



A RARE CASE REPORT OF OGILVIE SYNDROME IN POST CESAREAN PATIENT

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ABSTRACT

Ogilvie syndrome or Acute Colonic Pseudo Obstruction (ACPO) consists of dilatation of a part or whole of colon and rectum. In 1948, Ogilvie suggested that ACPO was due to a disturbance of the autonomic innervations of colon. Awareness of the possibility of ACPO in the post partum period with early involvement of allied specialities with proactive management can probably prevent its progression to perforation.

KEYWORDS :**Case Report:**

A 38 year old female primi gravida at 39 weeks of pregnancy was admitted with labour pains. Emergency second stage cesarean section was performed for the indication of Deep Transverse Arrest. Cesarean section was uneventful, patient was shifted to ward. Post operative recovery was satisfactory.

At 36 hours post-op, patient complained of distension of abdomen with inability to pass flatus and motion. Symptomatic medications were started. Urgent USG and standing X-ray was performed and a provisional diagnosis of paralytic ileus was made.

At 72 hours post-op, patient complained of severe pain in abdomen and gaseous distension continued.

General surgeon's opinion was taken and CT Abdomen was done in which dilatation of Ileocaecal junction was seen with diameter of about 7.5cm. No peritoneal collection was seen. Patient developed signs of dehydration Tachycardia.

She was kept on supportive treatment and a repeat CT scan was done after 48 hours which revealed caecal perforation.

Immediate Exploratory Laparotomy was done, the ascending colon was necrosed. Right hemicolectomy with rescue ileostomy was done which was closed after 3 months. Patient is regular on follow up and is doing well.

DISCUSSION:

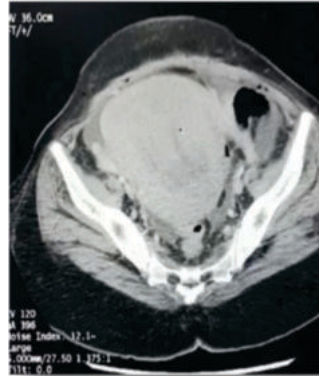
Ogilvie syndrome or ACPO which is a rare condition characterized by massive dilatation of colon in absence of mechanical obstruction. Ogilvie syndrome can occur after cesarean section with incidence of 1 in 1000. The mortality rate is as high as 45%.

The mechanism of action is loss of tone in parasympathetic nerve in S₂ to S₄ resulting in atonic distal colon and pseudo-obstruction. Abdominal distension is the most common symptom. Stephenson et al reported that use of prokinetic drugs like Neostigmine may be beneficial in selected cases. Keswani et al reported that caecal dilatation of 9cm or more is the only definitive sign of imminent perforation.

CONCLUSION:

The diagnosis of Ogilvie's syndrome is troublesome due to non-specific clinical features. The early recognition and treatment is needed to prevent potential fatal complications.

Healthcare providers must be aware of the non-specific features and exercise high degree of suspicion in otherwise unexplained abdominal distension in post-partum period.

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