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TREATMENT OF FUNCTIONAL CONSTIPATION IN CHILDREN: RE-EVALUATING APPROACHES

Introduction: Constipation is the elimination of a small amount of dry, hard stool, difficulty in defecating, and bowel emptying after an interval of three days or more. In infants and toddlers the prevalence ranges from 3-27% and in children and adolescents from 0.7% and 29.6%.

Material and Methods: Rome criteria are recommended for the definition of functional constipation (FC) for all age groups. The diagnosis of FC is based on history and physical examination. When evaluating children with constipation the warning signs and symptoms are always considered. Digital rectal examination is recommended to confirm the diagnosis and exclude underlying medical conditions. The routine use of an abdominal radiograph to diagnose functional constipation is not indicated. A barium enema should not be used as an initial diagnostic tool for the evaluation of FC.

Results: Polyethylene glycol (PEG) is the first-line treatment for disimpaction and maintenance therapy. Lactulose, mineral oils, or magnesium-enriched formula can also be used as maintenance therapy. In the child with intractable constipation 2 to 4 week trial of avoidance of cow's milk protein may be indicated.

Conclusion: Education of parents for early recognition of functional constipation. Taking preventive measures to prevent the condition from worsening. Educating parents not to give their children medication on their own. The first-choice drug for the treatment of functional constipation in children older than 6 months is PEG. Educating doctors on how to dose PEG for disimpaction, what is the maintenance dose, duration of treatment and how to discontinue treatment with PEG.