

Risk factors

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In Ogilvie's original report, the clinical picture was associated with a retroperitoneal neoplasm infiltrating and destroying prevertebral ganglia. This is actually a very rare cause. The main risks are shown in Summary box 73.4 . Summary box 73.4 Risk factors for acute colonic pseudo-obstruction /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF Sir William Heneage Ogilvie , 1887–1973, surgeon, Royal Army Medical Corps (First World War), Oxford, and Guy's Hospital, London, UK. James Parkinson , 1755–1824, general practitioner of Shoreditch, London, UK, published ' An essay on the shaking palsy' in 1817. have a high background risk and a small acute event (e.g. the elderly patient with Parkinson's disease and a urinary tract infection [UTI]) - the colon has little 'reserve' and a small insult tips the balance into one of progressive abolition of motility and tone with consequent gaseous dilatation; and those with little background risk and a large acute event, e.g. major surgery/trauma.

Frailty and senility Neurological Neurodegenerative diseases Stroke Spinal cord injury Retroperitoneum tumour in /f_i ltration Trauma/surgical Major orthopaedic injuries or surgery, e.g. vertebral, pelvic and femoral Major gynaecological surgery Obstetrics, including caesarean section Systemic in /f_l amination by any cause, e.g. sepsis, trauma, especially with multiorgan failure Localised infective conditions, e.g. respiratory, urinary Myocardial infarction Metabolic and electrolyte disturbances Medications, e.g. opioids and any with anticholinergic actions (e.g. psychiatric and Parkinson's), calcium channel antagonists

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