

CLINICAL VISTAS

Coffee-bean sign

An 85-year-old man with a history of tongue cancer presented to the emergency department with a 2-day history of abdominal distension, pain and constipation. He had no fever or vomiting. A physical examination revealed a distended abdomen with decreased bowel sounds. A plain radiograph of the abdomen showed a markedly distended sigmoid loop with an inverted U-shape (Figure 1), also known as the “coffee-bean sign,” consistent with sigmoid volvulus. A rubber drain tube was inserted through the rectum for decompression by use of a fiberscope.

Sigmoid volvulus is a potentially life-threatening condition. It is the third most common cause of colonic obstruction after cancer and diverticulitis, and it accounts for about 8% of intestinal obstructions. Proposed causes include anatomic variation, chronic constipation, neurologic disease and megacolon. Clinical presentation includes abdominal bloating, pain, vomiting, constipation and peritonitis.¹ Conservative treatment options include decompression under fluoroscopy or endoscopy, and surgery may be required for failed decompression, recurrent volvulus or bowel ischemia.²

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Competing interests: None declared.

REFERENCES

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Figure 1: Plain radiograph of the abdomen of an 85-year-old man showing a markedly dilated sigmoid loop (arrows) with an inverted U-shaped appearance (coffee-bean sign).