

FUNCTIONAL CHRONIC CONSTIPATION (FCC)

Must include at least two of the following criteria occurring in the past month:	
<ul style="list-style-type: none"> • On average, two or fewer defecations per week • On average, at least one episode of fecal incontinence per week* • History of retentive posturing, straining, or inappropriate stool retention 	<ul style="list-style-type: none"> • History of painful defecation or hard stools • Presence of a large fecal mass in the rectum • History of large diameter stools
After appropriate evaluation, the symptoms cannot be fully explained by another medical condition.	
* This criterion only applies to children who have been toilet-trained	

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YES

ALARM SIGNS FOR ORGANIC DISEASE

- Constipation with very early onset (<1 month of age)
 - Passage of meconium >48h
 - Family history of Hirschsprung disease
 - Ribbon-like stools
 - Blood in stools in the absence of anal fissures
 - Anal scars
- Decreased strength/tone/reflexes in the lower limbs
 - Tuft of hair over the spine
 - Sacral dimple
 - Deviation of the gluteal cleft
 - Extreme fear during anal inspection
 - Fever
- Growth impairment
 - Biliious vomiting
 - Thyroid enlargement
 - Severe abdominal distension
 - Abnormal position of the anus
 - Absence of anal or cremasteric reflex
 - Perianal fistula

YES → Investigate organic cause and refer to a specialist

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NO

MANAGEMENT

WITHOUT FECAL IMPACTION

WITH FECAL IMPACTION

Oral polyethylene glycol (PEG) is the treatment of choice, at a dose of 1 to 1.5 g/kg/day for 3 to 6 days.

If there is no response, refer to a specialist.

PHARMACOLOGICAL TREATMENT

- First-line: oral polyethylene glycol (PEG), once daily, at a dose of 0.4 to 0.8 g/kg/day, which may be adjusted according to clinical response. Second-line: lactulose 1–2 mL/kg/day (maximum dose 60 mL/day), given in one or two doses.
- Mineral oil should not be used in children under two years of age or in those with neurological impairment due to the risk of aspiration.

HEALTH PROMOTION

- Balanced diet, with fiber and fluid intake appropriate for age
- Adequate physical activity for age group
- Prebiotics and probiotics are not recommended

EDUCATION

- Respond to the urge to defecate, even outside the home
- Toilet training: sit on the toilet for 5–10 minutes after a main meal to take advantage of the gastrocolic reflex
- Age-appropriate bathroom adaptation so the child can sit safely on the toilet

- Minimum duration of pharmacological treatment: 2 months
- Discontinuation: when all symptoms have resolved for at least 1 month, gradually
 - Refer to a gastroenterologist in cases resistant to treatment at usual doses

References

[1] Di Lorenzo C, Saps M, Chumpitazi BP, Rajindrajith S, Staiano A, Thapar N, et al. Lower and Biliary Disorders of Gut-Brain Interaction: Child/Adolescent. *Gastroenterology*. 2026 Feb 17:S0016-5085(26)00125-3. doi: 10.1053/j.gastro.2026.01.036.

[2] Tabbers MM, Di Lorenzo C, Berger MY, Faure C, Langendam MW, Nurko S, et al. Evaluation and treatment of functional constipation in infants and children: evidence-based recommendations from ESPGHAN and NASPGHAN. *J Pediatr Gastroenterol Nutr*. 2014 Feb;58(2):258-74. doi: 10.1097/MPG.0000000000000266.