imaging (MRI) and endoscopy are accurate and important diagnostic tools, a clinical history along with the ease of access to abdominal radiography (X-ray), compared to an MRI scan, means that endoscopy is rarely required for diagnosis (Selvaraj and Palaniswamy, 2010). In addition, abdominal X-rays are universally available and are easier to obtain out-of-hours.

Despite MRI having a higher diagnostic accuracy, Computed Tomography (CT) scanning is also much more readily available than MRI. X-ray has an 85% sensitivity and CT 93% for sigmoid volvulus. (Visalli et al, 2021). This with the addition of both being available out-of-hours makes them first-line diagnostic tools in our experience.

Regarding the failure of endoscopic decompression, we acknowledge that emergency surgery should be considered when endoscopy has either failed to resolve the volvulus or there are signs of ischaemia. However, endoscopy is successful 90% of the time and when surgery is considered a Realistic Medicine discussion should take place with the patient (often elderly and frail) and their relatives, as acute surgery for volvulus has a high morbidity and mortality and may not always be in the patient's best interests (Abdelrahim et al, 2022; Smith, 2023).

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