

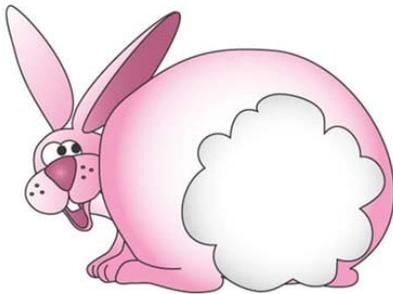
# Infant Dyschezia: Looking out for Number Two

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## Introduction



Infant dyschezia is one of the childhood functional gastrointestinal disorders defined by the Rome Pediatric Working Group. The childhood functional gastrointestinal disorders are symptom-based diagnoses defined by a variable combination of chronic or recurring gastrointestinal symptoms not explained by structural or biochemical abnormalities. Functional symptoms are those that occur in the absence of anatomic abnormality, inflammation, or tissue damage, and fall within the expected range of behaviors for the body.

Defecation requires two coordinated events: pelvic floor relaxation and an increase in intra-abdominal pressure. The coordination of the defecatory act carries with it developmental overtones and the failure to meet developmental milestones in the control of defecation results in functional symptoms.

## Clinical presentation

Parents visit the clinician during the infant's first 2 to 3 months of life complaining that their child is "constipated". When asked to elaborate, parents anxiously describe a healthy infant who cries for 20 to 30 minutes, turns red in the face, and screams in pain before defecation takes place. The stools are soft and free of blood. These episodes, exhausting for the infant and anxiety provoking for the parents, occur several times daily.

## **Diagnosis**

The diagnostic criteria for infant dyschezia are at least 10 minutes of straining and crying before successful passage of soft stools in an otherwise healthy infant less than six months of age.

In a child with infant dyschezia, physical examination and stool examination are normal. These infants have not yet coordinated the increase in intra-abdominal pressure with pelvic floor relaxation so they are unable to enjoy easy defecation. No tests are indicated. Infant dyschezia is a problem in learning to defecate. Crying is the infant's attempt to create intra-abdominal pressure (Valsalva maneuver), before they learn to bear down more effectively for a bowel movement.

## **Treatment**

Effective reassurance is all that is needed. The physical examination should be thorough and performed in the presence of the parents so they are reassured that nothing has been overlooked. The clinician promises continuing availability to re-evaluate should other symptoms begin, but usually parents are extremely pleased with the diagnosis of a healthy infant.

Treatment with suppositories or digital stimulation is inappropriate, and counter-productive. It is wrong for the parents to assume control of the infant's pelvic floor or "help" the infant to defecate. Infant dyschezia rarely lasts more than a week or two and resolves spontaneously.

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