

# Ogilvie's Syndrome Presented as Angina

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## Abstract

Ogilvie's syndrome is a non-mechanical, acute pseudo-obstruction of the colon, causing massive colonic dilation. Medical or surgical conditions can predispose patients to Ogilvie's syndrome; however, the pathogenesis and clinical findings are still not well understood. Here, we present a case of a 48-year-old male patient who presented to the Emergency Department with intermittent self-resolved left-sided lower chest pain on a background of ischaemic heart disease and positive risk factors for acute coronary syndrome. Troponin testing was negative and an electrocardiogram showed no acute changes. Chest radiography showed a dilated bowel under the left hemidiaphragm and a computed tomography (CT) scan of the abdomen-pelvis confirmed the diagnosis of Ogilvie's syndrome. The patient was treated conservatively with a short period of nil by mouth and intravenous fluids. From this case there are many learning points as non-cardiac causes of chest pain should be always considered even in patients with previous cardiac history, especially those patients for whom there is no evidence to support recurrent cardiac ischaemia. Acute colonic pseudo-obstruction (Ogilvie's syndrome) can be presented as chest pain that mimics angina pectoris.

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## Biography

Dr Abdulazeez is a senior house-officer doctor currently work at Medway Maritime Hospital, Kent, UK. Dr Abdulazeez has special interest in surgery, and he had

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