



Constipation et maladies neurologiques

PREVALENCE DE LA CONSTIPATION DANS LES MALADIES NEUROLOGIQUES

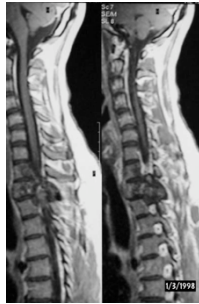
- Lésions médullaires: 42-95%
- Sclérose en plaques: 36-43%
- Spina bifida: 40%
- Polyneuropathie diabétique: 20%
- Maladie de Parkinson: 30-74%
- AVC: 30%

(Krogh K, Acta Neurol Scand 2001)

LESION MEDULLAIRE:
Trauma, SEP, Tumeur....

1/ PREVALENCE

2/ MECANISMES PHYSIOPATHOLOGIQUES



Lésion médullaire
N= 115 patients
Durée médiane depuis lésion = 62 mois
Niveau: cervical, 48%; thoracique, 47% ; lombaire, 5%

(Glickman, Lancet 1996)	Pre-injury	Post-injury	P
Fréquence des selles:			
>3 fois/jour	4%	4%	0.0001
Normal	87%	79%	
< 1 fois/ 2 jours	9%	17%	
Temps passé pour défécation (min):			
<30	99%	78%	0.0001
>30-60	1%	13%	
>60	0%	9%	
Sensation de défécation incomplète :			
Incomplète	6%	23%	0.002
Méthodes pour défécation:			
Laxatifs oraux	1%	68%	0.0001
Evacuation manuelle	1%	60%	
Suppositoires/lavements	5%	29%	

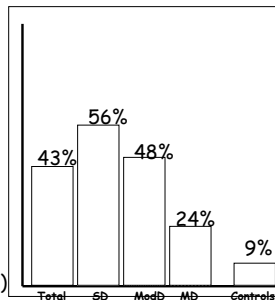
PREVALENCE DE LA CONSTIPATION DANS PATHOLOGIE NEUROLOGIQUE

Sclérose en plaques

N=280 patients

Constipation=
- < 2 selles/semaine
-Nécessité de manoeuvres digitales pour faciliter la défécation
-Utilisation de laxatifs, lavements,
-suppositoires plus d'une fois par semaine.

(Hinds, Gastroenterology 1990)

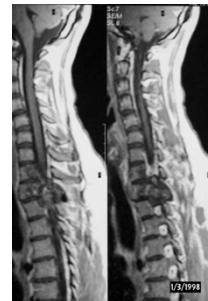


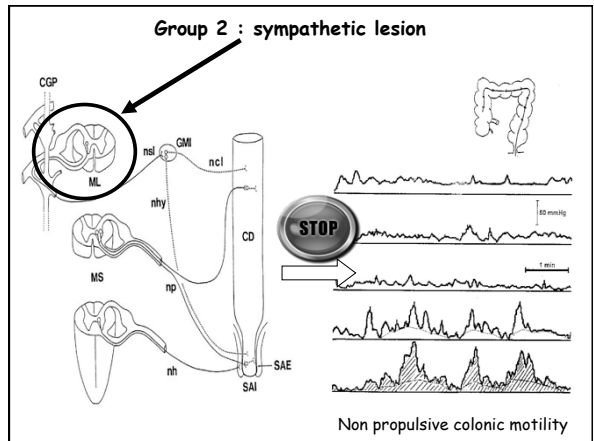
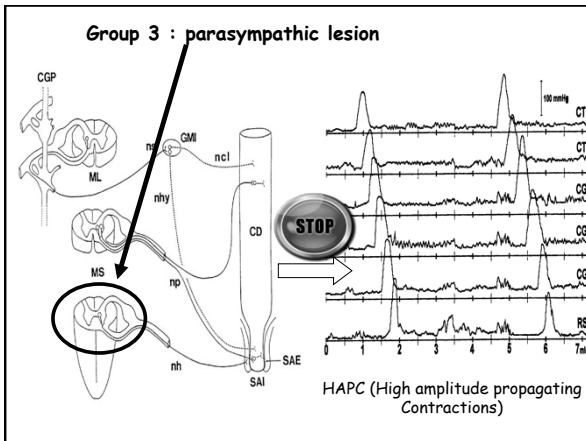
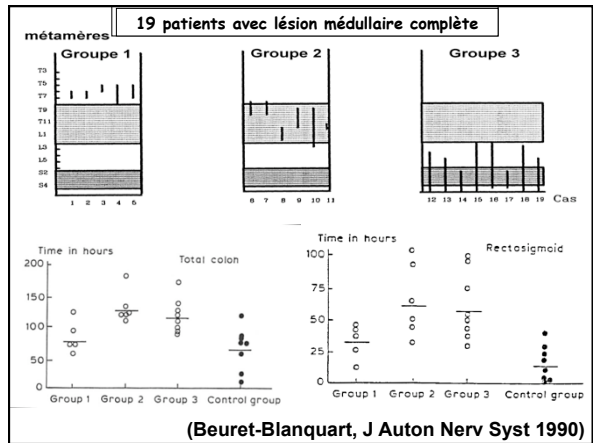
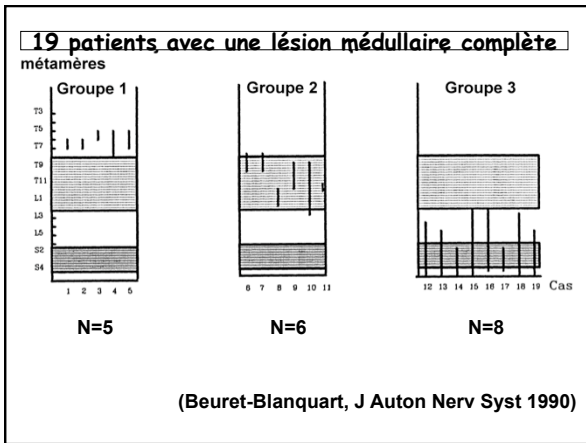
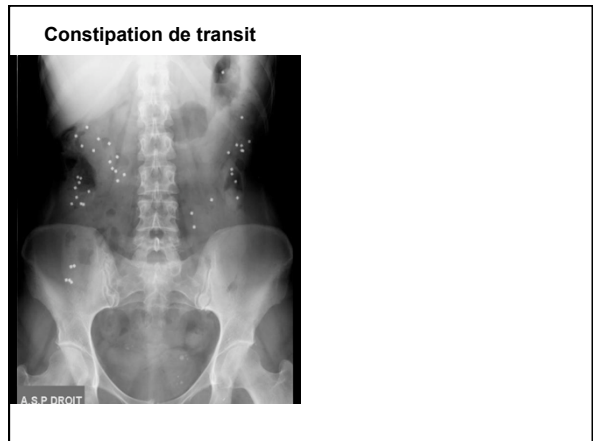
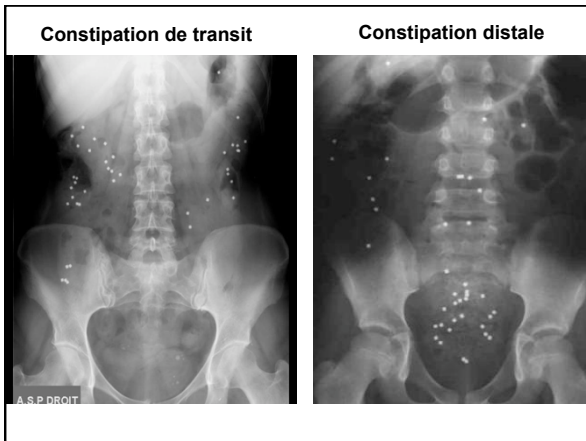
La constipation est fréquente chez les patients ayant une lésion spinale même quand la lésion est modérée

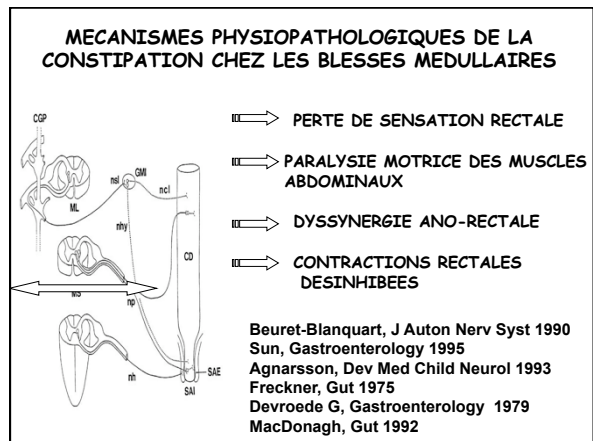
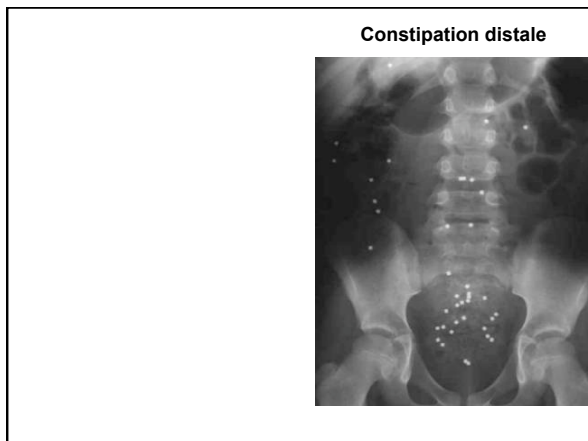
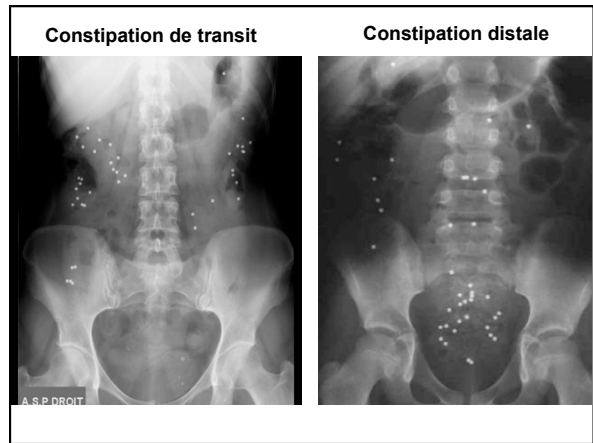
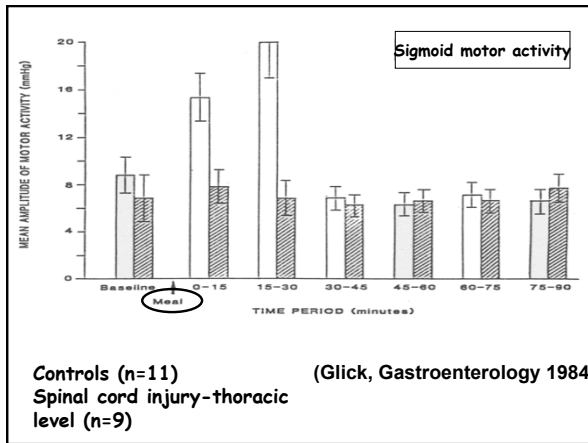
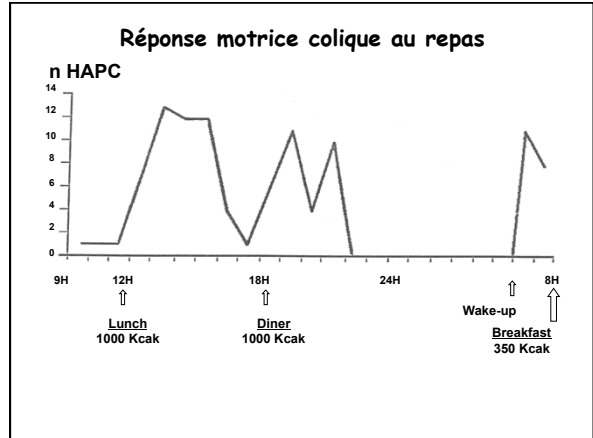
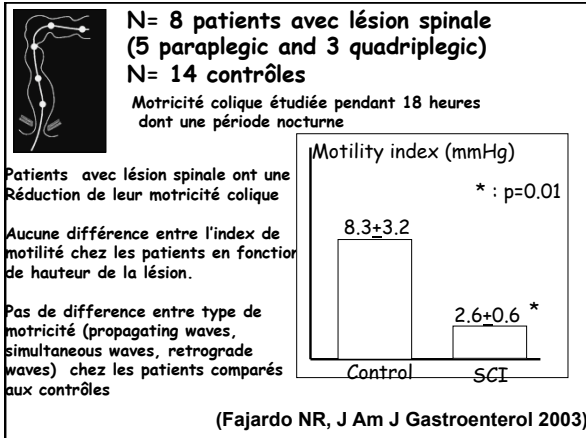
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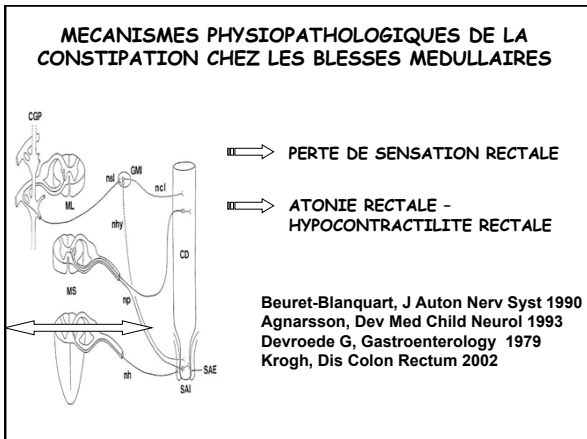
1/ PREVALENCE

2/ MECANISMES PHYSIOPATHOLOGIQUES









MALADIE DE PARKINSON

Akinésie
Rigidité
Tremblement de repos

1/ PREVALENCE

2/ MECANISMES PHYSIOPATHOLOGIQUES

Prevalence = 30 to 74% (Abbott, Neurology 2001)

Fréquence des selles collectée chez 6790 hommes âgés de 51 à 75 ans sans maladie de Parkinson

24 ans

Incidence de Maladie de Parkinson

Adjustment	1/d	2/d	>2/d
Age-adjusted	2.3	3.4	4.8
Risk-factor adjusted	2.7	4.1	4.5

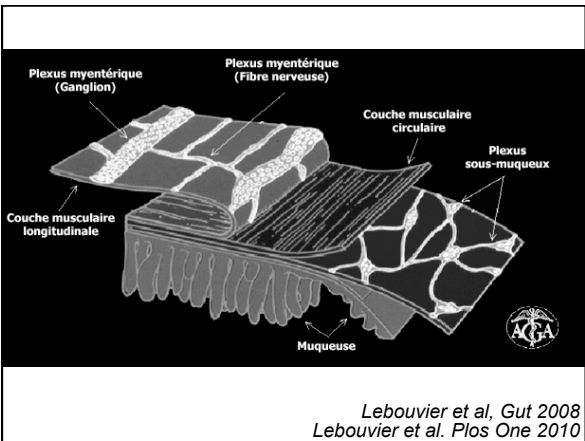
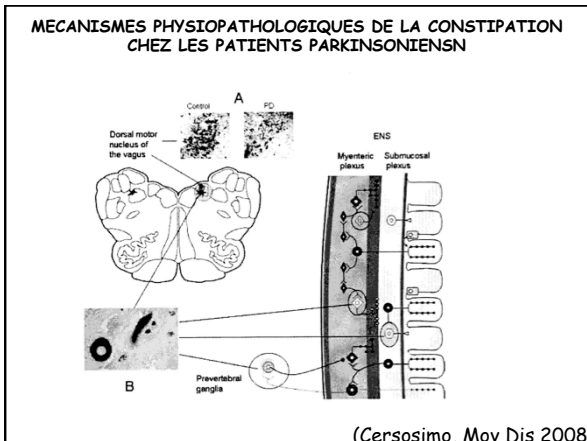
Risk of PD in men with <1 bw/d as compared with men with 1, 2 and >2/d

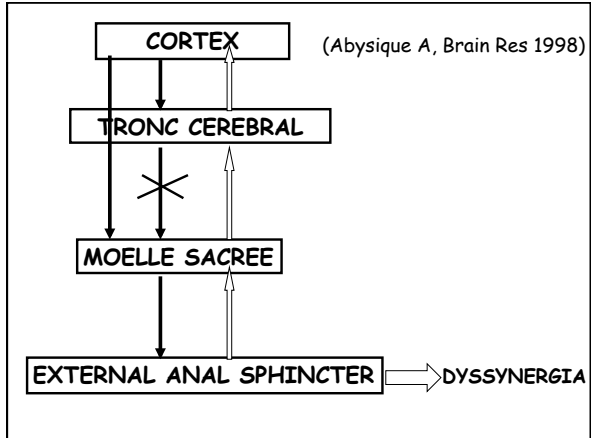
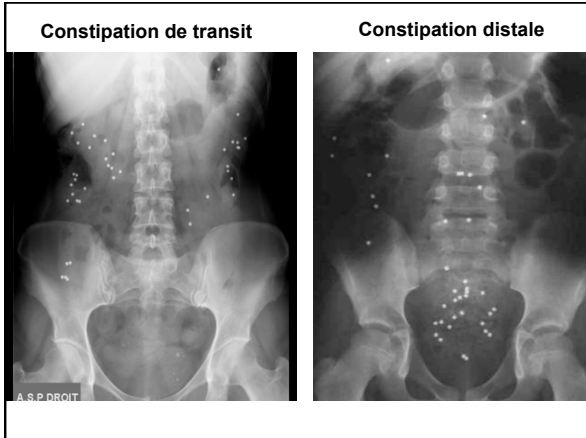
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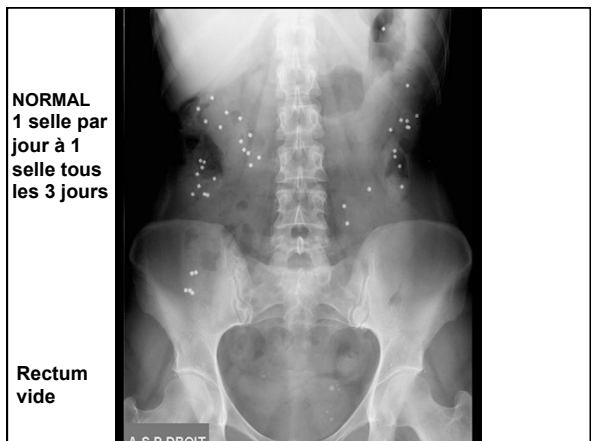
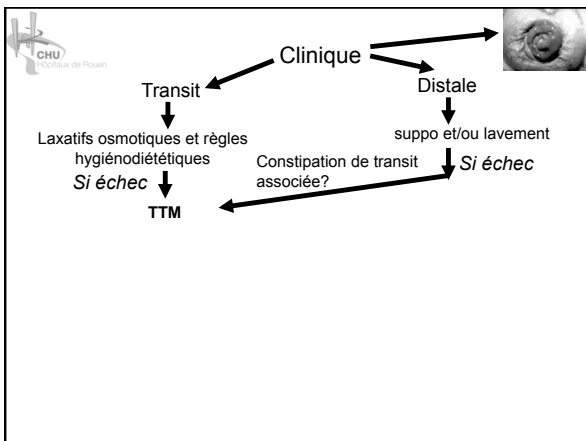


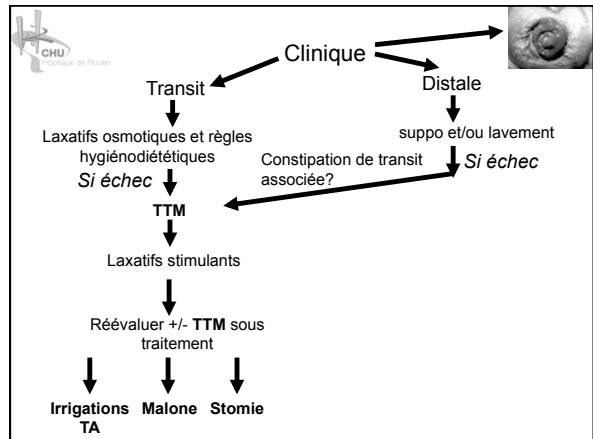
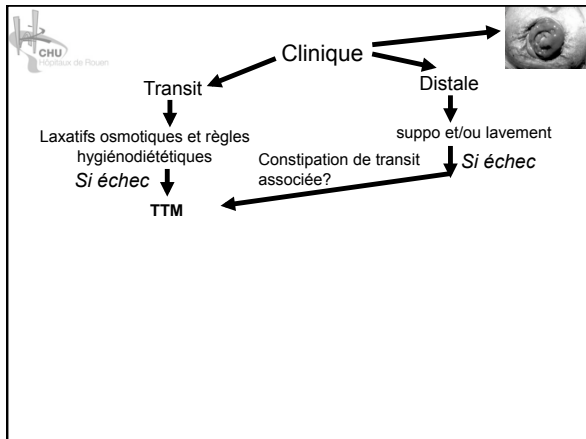
Femme de 28 ans qui se sait atteinte d'une sclérose en plaques depuis 6 mois, date à laquelle elle a présente des signes d'atteinte cérébelleuse après une névrite optique il y a 2 ans.

Actuellement, alors que son transit était toujours régulier auparavant, elle présente une constipation pour laquelle son neurologue vous l'adresse pour avis

1\ Quel(s) diagnostic(s) évoquez-vous?

2\ Quel traitement proposez vous?






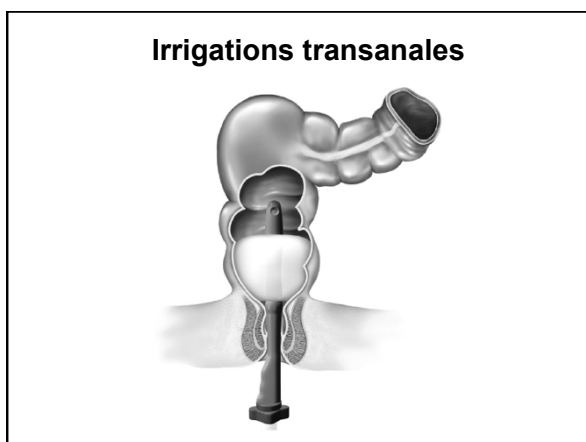
CONSTIPATION TRANSIT

Laxatifs Osmotiques : Forlax, Transipeg, Movicol...

Laxatifs irritants : X-prep, Contalax, Dulcolax...

Effet cholinergique: Mestinon

Nouveaux laxatifs : Lubiprostone (activation des canaux chlorures, Prucalopride (agonistes 5HT4..)

ORIGINAL CONTRIBUTION

Long-Term Outcome and Safety of Transanal Irrigation for Constipation and Fecal Incontinence

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- 348 patients (248 women), median age = 52 [5-85] suffering from constipation and FI were introduced to TAI
- Patients received a mailed questionnaire about their bowel function and practical procedure.

(Christensen, Dis Colon Rectum 2009)




TABLE 1. Overall outcomes of transanal irrigation

Background pathology	n	Success	Failure	Success (%)
Spinal cord injury	68	42	26	62
Spina bifida	18	12	6	67
Multiple sclerosis	10	5	5	50
Cerebral thrombosis	10	7	3	70
Parkinson's disease	1	1	0	100
Idiopathic fecal incontinence	49	25	24	51
Obstetric sphincter injury	21	11	10	52
Sequelae from rectal surgery	15	6	9	40
Sequelae from rectal prolapse	21	5	16	24
Sequelae from anal surgery	12	3	9	25
Idiopathic constipation	79	27	52	34
Slow transit constipation	43	14	29	
Obstructed defecation	30	13	27	
Undetermined	6	0	6	
Miscellaneous	44	19	25	43
Total	348	163	185	47

(Christensen, Dis Colon Rectum 2009)

