

Constipation then Colectomy: A Case of Loperamide Induced Ogilvie Syndrome

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Introduction

- Acute colonic pseudo-obstruction or Ogilvie's syndrome occurs with non-toxic colonic dilation without a mechanical obstruction.
- We present a case of this rare entity in a middle-aged man after being inadvertently treated for infectious diarrhea with antimotility agents.
- After symptoms failed to improve with multiple interventions his pseudo-obstruction required a subtotal colectomy with end ileostomy

Case Presentation

- Our patient was a 57-year-old man who presented with constipation and nausea after treating his diarrhea with loperamide. He developed nausea, vomiting, and abdominal distention which prompted him to go to the ED.
- On presentation he was hemodynamically stable and afebrile. Physical exam showed abdominal distention with mild tenderness to palpation with normoactive bowel sounds.
- Labs revealed WBC 6.9 K/uL, Hgb 13.9 g/dL, Na 131 mmol/L, 3.6 mmol/L, AST 10 U/L, ALT 13 U/L, ALP 49 U/L. Cdiff and GI pathogen panel came back negative. Other studies including a negative HIV and CMV quantitative viral load test.

Hospital Course

- Initial KUB showed moderate gaseous dilation of bowel which appeared to be mostly colon with relative paucity of distal colon and rectal gas with findings secondary to ileus or possibility of distal colon obstruction.

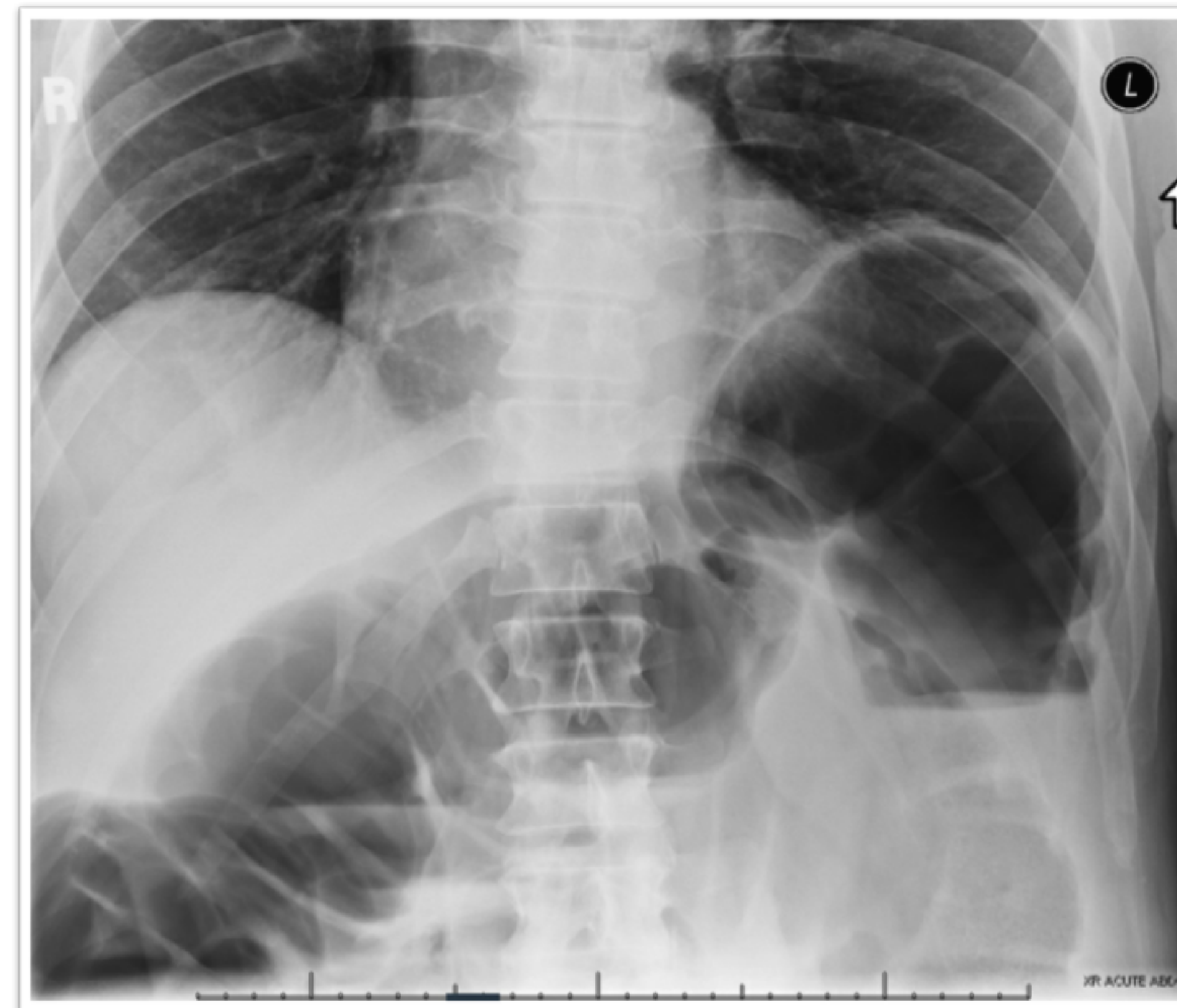


Figure 1. Patient's initial KUB

- Over his month-long hospitalization he received several interventions including a NG tube placed for decompression and two rounds of neostigmine.
- Gastroenterology was consulted with two colonoscopies performed for decompression and biopsies. Biopsies showed focal acute inflammation without pseudo-membranes, viral inclusions, ischemic changes, or evidence of chronic active colitis.
- Due to his malnourishment, he required total parenteral nutrition (TPN). His abdominal pain, distention, and constipation persisted so general surgery was consulted with a cecostomy tube placed for drainage that failed to resolve his symptoms.

- Ultimately, he underwent a subtotal colectomy with end ileostomy with resolution of his symptoms. He was discharged home.

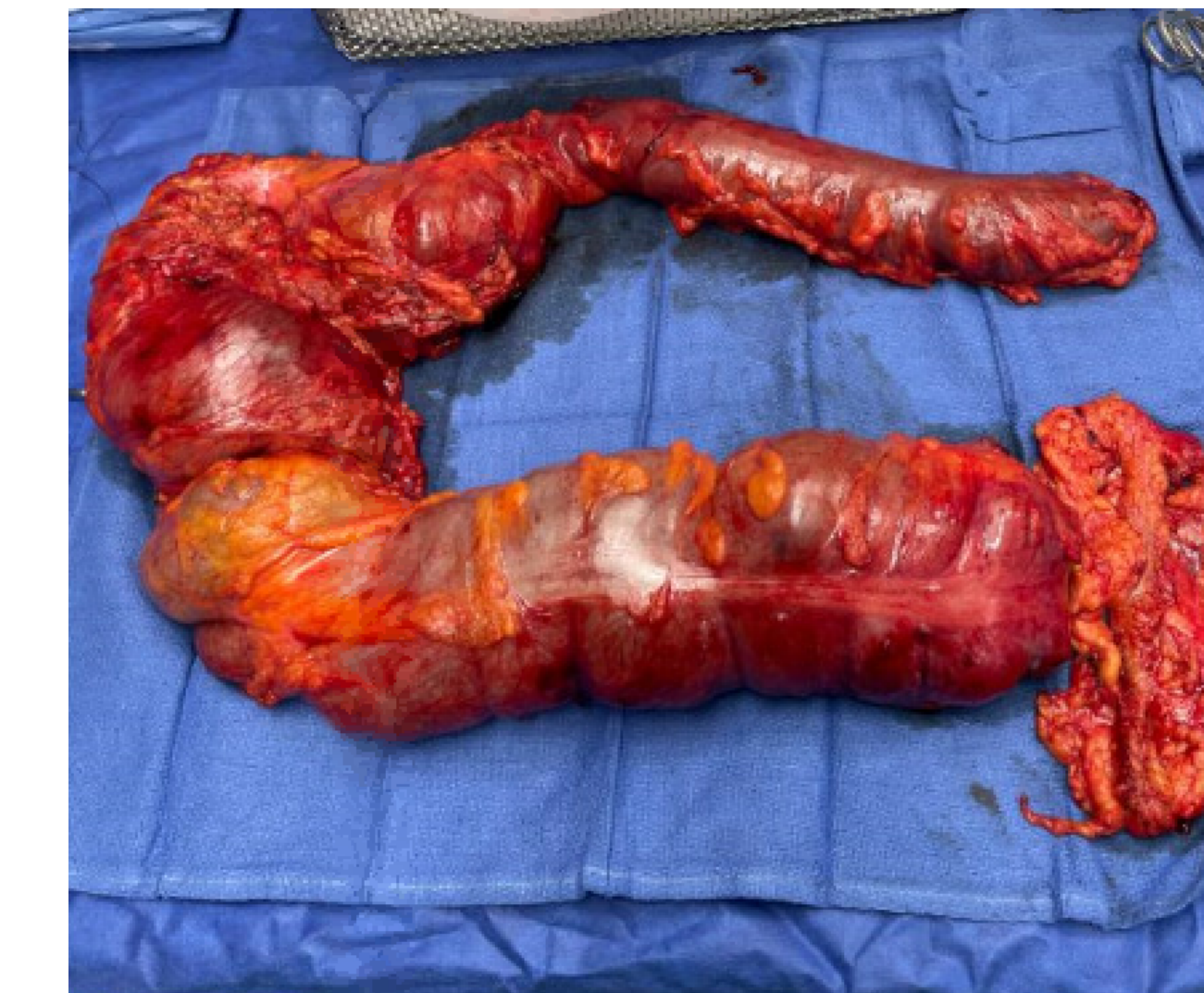


Figure 2. Operative Photo of Subtotal Colectomy

Discussion

- Loperamide inhibits motility as a peripheral opioid agonist and causes pseudo-obstruction due to this anti-kinetic effect with one other case study cited in the literature.
- Most acute pseudo-obstructions respond to medical management.
- When patients fail treatment with neostigmine and colonoscopy, a cecostomy tube can be placed for drainage.
- A subtotal colectomy is an intervention of last resort for these patients but necessary in our patient due to his malnutrition and persistent ileus.



Figure 3. Patient's abdomen with surgical incision, ileostomy, and stitched up cecostomy tube opening