Abstract
Introduction: Sigmoid volvulus is a common surgical emergency in many regions of the world, with significant morbidity and mortality. The aims of this study were to (a) summarize outcomes and (b) define a treatment algorithm for sigmoid volvulus in our setting.
Experimental: Five year (2003-2008) retrospective review of sigmoid volvulus cases at Kamuzu Central Hospital, in Lilongwe, Malawi. Results: There were 239 cases of sigmoid volvulus identified. Cases were mostly seen in males (91.7%), with a median age of 50 (range 18-86). Gangrene was noted in 36.7% of cases. Mesosigmoidopexy (36%), Hartmann's procedure (33%), and resection and anastomosis (23%) were the most common procedures. There was seasonal variation with more cases seen in the harvest months of March and April. The major complications noted were recurrence (5 of 6 recurrences after mesosigmoidopexy) and anastomotic leakage after resection and anastomosis (2 in gangrenous, and 2 in non-gangrenous sigmoid volvulus). Conclusions: Gangrenous sigmoid volvulus is best managed with Hartmann's procedure. Non-gangrenous sigmoid volvulus is best managed with resection and anastomosis, unless there are risk factors for anastomotic leakage, in which case the surgeon should consider mesosigmoidopexy with non-absorbable suture.

Keywords
Sigmoid Colon; Intestinal Volvulus; Mesosigmoidopexy; Malawi; Africa; Developing Countries