Postpolypectomy acute colonic pseudo-obstruction (Ogilvie's syndrome)

M. Atiq, F. Aduli, W. Refai, K. W. Olden
Division of Gastroenterology, University of Arkansas for Medical Sciences, Little Rock, Arkansas, USA

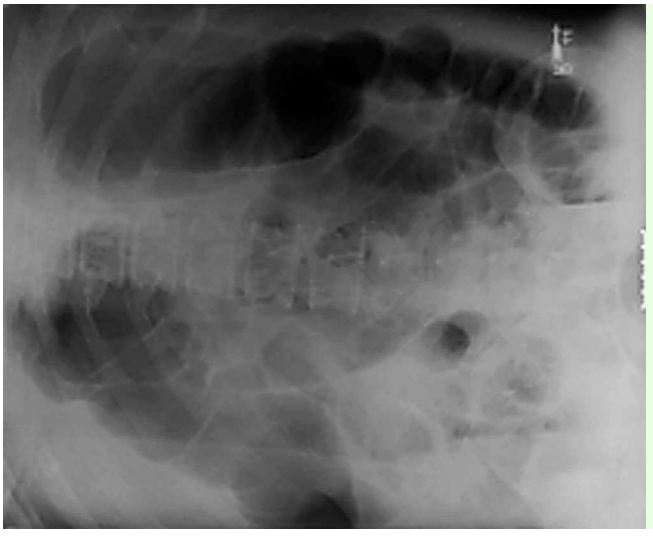

Fig. 1 Abdominal X-ray. Persistent dilated loops of bowel seen after colonoscopy.

Acute colonic pseudo-obstruction (ACPO) is characterized by massive colonic dilatation without mechanical obstruction [1]. Typically, it develops in hospitalized patients with serious underlying medical and surgical conditions such as sepsis and respiratory failure [2]. We report a case of postpolypectomy ACPO.

A 51-year-old gentleman with liver cirrhosis presented for screening colonoscopy as the workup for liver transplantation. We used fentanyl 75 µg and midazolam 4 mg for conscious sedation. During the procedure, eight polyps ranging in size from 5 to 12 mm were removed with snare cautery. We used a moderate amount of air for colon insufflation.

After the procedure, the patient developed abdominal distension, nausea and vomiting, and generalized pain. He was observed in our postprocedure care unit. An abdominal radiograph showed massive colonic dilatation without signs of perforation (**Fig. 1**). He was given nothing by mouth; intravenous hydration was administered. Repeat abdominal radiographs at 24 and 48 hours showed persistent colonic distension, but no signs of perforation. The patient remained afebrile.

After around 60 hours of persistent colonic dilatation, a rectal tube was placed. This resulted in gradual improvement in the abdominal distension over a few hours. The patient did very well thereafter and was discharged home in a stable condition. There was no recurrence.

The pathogenesis of ACPO is not completely understood, but it probably results from an imbalance in the autonomic regulation of colonic motor function, leading to excessive parasympathetic suppression or sympathetic stimulation [3]. In our patient, the reason for ACPO was not clearly identified. We hypothesize that it was most likely secondary to electric burn to the colonic mucosa resulting from the extensive polypectomy. This resulted in persistent colonic dilatation even as far out as almost 3 days after the procedure.

It is important to consider ACPO in the differential diagnosis of abdominal distension after colonoscopy with polypectomy.

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References

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Corresponding author

K. W. Olden, MD
4301 W Markham St, ML#567
Little Rock
AR-72211
USA
kwolden@uams.edu