Introduction:
Acute colonic pseudo-obstruction (ACPO) or Ogilvie Syndrome is a disorder characterised by acute dilatation of the colon in the absence of mechanical obstruction. ACPO can result in colonic ischaemia and perforation, leading to increased morbidity and mortality. Reported risk factors include trauma, major surgery, sepsis, shock, electrolyte imbalance, renal failure and medications such as opiates, sedatives and anti-cholinergics [1]. To date there are few reports of ACPO in the intensive care cohort. We investigated the incidence and risk factors associated with ACPO.

Methods:
The ICU admission database was interrogated to identify all patients diagnosed with ACPO from October 2018 to October 2019. In study subjects, a retrospective chart review was carried out recording patient demographics, admission diagnosis and severity of illness. Charts were examined for risk factors associated with ACPO and for details of the management of ACPO once diagnosed.

Results:
Of 400 admissions, 7 patients (2 female) developed ACPO, (mean age 52.2 years, mean APACHE 2 score 15.6 (range 8-22). Five patients were admitted with respiratory failure. Mean time to diagnosis of ACPO was 7.1 days after ICU admission. All patients were mechanically ventilated at the time of diagnosis. Six patients received a cephalosporin as per stewardship guidelines. All patients were on corticosteroid therapy. One patient responded to conservative management and one patient is receiving ongoing treatment. Five patients developed a colonic perforation, 3 of these underwent emergency surgical intervention. All patients who developed a colonic perforation died.

Conclusion:
ACPO is a condition with multiple associations in critically ill patients and substantially increases mortality risk. Further research is required into causality to better inform prevention of ACPO in ICU patients.

References: