

# Postpartum Ogilvie's Syndrome – A Case report

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A 40-year-old multiparous woman in spontaneous labour at term had an emergency caesarean section for fetal distress and obstructed labour. Terbutaline was used for intrauterine resuscitation and a postpartum haemorrhage was managed with a B-lynch suture. Within 12 hours of delivery, she developed symptoms of bowel obstruction. Imaging demonstrated distension beyond the colon. Colonoscopically guided tube decompression was pursued following a failure of expectant management. Ogilvie's syndrome was subsequently diagnosed, with an incompetent ileo-caecal valve accounting for the involvement of small and large bowel loops. Gross ischaemic caecal distension was managed with a right hemicolectomy to reduce maternal morbidity. She was discharge home well on day 15 postpartum.

## DISCUSSION

This case of Ogilvie's highlights the importance of early recognition and frequent re-assessment of women with bowel obstruction syndrome. It also raises the need for further research into the risk factors and prevention strategies for this highly morbid post partum complication.

