PRACTICAL PEARL: Constipation

INTRODUCTION	• Constipation is a common childhood symptom, accounting for up to 20% of primary care visits; 40% of cases may be chronic, typically beginning in the first three years of life. • In most children, no underlying abnormality can be identified. • The ROME III criteria define functional constipation as < 2 BM's per week associated with pain, large, obstructive BM's, and fecal mass in the rectum. • Alarm signs that may suggest an underlying abnormality are: Delayed passage of meconium>48 hrs, FTT, recurrent UTI, persistent blood in stools, persistent abdominal distension and/or persistent vomiting • Functional constipation is managed by parental education, emphasis on fluid and diet, and use of stool softeners (polyethylene glycol, lactulose) with or without laxative agents. • http://pedsinreview.aappublications.org/content/36/9/392
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	• History: Elicit any alarm signs, determine any family history of CF, celiac disease, atopia • Exam: Growth parameters, abdominal exam, anal exam for anterior anus, tags, fissures; sacral exam for dimples, tufts, sinus, gluteal fold symmetry; rectal exam for stenosis, empty vault, mass, gross blood • In most cases no lab or X-ray testing needed
WHEN TO REFER	• Presence of alarm signs, abnormal PE and recalcitrant constipation
HOW TO REFER	• (413) 794-KIDS
WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT	• Detailed assessment, parental education and dietary guidelines • Potential evaluation to include laboratory, radiographic, endoscopic, biopsy, manometry

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