

# Ogilvie's Syndrome (acute colonic pseudo-obstruction)



*Pic.: N. Engl. J. Med. 341 (3): 137-41*

# Ogilvie's Syndrome

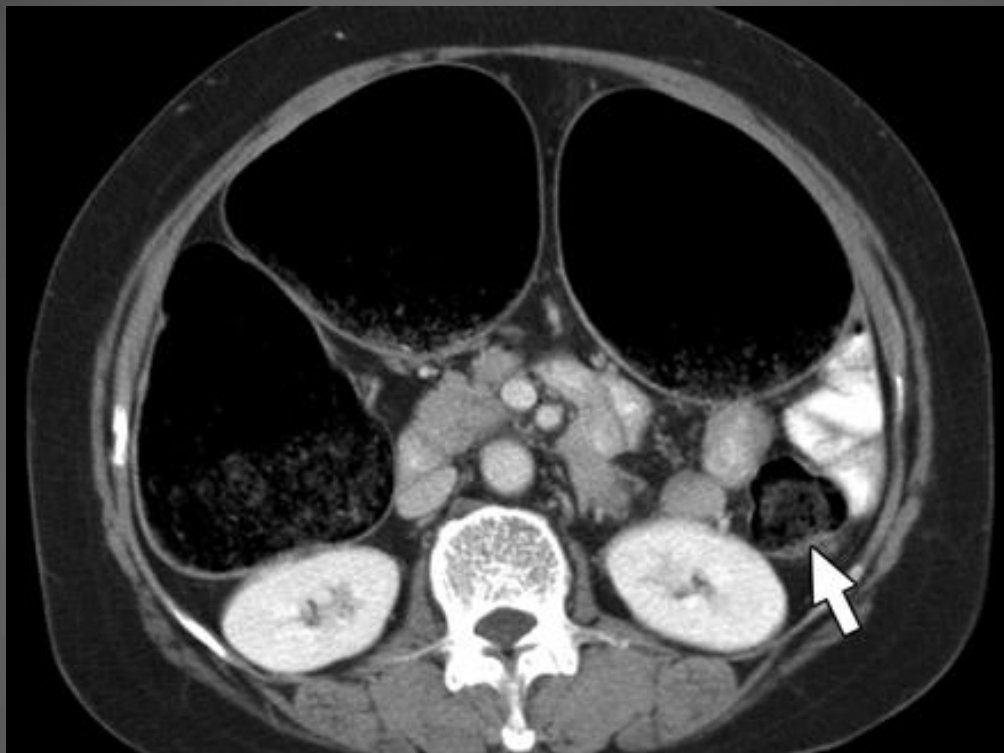
“Acute colonic pseudo-obstruction or Ogilvie's syndrome is characterized by the signs and symptoms of large-bowel obstruction, but without evidence of a mechanical cause. It is, in essence, a functional obstruction of the colon, usually occurring in patients who are ill from other non-colonic causes.”

*(Dis Colon Rectum, Vol. 40, No. 11,1353-1357)*

# Ogilvie's Syndrome

- Named after Sir **William Heneage Ogilvie** (1887–1971), who first reported it in 1948.
- Causes: Recent surgery, neurologic disorders, infections, drugs that disturb colonic motility, cardiovascular or respiratory problems, metabolic disturbances.
- The approximate risk of spontaneous perforation is 3 percent, with an attendant mortality rate of 50 percent.
- Most cases respond to conservative management (may require colonoscopic decompression).

# Ogilvie's Syndrome - CT



61-year-old woman with colonic pseudoobstruction. Axial CT image shows severely distended transverse colon without obstructive lesion. Diameter of maximally dilated colonic segment was 13.7 cm. Transitional zone (*arrow*) is in splenic flexure.

*(AJR Am J Roentgenol. 2008 Jun;190(6):1521-6.)*

# Ogilvie's Syndrome - References

- 1. Neostigmine for the Treatment of Acute Colonic Pseudo-Obstruction.**  
*N. Engl. J. Med.* 341 (3): 137–41
- 2. Ogilvie's syndrome (acute colonic pseudo-obstruction): review of the literature (October 1948 to March 1980) and report of four additional cases.**  
*Dis. Colon Rectum.* 1982 Mar;25(2):157-66.
- 3. Colonic pseudoobstruction: CT findings.**  
*AJR Am J Roentgenol.* 2008 Jun;190(6):1521-6.
- 4. Acute pseudo-obstruction of the colon (Ogilvie's syndrome). An analysis of 400 cases.**  
*Dis Colon Rectum.* 1986 Mar;29(3):203-10.