

Case Report on Ogilvie's Syndrome: A Rare Clinical Entity

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ABSTRACT

This is a syndrome of acute intestinal pseudo-obstruction associated with massive dilation, usually of the colon, but also of the small intestine. It describes the phenomenon of an acute colonic pseudo-obstruction without a mechanical cause. Mechanical obstruction is absent and there is parasympathetic nerve dysfunction. It was first described by Sir William Ogilvie in 1948, an English surgeon who was also an examiner for Oxbridge and wrote papers on fractures and hernias. It is a relatively rare condition. Males are more commonly affected than females. It is more common in the elderly. An imbalance in the autonomic innervations (sympathetic over activity and parasympathetic suppression) has been thought to be the pathophysiological factor in the causation of this condition. Reported here is a case of acute colonic pseudo-obstruction which developed in a female patient of age 45 with hypertension and hysterectomy was made 25 years back and was treated conservatively. The patient stool culture should be done periodically and if any infectious agents were found should be monitored and appropriate treatment has to be done. It usually responds to non-operative therapy, but occasionally requires surgical intervention.

Keywords: Massive dilation, Acute Intestinal Pseudo-Obstruction, Small Intestine

INTRODUCTION

Ogilvie syndrome is the acute pseudo-obstruction and dilation of the colon in the absence of any mechanical obstruction in severely ill patients.^[1] It may occur after surgery, specially following coronary artery bypass surgery and total joint replacement.^[2] It is also seen with neurologic disorders, serious infections, cardiorespiratory insufficiency, and metabolic disturbances. Drugs that disturb colonic motility (e.g., anticholinergics or opioid analgesics) contribute to the development of this condition.^{[3][4]} It is a relatively rare condition. Males are more commonly affected than females. It is more common in the elderly and in those with other illnesses - most commonly, renal failure and Myocardial Infarction.^{[5][6]}

CASE REPORT

Case of acute colonic pseudo-obstruction which developed in a female patient of age 45 with hypertension and hysterectomy was made 25 years back and was treated conservatively. The patient stool culture should be done periodically and if any infectious agents were found should be monitored and appropriate treatment has to be done. It usually responds to non-operative therapy, but occasionally requires surgical intervention.

DISCUSSION

Ogilvie syndrome is a rare, acquired disorder characterized by abnormalities affecting the involuntary, rhythmic muscular contractions (peristalsis) within the colon. Peristalsis propels

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food and other material through the digestive system through the coordination of muscles, nerves and hormones. The colon is often significantly widened (dilated). Symptoms are similar to other forms of intestinal pseudo-obstruction and can include nausea, vomiting, abdominal bloating or swelling and constipation. The symptoms of Ogilvie syndrome mimic those of mechanical obstruction of the colon, but no such physical obstruction is present. Mechanical obstruction refers to something (e.g., tumor, scar tissue, etc.) physically blocking the passage of food and other material through the GI tract. Ogilvie syndrome is usually associated with an underlying disorder, trauma or surgery. Ogilvie syndrome can be managed with conservative

treatment, but if unrecognized and untreated can lead to serious, potentially life-threatening complications.

CONCLUSION

Acute intestinal pseudo-obstruction is a rare clinical entity that occurs most frequently in patients that have other underlying medical or surgical conditions. The case reported here is one of the few associated with a significant hysterectomy was made 25 years back and was treated conservatively. As in this case, most can be treated with conservative or minimally invasive procedures. Those patients that do not improve or worsen during treatment warrant surgical intervention.

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