Summary

Defecation is the last stage in digestion, in which the fecal contents pass from the colorectum through the anal canal outside the body through the anal verge. Defecation is controlled by the pelvic floor muscle and anorectal muscles.

Obstructive defecation is an idiopathic constipation with delayed transit at the region of the rectosegmoid due to the presence of defecatory disorders. Constipation is considered as one of the most common features of obstructive defecation.

Constipation is a symptom describing an unsatisfactory defecation in which the stool may be too hard, too small or too infrequent, but the act of defecation itself may be extremely difficult requiring excessive straining or manual assistance.

Anismus is a disturbed relaxation of the pelvic floor and anal sphincter leading to functional obstruction of defecation at the pelvic outlet. It is symptomatized by constipation and these patients are usually aware of the need to defecate but are unable to complete the act, the symptoms include straining, tenesmus and sensation of incomplete evacuation.

Solitary rectal ulcers have an obvious role in obstructive defecation in which the muscles of the pelvic floor are normal but the functions and control are abnormal. There may be a psychological influence in this syndrome since patients who have being sexually abused or who have been psychologically traumatized may develop this obstruction.

Rectal intussesception is another most common cause of obstructive defecation, it is characterized by circumferential intussesception of the upper rectal wall into the rectal ampulla with

straining during defecation, it progress and fills the rectal lumen. It is symptomatized by difficulty in defecation, symptoms of obstruction, incontinence, pain on defecation, bleeding, mucous discharge and diarrhea.

Rectocele most commonly occurs in parous women who have mechanical, neurogenic, or connective tissue risk factors such as age, parity, obesity, constipation, pelvic surgery, smoking and chronic lung diseases. It is a herniation of the rectal wall through a defect in the rectovaginal septum in the direction of the vagina.

Idiopathic megacolon and megarectum is a rare disorder of an uncertain aetiology . We recognize that there is a group of patients with primary dilating disease who are usually referred in a dolescence or early adult life. Most patients have prolonged constipation and they are found to have a congenital or acquired degeneration abnormality in the autonomic plexus of the large bowel.

To detect and investigate the cause of obstructive defecation the most common investigations are proctography which include defecography, defecometry, colposystodefecography, scintigraphic-defecography and the most recent project is MRI defecography, which is most recent and promising method in investigation of obstructive defecation as the soft tissue resolution enabled the layers of the bowel wall to be seen which is not possible in proctography.

Other investigations may be rule in the diagnosis and treatment of obstructive defecation. As plain radiography, ballon expulsion test, anoractal manometry, electromyography, endoanalultrasonography, colonoscopy and sigmoidoscopy and rectal biopsy.

Management of obstructive defecation based on conservative and medical treatment, also psychological treatment play an important role in the success rate. Biofeedback treatment is a technique for training the mind to control somatic functions and has achieved impressive results in treatment of many cases of obstructive defecation and constipation.