Ogilvie Syndrome Associated to Parkinson’s Disease

Abstract

Introduction: Ogilvie’s syndrome is an acute dilatation of a part or all of the colon and rectum without mechanical obstruction. The diagnosis is based on computed tomography (CT) that exclude organic or functional colonic obstruction and ensures the detection of signs of severity. Rapid diagnosis leads to conservative measures and the resolution of obstruction. Delays in diagnosis can lead to complications imposing a surgical treatment and increased mortality rate. GOALS: -To show the impact of imaging in the management of Ogilvie’s syndrome and improving its prognosis. - To analyze the link between Ogilvie’s syndrome and Parkinson’s disease. MATERIALS AND METHODS: We report the case of a 52 years old woman followed for Parkinson’s disease, with poor therapeutic compliance as a discontinuation of the treatment of Parkinson’s disease for several months, the patient presented to the emergency for an insidious onset of abdominal pain and bloating with not passing gas since four days. RESULT: Abdominal contrast-enhanced CT-scan showed an important dilatation of all of the colon and rectum without sharp transition or mechanical obstruction, which was consistent with Ogilvie’s syndrome. Considering the absence of signs of gravity in CT-scan, conservative measures are required as medical treatment and endoscopic proceedings, but the non-improvement of our patient lead to surgical treatment. CONCLUSION: There are several theories that explain the pathophysiology of Ogilvie’s syndrome, the most likely is the dysfunction of innervation of the colon which is due in our case to Parkinson’s disease. The diagnosis is based on computed tomography. The treatment is pharmacologic, conservative or surgical depending on the severity of the disease and its evolution.

Publications

1. Plantar fibromatosis: Place of MRI
2. Neurocysticercosis