ABSTRACTS

Diagnosis and treatment for the chronic intestinal pseudo obstruction: A report of 7 cases

Xiu-Cai Fang, Mei-Yun Ke, Xiu-Lan Zhang

Xiu-Cai Fang, Mei-Yun Ke, Xiu-Lan Zhang, Division of Gastroenterology, Peking Union Medical Hospital, Beijing, China

Author contributions: All authors contributed equally to the work.

Chronic intestinal pseudo-obstruction (CIPO) is an uncommon disorder in the adults. Seven cases with severe CIPO diagnosed in our hospital from 1978 to 1996 were analyzed in this literature.

General data There 2 male and 5 female with ages ranging from 16 to 67 years (mean 36.7 years). The duration of the illness ranged from 3 mo to 21 years. Etiology: two cases had history of achalasia, one female was diagnosed with CTD, suspected to be SLE, another case had DM, HBsAg was positive in 4 of 7 patients.

Clinical manifestations The main symptoms and signs were as follows: abdominal pain (6/7) and distention (5/7), vomiting (5/7), diarrhea (5/7), constipation (2/7) and abdominal mass (1/7). Five cases developed the secondary malabsorption and bacterial overgrowth in the small intestine.

Radiographic findings The air fluid levels were found in the plain abdominal films in 5 of 6 cases, those were multiple and the sites were variable in different films. The repeated barium contrast studies of the GI tract did not find the signs of mechanical obstruction of small intestine and ileocecal valve, the dilation of small intestine, weak even absent contractions were noted in 5 of all patients, and megacolon was showed on the colonic series in 3 cases, in which, the colonic mucous was normal on the colonoscopy.

Motility examinations GITT were measured in 4 cases, two of whom with small intestineal involvements showed prolonged transit time from mouth to cecum. Colonic manometry in one case with megacolon recorded hypocontractility in colon.

Treatments Two cases were treated with metoclopramide, 1 with domperidone, 2 with cisapride (10-30 mg, Tid), 1 with erythromycin (62.5-125 mg, Tid), cisapride and erythromycin showed some improvement for the symptoms. Broad-spectrum antibiotics and TPN are useful for the patients with bacterial overgrowth and malabsorption ileorectostomy was performed in one patient with colonic pseudo-obstruction after failing to medical treatments, the constipation was cured.

The diagnosis for CIPO is very difficult in clinical because of un-specificity of the clinical manifestations. For the suspected patients, if the plain films show the multiple and variable sites of air fluid levels, the barium contrast studies of entire GI tractor and barium enema should be done in order to exclude the mechanical obstruction and confirm the sites of involvements of pseudo-obstruction. Motor manometry, GITT are helpful for evaluating the dysfunction of involved intestines. Systemic and nervous illness should be sought in the diagnosis. The relationship between CIPO and HBV infection remains to be determined. There are no curative drugs for CIPO, comprehensive managements including traditional medicines and acupuncture maybe effective for some patients.

E- Editor: Liu WX

Baishideng®