

Prevalence and Management of Constipation in Pediatric Patients Undergoing Chemotherapy: A Retrospective Review



of constipation in patients during admission

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Background

- Children with acute lymphoblastic leukemia (ALL) suffer a litany of therapy induced side effects
- Methotrexate is a common chemotherapy agent administered for the treatment of ALL
- Failure to clear methotrexate from the body can result in toxicities including mouth sores, mucositis, and organ dysfunction, which have been well documented in the literature
- To date, no studies have examined the correlative relationship between delayed methotrexate clearance and constipation
- This study aims to examine chemotherapy induced constipation, current management practices, and the relationship between delayed clearance of methotrexate and constipation

Methods

- Single institution, retrospective cohort study, analyzed data from Riley Hospital for Children
- Patients birth to 21 years of age with ALL, hospitalized for high dose intravenous methotrexate therapy from January 2010 to September 2021
- Constipation definition: no stool for greater than 48 hours documented in the inpatient EMR Cerner system

Demographics and Clinical Characteristics

	Entire Cohort
Characteristic	N (%)
Unique Patients	23
Median age (years) at Induction (range)	6.7 (0 - 26)
Sex	
Female	5 (26)
Male	17 (74)
Race	
White	20 (87)
Black	1 (4.3)
Asian	2 (8.6)
American Indian	0 (0)
Pacific Islander	0 (0)
Other/Unknown	0 (0)
Ethnicity	
Hispanic or Latino	2 (8.7)
Non-Hispanic or Latino	21 (91.3)

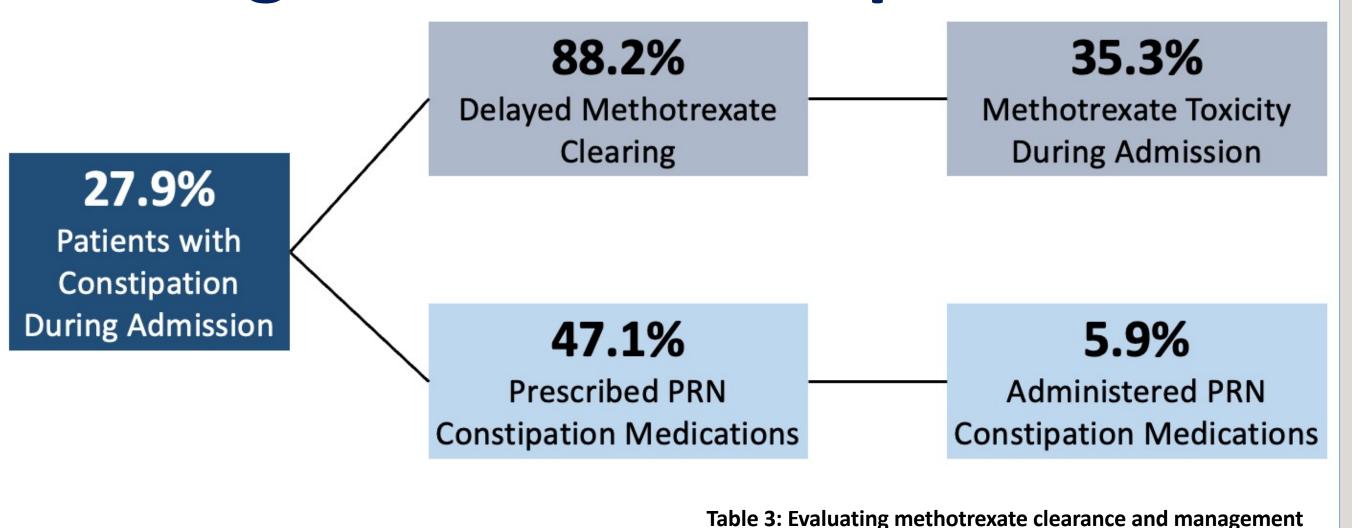
able 1: Demographics and clinical characteristics of pediatric patients with ALL (Pediatric Hospital Information System, 2010-2021)

Admission Information

Characteristic	N (%)
Unique Admissions	61
Average Length of Stay	5 days
Range of Length of Stay	3-29 days
Historical Constipation During Previous Admissions	31 (50.8)
Did Not Have Last Stool Documented Prior to Admission	53 (91.4)
Concomitant Chemotherapy Medications Given	57 (96.6)
Vincristine Given with High Dose Methotrexate	56 (91.8)
Mercaptopurine Given with High Dose Methotrexate	57 (93.4)
Concomitant Opioids Prescribed During Admission	13 (22.7)
Constipation During Admission	17 (27.9)

Table 2: Exploring admission data of patients receiving high dose methotrexate

Management of Constipation



Discussion and Next Steps

- We identified that 27.9% of patients with ALL who received methotrexate therapy during hospitalization suffered from constipation, with 88.2% of these patients experiencing delayed methotrexate clearance
- Half of admitted, constipated patients were prescribed constipation medications PRN that were then given 5.9% of the time
- In addition to their prolonged hospitalizations, majority of patients received vincristine, contributing to constipation
- Future prospective studies should focus on standardizing bowel regimens and increased attention must be paid to patients receiving constipating chemotherapy agents

References and Complete Poster Available







References



- 1. Surveillance, Epidemiology, and End Results (SEER) Program. National Cancer Institute, 2019. (Accessed October 25, 2019)
- 2. Collins JJ, Devine TD, Dick GS, et al. The Measurement of Symptoms in Young Children With Cancer: The Validation of the Memorial Symptom Assessment Scale in Children Aged 7–12. J Pain Symptom Manag 2002;23:10-6.
- 3. Hedström M, Ljungman G, Von Essen L. Perceptions of distress among adolescents recently diagnosed with cancer. Journal of Pediatric Hematology/Oncology 2005;27:15-22.
- 4. McQuade RM, Stojanovska V, Abalo R, Bornstein JC, Nurgali K. Chemotherapy-Induced Constipation and Diarrhea: Pathophysiology, Current and Emerging Treatments. Front Pharmacol 2016;7:414.
- 5. Pashankar FD, Season JH, McNamara J, Pashankar DS. Acute Constipation in Children Receiving Chemotherapy for Cancer. Journal of Pediatric Hematology/Oncology 2011;33:e300-e3.
- 6. Wickham RJ. Managing Constipation in Adults With Cancer. J Adv Pract Oncol 2017;8:149-61.
- 7. Sood M, Lichtlen P, Perez MC. Unmet Needs in Pediatric Functional Constipation. Clinical pediatrics 2018;57:1489-95.
- 8. Rajindrajith S, Devanarayana NM, Crispus Perera BJ, Benninga MA. Childhood constipation as an emerging public health problem. World journal of gastroenterology 2016;22:6864-75.
- 9. Hoekman DR, Benninga MA. Functional constipation in childhood: current pharmacotherapy and future perspectives. Expert Opin Pharmacother 2013;14:41-51.
- 10. Mujagic Z, Tigchelaar EF, Zhernakova A, et al. A novel biomarker panel for irritable bowel syndrome and the application in the general population. Sci Rep 2016;6:26420.