

## **47. MEDICAL AND SURGICAL TACTIC IN REFRACTORY CONSTIPATION ASSOCIATED WITH IDIOPATHIC MEGACOLON IN YOUNG PATIENTS**

**Author:** Constantin Bendelic

**Scientific adviser:** Sergiu Ungureanu, PhD, Associate Professor, Department of Surgery no. 4, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova.

**Introduction.** Chronic constipation is a common suffering, which lately affects the population more and more frequently. The worrying part is that a lot of young people are affected. When analyzing the anamnestic of these patients, we find that the suffering lasts for years without a proper guided treatment. Each patient requires an individual approach, but the results of treatment often remain refractory to the submitted curative efforts. This study is focused on young patients with severe refractory constipation associated with idiopathic megacolon, which required surgical intervention, being the last chance of adequate recovery.

**Aim of study.** To establish criteria for therapeutic/surgical conduit of patients with refractory constipation associated to idiopathic megacolon, which would allow the optimal volume of intervention, in relation to the clinical form and complications occurred

**Methods and materials.** During 2021, 4 patients were operated with idiopathic megacolon associated with refractory constipation. The age of the patients was between 20-42 years, with a duration of suffering between 6-16 years. The indication for surgical treatment served the inefficiency of the conservative methods with the persistence of severe constipation, with stools once in every 6-7 days (2 patients forced to resort to permanent evacuation clisters). All the patients, had all the criteria included in the Rome IV constipation criteria

**Results.** The patients underwent surgery with different volumes, based on the type of megacolon: 1- right hemicolectomy, 1- sigmoid colon resection, 1- subtotal colectomy and 1 with a multisectoral resection: right hemicolectomy and sigmoid resection with 2 anastomoses. In all interventions, primary anastomosis was applied, without a protective stoma. Postoperative evolution in all the cases was good without any complications, achieving a normal stool count of 1-2 stools per day

**Conclusion.** Chronic refractory constipation associated with idiopathic megacolon may be the last alternative surgical treatment. The volume of surgical intervention will be established according to the megacolon clinical form and the complications present at the patient. In patients with multisectoral or extended resections, the surgical treatment must be strictly individualized, but the results are promising