Acute Colonic Pseudo-obstruction (Ogilvie’s Syndrome) Mimicking Pneumoperitoneum

Yutaka Tomizawa

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An 81-year-old woman with decompensated ischemic cardiomyopathy presented with respiratory distress and abdominal pain. A physical examination was notable for diffuse abdominal distension and tenderness. The patient was hemodynamically stable, and clinical findings of peritonitis were absent. A chest X-ray revealed the presence of air under the right hemidiaphragm (Picture A), and pneumoperitoneum was therefore suspected. A CT scan of the abdomen subsequently demonstrated severe dilatation of the colon measuring up to 12 cm in diameter (Picture B). There was no evidence of mechanical obstruction, bowel perforation or volvulus. A distended colon compressing the diaphragm was observed (Picture C), which likely resulted in a decreased diaphragmatic function, thus leading to atelectasis and respiratory insufficiency. A decompression tube was placed via colonoscopy (Picture D). The colon was successfully decompressed, and a remarkable clinical improvement was obtained. The subphrenic air had thus been misinterpreted as indicating pneumoperitoneum. This case highlights the importance of conducting clinical examinations and suggests that a pseudo-obstruction should be considered in a patient presenting with an isolated air-fluid level (1).

Department of Medicine, University of Pittsburgh Medical Center, USA
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Correspondence to Dr. Yutaka Tomizawa, tomizaway@upmc.edu
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Reference