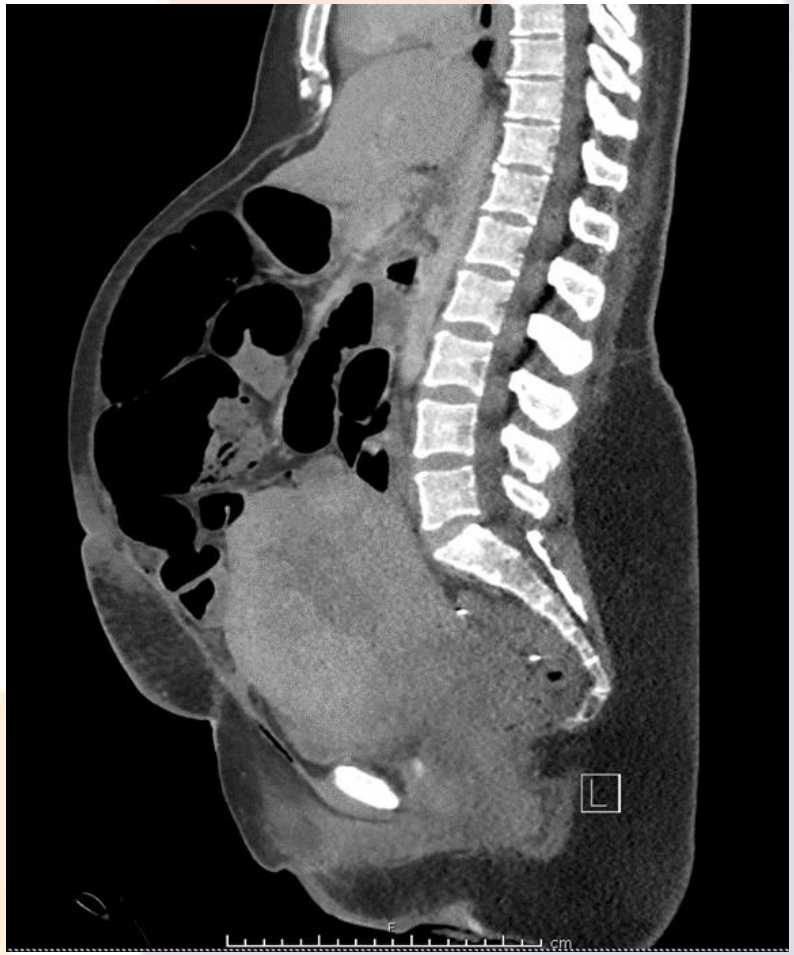
Postpartum Ogilvie's Syndrome: Case Report

Dr S Adcock, M.D., Dr M Veerasingham FRANZCOG AFRACMA, Dr K Sivanesan FRCOG (UK) FRANZCOG

35 yo ♀ G3 P1, D1 post elective repeat caesarean section complicated by an EBL 1400 mL, uterine serosal tear and omental adhesion.
Within 24 hours our patient suffered from severe bloating, nausea and abdominal discomfort without flatus. She was conservatively managed with bowel rest including a nasogastric tube.
Clinically improved on day three of admission.

Take Home Messages

- A disorder of acute dilatation of the colon in the absence mechanical obstruction
- Generally involves the cecum and right hemicolon
- Can present as early as 6 hours following delivery [1]
- Has been reported in 10 to 20 percent of post-caesarean patients [2]
- Monitor for risk of colonic ischaemia and perforation



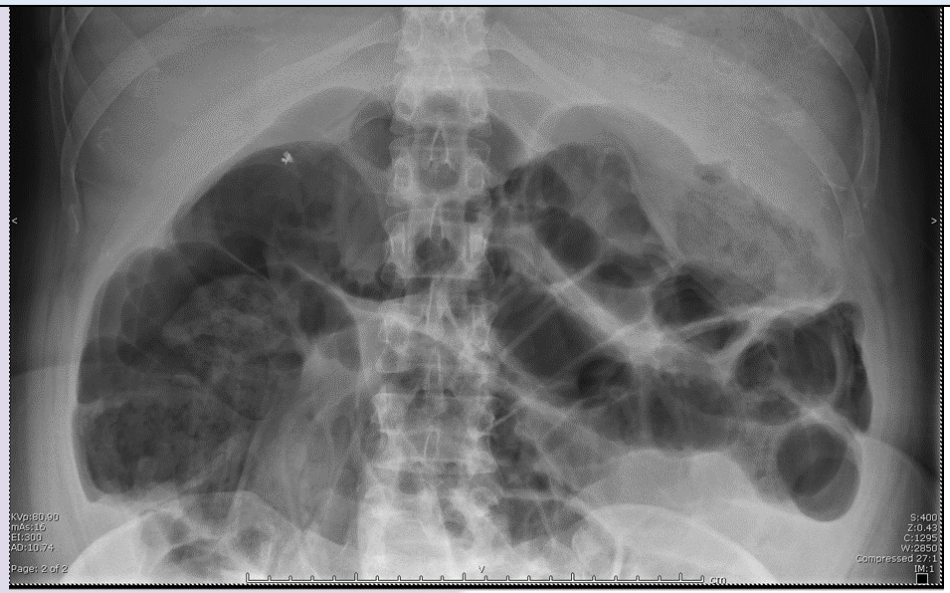


Image 1: CT abdo/pelvis with contrast with caecum dilated to 9.5cm diameter with no evidence of mechanical obstruction
Image 2: Abdominal Xray with prominent gas-filled loops of bowel within the upper abdomen

Treatment pathway [3]

Conservative management
Includes nothing given by mouth, intravenous fluids and a nasogastric tube.
Not suitable if >12 cm distention or signs of peritonitis.

If 48 hours of failure conservative management, consider neostigmine or colonoscopic decompression.

If concern of colonic ischaemia and or perforation consider surgical management which may include colostomy.

References;
[1] Jayaram P, et al. Postpartum Acute Colonic Pseudo-Obstruction (Ogilvie's Syndrome): A systematic review of case reports and case series. Eur J Obstet Gynecol Reprod Biol. 2017 Jul;214:145-149. doi: 10.1016/j.ejogrb.2017.04.028. Epub 2017 May 2. PMID: 28531835.
[2] LaRosa JA, et al. The incidence of adynamic ileus in postcesarean patients. Patient-controlled analgesia versus intramuscular analgesia. J Reprod Med. 1993 Apr;38(4):293-300. PMID: 8501738.
[3] Vogel JD, et al. Clinical Practice Guidelines for Colon Volvulus and Acute Colonic Pseudo-Obstruction. Dis Colon Rectum. 2016 Jul;59(7):589-600. doi: 10.1097/DCR.0000000000000602. PMID: 27270510.

RANZCOG SYMPOSIUM 2022
New Perspectives