

Post C-Section Ogilvie Syndrome: A Case Report

Dr. Aisha Nisar.

Lister Hospital: East and North Hertfordshire NHS Trust.

Objective

Upon completion of this article, the reader should be familiar with the diagnosis and management of Ogilvie Syndrome. I.e. acute intestinal pseudo-obstruction

Case report

30 year old female, para2, day 3 post elective c-section presented with severe right sided and suprapubic abdominal pain. She had no history of vomiting, diarrhea, or urinary symptoms but was unable to pass wind. Her observations were normal apart from having pyrexia of 37.8C. On examination, abdomen was markedly distended, tympanic and tender on palpation. Blood results were in normal postoperative range. Abdominal X ray showed dilated large bowel and caecum approx. 11cm. After discussion with surgical team, a diagnosis of Ogilvie syndrome was made. Patient was kept nil by mouth, given IV fluids, with electrolytes monitoring and plan for NG tube. Patient responded well to conservation measurement and got better in the next 24-48 hours without requiring surgical intervention

Discussion

Ogilvie's syndrome typically presents within 48 hours and up to 12 days post-operatively. It has been suggested that it may be caused by dampened parasympathetic innervations of the colon, leading to atony of the distal colon resulting in progressive dilation of the proximal colon.

Discussion

In obstetric cases, this autonomic imbalance may be triggered by damage to the sacral parasympathetic nerves that supply the colon and run close to the cervix, vagina and broad ligament and are thus at risk of injury during caesarean section. Plain abdominal x-ray is the most useful diagnostic tool in Ogilvie syndrome revealing grossly dilated large bowel. If the caecal diameter is under 10–12 cm, conservative treatment with IV fluids, electrolyte replacement and NG tube insertion is recommended. If not responding, IV Neostigmine, 2mg over 3-5min has been shown to be effective. A caecal diameter exceeding 10–12 cm warrants colonic decompression.

Colonoscopic decompression of the colon is effective, causing decreased cecal diameter in 73% to 100% of cases. In complicated cases, with bowel perforation or peritonitis, surgery is required, usually laparotomy with bowel resection.

Conclusion

Ogilvie Syndrome is a rare complication post cesarean delivery. It is a Colonic pseudo-obstruction characterized by acute dilatation of the colon without mechanical obstruction. Early detection and intervention is necessary to avoid serious morbidity like bowel ischemia and/or perforation. Conservative treatment is effective in many cases, but surgical intervention may be required.

References

- <https://www.ncbi.nlm.nih.gov/books/NBK526102/#article-26141.s8>