

Table 1. The Paris consensus on childhood constipation terminology⁸ and Rome III constipation diagnostic criteria^{7,9,10}. A diagnosis of chronic childhood constipation is established according to Paris Consensus when 2 or more of the following symptoms or signs lasting for more than 8 weeks must be present.

Paris consensus constipation criteria

Less than 3 bowel movements per week

More than one episode of fecal leakage per week

Large in diameter stools that cause rectal outlet obstruction

Demonstrate withholding posture and behavior

Painful bowel movements

Definitions of bowel evacuation pathology

Fecal Incontinence: Passing stool in inappropriate places

Organic fecal incontinence: Fecal incontinence due to organic disease (neurological disorders, sphincter disorders, etc)

Functional bowel incontinence: Non-Organic disease divided into two categories:

Fecal incontinence associated with constipation: Functional bowel incontinence associated with constipation

Fecal incontinence non stool withholding (not associated with constipation: Passing stool in inappropriate places in children older than 4 years of age without evidence of constipation based on the medical history and the clinical evaluation

Fecal impaction: Large fecal mass in the rectum or the abdomen which is unlikely to pass through the rectal sphincter. Fecal impaction can be demonstrated by examining the rectum or the abdomen

Pelvic floor dyssynergia: A paradoxical contraction of pelvic floor muscles with defecation.

Rome III, Criteria for constipation diagnosis

According to the Rome III criteria a diagnosis of chronic constipation in childhood is established when 2 or more of the following are present for at least one month for infants and children up to 4 years. For children over 4 years of age, symptoms should last for at least two months.

- Two or less bowel movements per week
 - At least one episode of fecal incontinence per week after the child has acquired complete bowel control.
 - History of extensive fecal retention or withholding behavior by the child
 - Having hard and painful stools
 - Large fecal mass on digital rectal examination
 - Large in diameter stools that cause rectal outlet obstruction
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