



**A CLINICAL ANALYSIS OF DISORDERED GROWTH AND DEVELOPMENT IN
CHILDREN WITH CONSTIPATION**

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Abstract

Constipation is a disorder of bowel function characterized by increased intervals between bowel movements compared to the individual norm or by a systematically insufficient bowel movement. In children, unlike adults, increased intervals between bowel movements are of particular importance. Moreover, many publications note that stool frequency depends on the child's age and, accordingly, the number of feedings, and can be quite variable.

Keywords

constipation, intestines, children, diagnosis, treatment.

Standard diagnostic criteria for constipation include: straining, which takes up more than 25% of the defecation time; fragmented stool, small in volume, taking up more than 25% of the defecation; a sensation of incomplete emptiness in more than 25% of defecations; a feeling of anorectal obstruction (block) in more than 25% of defecations; manual techniques to facilitate evacuation in more than 25% of defecations; fewer than three bowel movements per week [1,7].

In Russian pediatrics, the most widely known classifications are those of A.I. Lenyushkin, who distinguishes various types of constipation, and A.I. Khavkin, who takes into account the duration of constipation, its development mechanisms, stages of progression, as well as etiological and pathogenetic features [2, 5]. Among the international consensus guidelines on constipation in children published recently, the UMHS (2003), NASPGHAN (2006), and NICE (2010) guidelines are noteworthy [3, 4].

These documents draw the attention of practicing physicians to the importance of taking into account medical history and clinical examination data for the timely diagnosis of congenital, genetically determined diseases, as well as developmental defects, one of the manifestations of which may be constipation. The initial assessment of a patient with chronic constipation involves collecting a medical history and a physical examination, including a thorough examination of the perineum and perianal area. At least one digital rectal examination is recommended [6]. During the anorectal examination, perianal sensitivity, anal sphincter tone, rectal size, amount and consistency of stool, and its location in the rectum are assessed. Consensus guidelines emphasize the importance of performing a digital rectal examination in children under 1 year of age with idiopathic constipation if there is no response to adequate drug therapy within 4 weeks in order to identify possible anatomical abnormalities or Hirschsprung's disease [4]. All children with constipation, as well as all children with abdominal pain, developmental delays, intermittent diarrhea, or a family history of colon cancer or polyps, are recommended to undergo a fecal occult blood test. Typically, a thorough history and physical examination can help determine whether the child requires further diagnostic testing or whether the constipation is functional.

Various functional examination methods exist (sphincterometry, balloonography, manometry, myography). Sphincterometry allows one to determine the strength of the sphincter apparatus. Balloonography is used to study the motor activity of the distal colon. Electromanometry is used to assess the function of the rectal sphincter apparatus, including its



activity at rest, during voluntary contractions, and during reflex reactions. The principle of the method is to study the dependence of the increase in intraintestinal pressure on the degree of increase in the volume of the irritating balloon inserted into the intestinal lumen.

In recent years, a modern system for studying colon motor functions based on computerized multichannel manometry has been introduced into practice. Electromyography is used to study the bioelectrical properties of sphincter muscle fibers. In addition to diet, lifestyle plays a significant role. Parents should encourage their child to develop a bowel habit: preferably, they should go to the toilet at the same time every day (preferably in the morning); the home should have a comfortable toilet; and the child should not be allowed to experience pain or negative emotions during bowel movements.

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