

Review article

Postpartum Acute Colonic Pseudo-Obstruction (Ogilvie's Syndrome): A systematic review of case reports and case series



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ABSTRACT

Introduction: Ogilvie's Syndrome or Acute Colonic Pseudo-Obstruction (ACPO) is a rare condition characterized by massive dilatation of the colon in the absence of mechanical obstruction. About 10% of all reported cases are related to Obstetric and Gynaecological procedures, Caesarean section being the commonest associated factor. Acute intestinal dilatation, if not treated, may lead to perforation and faecal peritonitis with consequent high morbidity and mortality.

Materials and methods: An electronic literature searches were performed in PubMed, EMBASE, Google scholar and hand searches for relevant references were included without any language restriction. All the records reported after year 2002 were included for the full review. We analyzed the quality of the reports and the data was further analyzed for their respective risk factors, clinical features, management methods, morbidity and mortality.

Results: The results from our searches included a total of 125 cases of postpartum ACPO. A total of 66 cases were reported in 37 publications after year 2002. Details of delivery were recorded in 13(19%), clinical manifestations in 49(69%), imaging results in 43(65%) and management described in 100% of the cases. Although 62(92%) cases were following caesarean section, no specific antepartum or intrapartum factors were associated with ACPO. The caesarean sections performed for indications of preeclampsia, multiple pregnancy, antepartum haemorrhage/placenta previa were more in this group of patients who developed ACPO compared to caesarean sections performed for same indication in general population of England and Wales. Abdominal distension and pain were the commonest symptoms, followed by vomiting. Fever was common in patients with perforation.

Twenty eight (43%) patients had intestinal perforation or impending perforation, and 31(47%) patients required laparotomy. Conservative management was successful in 33(50%) patients. All patients with a caecal diameter of more than 12 cm perforated compared to 3/17 with a diameter of less than 9 cm. Most perforations were diagnosed between postoperative day 3 and day 5. Only one case of mortality has been recorded (1.5%).

Conclusions: No specific risk factors could be identified for postpartum ACPO. A postpartum patient with abdominal distension and pain should have appropriate imaging to rule out colonic dilatation and/or perforation. Perforation may occur with a caecal diameter of less than 9 cm but it is more likely if the diameter exceeded 12 cm. The mortality risk appears to be low in the postpartum group compared to other patients with ACPO. There is a need for establishing national level databases to capture all the relevant data in a consistent manner, to understand this rare disease process.

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Introduction

Ogilvie's Syndrome or Acute Colonic Pseudo-Obstruction (ACPO) is a rare condition characterized by massive dilatation of the colon in the absence of mechanical obstruction. The condition, first described by Sir William Heneage Ogilvie in 1948 [1], is usually associated with medical conditions such as trauma, burns, major surgery (pelvic and orthopaedic surgery, caesarean section), pregnancy and sepsis [2]. The importance and life threatening nature of Ogilvie's syndrome in the postpartum period was underlined in the 2000–2002 triennium UK confidential enquiry into maternal mortality report, which reported four deaths from it [3].

The exact incidence and aetiopathogenesis are not clearly known. However, due to a lack of awareness it may be reported less frequently. It is rare in young patients and when it occurs, pregnancy and in particular caesarean section is the commonest predisposing factor [2]. About 10% of cases reported are related to obstetric and gynaecological procedures. One report suggests the incidence of postpartum Ogilvie's Syndrome to be 1:1500 deliveries [4]. The resulting acute intestinal dilatation, if not treated, may lead to perforation and faecal peritonitis and consequently a higher associated morbidity and mortality. Our aim here was to undertake a review of literature and provide an up-to-date account of this syndrome.

Materials and methods

Eligibility criteria

We included original case reports and case series of Ogilvie's Syndrome or Acute Colonic Pseudo-Obstruction (ACPO) occurring during the postpartum period, following vaginal or caesarean delivery. No language restriction was applied. Narrative reviews, commentaries and letters to editors were excluded. Case reports not related to the postpartum period or diagnosed during the antenatal period were excluded. Only articles published after 2002 were included for the full review. This was so as to reflect more recent data, following on from the 2000 to 2002 triennium UK confidential enquiries into maternal deaths and publication of the evidence based guidelines on the management of ACPO by the American Society for Gastrointestinal Endoscopy [3,5].

Search methods

We performed an electronic search on PubMed, EMBASE and Google Scholar databases, with MeSH terms: Ogilvie's Syndrome, Acute Colonic Pseudo-Obstruction and Caesarean Section or normal delivery without language restriction. Databases were searched from 1971 to 12th June 2016. The titles and abstracts were screened by two authors (PJ and MM) and duplicates were removed. Further manual hand search from the reference list of case reports and review articles were performed for any missing

publications. Full papers were obtained for articles included in the systematic review.

Data synthesis

Case reports and individual cases in series were assessed and baseline data extracted in a standardized form for age, antepartum risk factors, mode of delivery (normal, operative vaginal, caesarean), indications for caesarean section, type of caesarean section, type of anaesthesia, operative complications and any medication used.

The outcome data were extracted for clinical features, time-frame for the onset of symptoms and diagnosis, imaging and blood results, management, morbidity such as intestinal perforation and mortality.

The results were summarized to identify potential risk factors for ACPO, early identification, any predictive factors for intestinal perforation, treatment given and management of complications such as intestinal perforation and completeness and quality of reporting these rare cases.

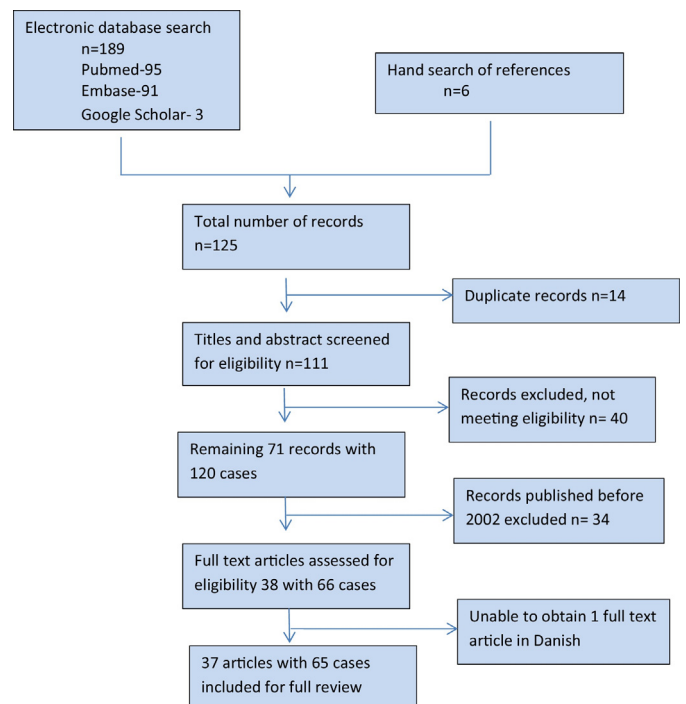


Fig. 1. Literature search. PRISMA diagram.

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