

Raising awareness about detection and management of Ogilvie’s Syndrome

Dr Ankita Bhakta, Dr Tingmin Li, Dr Gauthami Bhagwanani, Dr Tanushree Rao
Obstetrics and Gynaecology, Liverpool Hospital, Australia



Background

Ogilvie’s syndrome is a rare presentation occasionally observed postpartum, particularly following caesarean sections and challenges in diagnosis often lead to delays in initiation of treatment which significantly increases mortality and morbidity.

Patient Case

A 45-year-old woman underwent an emergency caesarean section and post operatively developed abdominal pain and distension with CT imaging revealing caecal dilatation of 9.7cm without evidence of mechanical obstruction.

A diagnosis of Ogilvie’s syndrome was made and the patient initially underwent conservative management with nasogastric tube insertion, fluid balance monitoring and administration of prokinetics and fleet enemas.

However her biochemistry demonstrated a significantly elevated CRP of 320 raising concerns for ischaemic necrosis of the caecum and increased risk of perforation, prompting emergency endoscopic decompression. The patient recovered well and was discharged four days following the procedure.

Ogilvie’s Syndrome

- Aetiology
- Not well understood
 - Potentially secondary to gravid uterus compressing sacral parasympathetic plexus supplying colon (1)

10% of cases associated with caesarean sections (2)

- Diagnostic challenge
- Initial presentation of abdominal pain and distension
 - Often attributed to constipation, ileus
 - No risk factors identifiable

- Diagnosis: CT imaging (2,3)
- Degree of caecal and colonic dilatation guides management

References

1. Rawlings C. Management of postcaesarian Ogilvie’s syndrome and their subsequent outcomes. Australian and New Zealand Journal of Obstetrics and Gynaecology. 2010. DOI:10.1111/j.1479-828X.2010.01214.x
2. Hughes A, Smart N, Daniels I. Acute colonic pseudo-obstruction after caesarean section: a review and recommended management algorithm. The Obstetrician & Gynaecologist. 2019. DOI:10.1111/tog.12602
3. Jayaram P, Mohan M, Lindow S, Konje J. Postpartum Acute Colonic Pseudo-Obstruction (Ogilvie’s Syndrome): A systematic review of case reports and case studies. European Journal of Obstetrics & Gynaecology and Reproductive Biology. 2017.
4. Naveed M, Jamin L, Fujii-Lau L, Al-Haddad M, Buxbaum J, Fishman D et al. American Society for Gastrointestinal Endoscopy guideline on the role of endoscopy in the management of acute colonic pseudo-obstruction and colonic volvulus. Gastrointestinal Endoscopy. 2020. DOI:10.1016/j.gie.2019.09.007

Management

- Conservative
- Caecal diameter <9cm
 - No signs of ischaemia
- Medical
- IV neostigmine
 - For failed conservative or an adjunct to endoscopic
- Endoscopic (4)
- Failed medical and conservative
 - Decompression
- Surgical (4)
- Failure of other management
 - Evidence of ischaemia or perforation