Introduction
Fetal intestinal volvulus (FIV) is a rare gastrointestinal disease with an incidence of approximately 1 of 5,000 births. To date, there have been many reports of FIV having either acute or chronic clinical course. The former brings about intestinal hemorrhage causing fetal circulatory insufficiency and the latter develops meconium peritonitis. We report two cases of FIV with neither acute nor chronic clinical course.

Case 1: A 26-year-old Japanese pregnant woman, G1P0, was referred at 33 6/7 weeks’ gestation because of the fetal cystic masses with a wide spectrum of appearances and an absence of peristaltic movements (Fig. 1, top) and lower intestinal obstructions were diagnosed. Unexplained hydramnios appeared at 35 2/7 weeks. At 36 4/7 weeks, after the onset of spontaneous labor, a 2,968-g female infant was delivered vaginally with 1/5-min Apgar scores of 8/8 points, respectively. Intraoperative findings demonstrated a jejunal volvulus at approximately 40 cm distal to the Treitz’s ligament with a broad range of intestinal ischemia.

Case 2: A 31-year-old Japanese woman, G1P0, was referred due to the fetal dilated intestines located just underneath the upper abdominal wall without peristalsis (Fig. 1, bottom), suggestive of the obstruction of the transverse colon. At 38 2/7 weeks’ gestation, after the onset of spontaneous labor, a 2,685-g male infant was delivered vaginally with 1/5-min Apgar scores of 8/9 points, respectively. White stools were recognized at day 1. Intraoperative findings revealed an ileal volvulus at 22 cm proximal to the ileocecal region.

Discussions
We initially diagnosed two cases with the functional intestinal obstructions, such as Hirschsprung’s disease because of the dilated bowels with the absent peristalsis movements. Dilated bowels with the absence of peristalsis were caused by obstructions and localized ischemia of the twisted intestines. The characteristics of FIV is the onset of symptoms. Bowel dilations in both cases and polyhydramnios in Case 1 “suddenly” appeared after 30 weeks’ gestation, as they occur during the mid to late 2nd trimester in the cases with congenital intestinal obstruction. Polyhydramnios in Case 1 occurred because the obstructions occurred proximal to the Treitz’s ligament. The presence of polyhydramnios may be helpful for predicting the tortured site of the intestines.

Conclusion
FIV should be considered in cases in which fetal bowel dilations with an absence of peristalsis movements “suddenly” appear at around 30 weeks’ gestation.