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Anorectal manometric abnormalities in patients with functional constipation and constipation predominant Irritable Bowel Syndrome

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Statement of the Problem: Functional constipation (FC) and constipation predominant irritable bowel syndrome (IBS-C) are a part of functional bowel disorders, and have a significant personal, healthcare, and social impact. Evaluation by anorectal manometry is essential in these cases for targeted treatment. Data on the anorectal manometric abnormalities in these patients is scarce. We aimed to study the anorectal manometric abnormalities in patients with functional constipation and constipation predominant IBS in northern India. **Methodology & Theoretical Orientation:** A total of 114 consecutive patients with history of chronic constipation who underwent ano-rectal manometry from January 2013 to December 2016 in a tertiary care institute were enrolled. Standard laboratory tests and colonoscopy were normal. Twenty-six healthy volunteers served as controls. **Finding:** The mean age was 46.7 years, 75.4% were males, and the median duration of constipation was 60 months. Sixty two patients satisfied ROME IV criteria for functional constipation (FC) and 52 had Irritable bowel syndrome- constipation predominant (IBS-C). A comparison of the anorectal motor and sensory manometry parameters along with healthy controls is shown in table. The resting anal pressure and the squeeze pressure were similar in all subgroups. Dyssynergic pattern of defecation was seen in significantly more patients in the FC group ($p < 0.001$). The first sensation threshold was significantly higher among FC patients. The thresholds for desire to defecate and maximum tolerable volume were significantly higher among FC and IBS-C patients compared to controls. **Conclusions and significance:** Dyssynergic pattern of defecation is seen in significantly more patients with FC compared to IBS-C. Patients with FC have marked elevation of all sensory thresholds, while IBS-C patients have similar first sensation threshold with elevated threshold for urge and maximum tolerance.

Figure

	Functional constipation (n= 62)	IBS-C (n=52)	Controls (n=26)
Motor testing			
Resting Pressure (mmHg)	65 (44- 124)	71 (49- 136)	62 (43-113)
Squeeze pressure (mmHg)	132 (84-186)	124 (81-193)	115 (75-162)
Dyssynergic pattern	43.5% (27)	21.5% (11)	7.8% (n=2)
Abnormal BET	51.5% (32)	19.2% (10)	7.8% (n=2)
Sensory testing			
First sensation	70 (50 - 150)	40 (30-80)	30 (20-50)
Desire to defecate	210 (170 - >300)	120 (100- 210)	70 (60-110)
Maximum tolerable volume	270 (210 - >300)	250 (190- 300)	230 (210-280)
RAIR present	95.1% (59)	100%	100%

Biography

Omesh Goyal is working as an Associate Professor in Gastroenterology and Hepatology in a tertiary care institute in northern India. He has done lot of research work on chronic hepatitis C and complications of cirrhosis. His other major interest includes functional bowel disorders and ano-rectal manometry. He is a part of the Indian working group on Chronic Constipation which will formulate guidelines for constipation in India under the leadership of Dr Uday Ghoshal. His research work in has been acclaimed at international level. He won the National Scholar Award at UEG in Sweden and Best paper award in APICON in Hyderabad, India. He is working as an editor of the Journal of Gastrointestinal Infections and is an active member of various academic bodies.

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