Refractory Idiopathic Constipation

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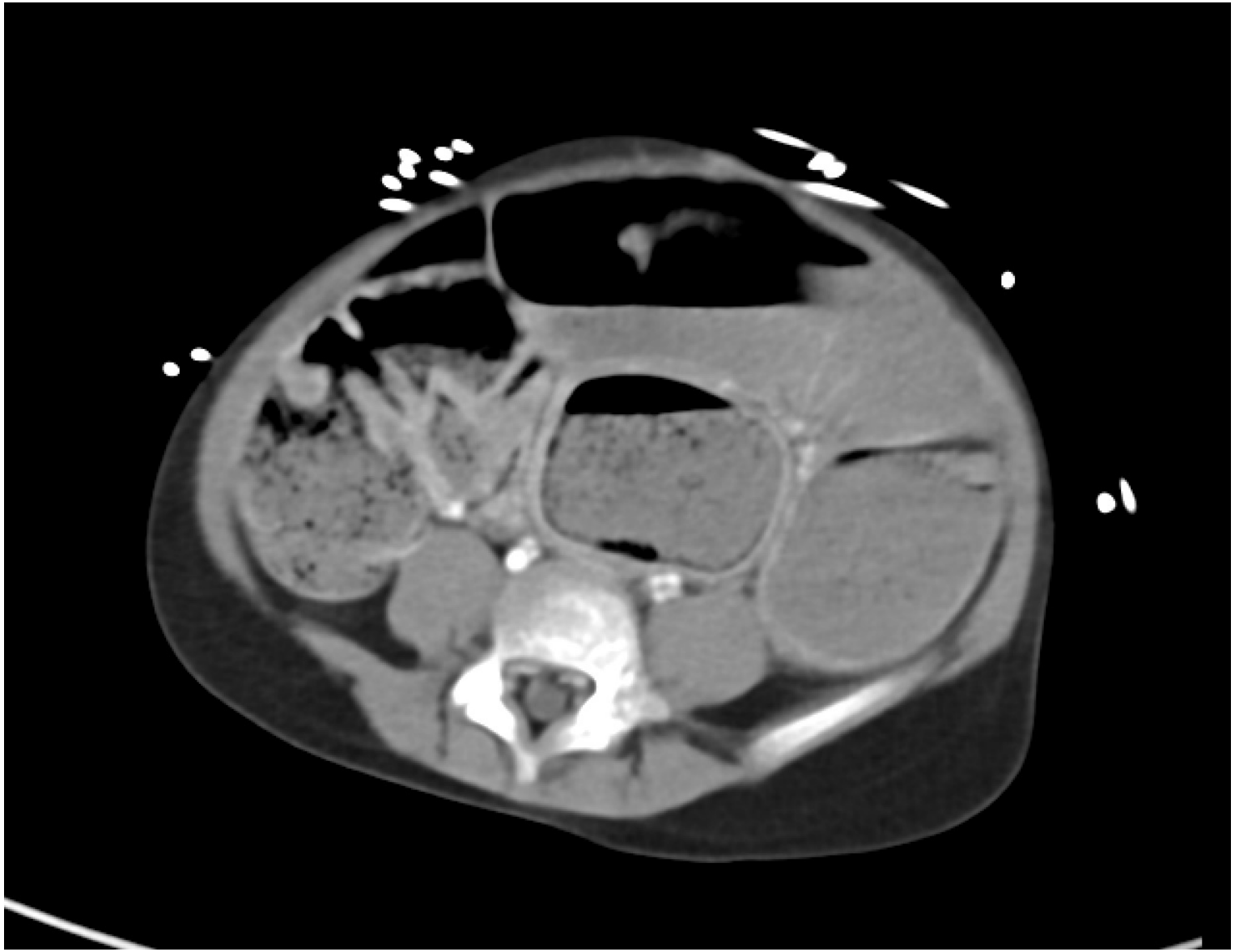
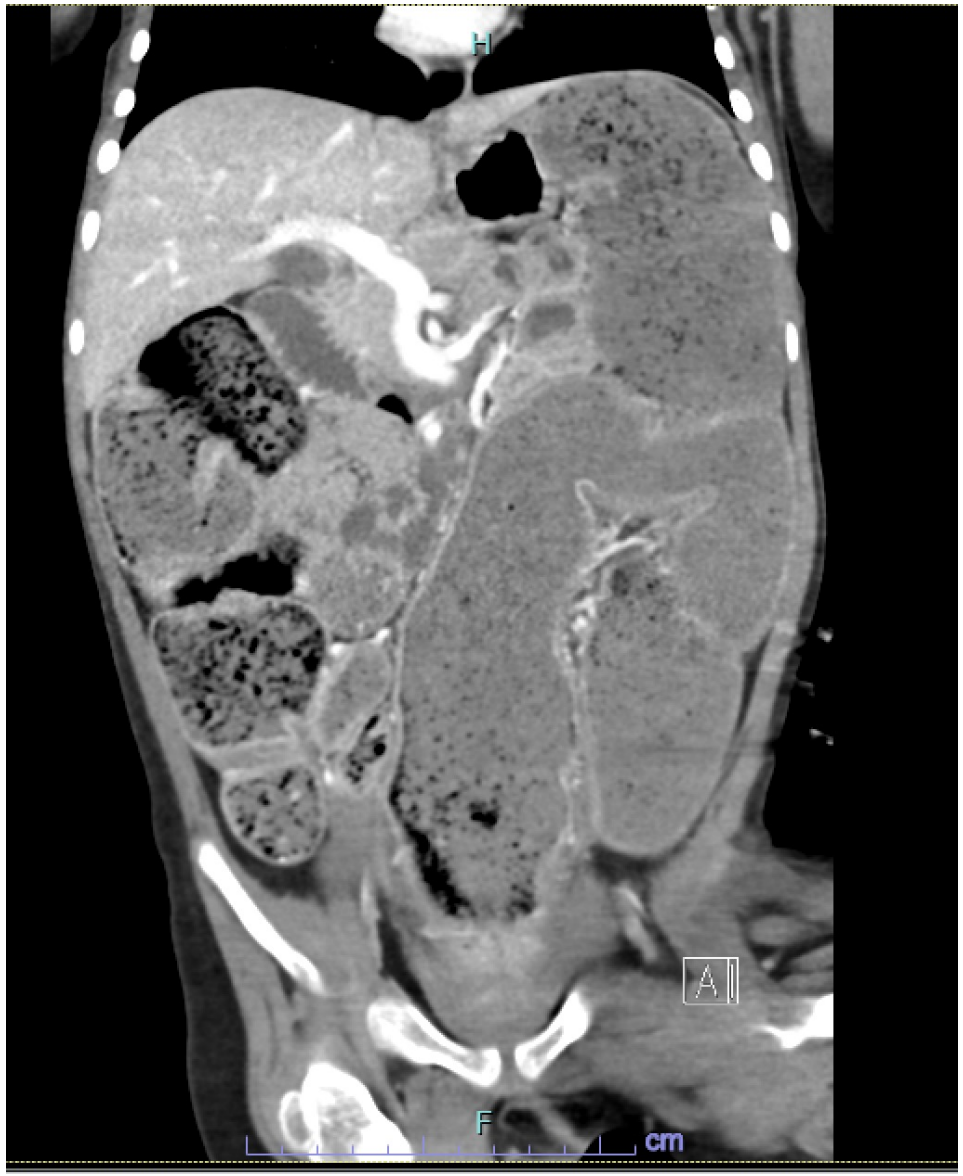
Presentation: 5-year-old Female

- Presented to the emergency room in January with a history of Autism and Constipation taking MiraLAX
- Had 2 days of abdominal pain and vomiting.
- Soon after presentation was started on pressors: norepinephrine and epinephrine for hypotension and was treated for sepsis
- CT scan was obtained.

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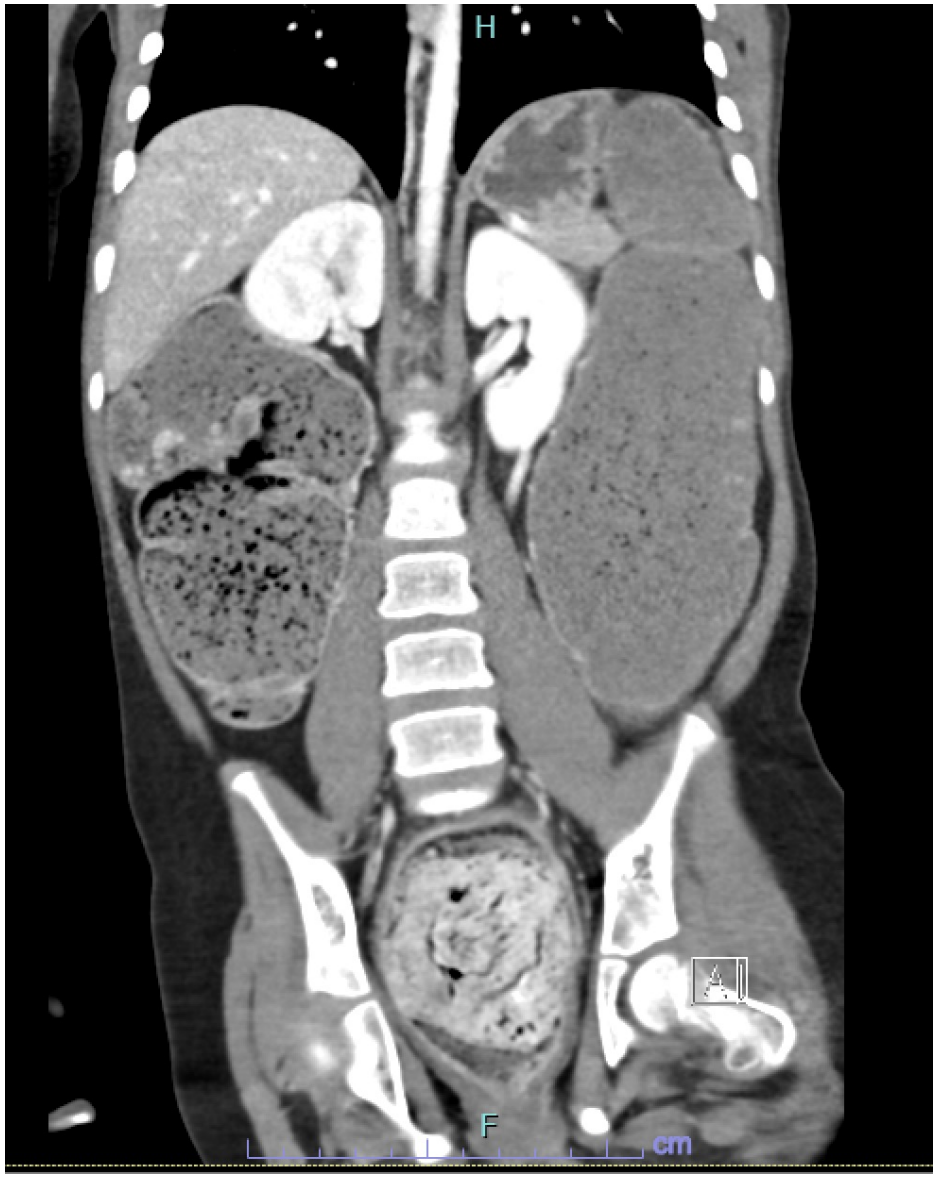
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What is Your Approach?

A) Bowel clean out with osmotic agent (Golytely / MiraLAX)

B) Contrast enema

C) Bedside enema

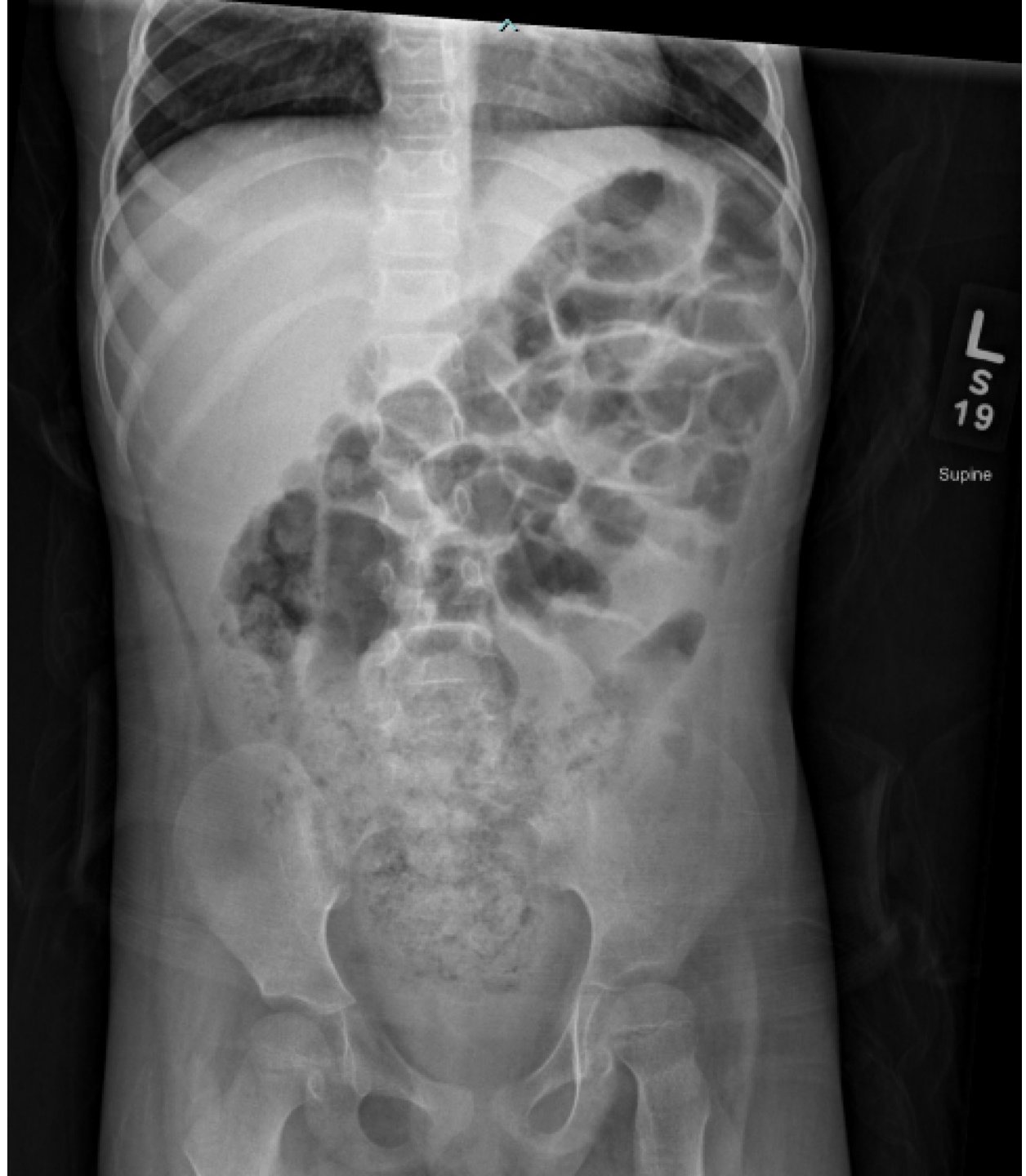
D) Laxatives (senna)

E) Operating room for fecal disimpaction

- Brought to the OR for an exam under anesthesia and fecal dis-impaction
  - Large hardened rectal stool mass removed.
  - 7 liters of saline used for rectal irrigations
  - 10 liters of stool extracted

Was discharged on Enemas – 350 ml normal saline with 30 ml glycerin

Seen in clinic with increased stool burden on x-ray – Enema increased to 500 ml normal saline and 35 ml glycerin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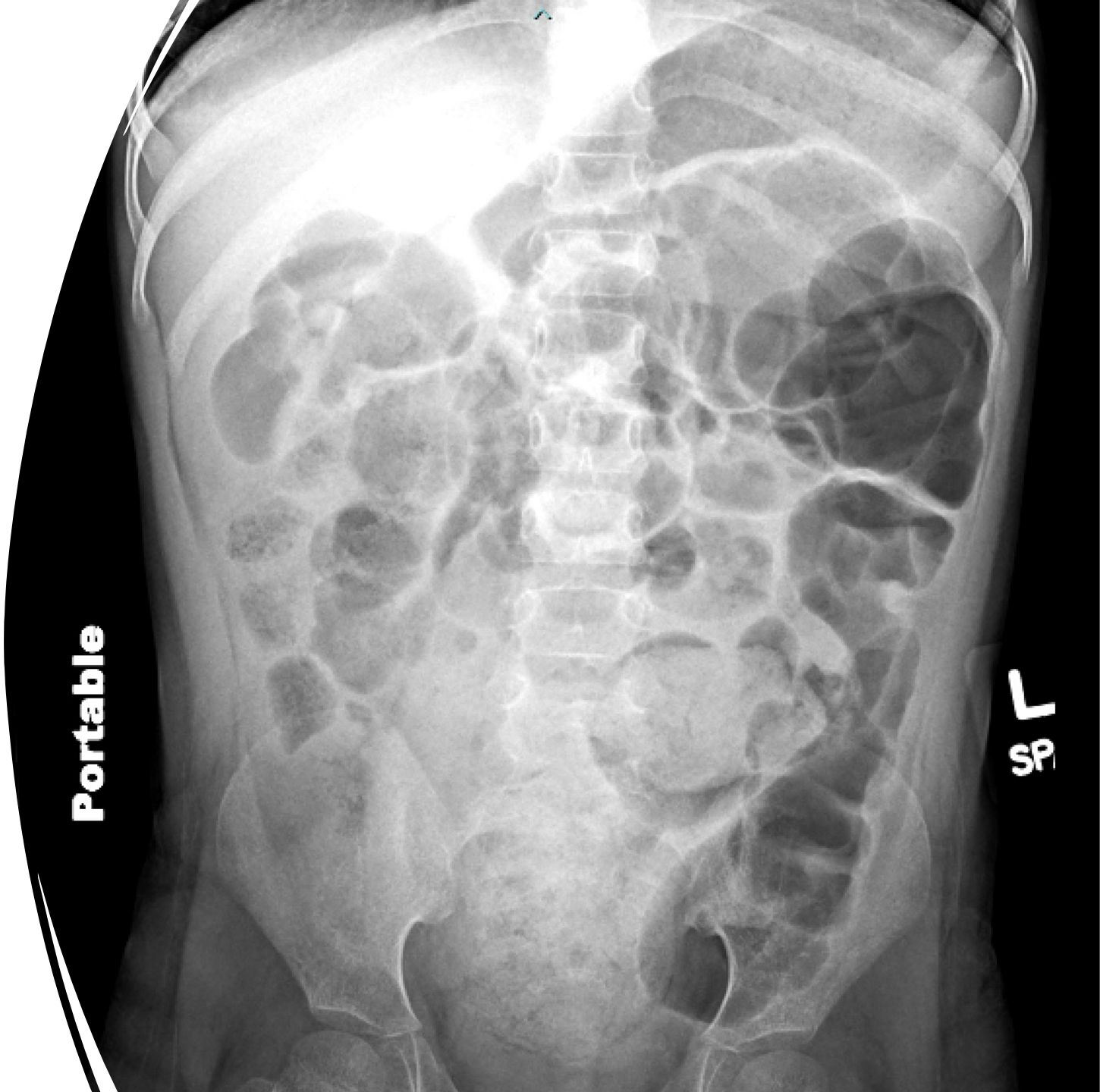
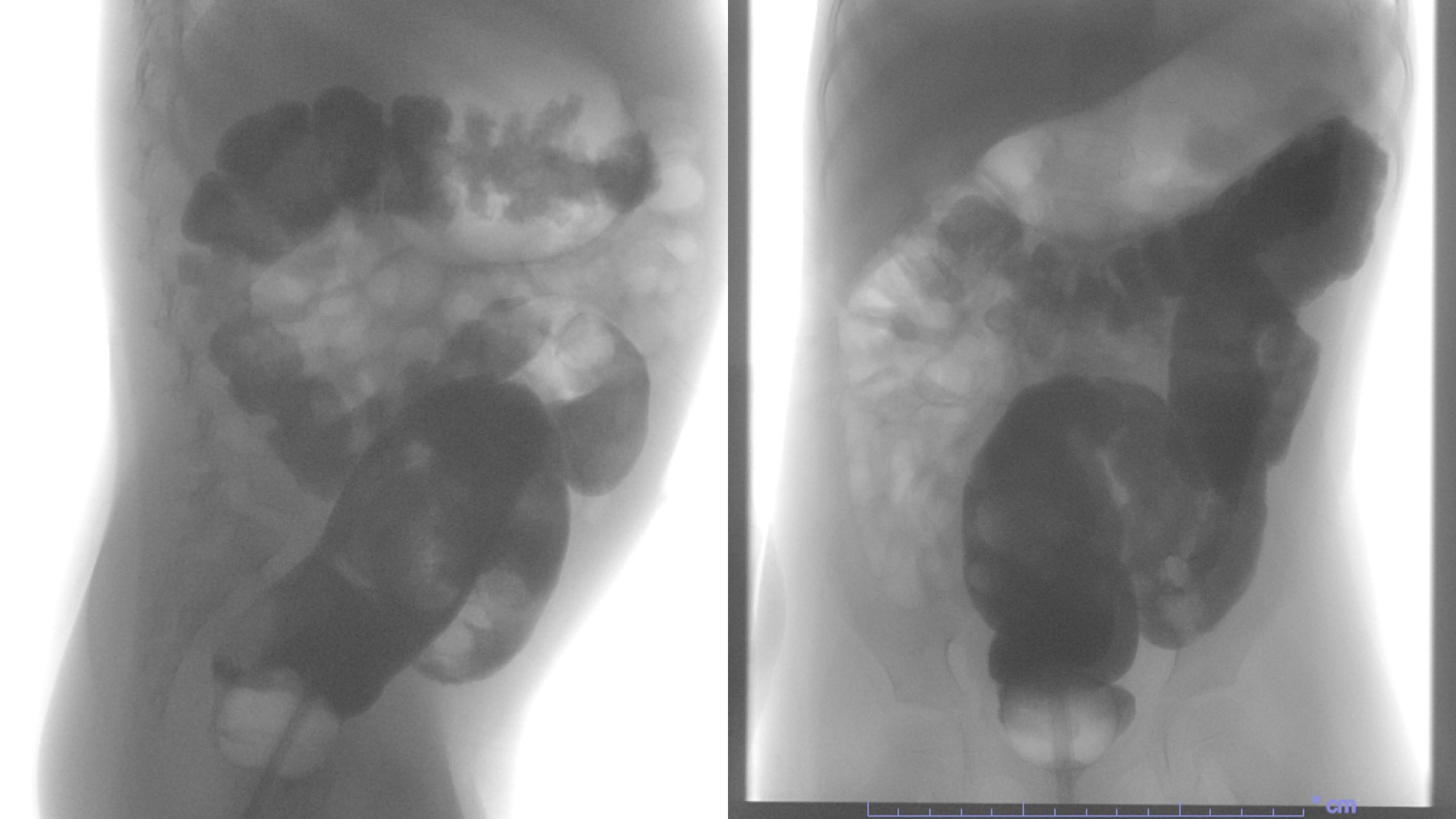
- 1 week later: underwent repeat x-ray
  - Stool burden still present
  - Mom stated she was performing enemas as prescribed.
  - To the OR for EUA and stool dis-impaction
  - Contrast enema was ordered post op

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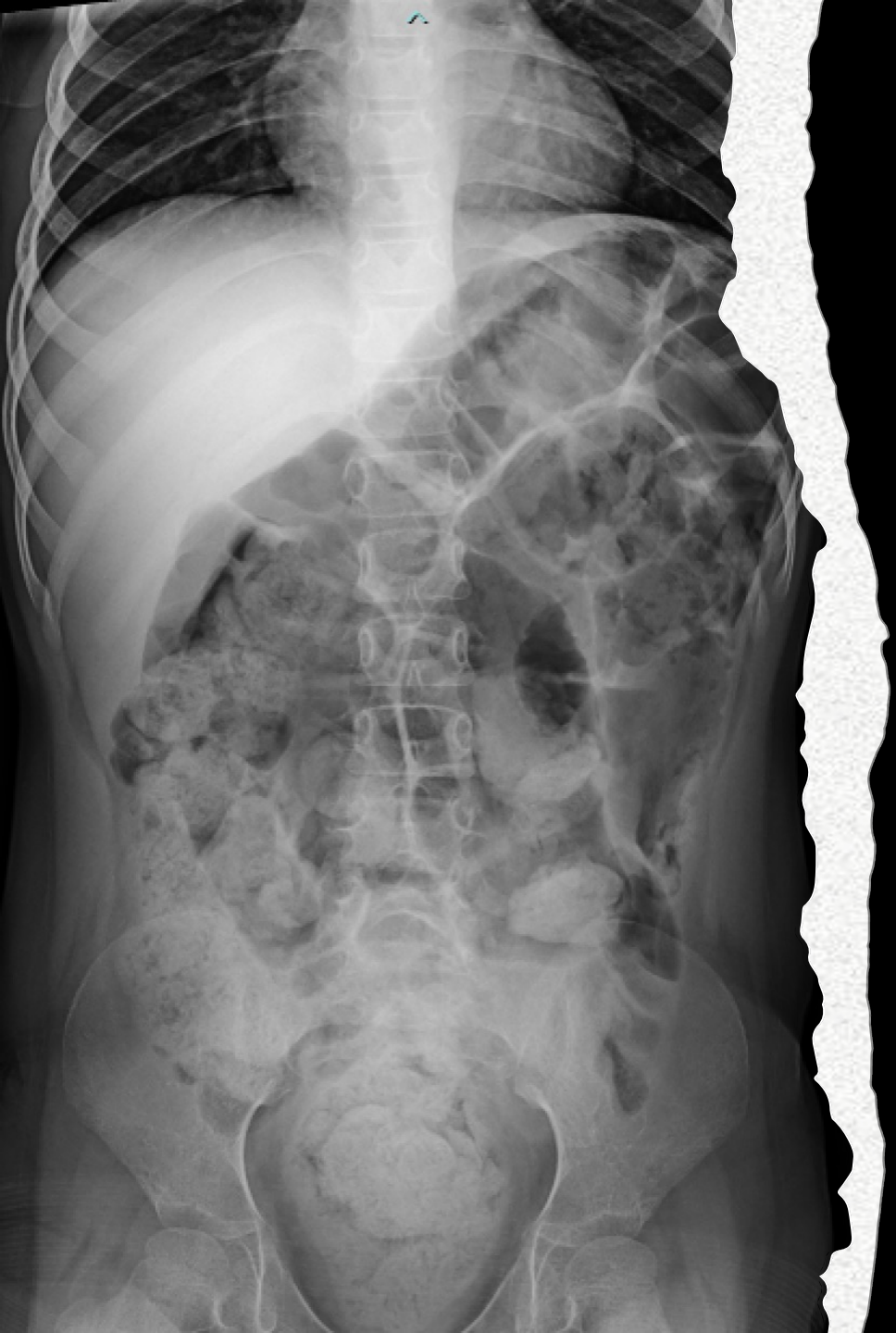


- Returned 2 more times to the hospital due to failure of enemas and increased stool burden and abdominal pain
    - Had two more fecal disimpactions under anesthesia

What is Your Next Step?

A) Increase enema volume/concentration.

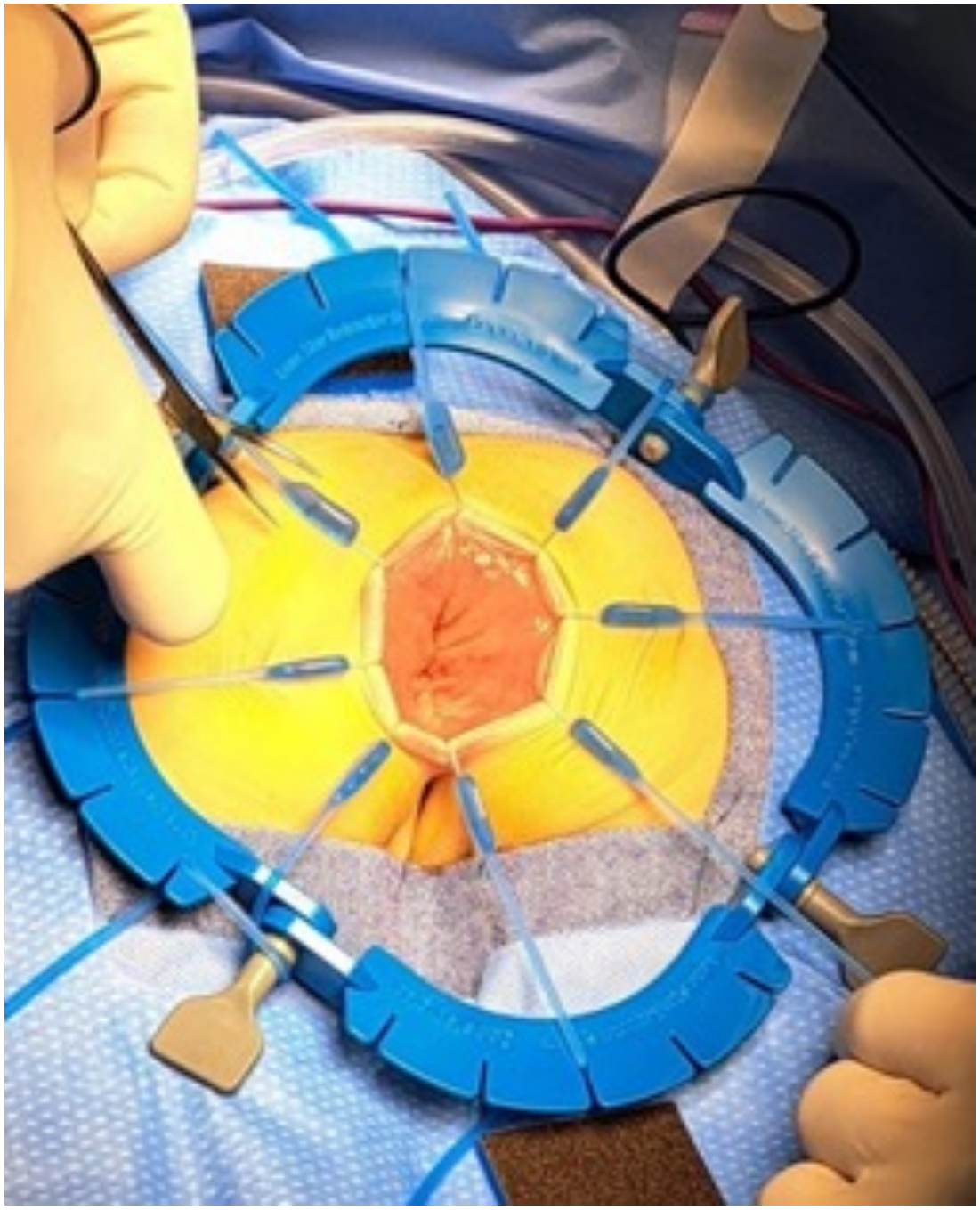
B) Trans-anal rectosigmoid resection

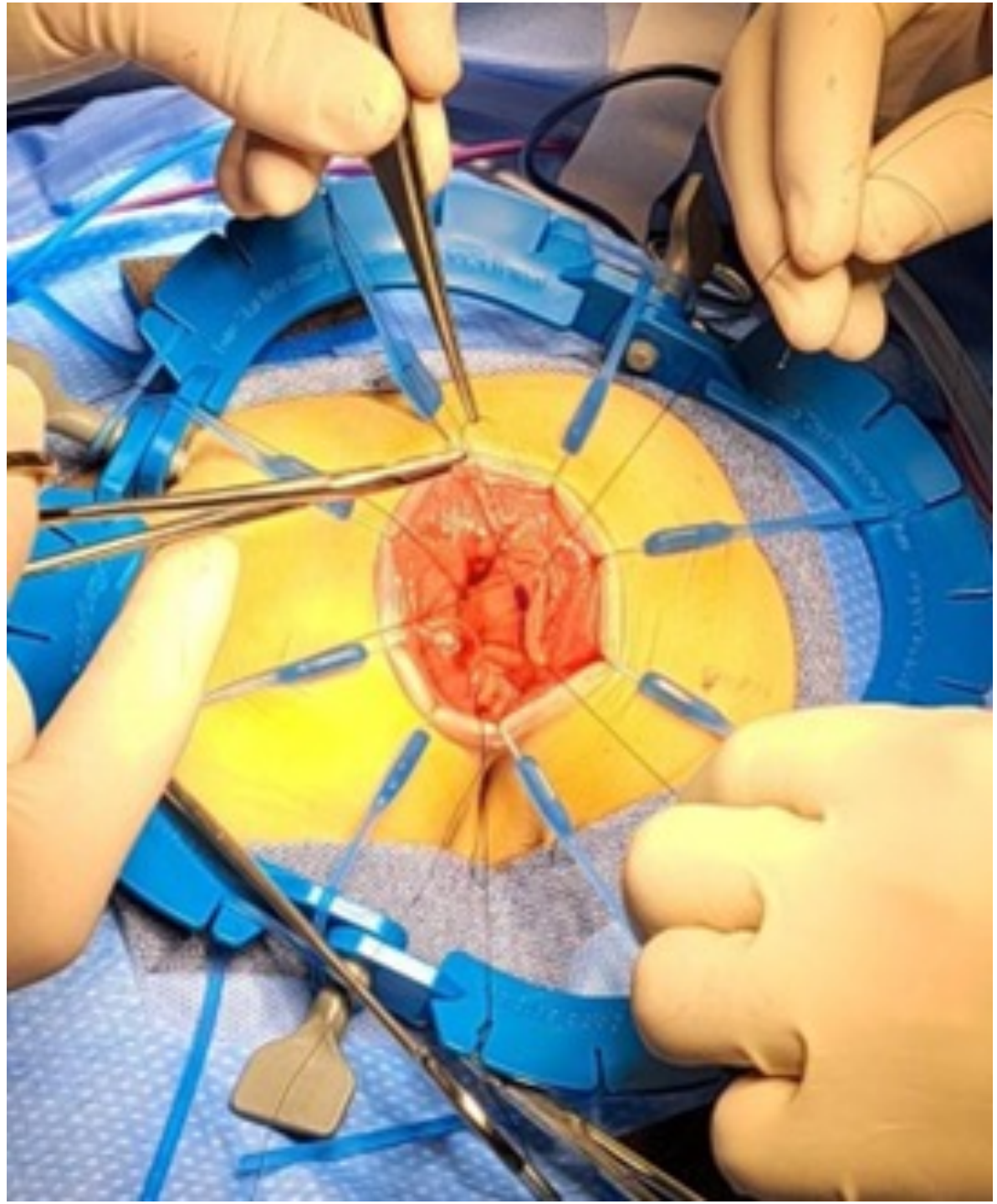
C) Trans-abdominal rectosigmoid resection

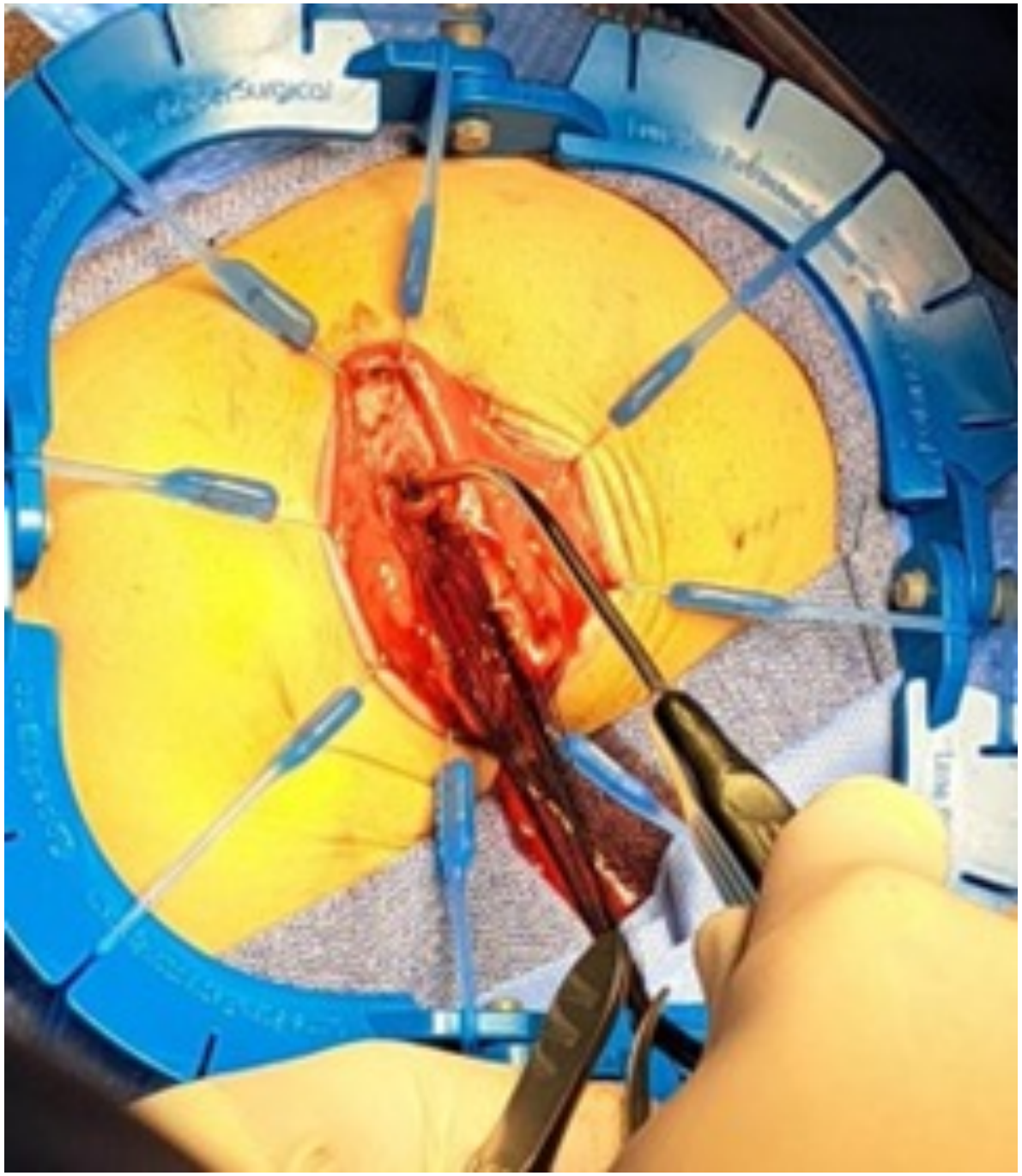
D) Malone (antegrade continence enema)

E) Trans-anal rectosigmoid resection with Malone

F) Trans-abdominal rectosigmoid resection with Malone





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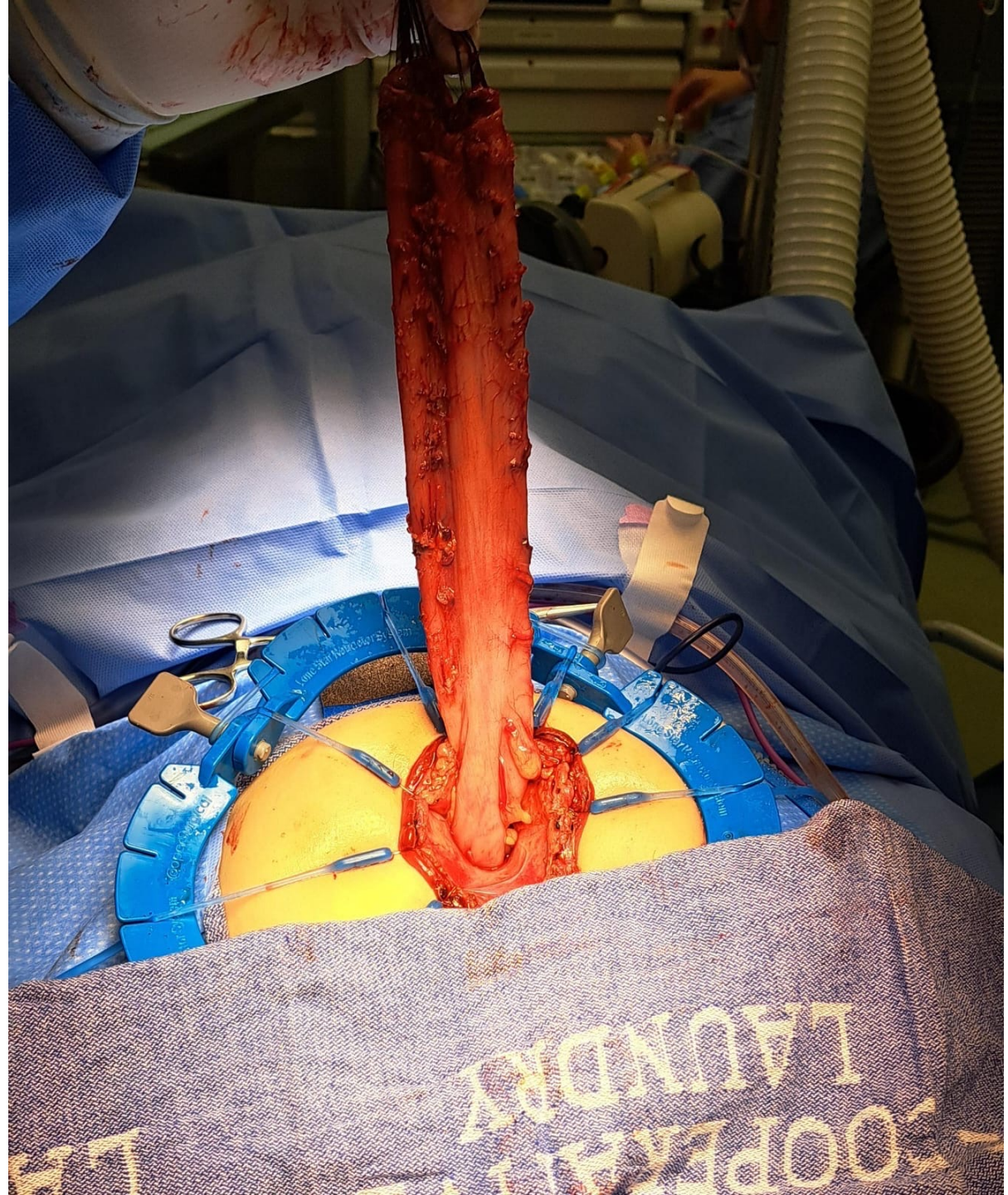
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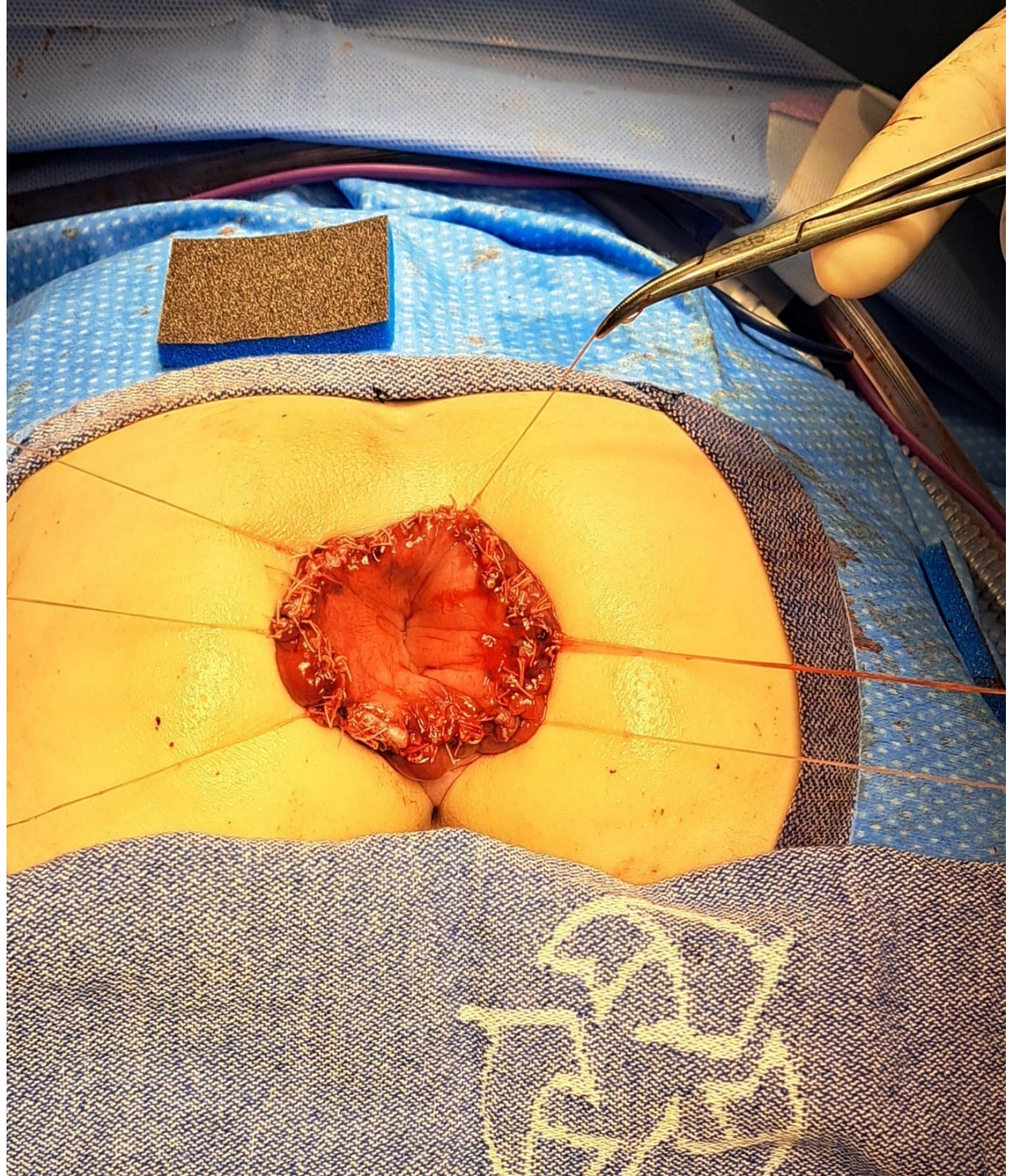

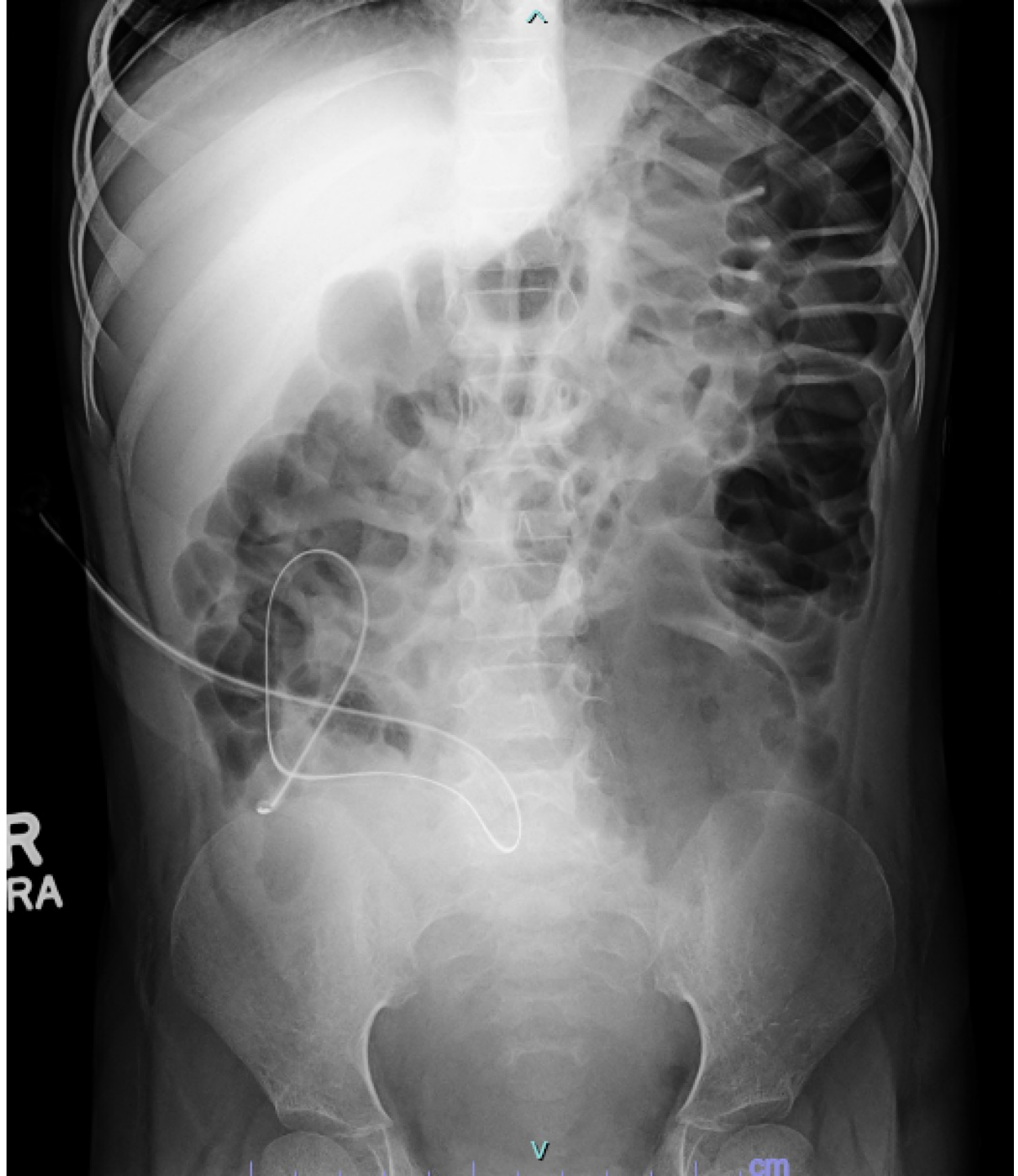
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Pathology

Diagnosis

A. Colon, rectosigmoid, transanal partial colectomy:

- Dilated colon with smooth muscle hypertrophy.

- End-to-end submucosal and myenteric ganglion cells present in complete neural units, including both proximal and distal, circumferentially sampled, resection margins; no nerve hypertrophy.

Post-Operative

- Strict NPO with PICC line in place and TPN for nutritional support
- Foley removed on POD (post-op day) 1
- Passing stool on POD 2
- POD5 – started a clear liquid diet
- POD 6 – started a regular diet, stopped TPN
- Currently on antegrade enemas (400 ml normal saline and 55 ml glycerin), clean underwear, and clean x-ray.