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Original Article

Incidence of anismus in fecal incontinence patients evaluated at a Coloproctology service☆

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ABSTRACT

Introduction: Fecal incontinence is defined as a loss of bladder and bowel control. Anismus is characterized by a paradoxical contraction or inappropriate relaxation of pelvic floor muscles while trying to evacuate, being usually associated with constipation (60%). However, anismus can be present in 46% of patients with fecal incontinence.
Objective: To analyze the incidence of anismus in patients diagnosed with fecal incontinence in an outpatient Coloproctology Clinic of Paraná.
Methodology: A retrospective study of 66 patients diagnosed with fecal incontinence at Coloproctology Clinic, Hospital São Lucas, from February 2012 to October 2013. Patients were evaluated by clinical history and examination by anorectal electromanometry.
Results: The mean age of participants was 56 years. Regarding the evaluation by anorectal electromanometry, mean resting pressure, contraction pressure and sustained contraction pressure were, respectively, 35.18 mmHg, 90.53 mmHg and 58 mmHg. Anismus was seen in 42.42% of patients.
Conclusion: Through this study, it can be inferred that the incidence of anismus has a relevant impact on patients diagnosed with fecal incontinence. Our results corroborate the importance of the concomitant management of anorectal continence mechanism changes, in order to emphasize the clinical benefits and improved quality of life for patients with fecal incontinence.

☆ This study was conducted at Gastroclínica Cascavel and Faculdade Assis Gurgacz (FAG), Cascavel, PR, Brazil.

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Incidência de anismus em pacientes com incontinência fecal avaliados em um serviço de coloproctologia

Palavras-chave:
Incontinência fecal
Assoalho pélvico
Manometria

RESUMO

Introdução: Incontinência fecal (IF) é definida como a perda do controle esfincteriano. O anismus caracteriza-se como contração paradoxal ou relaxamento inadequado da musculatura do assoalho pélvico durante a tentativa de evacuar, estando geralmente associado à obstipação intestinal (60%). No entanto, pode estar presente em 46% dos pacientes com IF.
Objetivo: Analisar a incidência de anismus em pacientes diagnosticados com incontinência fecal em um ambulatório de Coloproctologia do Paraná.
Metodologia: Estudo retrospectivo envolvendo 66 pacientes com incontinência fecal diagnosticados entre fevereiro de 2012 e outubro de 2013. Os pacientes foram avaliados pela história clínica e pelo exame de eletromanometria anorretal (EMAR).
Resultados: A idade média dos indivíduos estudados foi de 56 anos. Quanto à avaliação da eletromanometria anorretal, as médias da pressão de repouso, de contração e de contração sustentada foram, respectivamente, 35,18 mmHg, 90,53 mmHg e 58 mmHg. Anismus foi evidenciado em 42,42% dos pacientes.
Conclusão: Através deste estudo, foi possível inferir que a incidência de anismus é relevante em pacientes diagnosticados com incontinência fecal, concorrendo assim para ressaltar a importância do manejo concomitante das alterações do mecanismo de continência anorretal, a fim de salientar os benefícios clínicos e a melhora na qualidade de vida dos pacientes com incontinência fecal.

Introduction

Fecal incontinence (FI) is defined as the loss of sphincter control or an inability in delaying an evacuation in situations where the patient is not in a proper condition for such action, resulting in an unexpected loss of gas or liquid and/or solid feces.[1] Its exact incidence in the population is unknown, but is estimated that FI affects 0.1–18% of individuals. These figures undoubtedly are underestimations and, in part, this is due to patients' difficulty in reporting their clinical complaints.[2,3]

This condition is considered as part of a complex etiopathogenesis and physiology. It is known that the mechanism of anal continence depends on an anal sphincter and pelvic floor muscles' integrated action,[4] presence of recto-anal inhibitory reflex, rectal ability, sensitivity and compliance, stool consistency and bowel transit time.[2] Thus, conditions or diseases that change any of these mechanisms, with loss of physiological control of evacuation, may lead to a fecal incontinence status. Traumatic causes are most common; among them, obstetric injury is an important factor among women.[5]

The evaluation of an incontinent patient begins with a thorough medical history and physical examination.[2] Based on patient's clinical history, one should determine the degree of FI with the use of available grading scales, among which the most used is the Jorge-Wexner Fecal Incontinence Score.[5] This score classifies incontinence from 0 to 20, based on the frequency of episodes of incontinence producing gas and liquid and/or solid stools, as well as on changes in quality of life, wherein each of these criteria are graded from 0 to 4 (1, seldom; 2, sometimes; 3, weekly; 4, daily).[6]

Alongside the medical history – the primary diagnostic method – the coloproctologist can use a series of anorectal exams that help to understand this condition. Among these, anorectal electromanometry (AREM), an important functional method for FI evaluation,[7] stands out, considering that AREM measures rest and contraction pressures and functional anal canal size, capacity and compliance, as well as a survey of rectum-anal inhibitory reflex. Furthermore, AREM promotes an interpretation of the synchronization of sensitive and motor anal canal components.[8]

Thus, it is known that the anal sphincter function assessment is critical for a diagnosis and therapeutic approach for fecal incontinence; in this scenario, AREM is critical for this assessment.[9]

On the other hand, anismus, or pelvic floor dyssynergia, can be defined as a paradoxical contraction or inappropriate relaxation of pelvic floor muscles while the individual is trying to evacuate, or as an inadequate propulsive force.[10] Anismus manifests itself as a failure in normal relaxation of pelvic floor muscles during defecation, and this can be assessed by an anorectal electromyography (AREM) test, defecography, nuclear magnetic resonance and dynamic anorectal ultrasound.[11,12] This syndrome is usually associated with constipation,[11,13,14] in which anismus can be found in 60% of these patients and, in contrast, in 46% of patients with fecal incontinence.[14]

According to Chiarioni et al.,[15] the use of biofeedback is an important therapeutic procedure for management of fecal incontinence and pelvic floor dyssynergia. This is a noninvasive method for conservative treatment of fecal incontinence and anismus, in order to re-educate the patient's rectum-anal functions, training sphincter coordination and stimulating