

Dysfunctional conditions causing RAP include constipation, chronic stool retention, overeating, irritable colon, and intestinal gas with heightened awareness of intestinal motility or dysmotility. Normally, intestinal contents arrive at the distal portion of the intestine with a relatively high fluid content, and fluid is extracted in the distal colon and rectum. If the normally relaxed distal intestine fails to relax and prevents the flow of its contents toward the rectum, the resulting excessive distention and spasms of the distal intestinal musculature produce pressure on nerve endings, causing pain.

The symptoms of RAP may result from multiple causes, and it is important to assess a number of factors that could place a child at risk for this condition. These include (1) somatic predisposition, dysfunction, or disorder; (2) lifestyle and habit, including routines, diet, and life tempo; (3) temperament and learned response patterns, such as the child's behavior style, personality, and learned coping skills; and (4) milieu and critical events (i.e., the child's intimate surroundings [familial, social, and cultural norms] and unexpected sources of stress or gratification).

Diagnostic Evaluation

Diagnosis is based on a complete family history, the child's health history, physical examination, and laboratory tests. The family history may provide evidence of a hereditary disorder or mimicry of adult symptoms. The child is evaluated for evidence of an organic basis for symptoms, such as pain that radiates to the back, pain that awakens the child from sleep, persistent right upper or right lower quadrant pain, unexplained or recurrent fever, weight loss, GI blood loss, significant vomiting, chronic severe diarrhea, or family history of IBD. Pain is assessed for location, quality, frequency, duration, any associated symptoms, alleviating factors, and exacerbating factors.

Therapeutic Management

Treatment involves providing reassurance and reducing or eliminating symptoms. Hospitalization may be necessary, and the child frequently shows improvement in the hospital environment. Initial efforts are directed toward ruling out organic causes of the