

NASPGHAN Meet the Professor Breakfast
October 10, 2015

Case 1

A 9 YO male with a history of ADHD and sensory integration disorder has a longstanding history of constipation and encopresis since 2 years of age. Medications taken include Polyethylene Glycol 3350, Senna, Bisacodyl, Docusate, Lubiprostone, and multiple at home cleanouts (some of which failed and prompted NG cleanouts in the hospital). Workup has included an anorectal manometry with normal RAIR but impaired rectal sensation, barium enema with mild dilation and redundancy of the sigmoid colon, normal labs, and a sitz mark study with 12 out of 24 markers remaining, scattered throughout the colon. Colonic manometry showed normal HAPC from the cecum through the descending colon with low amplitude simultaneous contractions in the sigmoid colon. The patient is now home schooled due to frequent soiling and the child is emotionally withdrawn and embarrassed by his condition. What are the options at this time?

Case 2

The above young man ends up having a Malone Antegrade Continent Enema (MACE) procedure (catheterizable appendicocostomy). He does well for the first few weeks on 200 ml of tapwater flushes with good output, but then the output with flushes lessens over time, and sometimes there is no response to flush. He starts becoming bloated and having leakage from his MACE stoma and eventually starts soiling again. What can cause leakage from the MACE stoma? What can be done to maximize the effect of his flushes? What are some options if the patient does not want to catheterize the stoma anymore?