A 25-year-old man with mixed dystonic/spastic cerebral palsy was admitted to our emergency department with a 12-hour history of severe abdominal pain, abdominal distension, and retching. His medical history was otherwise unremarkable. Physical examination revealed a distended, tympanic mass in the left upper quadrant and epigastric region. The results of laboratory investigations were unremarkable.

A supine abdominal plain radiograph revealed a grossly dilated stomach (Fig. 1). An abdominal computed tomography (CT) scan also showed marked distension of the stomach, which was compressing the second part of the duodenum; the first part of the duodenum was not seen (Fig. 2). These findings were thought to represent a mesentero-axial gastric volvulus.

Acute gastric volvulus is a rare acute surgical emergency that involves abnormal rotation of the stomach along one of its axes by more than 180° [1]. Gastric volvulus can be classified into either organo-axial or mesentero-axial types. Most of the reported cases are secondary to para-esophageal hernias or a diaphragmatic defect, and primary mesentero-axial volvulus is rare.

In our patient, cerebral palsy and related postural deformity may have caused imbalance of the normal tensions between the ligamentous attachments of the stomach, resulting in a mesentero-axial gastric volvulus. In the emergency setting, the option of endoscopic decompression and reduction should be kept in mind in order to reduce the morbidity and mortality that is associated with emergency surgery [2].

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**Competing interests:** None
References