

A case of intractable Colonic inertia with surgical treatment

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Colonic inertia or slow transit constipation is a gastrointestinal motility disorder with significant delay in colonic transit not attributable to any other secondary cause. Patients with this condition have little or no colonic movement after meals leading to undesirable symptoms such as constipation, abdominal distension and decreased food intake. The etiology of colonic inertia is not fully understood, but numerous studies suggest that a decrease of myenteric plexus and ganglion cells plays an important role in the pathophysiology of this disease. We report a case of colonic inertia with a biopsy result consistent with these findings. A 43-year-old female presented to our clinic with a complaint of chronic constipation for the past 10 years. The patient reported having fewer than three bowel movements per a week, and she had to strain significantly during defecation, despite the use of various over-the-counter laxatives and dietary modifications. The patient had no significant medical history, and she did not take any medications. On clinical examination, a digital rectal examination showed an empty rectum and CT Colonography 3D demonstrated markedly dilated cecum, ascending and transverse colon, but narrowed descending and sigmoid colon. A barium enema revealed a dilated colon with delayed transit time. According to the patient's history and clinical examinations, we diagnosed her with colonic inertia. We prescribed a trial of high-fiber diet, increased water intake, and laxatives, but the patient did not show any improvement. The patient was then referred for surgical evaluation, and a subtotal colectomy with ileorectal anastomosis was performed. A biopsy of the colon revealed the absence of ganglion cells in the affected segments, consistent with colonic inertia described above. At the one-month follow-up after surgery, the patient reported having regular bowel movements, and her quality of life had significantly improved. Colonic inertia represents up to 15% of chronic constipation patients, varied on studies. When medical treatment failed, surgery may be necessary. Early diagnosis and appropriate management can lead to significant improvement.



Figure 1. CT Colonography 3D

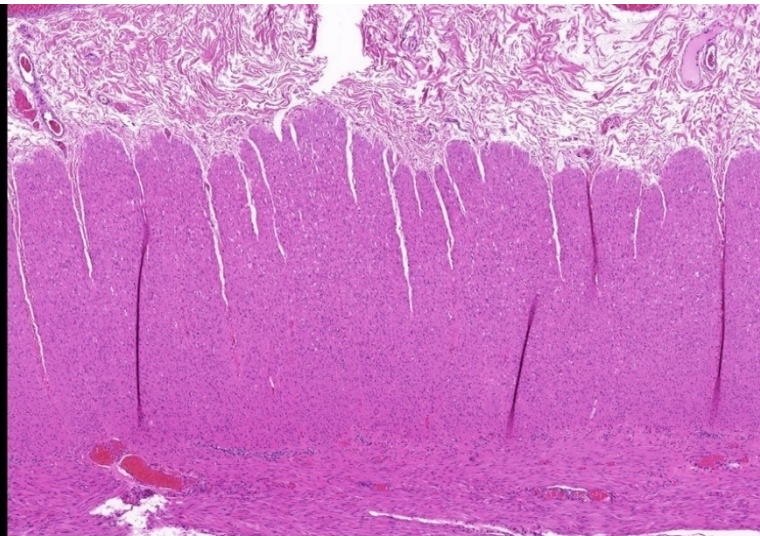


Figure 2. Biopsy of affected lesions