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Summary

STUDY OF FUNCTIONAL CONSTIPATION: IS ANORECTAL MANOMETRY ENOUGH?

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Colorectal

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In 51 patients with functional constipation, 84% had structural alterations on MR defecography regardless of anorectal manometry findings, suggesting both tests provide complementary diagnostic information.

KEY POINTS

- Among patients meeting Rome IV criteria for functional constipation, 43 of 51 (84.3%) had alterations on MR defecography, with rectocele (72.5%) and descending perineum syndrome (66.7%) being the most common structural findings.
- Even among patients with normal anorectal coordination and normal balloon expulsion test on manometry (Group 1), 87.5% had significant structural alterations on MR defecography.
- Pelvic floor dyssynergia was diagnosed by MR defecography in 17.6% of patients and was associated with a significantly lower rectoanal pressure differential compared to patients with solely structural alterations (-25.0 ± 27.1 vs 5.7 ± 30.0 mmHg, p=0.004).
- The study supports combining anorectal manometry with imaging to identify both functional and structural causes of defecation obstruction in patients with functional constipation.

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