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Summary

THE DISTENSIBILITY INDEX, ASSESSED BY IMPEDANCE PLANIMETRY (ENDOFLIP^{TM}), DIFFERENTIATES WOMEN WITH SUSPECTED FUNCTIONAL DEFECATION DISORDER FROM THOSE WITH FECAL INCONTINENCE AND HEALTHY VOLUNTEERS: PRELIMINARY RESULTS

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Colorectal

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Impedance planimetry using EndoFLIP differentiates pelvic floor disorders, showing higher distensibility in fecal incontinence and reduced distensibility changes during simulated defecation in chronic constipation with suspected functional defecation disorder.

KEY POINTS

- Women with fecal incontinence demonstrated significantly higher distensibility index values at rest, during squeeze, and during cough maneuver across all volumes (30, 40, 50 ml) compared to chronic constipation and healthy volunteer groups.
- Women with chronic constipation showed significantly reduced percentage change in distensibility index during simulated defecation at 50 ml compared to healthy volunteers (81% vs 117%, p=0.030).
- When categorized by suspected functional defecation disorder, chronic constipation patients had significantly lower percentage change in distensibility index at 40 ml (74% vs 175%, p=0.037) and 50 ml (81% vs 111%, p=0.048) compared to combined healthy volunteers and fecal incontinence groups.
- The study included 15 women (4 healthy volunteers, 7 with fecal incontinence, 4 with chronic constipation) assessed using stepwise impedance planimetry with bag filling from 0 to 50 ml in 10-ml increments.

– The authors conclude that impedance planimetry is a valuable tool for distinguishing pelvic floor dysfunctions and that impaired rectal distensibility is a key feature of functional defecation disorder.

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