



Challenges and New Treatment in Childhood Constipation

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Abstract

Chronic Constipation is a debilitating condition that is often associated with different abdominal problem. It can cause distress for the child and family and can result in emotional disturbance and family problem.

Based on the current algorithm, the treatment of chronic constipation consists of 4 important phases, 1: education, 2: disimpaction, 3: prevention of re-accumulation of feces and 4: follow up.

Challenges in treatment are related to many issues:

- a) Discussing the importance of problem for parents,
- b) Family concern about safety and side effects of drugs,
- c) Adherence to long term treatment, which is often crucial but unacceptable by family,
- d) Amelioration of withdrawal behavior in toddlers group which don't understand the facts,
- e) Planning a appropriate diet for constipation which is again unacceptable by children,
- f) Cost of treatment
- g) Anismus

Besides of known treatment consist of various drugs:

Biofeedback is one of the approaches that have proven benefits but with less emphasis and introduction, so application of this obsolete method needs further works.

Tegaserod, a selective agonist that acts at 5-HT₄ receptors and increases small bowel transit, stimulates intestinal secretion and inhibits visceral afferent responses has proven effective in the treatment of chronic constipation in adults.

In children with hard stools, 5-HT₄ agonist might benefit children with constipation and tendency to form hard stools, and large rectal masses. The role of this promising new agent in pediatric constipation has to be established in future studies.

Pre and Probiotics:

Non-digestible oligosaccharides consist mainly of fructooligosaccharides (FOS). FOS reduces fecal pH, increases the water, holding capacity of stool and fecal weight and decreases intestinal transit time. Furthermore, it has prebiotic effects by selectively stimulating the growth of probiotics bacteria, such as bifidobacteria.

Surgery:

If conventional therapy (dietary advice, toilet training, Oral and rectal laxatives in combination with behavioral therapy) fails, surgery may then be considered. However it is well known that current surgical approach have significant associated morbidity. An alternative surgical approach to constipation might be sacral nerve stimulation.

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