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Summary

When chronic constipation ends and chronic intestinal pseudo-obstruction (CIPO) starts

Carolina Malagelada

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The speaker discussed differentiating chronic constipation, chronic megacolon, and chronic intestinal pseudo-obstruction (CIPO), emphasizing that small bowel involvement distinguishes CIPO from megacolon and has critical implications for management.

KEY POINTS

- In chronic constipation, the colon is almost always normal in volume; colonic dilation suggests megacolon or CIPO rather than constipation.
- Small bowel dilation is the key distinguishing feature of CIPO, which affects both small bowel and colon, whereas megacolon affects only the colon.
- In the speaker's series of 40 CIPO patients, small bowel diameter ranged from 2.5 to 9.2 cm, dilation was diffuse in half and segmental in half, and only 20% had colonic dilation.
- Small bowel manometry is virtually always abnormal in CIPO (showing myopathic or neuropathic patterns) and can detect dysmotility before overt dilation appears on imaging.
- The speaker recommends performing small bowel manometry before the small bowel becomes dilated, especially when considering colectomy in a patient with a dilated colon, to avoid surgery in patients with unrecognized small bowel involvement.

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