A 72-year-old man was referred to our hospital with a history of abdominal pain, distension and constipation. Abdominal X-rays showed bloating below the diaphragm and dilatation of the large bowel (Picture A). Computed tomography demonstrated sigmoid dilatation and the whirl sign (Picture B, arrow). Emergency colonoscopy revealed torsion of the sigmoid colon without any signs of ischemic changes (Picture C). Sigmoid detorsion was successful, and

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the patient’s symptoms resolved quickly. Recurrent volvulus was managed with conservative treatment rather than surgery 11 times over a 4-year period at the patient’s request.

Hepatodiaphragmatic interposition of the colon, called Chilaiditi’s sign, is generally asymptomatic and is known as Chilaiditi’s syndrome when accompanied by clinical symptoms (1). Abdominal massage and laxative use decreased relapse frequency in the present case. Sigmoid volvulus is sometimes observed in patients with Chilaiditi’s syndrome (2) due to increased colonic mobility at hepatic and splenic flexures as a result of a lack of ligamentous support.

The authors state that they have no Conflict of Interest (COI).

References