

Clinical Image

End Stage of Ogilvie Syndrome

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A 87-year-old female, with several episodes of bowel pseudo-obstruction in the last 4 years, with no apparent cause; was admitted to the emergency department for abdominal pain and distension for the last 2 days.

On presentation, temperature was 38.4°C and blood pressure 93/40 mmHg. The abdominal examination revealed: murmur abolished, voluminosos distension and tympanic sound over all portions. Laboratory finding showed: hemoglobin 11.2 g/dL, leukocytosis $41.5 \times 10^9/L$ with 96.7% neutrophilia and C-reactive protein 27.79 mg/dL; with the following abdominal X-Ray (Figure 1) and CT-scan (Figure 2).

In the first 24 hours a conservative management was decided: correct fluids and electrolytes, *Nil per os*, nasogastric and rectal tube suction, IV metoclopramida and IV Neostigmine, and after stabilization perform a Colonoscopic decompression of the colon.

Progressive deterioration of the clinical condition with multiple organ failure, dying 24 hours after admission.



Figure 1:

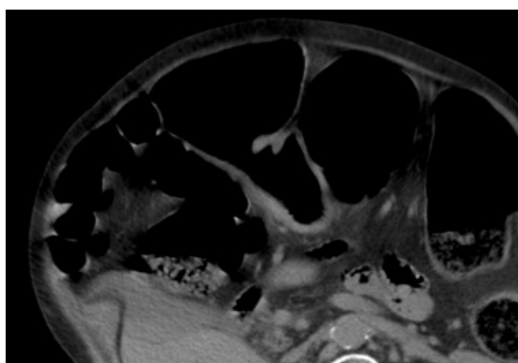


Figure 2: