Author's reply to comment on article: Redundant colon and refractory constipation in children

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To the Editors,

We thank Bolia and Kumar for their kind interest and comment on our article recently published in Indian J Gastroenterol. [1].

The two colleagues want to know why we do not talk about “dolichocolon” in our study. This term, derived from Greek to emphasize a long colon, is recently little used in the literature, where the “redundancy” term is most frequently used to express the concept of long portion of part of the colon. In our series, several portions of the colon were measured, so we felt it was more appropriate to use this term for the concept of length related to a part of the colon. Moreover, in no one we found a pathological length of the entire colon. Why we conclude that a ratio (rectosigmoid length/L2) > 15 is clinically significant? We used a ratio to eliminate the age factor as much as possible and to compare it to the Koppen and Al values [2]. We have identified a value of ratio > 15 because, in all our cases of refractory constipation, the values were greater than 15. We agree on the neurohumoral mechanisms of the redundant colon, but in our comment, we also talked about the hypothesis of water reabsorption to underline the role of a good and continuous water supply of these children who respond to dehydration by thickening their stools. Bolia and Kumar commented that we found no differences in the diameters of the segmental colon between patients with constipation and the “reference” group. Although contrary to the data reported in the literature, data emerged from the comparison between our patients and those taken as reference and reported in the literature [2]. We do not know if the reason is due

to the fact that children < 6 years had experienced a pneumatic reduction of intussusception. In the last comment, the problem is posed that the title and the conclusion do not give the real message, because this study would deal with a specific subgroup of children with functional constipation refractory and intractable to standard treatments. They are clearly patients suffering from refractory or intractable constipation. We have used this title to emphasize the fact that these children are often considered patients with functional constipation, while suffering from a specific problem that requires adequate treatment, a continuous supply of fiber and fluids; moreover, this constipation tends to relapse and become chronic, as we have reported in the previous study [3].

Authors' contribution NC, MR: Primary drafting of manuscript. SN: Critical appraisal. GC, AP: final approval of manuscript.

Compliance with ethical standards

Conflict of interest CN, SN, MR, GC, and AP declare that they have no conflict of interest.

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