

A Case Report of Ogilvie's Syndrome resulting in Open Right Hemicolectomy following Emergency Caesarean Section

Dr Carla Pecoraro¹, Dr Kanapathippillai Sivanesan¹

¹ Ipswich Hospital Obstetrics and Gynaecology Department, Ipswich QLD

Background:

Acute colonic pseudo-obstruction (Ogilvie's syndrome) is a disorder characterized by acute dilatation of the colon in the absence of an obstructing lesion. It can present after caesarean sections extremely rarely, at an incidence of 1:1460 deliveries as suggested by one study.

Case:

A 34-year-old pregnant woman underwent an emergency caesarean section for foetal distress. Three days later, the patient became hypertensive and obstipated. She had severe abdominal pain and began vomiting. Her abdomen was distended and globally tender with tinkling bowel sounds. An abdominal x-ray and CT showed dilated loops of large bowel, up to 12cm diameter, from the caecum extending to the splenic flexure (Figures 1 & 2).

A nasogastric tube was inserted, the patient was made nil by mouth and her electrolytes were replaced as needed. She improved clinically over the next days.

Five days later, she became hypertensive, tachycardic and desaturated. A CTPA showed pneumoperitoneum and haemoperitoneum (Figure 3). The general surgery team proceeded to theatre for a laparotomy.

Results:

The patient had two linear tears to the caecum and ascending colon with peritoneal contamination. The remaining transverse colon and sigmoid was normal. After performing a right hemicolectomy, 4L of wash was used until the abdomen was clear.

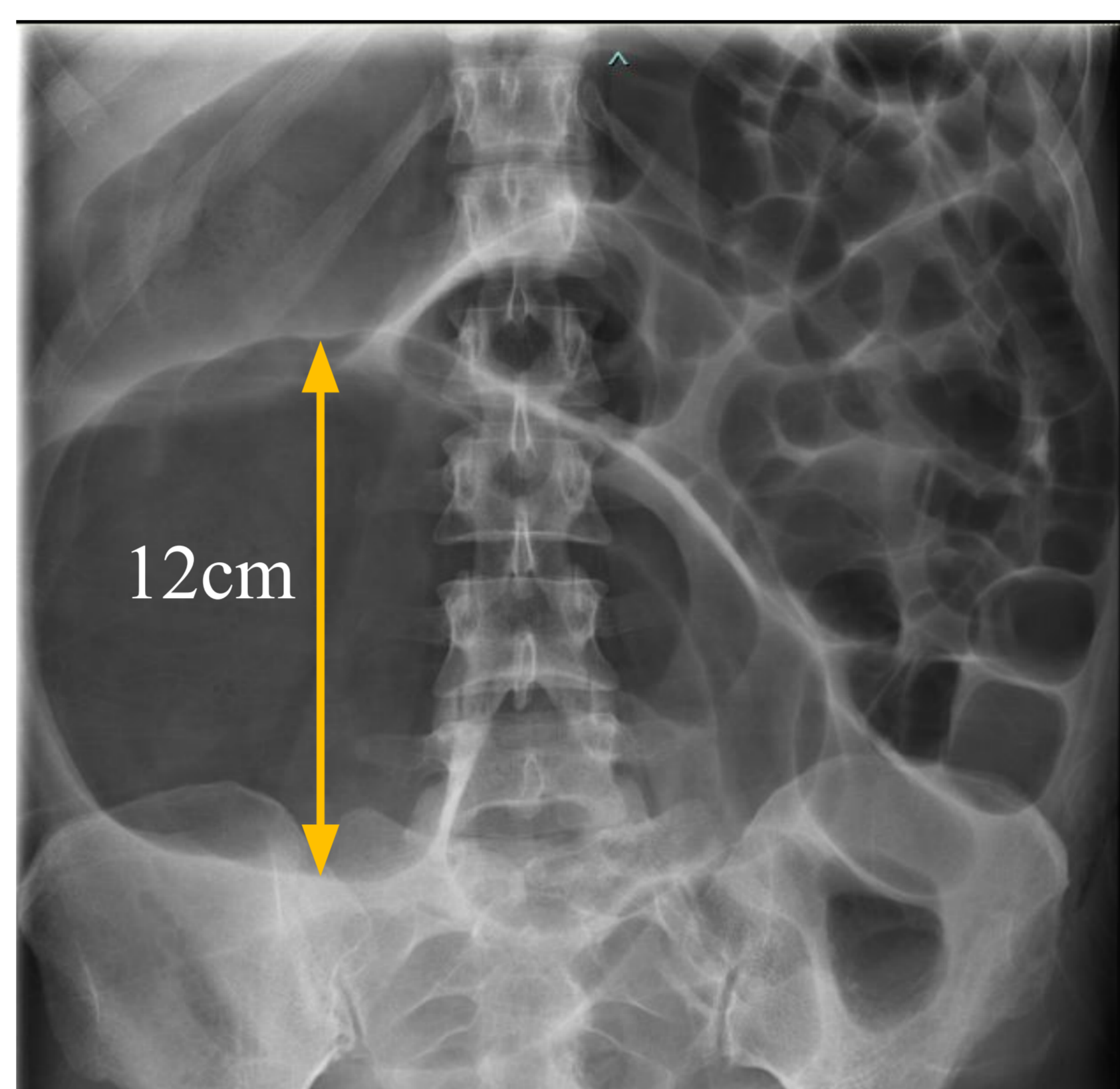


Figure 1: Abdominal x-ray

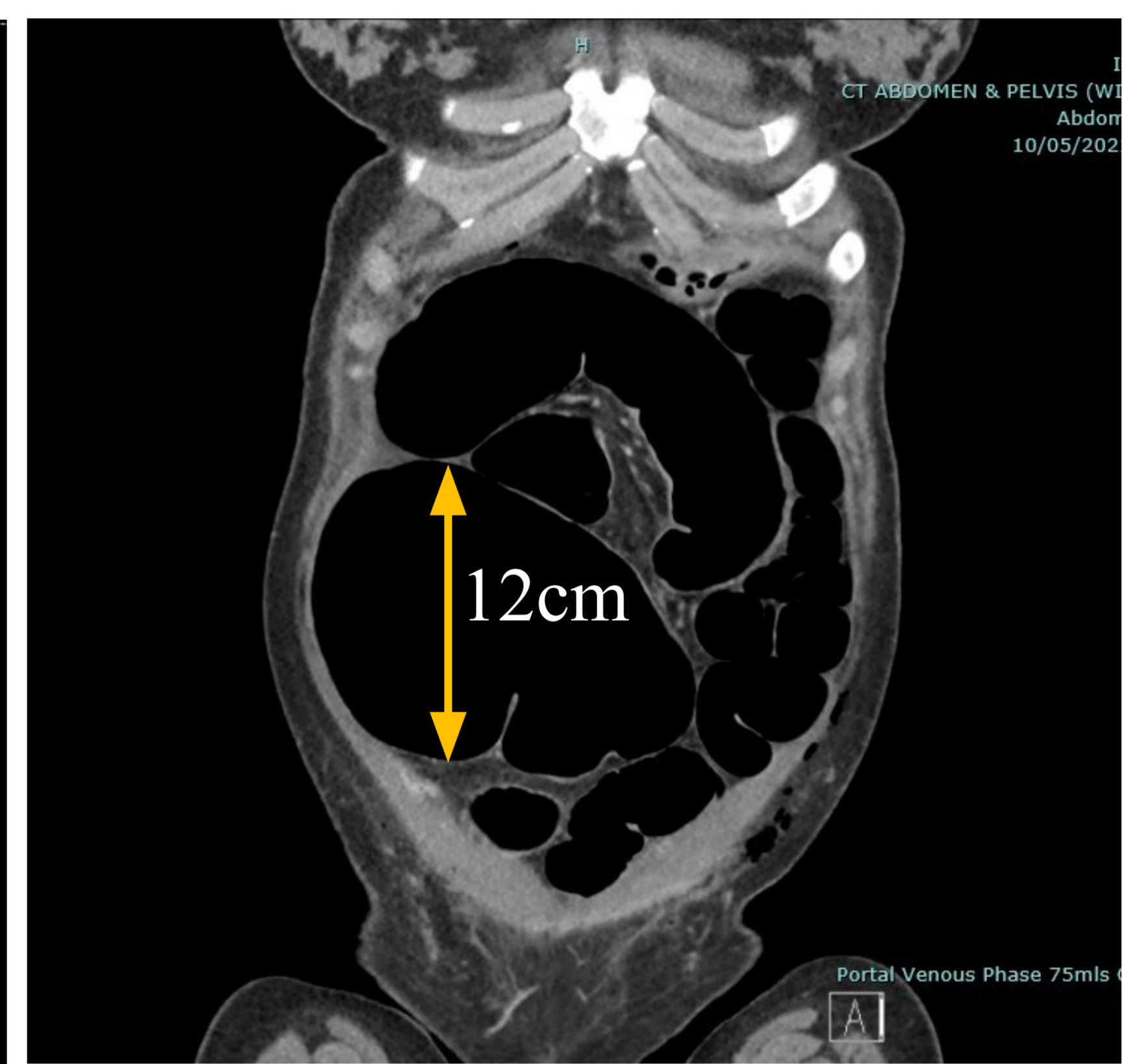


Figure 2: CT Abdomen

NG tube inserted, NBM, electrolyte replacement.
Initial improvement – mobilising, eating, pain free.

5 days later: tachycardia, febrile, desaturating, RIF pain

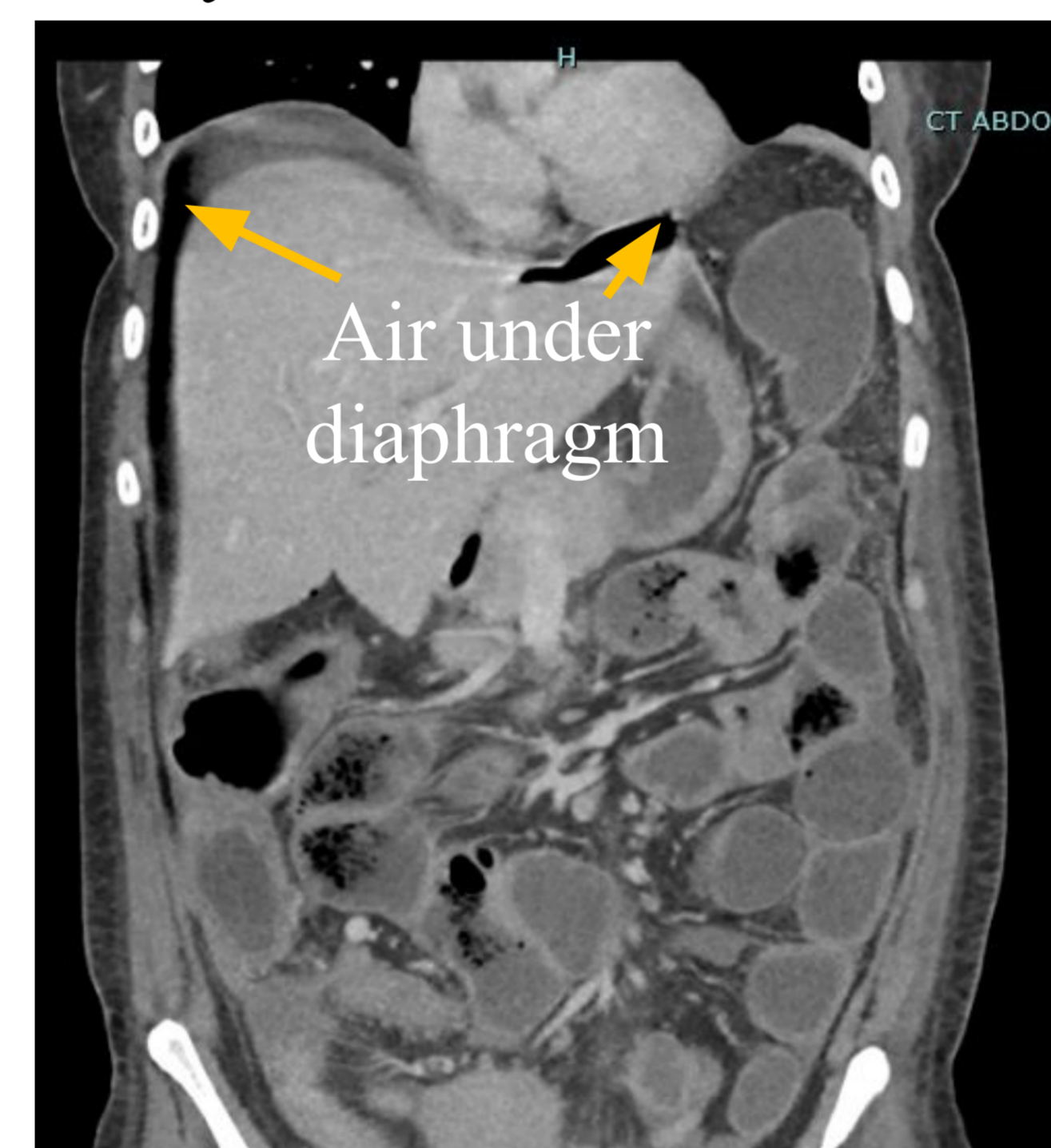


Figure 3: CTPA

Laparotomy for Right Hemicolectomy

Discussion:

Ogilvie's syndrome should be suspected in patients who present with symptoms of intestinal obstruction after a caesarean. This case should serve as a reminder that a serious complication is bowel perforation if it is not suspected and treated early. Additionally, the importance of close observation until resolution is emphasised.