

### **Question 34 – March 30**

A 63-year-old multiparous woman presents complaining of having to spend an hour on the toilet and "I just can't get it out." The problem began with menopause and worsened after a hysterectomy two years ago. Which of the following tests will be the least revealing about the etiology of this disorder?

- A. Colonoscopy
- B. Anal manometry
- C. Cine defecography
- D. Colonic transit study

**Answer: A**

Based on the patient's symptoms, a pelvic floor disorder is most likely her problem. Colonoscopy will identify intraluminal lesions if they are present, but will provide no other useful information, other than perhaps describing a redundant tortuous colon. Anal manometry and EMG will assess the presence of paradoxical sphincter contraction, sensation and urge volumes, resting and squeeze pressures, and maximum tolerable volumes, along with the presence or absence of a rectoanal inhibitory reflex. Cine defecography will identify pelvic floor disorders such as sigmoidocele, rectocele, intussusception, and prolapse. Colonic transit study will demonstrate evidence of colonic inertia or pelvic outlet obstruction. This patient's symptoms relate to menopause and hysterectomy. Therefore it is extremely unlikely she has colonic inertia but the colonic transit study could help in identifying a pelvic floor disorder.

### **References:**

1. ACG Chronic Constipation Task Force. An evidence based approach to the management of chronic constipation in North America. *Am J Gastroenterol* 2005;100:S1-S22.
2. Rao SSC, et al. Utility of testing in constipation. *Am J Gastroenterol* 2005;100:165-1615.
3. Wexner SD, Sardinha TC, Gilliland R, Setting up a Colorectal Physiology Laboratory, in Corman ML, *Textbook of Colon and Rectal Surgery*, Fifth Edition, Lippincott Williams and Wilkins, New York, 2005, Chapter 6, pp 129-167.