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Silent constipation: A potentially lethal, although, under recognized, under diagnosed and under treated entity

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Abstract

Constipation is a commonly prevalent condition and often a distressing digestive complaint. Left untreated/undertreated, it may be associated with severe morbidity and occasionally in mortality. Patients with constipation/ silent excessive colonic fecal stasis (ECFS) may present with myriad symptoms, either (a). Gastrointestinal symptoms (GIS) or (b). Constipation equivalent symptoms, including chest pain/failure to thrive, or delirium, urinary tract infection, to list a few. This may sometimes lead to unnecessary extensive, and expensive non G.I. work up. Patients, with constipation/ECFS, also experience impaired quality of life. The economic burden due to constipation, and/or its potential complications, on the patient, caregiver and the healthcare industry is enormous. A research study, conducted on 100 patients with significant coprostasis on AXR, revealed, 54 (54%) did not complaint of constipation (although they were silently developing ECFS). 2. Radiologists reported evidence of coprostasis in 56% of subjects. (95% CI, 46-65%). The p value was < 0.001 for comparison of the radiological assessment for coprostasis by Dr. A (author), and the radiologists. Of the 64% patients who were treated for coprostasis, 24 (24%) were probably adequately treated, 26 patients were inadequately treated, and 14 patients were probably inadequately treated. The findings of this study should prompt clinicians to independently review plain AXRs in order to identify coprostasis. Heightened awareness of clinicians to appropriately address the coprostasis will improve patient quality of life, and may avert case fatalities. Also, the findings of this study should prompt radiologists to increase reporting of coprostasis in the "final impression" section" in all cases when evident on imaging studies.

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Biography

Dr. Naznin Esphani has completed her M.B.B.S at the age of 22 years from Madras University, Postgraduate MD in Internal Medicine from Howard University Hospital, and Fellowship in Palliative Medicine from University of Texas M.D. Anderson Cancer Center. She had served as Hospices Director. She is a clinician at University of Maryland Medical

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