

An Unusual Etiology for Chronic Constipation in a Pediatric Patient Case Report

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Background

Constipation is a common problem during childhood. The opportunity for early intervention might be missed and will eventually result in complications such as encopresis, stool withholding, anal fissure, etc... [1].

The treatment of constipation depends on the age of the child and the duration of the symptoms. It may involve behavioral changes, dietary modification, medication or surgical intervention [2].

The causes of chronic constipation in children are multifactorial and can be divided into functional or organic secondary to underlying disease [3]. Functional constipation is the most common type in pediatric population [4]. Organic causes are less frequent but should be considered in cases not responding to standard treatment [5]. This can include but not limited to Hirschsprung disease, milk protein intolerance, endocrine/metabolic causes, neurological problems, or anatomical abnormalities. Other uncommon causes should be considered such as foreign body causing obstruction (complete vs partial) [6].

Case Presentation

A 3 years old female with no previous past medical history (PMH) presented with 10 months of chronic constipation with acute worsening of abdominal distention and fatigue. No past surgical histories, was born full term, with no complication, passed bowel motion (BM) within 24 hours of birth, No history of cow milk intolerance. Her diet is well balanced consuming veggies and fruits. She presented to us after failing outpatient management including dietary motivation and laxatives.

Physical examination and abdominal imaging were unremarkable besides severe stool burden. Vital signs were within normal range for age. Examination was unremarkable besides mild abdominal distention, minimal tenderness to the left lower quadrant (LLQ), no guarding, positive bowel sounds (BS), no hepatosplenomegaly. Rectal examination didn't show

squirt sign. Abdominal X-ray showed Moderate stool burden, no air fluid level. She underwent rectal disimpaction in preparation for bowel clean out. During the procedure, a small rubber eraser was discovered in the rectum. The object was removed, and she tolerated the procedure well with no immediate complication. After the procedure, Patient experienced immediate relief of symptoms. Parents reported that her bowel movements normalized with no issues with constipation.

Discussion

This case highlights the importance of various differential diagnoses in pediatric patients with chronic constipation including functional constipation or organic causes. Uncommon etiologies such as foreign body should be considered in pediatric patients specially during toddler age (due to approaching and putting objects in mouth) and should be also considered in any age and could be an alarming sign for potential sexual abuse [7].

Conclusion

The discovery of foreign body in this case underscores the necessity for thorough physical examination and consideration of less common etiologies when standard treatment fails. Early identification and management are crucial for optimal outcomes, as evidenced by the resolution of symptoms following the removal of foreign body [8].

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