

# Pediatric constipation

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## Rationale

Constipation is a common problem in pediatric patients. It is important to differentiate functional from organic causes, recognizing that the vast majority of cases are functional.

## Causal Conditions

(list not exhaustive)

- Neonate and infant
  - a. Dietary
  - b. Anatomic (e.g., Hirschsprung disease, imperforate anus)
  - c. Neuromuscular (e.g., cerebral palsy, myopathy, global developmental delay)
  - d. Endocrine and/or metabolic (e.g., hypothyroidism)
  - e. Genetic (e.g., cystic fibrosis)
  - f. Drug or toxin exposure (e.g., infantile botulism)
- Older child
  - a. Dietary
  - b. Functional
  - c. Psychosocial
  - d. Anatomic (e.g., bowel obstruction)
  - e. Neurologic (e.g., spinal cord tumour, trauma, neuromuscular disorders)
  - f. Endocrine and/or metabolic (e.g., hypercalcemia, hypothyroidism)
  - g. Genetic (e.g., cystic fibrosis)
  - h. Other (e.g., celiac disease)

## Key Objectives

Given a pediatric patient with constipation, the candidate will diagnose the cause, severity, and complications, and initiate an appropriate management plan.

## Enabling Objectives

Given a pediatric patient with constipation, the candidate will

- list and interpret critical clinical findings, including those based on
  - a. clinical features that help distinguish functional from organic causes, and
  - b. the social and psychological effects of chronic constipation;
- list critical clinical investigations and interpret the results of the investigations while recognizing the possibility that no investigation may be necessary;
- construct an effective initial management plan, including
  - a. providing initial and long-term therapy, including laxatives, diet, and education, and
  - b. using a multidisciplinary approach as needed.