INTERNATIONAL CONSENSUS ON CHRONIC INTESTINAL PSEUDO-OBSTRUCTION IN ADULTS

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An international expert panel reached consensus on 77 of 139 statements defining the diagnosis and management of chronic intestinal pseudo-obstruction in adults through a three-round Delphi process.

KEY POINTS

- CIPO is defined as symptoms caused by severe small bowel dysmotility without mechanical obstruction, with documented dilated intestine or air/fluid levels mimicking mechanical obstruction, with pseudo-obstructive episodes or continuous symptoms as cardinal features along with abdominal pain, bloating, and distension.
- Radiographic imaging to confirm intestinal dilation or air/fluid levels and rule out mechanical obstruction is mandatory for diagnosis, while no other test including endoscopy, manometry, or laparoscopy is considered indispensable.
- Screening for secondary causes such as systemic sclerosis, paraneoplastic disease, or infectious disease is supported, and differential diagnoses including drug adverse effects, adhesions, or enteric radiation should be ruled out.
- Management includes dietary adjustment with supplementation and home parenteral nutrition if enteral nutrition fails, treatment of small intestinal bacterial overgrowth with intermittent antibiotics without breath testing, and avoidance of opioids and surgical resections.
- No consensus was reached on the choice or efficacy of drug therapy including prokinetics, laxatives, or somatostatin analogs, highlighting gaps in the current literature.

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