

Sigmoid Volvulus: Relationship between Mental Retardation

Sigmoid Volvulus: Zeka Geriliği ile İlişkisi

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ABSTRACT

Sigmoid volvulus (SV) is a rare large bowel obstruction form worldwide. Mental retardation is thought as a causative factor in SV. In this paper, the relationship between SV and mental retardation is discussed in the light of the largest SV series over the world.

Key Words: Sigmoid colon, volvulus, mental retardation

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ÖZET

Sigmoid volvulus (SV), dünya genelinde nadir bir kalın barsak tıkanıklığı şeklidir. Zeka geriliği, SV'de bir neden faktör olarak düşünülür. Bu yazıda SV ile zeka geriliği arasındaki ilişki, dünyadaki en geniş SV serisi ışığı altında tartışılmaktadır.

Anahtar Sözcükler: Sigmoid kolon, volvulus, zeka geriliği

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Dear Sir,

Sigmoid volvulus (SV), a large bowel obstruction form, is a rare disease worldwide. However, it is relatively common in some Asian, African, Latin American, and Eastern European countries (1). SV is also common in Eastern Anatolia, our living area. We have a 1,036-case experience with SV in approximately 54.5 years from 1966 to date. This is the largest published SV series in the world (2). Under favor of this experience, I want to discuss the effects of mental retardation as a causative factor in the pathogenesis of SV.

Dolichosigmoid, the existence of an elongated and enlarged sigmoid colon with a long mesentery, is an ill-defined anatomical prerequisite in the pathogenesis of SV, which is correlated with male gender, advanced age, high-fiber dietary habit, abnormal defecation habit, high altitude, and some diseases including mental retardation (1,3). Although mental retardation is thought to be an added contributory factor, unfortunately, the relationship between mental retardation and SV is not a well-explored subject in the literature (3). In patients with mental retardation, both abnormal dietary habits, including overeating, and irregular defecation practices, including chronic constipation, may cause dolichosigmoid and related problems. Similarly, some of the psychotropic drugs that are used in certain mental disorders, as well as some laxatives and enemas that are needed in patients with mental retardation, may lead to similar results. As a theoretical opinion, the main pathophysiologic factor is the degeneration of the elastogenesis of the colonic wall due extended colonic transit period in such cases (1,3,4).

In our series, the incidence of patients with mental retardation with SV (6 cases, 0.6%) is not quite different from that of patients with mental retardation in general, which is 0.5% (5).

In my opinion and experience, these similar ratios may principally be caused by the high incidence of SV in our region. Similar to that of the most endemic countries, the high percentage of SV may dissimulate the incidence of mental retardation complicating SV in Eastern Anatolia.

In conclusion, mental retardation is accepted as a causative factor in the pathogenesis of SV, particularly in nonendemic regions. Due to its relatively poor prognosis, SV must be remembered in early period of obstructive manifestations in patients with mental retardation.

Conflict of interest

No conflict of interest was declared by the author.

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