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Alex Biller

John Rosen

Amornluck Krasaelap

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# Rumination Syndrome Diagnosis Supported by Colon Manometry in a Pediatric Patient

Alexandra Biller, DO; John M. Rosen, MD; Amornluck (Pang) Krasaelap, MD

Children's Mercy Kansas City

## Background

- **Rumination syndrome (RS)**: effortless, repetitive postprandial regurgitation, re-swallowing, or spitting
- Caused by increased intragastric pressure
- Clinical diagnosis with symptom-based Rome Criteria
- Diagnosis can be supported by esophageal or antroduodenal manometry showing “r” waves

## Presentation

- 13 year old male with autism, chronic constipation, fecal soiling; not responding to standard laxative treatments
- Anorectal manometry with normal resting pressures, normal recto-anal inhibitory reflex, and dyssynergic defecation
- Colon manometry showed “r” waves across all sensors during the postprandial phase while the patient was effortlessly regurgitating, re-chewing, and re-swallowing

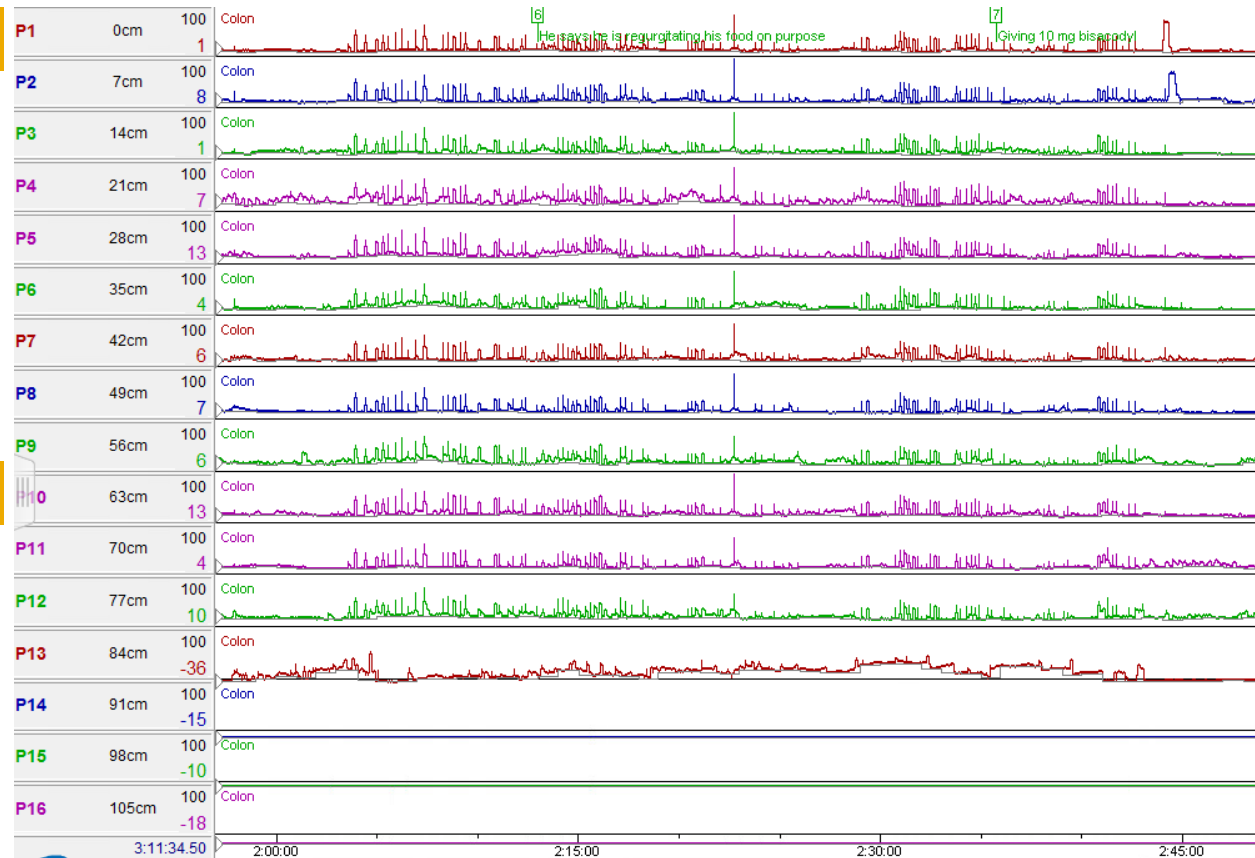


Figure 1: Postprandial phase of colon manometry showing r-waves while the patient was regurgitating

## Diagnosis

- Further discussion revealed recurrent regurgitation and re-swallowing since early childhood
- Based on symptoms, observed behaviors, and additional findings from colon manometry, diagnosed with RS
- Recommended diaphragmatic breathing exercises for RS; bowel regimen adjusted for constipation

## Teaching Points

- RS is typically diagnosed based on the patient's reported symptoms: regurgitation, re-swallowing, and/or spitting out of food contents after eating
- RS diagnosis can be supported by esophageal or antroduodenal manometry showing an increase in pressure (“r” waves) during the episode
- Similar findings may be seen during colon manometry



References

