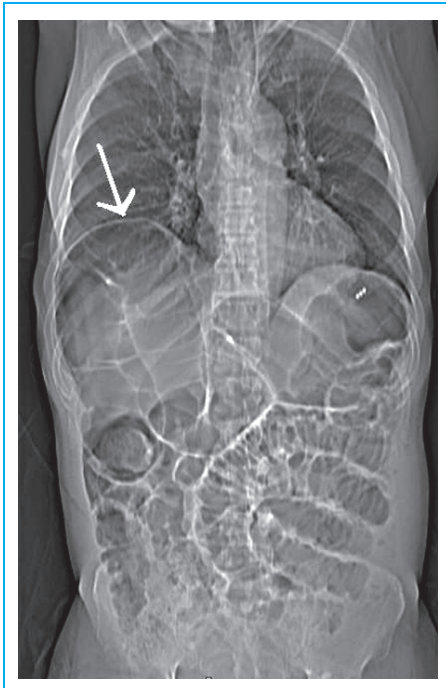


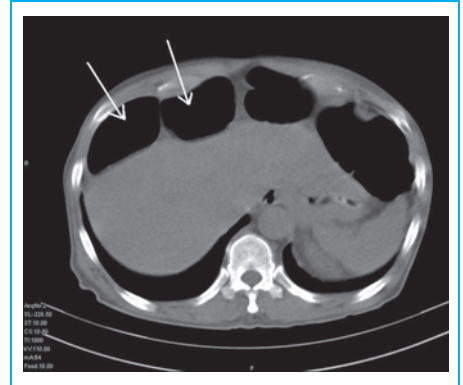
Acute colonic pseudo-obstruction (Ogilvie syndrome) with Chilaiditi syndrome



A 64-year-old man presented with abdominal distension and nausea, following 5 days of colicky abdominal pain and constipation. He had been taking antihypertensive and anti-asthma medication for 15 years. Clinically, generalised abdominal tenderness and guarding were present.

A chest x-ray revealed hepatodiaphragmatic interposition of the large bowel (Chilaiditi sign). Abdominal computed tomography confirmed the presence of bowel loops anterior to the liver (Figures, arrows) and grossly dilated large bowel with no evidence of pneumoperitoneum. Biochemical analysis revealed hyponatraemia and hypokalaemia.

No evidence of mechanical bowel obstruction was found during surgery. The final diagnosis was acute colonic pseudo-obstruction (Ogilvie syndrome) with Chilaiditi syndrome. To our knowledge, this is the first report of a patient with both these rare, and possibly correlated, syndromes.



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