

Rectal sensory dysfunction

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Presentation

Colorectal

Education & Training

Neurogastroenterology & Motility

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The speaker presented a case of faecal incontinence driven by rectal hyposensitivity in a 45-year-old woman, successfully managed with biofeedback and medical therapy.

KEY POINTS

- The patient had faecal incontinence several times per week with urgency, bloating, and loose stools that worsened over five years despite over-the-counter treatments.
- Anorectal physiology testing showed rectal hyposensitivity with maximum tolerable volume below the lowest limit of normality, along with a focal external anal sphincter defect on ultrasound.
- The speaker's multidisciplinary team selected biofeedback as first-line treatment, including psychological therapy, pelvic floor physiotherapy, and dietary modifications, plus low-dose amitriptyline and adjusted loperamide dosing.
- The speaker reported that faecal incontinence episodes reduced by more than 50 percent with gradual improvement in urgency and bloating after biofeedback therapy.
- The speaker emphasized that recognizing rectal hyposensitivity as a driver of faecal incontinence is important and that multidisciplinary care with tailored treatment plans is essential.

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