SLOW TRANSIT CONSTIPATION

Constipation accounts for 1.2% of medical visits
Incidence is 5 to 30% in the general population

Idiopathic slow transit constipation:

- intractable constipation not responsive to laxatives, diets or change in lifestyle
- characterized by delayed colonic transit without systemic disorder or pelvic floor dysfunction
- constipation, bloating, abdominal pain, cramps, nausea and vomiting
- greatly impairs quality of life

Diagnosis

- Rule out metabolic, endocrine and systemic disease
- Defecography
- Rectal manometry
- Sphincter electromyography
- Colorectal transit: radio-opaque marker
- Colonoscopy or barium enema

Pathophysiology

- *Dysfunction of the autonomic nervous system*
  - Pelvic autonomic dysfunction after pelvic surgery (eg hysterectomy or childbirth)
  - Neuronal degeneration
- *Disturbed enteric nervous/neuroendocrine system*
  - Mucosal endocrine cells, peptidergic and sertonergic and NO (heterogenic disturbances)
  - Interstitial cells of Cajal: decrease size in all layers of sigmoid
- *Colonic myopathy*
  - Colonic smooth muscle is hypersensitive to cholinergic stimulation
- *Psycho-social factors*
  - ISTC patient have less hypochondriasis and disease affirmation
  - May contribute to aggravation

Management

- Medical treatment
- Laxative: alternate two medicationss(dulcolax, MOM, polyethylene glycol)
- Colchine and misoprostol
- Low dose erythromycin: 40 mg ethylsuccinate TID
- 5HT4 agonist: works well in long term

Surgical treatment

- Most common is total colectomy with ileorectal anastomosis
- Subtotal colectomy with cecorectal anastomosis
- Ileorectal anastomosis have a high complication

Biofeedback

Hugo St. Hilaire, MD
February 17, 2005