

Unravelling Ogilvie Syndrome- A Rare but Critical Complication Post-Caesarean Section

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INTRODUCTION

- **Ogilvie syndrome** or **acute colonic pseudo-obstruction** is a rare but potential life-threatening complication of caesarean section.
- The **incidence** of ACPO following childbirth is considered to be 1 in 1500 .
- It is characterized by **colonic dilation** in the **absence of mechanical obstruction** or anatomical anomaly.
- The exact **pathophysiology** remains uncertain, but it is believed to involve an imbalance between the sympathetic and parasympathetic tone leading to reduced colonic motility.

CASE DESCRIPTION

- A 33-year-old, Para 5 lady presented 7 days post-elective Caesarean Section (CS) and sterilisation with

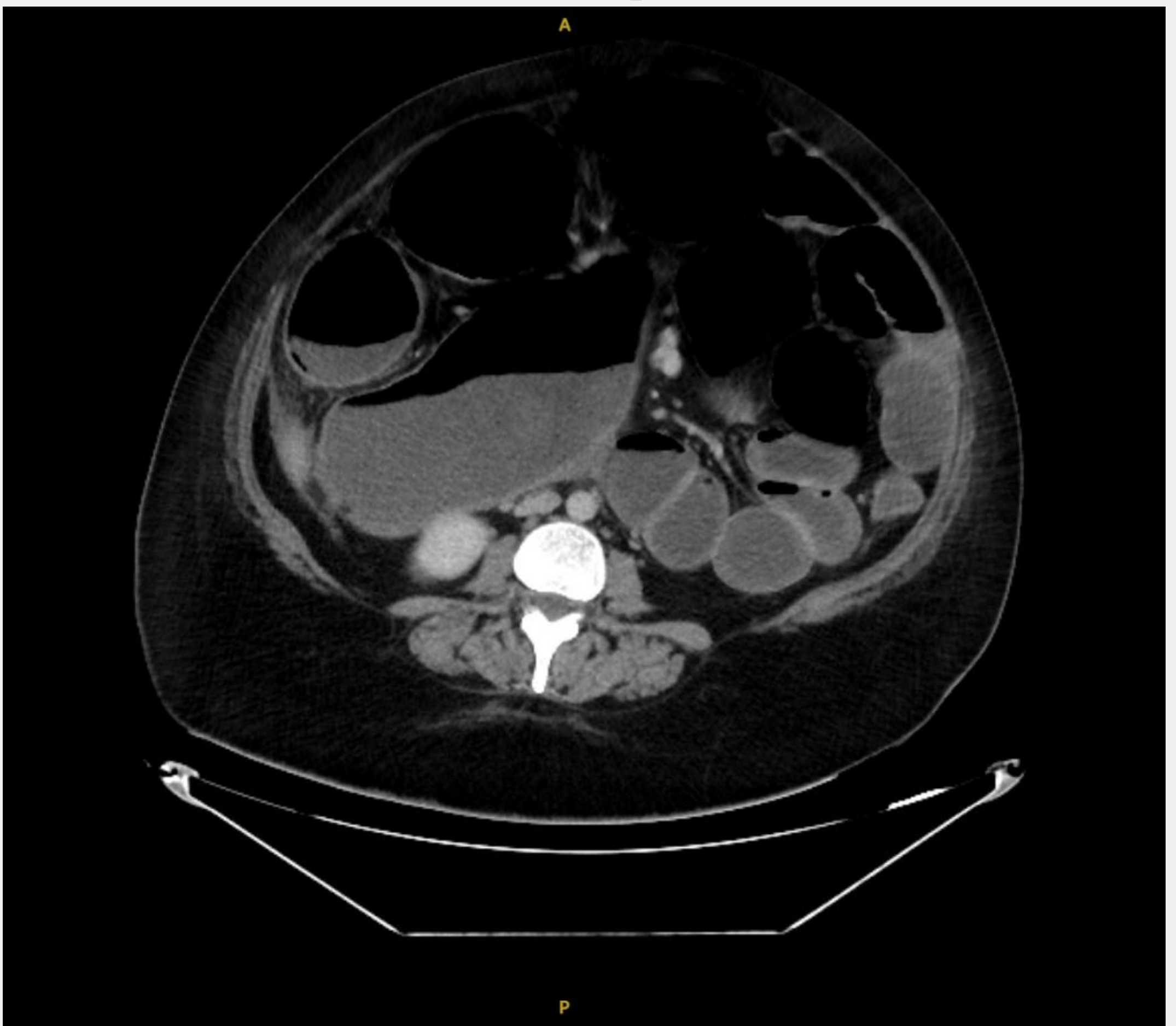
 Abdominal pain and distention	 Vomiting and frequent belching	 Loss of appetite
Temperature	 37.9 °C	
Pulse	 130 bpm	
Blood pressure	 138/92 mmHg	
Abdominal examination	 Soft, distended and tender	
Bowel sounds	 Sluggish	

Haemoglobin	95g/L (120-150)
Calcium	1.85mmol/L (2.20-2.60)
Potassium	3.0mmol/L (3.5-5.3)
CRP	269mg/L (0-5)

Abdominal CT Scan noted marked colonic and small bowel distension, **caecum measuring 9.7 cm**, without evidence of mechanical obstruction.



CT AP Coronal plane

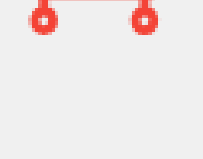


CT AP Axial plane



CT AP Sagittal view

MANAGEMENT

-  Patient was kept nil by mouth
-  Nasogastric tube inserted
-  Electrolyte imbalance corrected and IV fluids administered
-  IV Tazocin and neostigmine given
-  Colonoscopic decompression was performed
-  Interventions successful; symptoms resolved.

DISCUSSION

- Ogilvie syndrome is a rare but significant postoperative complication following CS.
- Most common symptoms are **abdominal pain, distension, altered bowel habits, nausea, vomiting** and typically emerge between 2-12 days after surgery.
- **Differentials** include paralytic ileus, bowel injury, diverticulitis with stricture.
- **Prompt diagnosis** and **appropriate management** can **improve prognosis**, however, delayed treatment can lead to severe **complications**, including **bowel ischemia, perforation and increased mortality**.
- Diagnosis is primarily clinical, supported by **imaging studies** such as abdominal **X-ray** or **CT scans** showing colonic dilatation without mechanical obstruction.
- Increased CRP, white cell count and electrolyte imbalance like hypokalaemia may be noted.
- **Conservative management** involves bowel rest, nasogastric decompression and correction of electrolyte imbalance. **Pharmacologic interventions** like acetylcholinesterase-inhibitor and **procedural decompression** may be necessary.
- This case highlights the importance of early identification and multidisciplinary management of postoperative complications in obstetric patients.
- References- Barcode below

