Morning Report
August 7th, 2009

Goals and Objectives

- To understand the definition and differential diagnosis of Encopresis.
- To understand the typical presentation of fecal overflow incontinence as the most common cause of Encopresis and its pathophysiology.
- To learn the elements of a history based workup with the need for minimal labs and other diagnostic studies.
- To acknowledge that the treatment is three pronged consisting of the clean out phase, maintenance phase, and long term changes.
- To fully realize the emotional and behavioral components of this presentation and treatment.

Chief Complaint

“My 10 year old son, JC, has been leaving poop behind in his underwear for the past three months. Sometimes while he is watching TV, he poops right on the floor and doesn’t realize it. I find his underwear hidden. He smells bad and his brothers make fun of him. I think he is just lazy. What can I do?”

HPI:

- 3-4 month history of passing non bloody stools and leaving “streak marks” in his underwear.
- Large, painful bowel movements for about the same time period.
- Refusal to go to the bathroom while at school.
- 5 kg weight gain since last visit 18 months ago.
- He has not tried anything for this problem. Meaning he has not taken any medicines or made any changes in his lifestyle in order to try and make it better.
- Otherwise feeling well, good appetite, no urinary incontinence, and normal energy level.
- No history of abuse or trauma.
- JC now eats more fast food and take out. His favorite foods are pizza, Subway, and McDonalds.

PMH:

- FT, NSVD, meconium not delayed.
- His growth curve has been at the 80th % until now when it has jumped into the 90th percentile.
- Toilet trained for urine at 3 and for bowel movements at 3.5 years old. He has passed regular stools up until 4-5 months ago.
- Asthma for which he rarely uses a rescue inhaler.
- No surgeries, allergies, or medicines except Albuterol.

Family History

- Unremarkable family history with the exception of asthma and atopy, obesity and its complications.

Social History

- JC lives at home with his mother, and two older brothers who are 13 and 17.
- He is going into the 5th grade at a local public school. He makes good grades.
- He has a few close friends but gets made fun of for his weight and recently his smell.
- He likes playing basketball and football.
- His parents are going through a divorce and his father recently moved out.

Physical exam

Vital signs: stable; BP: 120/75, BMI: 28

GEN: Quiet, avoids eye contact, overweight

HEENT: PERRL, O/P clear, boggy turbinates

CV: RRR, NS1S2, No murmurs

RESP: CTAB

Neuro: Grossly normal exam

GI: overweight belly, NT, no appreciated HSM. Rectal exam nml (pos wink, no tags, no fissures, nml tone, hard stool in rectal vault, no masses)

GU: nml tanner I, b/l descended

- What do you think is happening here?

Encopresis or Fecal Soiling

Definition

Frequent, inappropriate loss of a bowel movement , usually unintentionally, in a child 4 years of age or older.

Etiology

In healthy kids, the main cause is functional constipation from stool withholding.

rarer organic causes:

- neurological: spina bifida, or tethered cord
- obstructive: anal abnormalities
- endocrine : hypothyroidism
- electrolytes: hypo K, Mg, and Ca
- Anxiety or stress related (trauma or abuse)

Organic Causes of Encopresis

Anal causes

- Anal Fissure
- Anal stenosis or anal atresia with fistula
- Anterior displacement of anus
- Anal Trauma (can be sexual abuse)
- Post surgical repair

Neurogenic causes

- Chronic intestinal pseudo-obstruction
- Spinal cord disorders
- Cerebral Palsy or hypotonia
- Neuromuscular disease

Endocrine causes

- Hypothyroidism
- Hypo Ca, K, Mg

Other Causes:

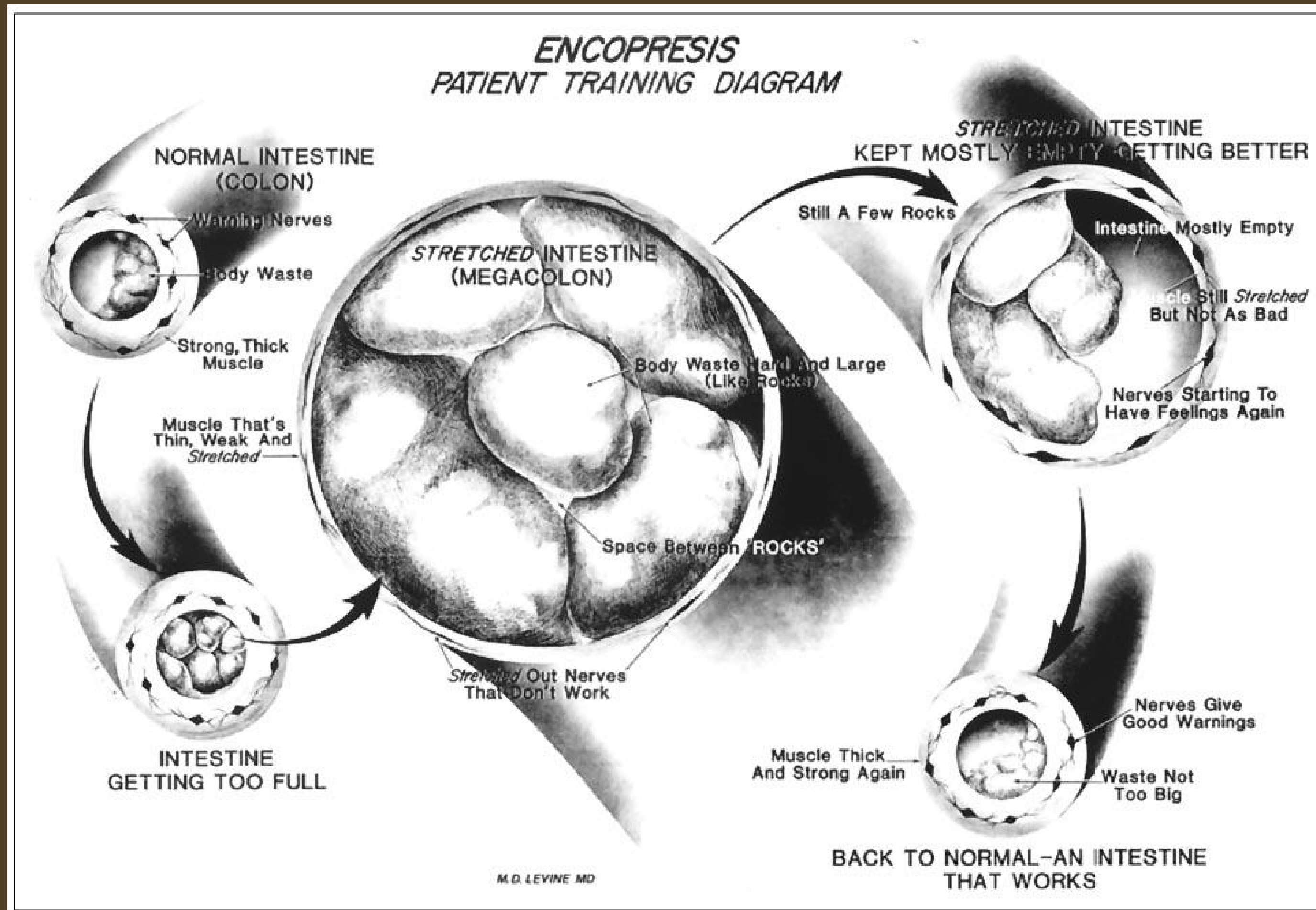
- Lead Intoxication
- Medications: diuretics, iron, laxative abuse
- Codeine or other Narcotics
- Antacids
- Severe Ulcerative Colitis
- Sacral Lipoma
- Spinal cord tumor

Non-organic causes of Encopresis

Stool withholding causing fecal overflow incontinence (95%)

- Avoidance of painful stooling
- Toilet refusal at school or away from home
- Short attention span, behavior disorders
- Now wanting to take the time away from playing or watching TV
- Stressors in life such as new baby or divorce.

Pathophysiology of Fecal Overflow Incontinence



Clinical Presentation

- Typically 4-10 years old
- Male > female
- Large infrequent, painful stools
- Uncontrolled stool accidents during day
- Enuresis (inc risk for UTI)
- Embarrassed and ashamed
- Parents typically think they are lazy or something is wrong with them
- Relapsing

Assessment

History is most important to distinguish organic vs. non-organic:

- Birth history (meconium ileus)
- Potty training
- Stooling/ urination history
- Systemic symptoms: growth, activity level.
- Medications, allergies, chronic illnesses
- Stressors at home

Assessment

Usually no further work up is required, unless there is an indication of organic disease.

- Abdominal X-Ray
- BMP with Ca, and Mg
- Thyroid studies
- Neurological studies (films vs. MRI)

Management of Encopresis caused by Constipation

Psycho education:

- Demystify the shame and blame by explaining the pathophysiology
- Explain the treatment and what the clean out phase is.
- Empathize with the frustration, but get a firm long term commitment from care giver.

Management of Encopresis caused by Constipation

Clean out phase: best to clean from bottom to top.

> 7 years: alternating 14 day course of bisacodyl pill, bisacodyl suppository, and fleet enema depending on severity of constipation. If severely impacted, a pill or suppository may not work.

< 7 years: polyethylene glycol 1 cap 1-2 times a day. If impacted may need more or addition of a stimulant such as senna and bisacodyl.

*manual disimpaction and possible admission may be required in extreme situations.

Management of Encopresis caused by Constipation

Establishing regular bowel patterns via medications and behavior plan along with dietary changes:

- Daily medication: mineral oil or polyethylene glycol. Dose is variable.
- Sitting time: sitting on the toilet for 5-10 min twice daily usually after breakfast and dinner.
- Adding fruits and vegetables to their diet along with fluid and fiber. Decreasing fast foods and soda.
- Rewards: reward system for ability to poop in toilet and decreased stool accidents.

  (examples sticker charts for younger or hand held games in bathroom for older kids)

Closing Thoughts

- Functional constipation is the cause in 90% of cases and a good history is all you need.
- Don’t forget the emotional aspect of this for your patients.
- Remind parents that their children are not doing this on purpose.
- Treatment is multidisciplinary: Medications, a bathroom regimen, and a long term commitment.

References

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