fimp Federazione Italiana Medici Pediatri
Sezione di Caserta

SIPPS & FIMPAGGIORNA 2014

OBIETTIVO PEDIATRIA:
La centralità del bambino tra territorio, ospedale ed università

PROBLEMATICHE DI CHIRURGIA PEDIATRICA
Caserta, 6 marzo 2014

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STIPSI CRONICA: LE DIMENSIONI DEL PROBLEMA

- Prevalenza variabile da 0,7% -29,6% intera popolazione pediatrica;
- 3-8% delle visite ambulatoriali pediatriche;
- 30 % visite ambulatoriali chirurgiche;
- Età più colpita 5-6 anni
- MAR; HD, spina bifida occulta

Pediatr Surg Int (2013) 29:883–887
DOI 10.1007/s00383-013-3354-0

REVIEW ARTICLE

Functional constipation in children: the pediatric surgeon's perspective

Tomas Wester

Nella nostra esperienza….

- Degli accessi in PS
- Dei ricoveri

LE DIMENSIONI DEL PROBLEMA IN ITALIA

Clin Gastroenterol Hepatol. 2005 Nov;3(11):1101-6.

Bowel frequency and defecatory patterns in children: a prospective nationwide survey.

Corazziari E[1], Staiano A, Miele E, Greco L; Italian Society of Pediatric Gastroenterology, Hepatology, and Nutrition.

Author information

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- Mean bowel frequency did not vary in the first 2 years of life, it decreased (P = .00001) after the second year, and remained stable until the 12th year; it did not differ between sexes.
- Mean bowel frequency was reduced significantly in children, both in those younger or older than 2 years, with a positive history of constipation in the parents (P = .00002). Bowel frequency was inversely correlated with the number of persons living and the number of rooms in the child's house (P < .05, P = .008, respectively). Stool consistency, duration of evacuation, and frequency of episodes of painful defecation showed an inverse relationship (P < .001) with bowel frequency.
- Bowel frequency was significantly lower (P < .001) in children with anorectal disorders.

STIPSI CRONICA

CRITERI di ROME III (2006)

- ≤2 evacuazioni a settimana
- Almeno un episodio di incontinenza fecale a settimana
- Atteggiamenti di ritenzione volontaria delle feci
- Movimenti intestinali dolorosi o forti
- Presenza di fecalomi nel retto
- Evacuazione di feci di grande diametro

Nei bambini con **età mentale di almeno 4 anni**

2 o + criteri soddisfatti almeno 1 volta a settimana per almeno 2 mesi
e
Criteri insufficienti per diagnosi di sindrome dell'intestino irritabile

diagnosi di **STIPSI FUNZIONALE**

INQUADRAMENTO DEL PROBLEMA

ACCURATA ANMNESI ALIMENTARE

ACCURATA ANAMNESI FAMILIARE

FORTE ASSOCIAZIONE CON FAMILIARITA'

- 48% se entrambi i genitori affetti;
- 10% se un genitore affetto;
- 3% se nessun genitore affetto;

Van den Berg MM, Benninga MA, Di Lorenzo C et al (2006) Epidemiology of childhood constipation: a systematic review. Am J Gastroenterol 101:2401–2409

ESCLUDERE «RED FLAGS»

- Vomito;
- Diarrea;
- Febbre;
- Cute ed annessi;
- Astenia

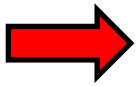
Southwell BR, King SK, Hutson JM (2005) Chronic constipation in children: organic disorders are a major cause. J Pediatr Child Health 41:1–15

INQUADRAMENTO DEL PROBLEMA

ESAME OBIETTIVO GENERALE

ESAME OBIETTIVO PIANO PERINEALE

ESPLORAZIONE RETTALE



SE E' TUTTO NORMALE?

INQUADRAMENTO DEL PROBLEMA

"If the clinical history and physical examination does not suggest an organic etiology of the constipation, a trial of medical treatment is started»

Functional constipation in children: the pediatric surgeon's perspective

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- The first step is to provide information and education to the family.
- It is important for parents to be informed that children with functional constipation often require treatment for several months or years.
- It is important to support regular bowel habits.
- A bowel diary, reporting the frequency of stools and incontinence episodes, may be useful to help achieve this.
- The mechanism of fecal incontinence should be carefully explained to the parents.

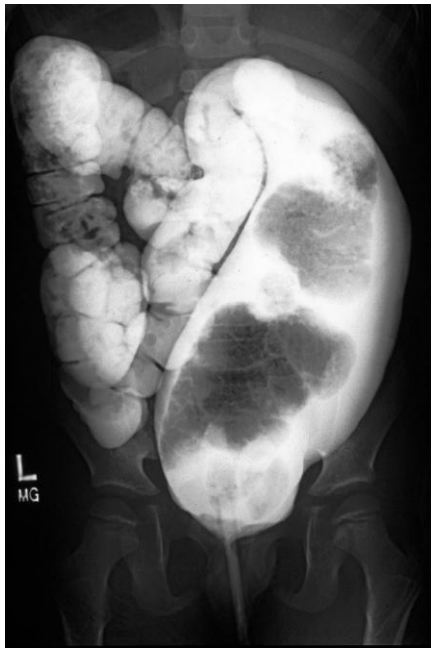
COME APPROFONDIRE?

ESAMI DI 1° LIVELLO

- Emocromo
- Screening celiachia
- Ormoni Tiroidei
- Test Allergologici
- Calcio sierico

ESAMI DI 2° LIVELLO

- Test del sudore
- Manometria Anorettale
- Biopsia rettale per suzione
- Rx addome
- Clisma opaco



To delineate the colonic anatomy and motility

The degree of megasigmoid gives an accurate idea of the magnitude of constipation

TERAPIA EVENTO ACUTO: DISIMPATTO FECALE

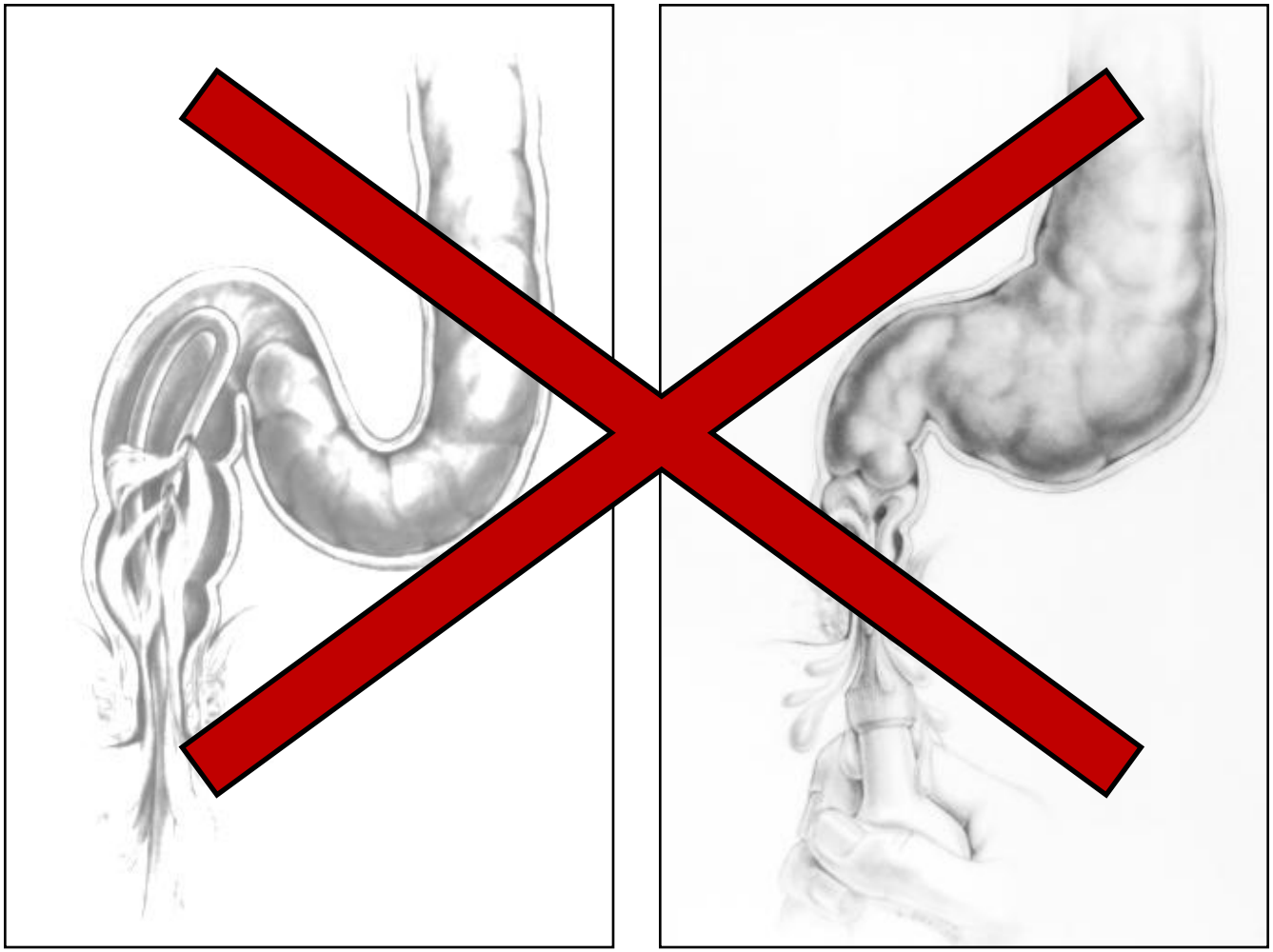
Lassativo	Meccanismo d'azione	Dose di partenza
Olio Minerale	Lubrificante, Osmotico	1-3 ml/Kg/die
Latte di Magnesia	Osmotico	1-3 ml/Kg/die
Lattulosio	Osmotico	0.5-1 ml/Kg/die
Lattitolo	Osmotico	0.5-1 ml/Kg/die
Sciroppo di senna	Stimulante	10-20 ml/die
PEG	Osmotico	0.26-0.8 gr/kg/die

Successful disimpaction is achieved in 75–92 % of the children using polyethylene glycol with electrolytes.

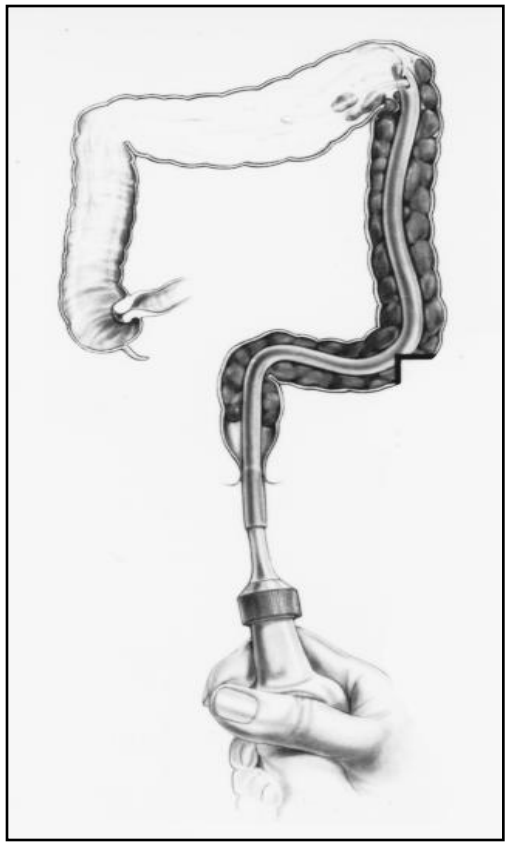
A stimulant laxative be added to polyethylene glycol if the effect is insufficient after 2 weeks.

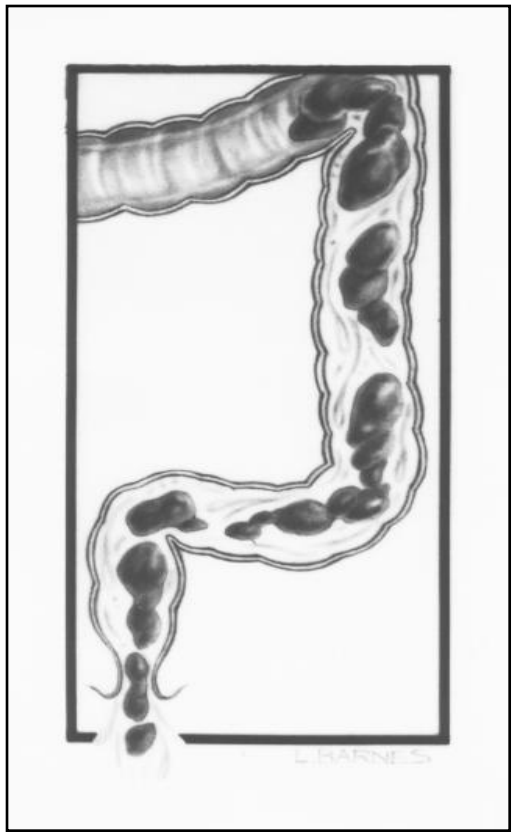
Manual evacuation is rarely indicated.

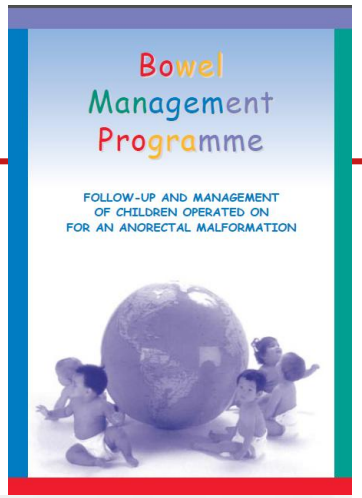
DISIMPATTO FECALE

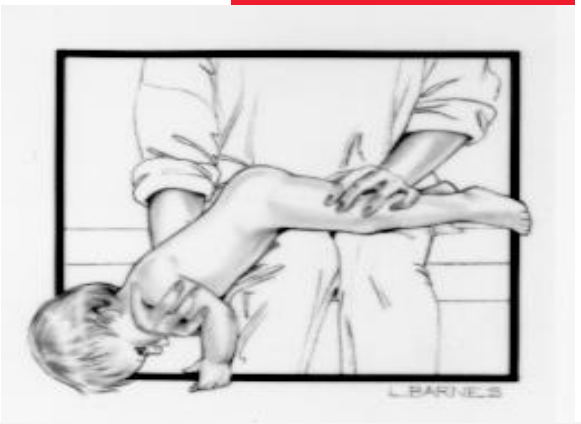


DISIMPATTO FECALE:
LAVAGGI INTESTINALI









TERAPIA EVENTO ACUTO: DISIMPATTO FECALE

<u>TRE CLISTERI IN TRE GIORNI</u>

- 1° clistere:

  < 10kg: 500 ml FISIO+1/4 fleet

  10-25kg: 750-1000ml FISIO + ½ fleet

  > 25kg: 1000-1500ml FISIO + 1 fleet adulto

- 2-3° clistere: FISIO (stesso schema)

TERAPIA EVENTO ACUTO:
DISIMPATTO FECALE

PROBLEMI:

- Durata eccessiva svuotamento
- Riflessi vagali
- Nausea
- Dolore

ACCORGIMENTI:

Aumentare dose

Diminuire concentrazione

Somministrare lentamente

Riscaldare

Controllo con RX ???

TERAPIA DI MANTENIMENTO: NORME DIETETICHE

The role of dietary fiber supplementation in children is not clear. Dietary interventions are not considered as the first choice treatment in children with functional constipation.

However, in combination with laxatives, it is important to encourage a balanced diet and adequate fluid intake.

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TERAPIA DI MANTENIMENTO: LASSATIVI

A Cochrane review shows that polyethylene glycol is more efficient than lactulose. The outcome is better with respect to the number of stools per week, form of stool and need for additional laxatives .

Lee-Robichaud H, Thomas K, Morgan J et al (2010) Lactulose versus polyethylene glycol for chronic constipation. Cochrane Database Syst Rev (7):CD007570. doi:10.1002/14651858.CD007570.pub2

If polyethylene glycol does not work, NICE guidelines suggest that a stimulant laxative be added. Laxatives should be continued for several weeks after regular bowel habits have been established, which may take several months or even years.
It is important to slowly reduce the dose.

Bardisa-Ezcurra L, Ullman R, Gordon J et al (2010) Diagnosis and management of idiopathic childhood constipation: summary of NICE guidance. BMJ 340:1240–1242

TERAPIA DI MANTENIMENTO:
LASSATIVI +CLISTERI

- Find the proper amount of laxative and enema which is working for our patient;
- Trials and errors;
- Proper amount means the patient pass stools every day or second day;

QUANDO E' NECESSARIA LA CHIRURGIA?

Occasional patients with severe intractable functional constipation may benefit from surgical approaches.

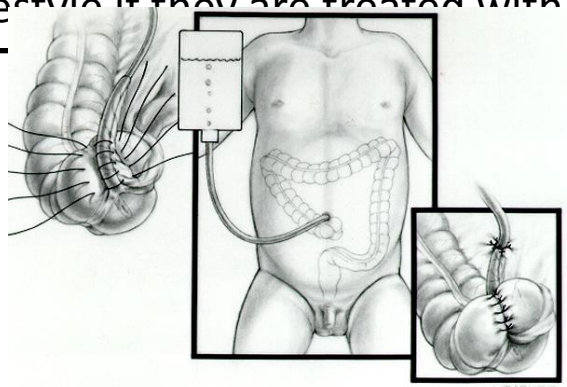
There are no controlled studies comparing these interventions with conventional pharmacological management.

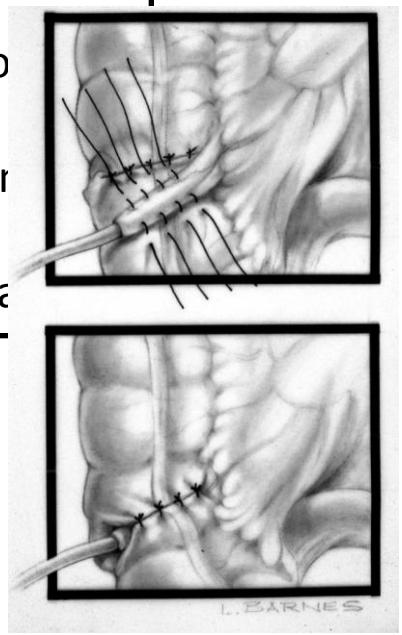
RESEZIONE RETTOSIGMOIDEA

There is little data regarding rectosigmoid resection in children with functional constipation. Levitt et al. [27] reviewed 15 patients who underwent a transanal rectosigmoid resection without colostomy for severe intractable constipation. Most of the children had an extremely dilated colon. In 14 patients who were followed up for more than 3 months, the dose of laxatives could be reduced. Two patients had soiling. Fecal incontinence is a major concern when the rectum is resected.

IRRIGAZIONI ANTEROGRADE

Malone et al. [28] first described antegrade continence enema using a non-refluxing appendicocecostomy in 1990. More recently, several modifications of the operation have been described. The technique has mainly been used to treat fecal incontinence in patients with myelomeningocele and anorectal malformations. However, it has also been used for children with functional constipation who do no respond to medical treatment [29]. Kokoska et al. [30] showed that children with constipation and fecal incontir can have normal bowel habits and an improved lifestyle if they are treated with antegrade colonic enema



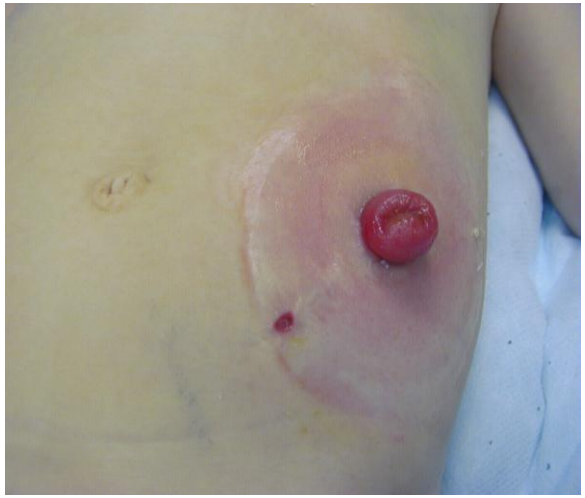


TOSSINA BOTULINICA

Botulinum toxin injections have been used successfully for
patients with Hirschsprung's disease and persistent postoperative
obstructive symptoms caused by internal sphincter achalasia [31, 32]. More recently, it was shown
that patients with chronic idiopathic constipation, who
failed to respond to laxative treatment, had a positive
outcome after botulinum toxin injections that was comparable
to that after myectomy [33].

COLOSTOMIA

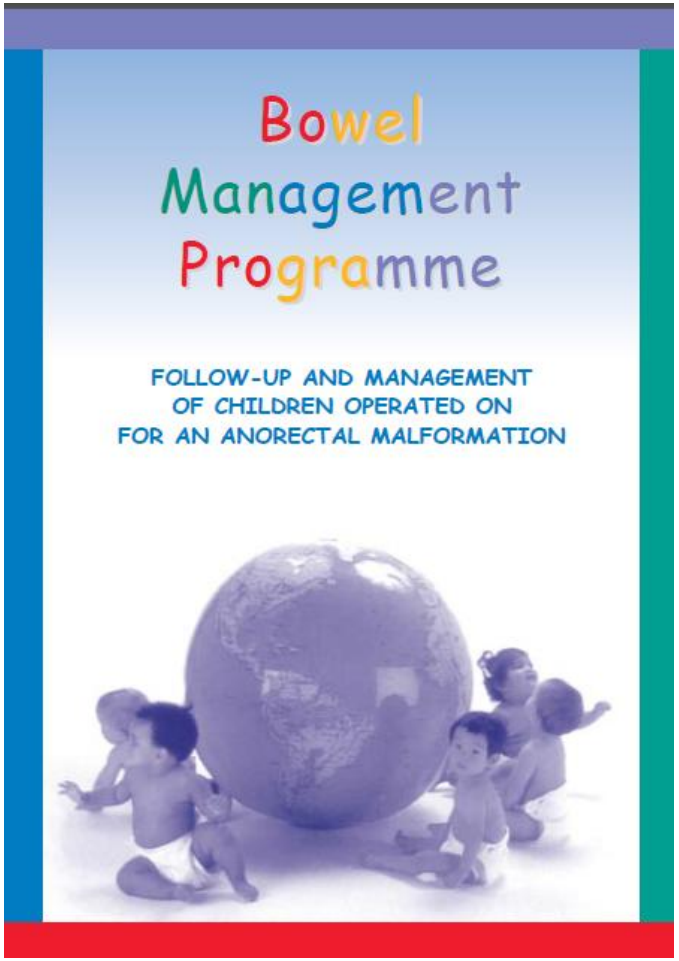
A temporary colostomy is rarely an option in children with functional constipation. However, in carefully selected children with intractable constipation, a colostomy can be a satisfactory solution with low morbidity



FOLLOW-UP A LUNGO TERMINE

Sixty percent of all children referred to a tertiary medical center for chronic constipation were treated successfully at 1 year follow-up. One-third of the children followed up

beyond puberty continued to have severe complaints of constipation. This contradicts the general belief that childhood constipation gradually disappears before or during puberty [35]. Children with constipation have a lower quality of life than children with inflammatory bowel disease or gastroesophageal reflux as well as healthy children [36].


Bowel
Management
Programme
FOLLOW-UP AND MANAGEMENT
OF CHILDREN OPERATED ON
FOR AN ANORECTAL MALFORMATION