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Stool withholding

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1. Introduction

Constipation/stool withholding in children is under recognized and under treated. This is probably because there is a lack of understanding regarding both the onset and effects of stool withholding. It can start at any time, often from the first few days of life and can have a devastating impact on the child and family. This is a great pity, because it is easy and very rewarding to treat [1, 2]. From the point of view of the diagnosing pediatric neurologist, its importance lies in potential confusion with epileptic seizures and indeed other categories of non-epileptic paroxysmal events of infancy [3].

2. Clinical features

Most people are familiar with the feeling of needing to go to the toilet but trying to hold on. The longer this goes on, the more difficult and painful it becomes. There is the feeling of ano-rectal fullness coupled with peristalsis which increases in frequency and intensity. Added to this is the anxiety of impending failure and subsequent embarrassment. This combination causes a number of feelings. Increasing abdominal pain, the need to use additional maneuvers to hold on, such as standing up, crossing legs etc, the inability to focus on anything else and a feeling that holding on has become a number one (or perhaps a number two!) priority. If you were to add to this the overriding assumption that when the stool is passed it is going to be exquisitely painful, you have some idea of what these children are going through. Most of us can envisage this scenario for a few minutes and hours; try extending that to days, weeks or in some cases months!

Not only is the child affected, but also very quickly, the entire family becomes a stool withholding family, where passing stool is the main topic of conversation. Parents often receive little advice on how to manage the problem, and much of this advice is conflicting [1].

The main clinical features of interest to the pediatric neurologist are outlined in Table 1. These will wax and wane depending on where the child is in the withholding cycle. That is, once the bowels have emptied most of the symptoms will resolve, and then increase over time the longer the child holds on. Clearly, the presence of stool withholding can have a major impact on any child. It is especially common problem amongst children with neurodevelopmental issues. Although it can be given a low priority in these children, it is clear that treatment could bring bountiful benefits.

3. Differential diagnosis

Not only may the clinical features of stool withholding be mistaken for epileptic seizures but it is arguable that it may masquerade as other non-epileptic events such as benign non-epileptic infantile spasms (benign myoclonus of early infancy) and infantile masturbation (gratification). The recognition that there is constipation may make the distinction clear [3].

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Table 1
Some clinical features of stool withholding

Pain – screaming
Soiling – if withholding has failed, some stool may fall out; this can also be mistaken as an epilepsy-associated phenomenon. It can occur a number of times a day, and could be either hard stool or more liquid 'overflow.'
Straining – the push to pass being countered by the wish to withhold
Posturing – this can mimic epileptic seizures, as the effort to hold on can involve recruiting of the rest of the body. Because stool withholding requires a lot of effort, it can be followed by sleepiness, which may be though to be a post-ictal state.
Increased muscular 'tone' – associated with posturing- an important consideration in children with cerebral palsy and stool withholding.
Vacant spells – caused by the need to focus on withholding, which can mimic absence seizures
Poor school performance – the ability to sit still, concentrate and learn are all impaired with stool withholding. This can be very significant in children who have baseline learning issues.
Irritability, behavioral change.
Lethargy – all energy is spent on withholding.
Disturbed sleep – waking up in pain.
Poor appetite – abdominal fullness limits hunger, and also eating is reduced because it triggers the gastro-colic reflex, which make holding on harder.

4. Treatment

Treatment involves overcoming the stool withholding [1,2]. This means producing regular, soft easily and comfortably passed stools and continuing with this until the withholding habit has been overcome. Normally the first stage can be achieved quite quickly, and when the child is passing stools comfortably, the symptoms will essentially subside. However, treatment usually needs to continue months or even years until the withholding habit has been overcome. What goes in is much less important than what comes out. An appropriate combination of encouragement, fluid, fiber and laxatives is required to achieve the desired effect. The main obstacle to treatment success is usually families being laxative-phobic and either not giving enough, or stopping them too soon. Although stool withholding can cause great distress, it is rarely primarily a psychological problem. Indeed, in most cases any psychological issues dissipate as soon as the child is passing stools comfortably [2].

References

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