Advances and Challenges in Ogilvie’s syndrome (Acute Colonic Pseudo-obstruction)

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Isolated Colonic Pseudo-obstruction

1. Acute colonic pseudo-obstruction (Ogilvie’s Syndrome).

2. Chronic colonic pseudo-obstruction (Recurrent).
1. A transient colonic ileus of unknown cause.

2. It occurs mostly in severely ill hospitalized patients (hospital acquired?).

3. It must be suspected in very ill patients with abdominal distention. Abdominal pain and fever may indicate cecal perforation.

4. Diagnosis can be confirmed by plain abdomen X-Rays.

5. Serious complication is cecal perforation in unrecognized and untreated patients.

   (Critical cecal size 10 cm.).

X-Rays
Associated causes

A. Neurological disease
   1. Cerebrovascular accident
   2. Parkinson’s disease
   3. Multiple sclerosis
   4. Meningitis
   5. Meningioma
   6. Guillain–Barré Syndrome
   7. Pseudocholinesterase deficiency
   8. Acute myelitis
   9. Spinal cord compression or infarction

B. Cardiovascular disease
   1. Congestive heart failure
   2. Myocardial infarction
   3. Postcardiac arrest
   4. Malignant hypertension
   5. Hypotension

C. Pulmonary disease
   1. Chronic obstructive pulmonary disease
   2. Narcolepsy
Associated causes

D. Acute or chronic renal failure

E. Intra-abdominal inflammatory process
   1. Acute cholecystitis
   2. Spontaneous bacterial peritonitis in cirrhosis

F. Retroperitoneal disease
   1. Malignancy
   2. Hematoma or hemorrhage
   3. Acute pancreatitis

G. Postoperative
   1. Craniotomy
   2. Urological operations
   3. Cesarean section
   4. Hysterectomy
   5. Coronary bypass
   6. Closure of atrial septal defect
   7. Renal transplantation
   8. Cholecystectomy
Associated causes

H. Post-traumatic
   1. Fracture of large bone
   2. Trauma
   3. Postpartum

I. Drugs
   1. Phenothiazines
   2. Tricyclic antidepressant
   3. Laxative abuse

J. Miscellaneous
   1. Acute leukemia patients on chemotherapy
   2. Electrolyte imbalance: hypokalemia or hypernatremia, or both
   3. Chronic alcoholism
   4. Lead poisoning
   5. Pelvic irradiation
   6. Systemic infection
   7. Malignancy with metastasis
   8. Herpes zoster infection
   9. Anorectal herpes simplex infection
Managements

1. NPO, IVF
2. NG Suction
3. Colonoscopic decompression and to rule out obstruction of the distal colon (unprepped)
4. Neostigmine 2 mg IV
5. Percutaneous tube cecostomy
6. Percutaneous endoscopic colostomy (PEC)
7. Surgery
Neostigmine

1. An acetylcholinesterase inhibitor.

2. Contra – indications; peritonitis, mechanical intestinal or urinary tract obstruction.

3. Special precautions; Epilepsy, bronchial asthma, brady cardia, AV Block, cardiac arrhythmia, hyperthyroidism.

4. Atropine (available at bed side).
1. Indications; recurrent sigmoid volvulus, colonic pseudo-obstruction (acute and chronic), and neurological constipation.

2. - 87% successful placement.
   - 81% symptoms improve.
   - 77% infection.
   - 44% PEC removal because of infection.
   - 7% died from fecal peritonitis.
Acute Colonic Pseudo-obstruction

Acute colonic distention

Mechanical obstruction

Pseudo-obstruction

Conservative management:
NPO, IVF, NG Suction

Evaluate and treat reversible causes

Partial/no response

Neostigmine

Resolution

Resolution

Resolution
Acute Colonic Pseudo-obstruction

Neostigmine

Resolution

Partial/no response

Colonoscopic decompression

Resolution

Partial/no response

Surgical cecostomy/Percutaneous cecostomy
Thank you