

Table 2. Acute Causes of Constipation, Clinical Findings, and Test Results

ACUTE CAUSE	DIAGNOSTIC CLUES	TESTING*
Anal Lesions		
Abscess	Dull aching pain that persists between bowel movements; Palpable with rectal exam	Anoscopy helpful to visualize extent of abscess, pre-treat with topical anesthetic
Fissures	Pain with bowel movements, better afterward; Visible on rectal exam if tolerated, may bleed	Anoscopy helpful to rule out other pathology, pre-treat with topical anesthetic
Hemorrhoids	Pain if thrombosed; External hemorrhoids visible on rectal exam at 2, 5, or 9 o'clock	Anoscopy helpful for internal hemorrhoids, pre-treat with topical anesthetic
Herpes	Significant pain; Visible on rectal exam	Viral culture, but results not immediate
Bowel Disease		
Carcinoma	Family history, weight loss, hematochezia	May have positive stool for occult blood
Diverticulitis	Tenesmus, left lower quadrant pain, anorexia, fever, diarrhea, symptoms may vary	May have positive stool for occult blood
Inflammatory bowel disease	Tenesmus, bloody diarrhea, anorexia, weight loss, associated arthritis	May have positive stool for occult blood
Ischemic colitis	History of cardiovascular disease, bloody diarrhea, distension	May have elevated white blood cell count, or elevated lactate; CT scanning
Obstruction	Vomiting, abdominal pain and distension (most common symptom in elderly)	Positive obstructive radiography series, or computed tomography
Toxic megacolon	Inflammatory bowel disease; Starts with bloody diarrhea and abdominal pain, followed by fever, chills, obstipation, and toxicity	> 6 cm dilation on plain film, CT identifies complications
Volvulus, cecal or sigmoid colon	Institutionalized patient, immobility, vomiting, abdominal pain and distension (most common symptom in elderly)	Obstructive radiography series, computed tomography
Dietary Habits		
Inadequate fiber intake	History	None
Inadequate fluid intake	History	May have elevated blood urea nitrogen and creatinine levels, or normal values
Medications	History	None
Metabolic Disorders		
Hypokalemia	Generalized weakness, cramping, hyporeflexia, dysrhythmias,	Low potassium level; U waves and/or ST segment depression on ECG
Hypercalcemia	Generalized weakness, cramping, abdominal pain, polyuria and polydipsia	Low calcium level
Uremia	Nausea and vomiting, weakness, hypertension, edema	Elevated blood urea nitrogen and creatinine, electrolytes
Hypothyroidism	Fatigue, weakness, cold intolerance, weight gain, dry scaly skin, non-pitting waxy edema	Thyroid stimulating hormone level
Hypoadrenalism	Weakness, dehydration, hypotension, nausea, weight loss, abdominal pain	Hyponatremia, hypokalemia, hypoglycemia, Consider cosyntropin test
Pregnancy	Missed menses	Urine pregnancy
Psychosocial Change		
Travel	History	None
Depression	History	None
Psychosocial stress	History	None
Immobility	History	None
Toxicologic Disorder		
Lead poisoning	Nausea, vomiting, abdominal pain, ataxia	Anemia, lead level

*Patients deemed to be significantly ill after history and physical exam should have more extensive testing than what was suggested here.