E-Poster

EP-555

Complications of Neurogenic Colorectal Dysfunction in Spinal Cord Injury Patients

Topic: Complications/Sequelae (ie Spasticity, Immobilization and Frailty)

Emna Bahlouli[1], Hend Belhaj Othman[1], Amani Mehrzia Khezami[1], Leila Ghidaoui[2], Ines Aloulou[2], Imen Miri[2], Catherine Dziri[2], Sonia Lebib[1]

[1]*Physical Medicine and Rehabilitation Department B, Kassab Institute of Orthopedics, Tunis, Tunisia*
[2]*Physical Medicine and Rehabilitation Department A, Kassab Institute of Orthopedics, Tunis, Tunisia*
[3]*Physical Medicine and Rehabilitation Department B, Kassab Institute of Orthopedics, Tunis, Tunisia*

BACKGROUND

Neurogenic colorectal dysfunction (NCD) is a common consequence of spinal cord injury (SCI), leading to significant morbidity. Patients often experience complications such as proctological disorders, disturbances in vesicosphincteric balance, and exacerbation of spasticity. This study aimed to identify and characterize the complications associated with NCD in SCI patients.

METHODS

A cross-sectional study was conducted on paraplegic SCI patients with an injury duration of over one year, recruited from the Physical Medicine and Rehabilitation Department at the Kassab Institute of Orthopedics between January and March 2024. Data collection included clinical evaluations and standardized questionnaires, specifically the Neurogenic Bowel Dysfunction (NBD) score. The study focused on the frequency and severity of NBD-related complications, particularly proctological disorders, as well as their impact on vesico-sphincteric function (including the frequency of urinary tract infections and inter-catheterization urine leakage) and spasticity (worsening).

RESULTS

A total of 30 patients were included. NCD and vesico-sphincteric dysfunction (VSD) frequently coexisted in the study population. Transit constipation was significantly correlated with an increased number of urinary tract infections ($p = 0.039$). However, the NBD score did not show a significant correlation with vesico-sphincteric balance, suggesting that the severity of colorectal dysfunction does not directly affect bladder function. Proctological complications were common, with anal bleeding significantly more frequent in women ($p = 0.004$). Both transit and terminal constipation were associated with a higher prevalence of hemorrhoids ($p = 0.019$ and $p = 0.013$, respectively), anal bleeding ($p = 0.047$ and $p = 0.004$), and fecal impaction ($p = 0.041$ and $p = 0.005$). Additionally, terminal constipation was significantly correlated with worsening spasticity ($p = 0.026$). The use of digital rectal stimulation and/or evacuation was linked to a higher incidence of hemorrhoids ($p = 0.013$) and anal bleeding ($p = 0.009$).

CONCLUSION

Neurogenic colorectal dysfunction in SCI patients imposes a substantial burden, with frequent proctological complications, an increased risk of urinary tract infections, and a notable impact on spasticity. Despite existing therapeutic strategies, management remains insufficient, highlighting the need for individualized treatment plans, and a multidisciplinary approach to minimize complications and improve patient outcomes.

Statement of Disclosures

None

Doi: 10.5606/archisprm.2026.EP-555

Corresponding Author:
Emna Bahlouli
Physical Medicine and Rehabilitation Department B, Kassab Institute of Orthopedics, Tunis, Tunisia
Email: emnabahlouli@yahoo.fr