



Abnormal manometry findings in distal colon on patients with functional constipation

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Abstract

AIM: Functional constipation is considered to be a colonic motility disorder. The aims of this study are to find out the characteristics of intraluminal pressure changes and the gastrocolic reflex in functional constipated patients.

METHODS: Distal colonic manometry was performed on 16 constipated patients and 8 healthy volunteers. Each subjects had a standardized meal one hour after the recording start and the motility was recorded for two hours. Propulsive contractions and segmental contractions with amplitude > 10 mmHg were analyzed by CTD

Synetics Colon analysis and divided in epochs of 30 min.

RESULTS: Two of the 8 healthy volunteers had propulsive contractions and none in the group of constipated patients. The second preprandial 30 min was considered to be basal state. The duration of peaks in proximal descending colon was in the postprandial 60-90 min epoch and the numbers of peaks and MT (Motility Index) of the sigmoid colon in 90-120 min postprandial epoch was significantly increased than the basal state in the normal group ($P < 0.05$). In the group with functional constipation no significant increase was found. Compared with the normal group, the group with functional constipation had lower amplitude in proximal descending colon and sigmoid ($P < 0.05$). There were no difference in mean maximum resting pressure and length of the anal sphincter in the two groups.

Key words: Abnormal manometry; Distal colon; Functional constipation

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