

Medical Imagery

Acute Colonic Pseudo-Obstruction (Ogilvie's Syndrome) in 83-Year-Old Male

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ARTICLE INFO

Accepted 3 February 2021

This 83-year-old male visited emergency department with chronic diarrhea for 6 months and progressive abdomen distension in these days. He was found to have a distended, mild tenderness abdomen without peritoneal signs. Digital examination showed no tenderness and no mass. Laboratory investigations included white-cell count of $4000/\text{mm}^3$, creatinine level of 0.78 mg/dL , magnesium of 2.2 mg/dL and severe hypokalemia of 1.58 mmol/L . Abdominal plain film revealed exuberant colonic dilatation (Figure 1A), while computerized tomography (CT) showed distention of the entire colon without mechanical obstruction (Figure 1B and C). Decompressing through nasogastric and rectal tube were applied for ten days. Colonoscopy showed no rectal mass, but tumor located splenic flexure with pathological adenocarcinoma (pT1). Stool culture yielded *Aeromonas veronii* and antibiotics was given. *Clostridium difficile* toxin was negative. After 10 days of admission and potassium supplement, potassium levels (3.26 mmol/L) improved and clinical resolution of abdominal distension was noted. The similar event didn't recur for months. However, he died from pneumonia 4 months later.

Acute colonic pseudo-obstruction (Ogilvie's syndrome) is characterized by massive colon dilation in the absence of mechanical obstruction.¹ It usually occurs in hospitalized patients with acute medical illness or after surgery in conjunction with electrolytes deficiencies.² Management of this disease is treating reversible causes and decompress the colon in order to minimize the risk of colonic perforation and ischemia.^{3,4} The patients who have not a response to conservative therapy, treatment with neostigmine may be safe and effective.^{5,6} The fatal complication from Ogilvie's syndrome is colonic perforation.⁷

Conflict of interest

None declared.

References

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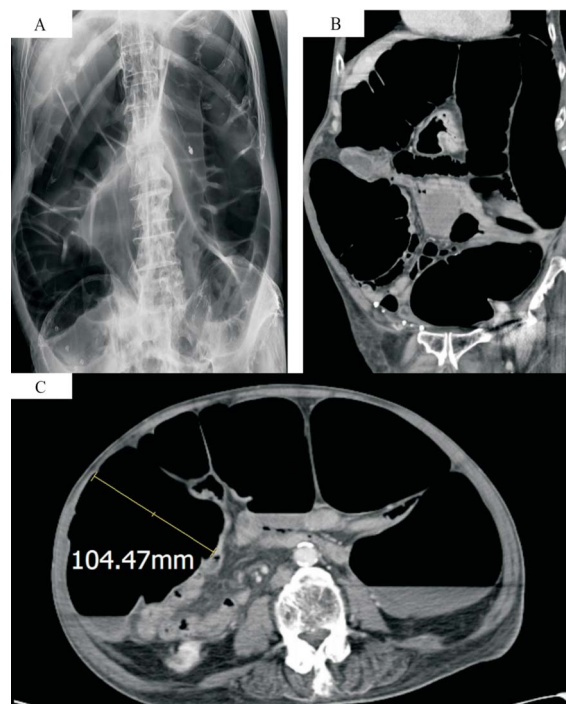


Figure 1. A: Abdominal plain film revealed exuberant colonic dilatation. B: CT showed distention of the entire colon. C: CT showed distention of the entire colon, with a maximum calibre of 104 mm.

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