









Northern Ontario  
School of Medicine

École de médecine  
du Nord de l'Ontario

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## Case: J.J.

- 4 year old boy
- 3 month history of hard stools with straining
- Large-caliber stool 1-2 times weekly that sometimes blocks the toilet
- Daily soiling of underwear with smaller-volume liquid stools and streaks
- Periumbilical pain and decreased appetite builds until defecation
- Toilet trained by 3<sup>rd</sup> birthday but now hides and cries when encouraged to sit on the toilet







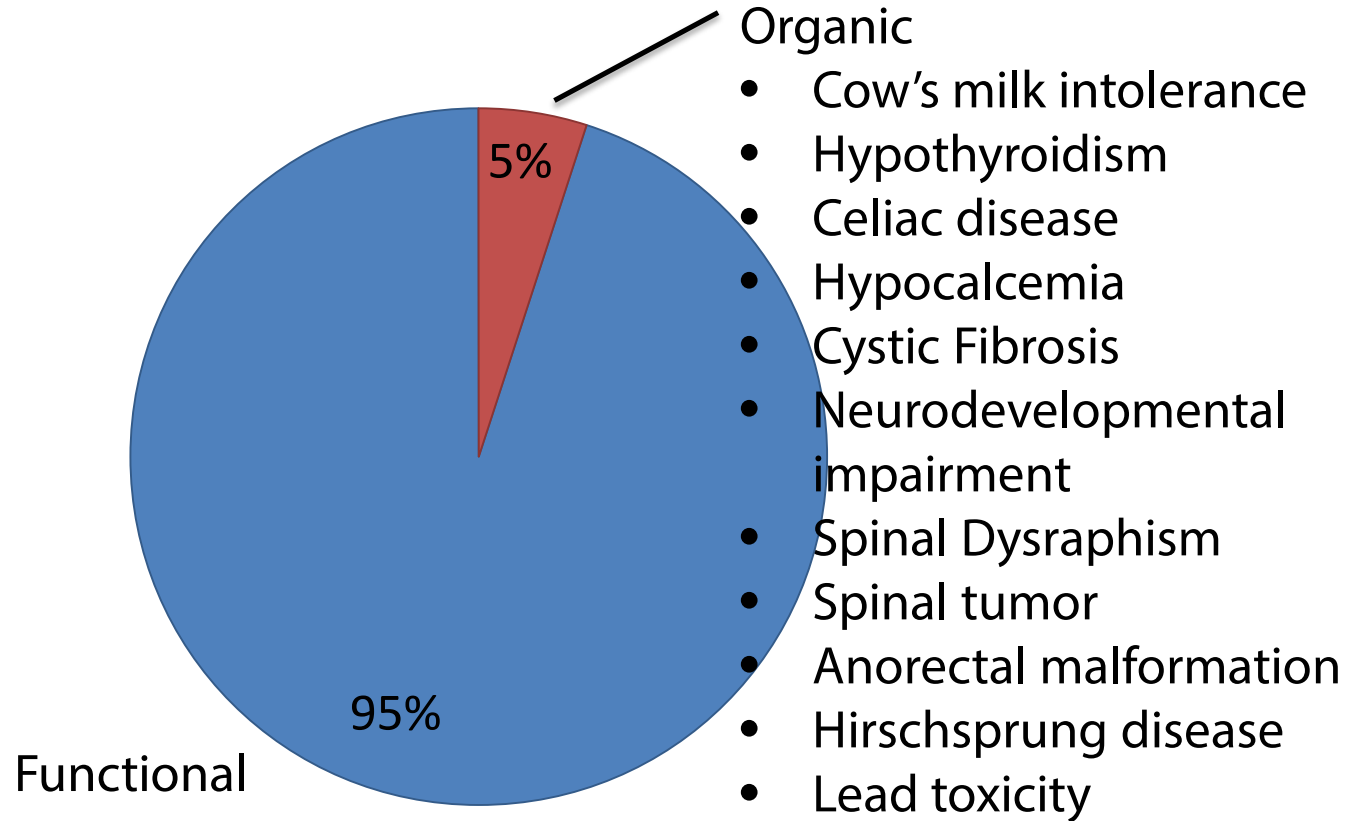


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# Etiology







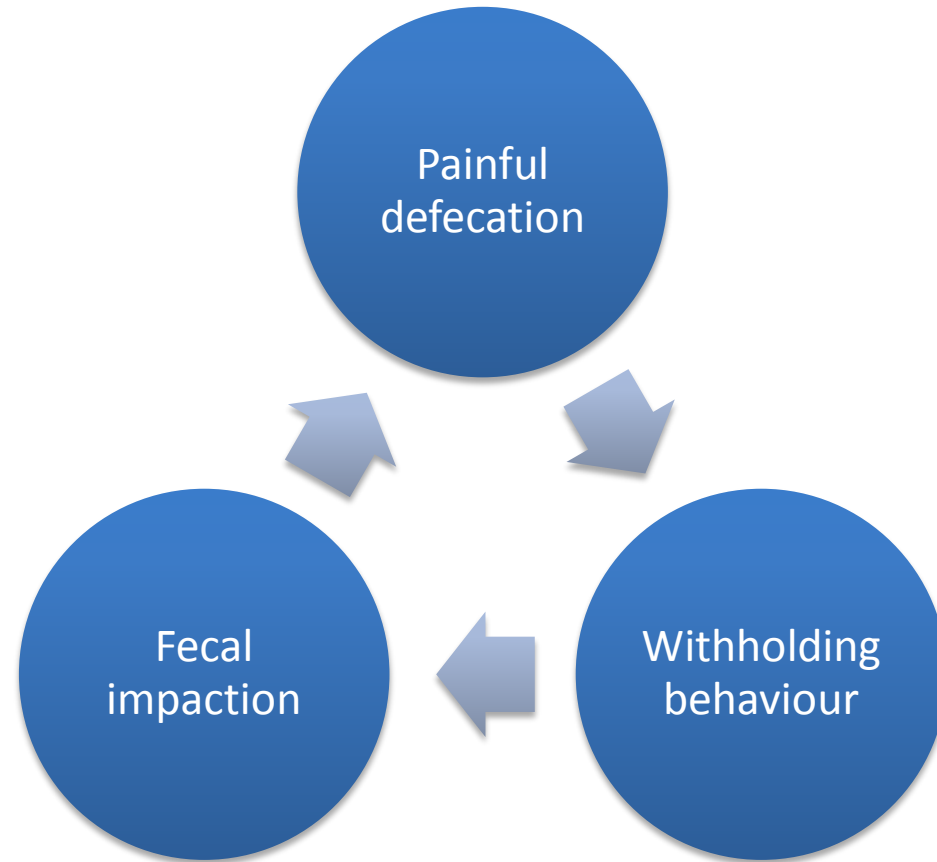


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# Functional Constipation





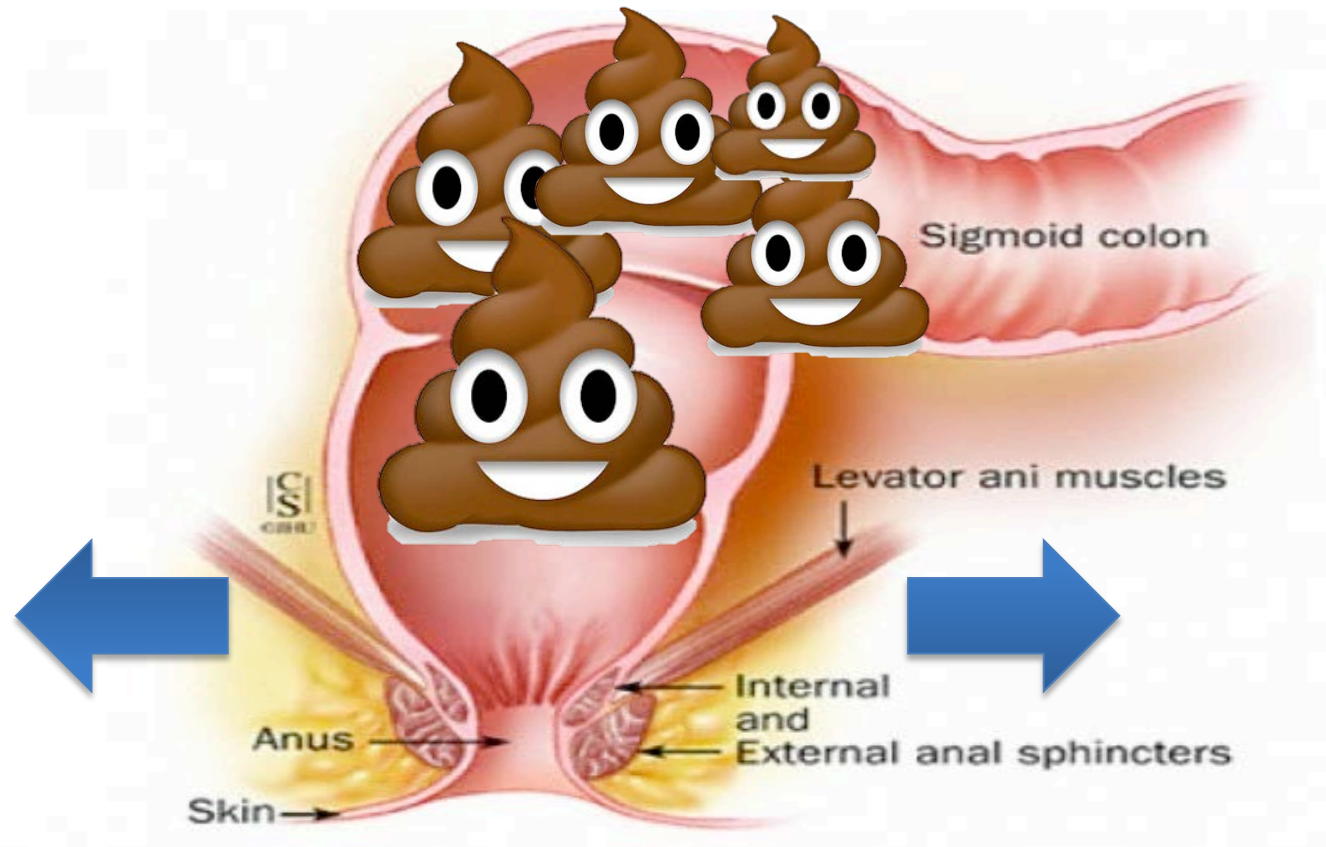


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# Functional Constipation





















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# Evaluation: History

- ROS Red Flags
  - Fatigue, cold intolerance, linear growth failure, dry skin/hair, brittle nails, developmental delay
  - Meconium ileus, FTT, respiratory infections
  - Diarrhea, dermatitis herpetiformis, FTT, family history of celiac disease or autoimmunity
  - Lower limb weakness, gait disturbance, fecal incontinence, daytime enuresis
  - Congenital onset, delayed meconium, abdominal distension, thin caliber stools
  - GER, eczema, rhinitis, reactive airways, colitis









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# Evaluation: Investigations











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# Evaluation: Investigations



























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# Management: Follow-up

- Follow-up within 1 month of initial visit
- Advise parents to call if disimpaction or maintenance therapy is unsuccessful
- Once improved, follow-up at least every 3 months while on therapy
- Continue successful maintenance therapy for at least 6 months



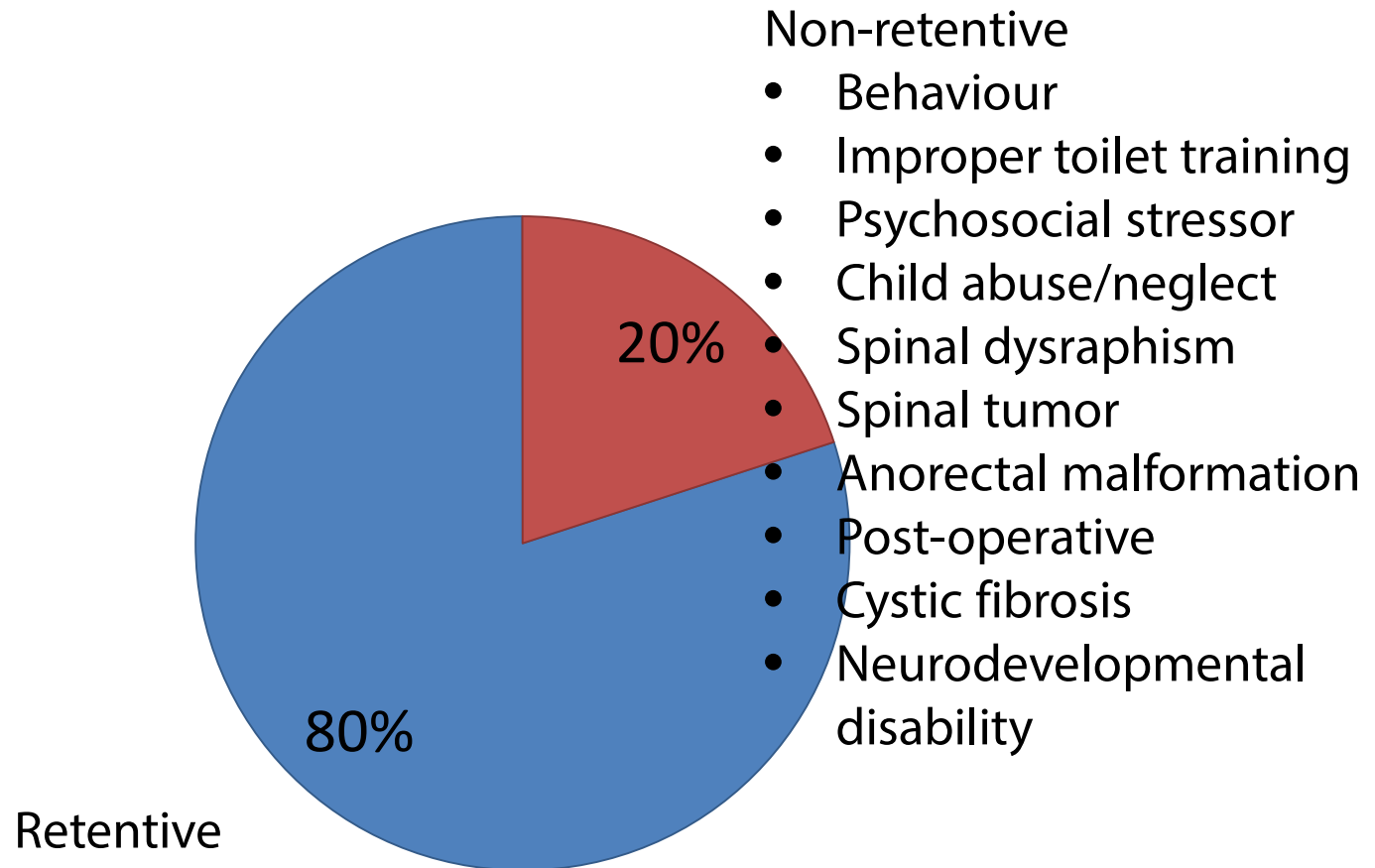


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# Fecal Incontinence













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# Management

- Retentive: manage constipation
- Non-retentive: no laxatives or enemas required
- Emphasis on behaviour management techniques
  - Reassess readiness for toilet training
  - Dedicated time for stooling
  - Remove negative attributions and punishment
  - Reward system for successful sitting and stooling
- Address psychosocial precipitants and sequelae
- Identify and treat any underlying organic cause





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# Prevention

- Discuss healthy eating and bowel habits routinely at each visit
- Transition to solids should include fruits and vegetables
- Limit cow's milk intake for toddlers
- Start toilet training when developmentally ready and use positive rather than negative reinforcement
- Promote routine unhurried toilet use at home and at school
- Early treatment prevents long-term sequelae











