Incontinence Anale
Chez qui la rechercher?

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Liens d’intérêts

- Consultants – Expert - Enseignement
- IPSEN
- Medtronic
- Allergan

Définition

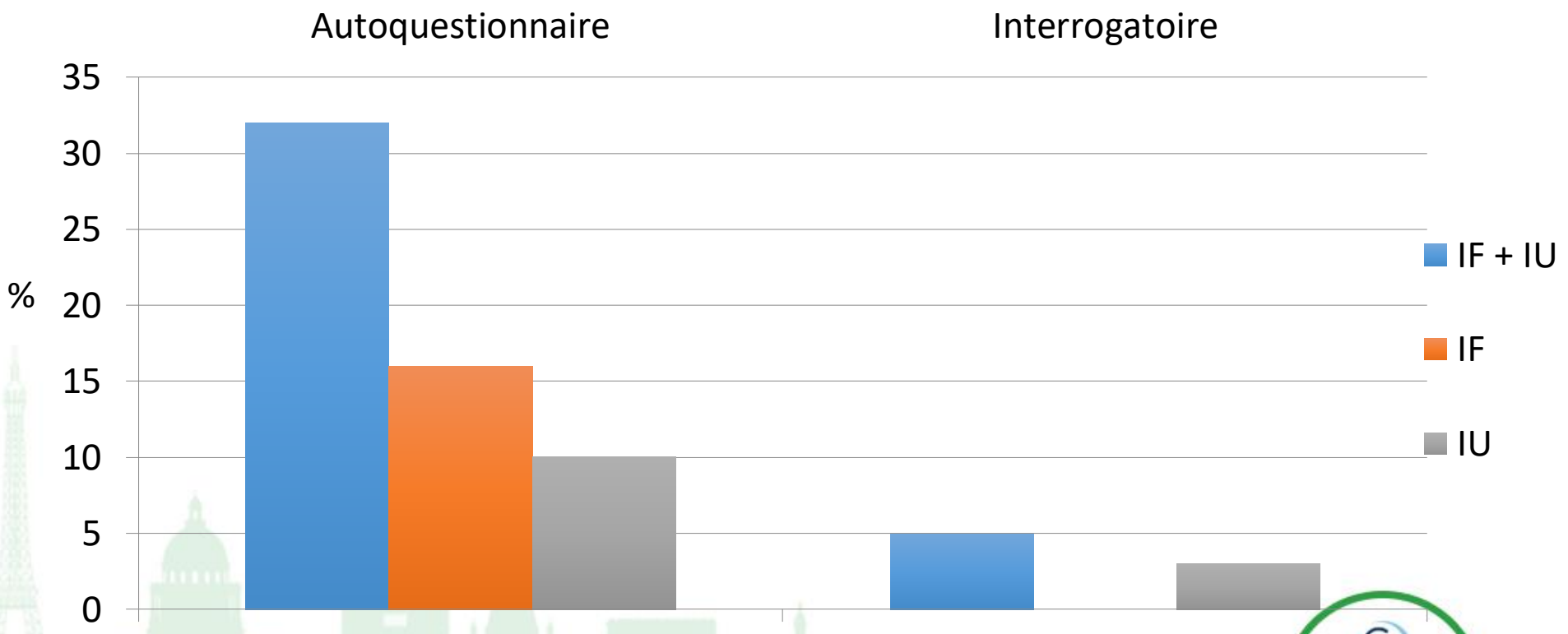
- L'incontinence anale / fécale peut se définir comme
  - « une condition dans laquelle la perte involontaire de gaz et/ou de selles par l'anus constitue un problème social ou d'hygiène ».

- Il faudra reconnaître les pertes de selles qui ne sont pas de l'incontinence :
  - suintements secondaires aux tumeurs recto-coliques (en particulier les tumeurs villeuses).

Pourquoi rechercher l'incontinence anale?

- Pathologie fréquente
- Retentissement majeur sur la qualité de vie.
  - limitation importante des activités dans la vie quotidienne des patients: faire des courses, aller au cinéma, rendre visite à des amis...
  - les patients éprouvent souvent un sentiment de honte vis à vis de leurs symptômes, et parfois, il s'installe un véritable syndrome dépressif.
  - les patients peuvent ainsi rester isoler avec leurs symptômes durant de nombreuses années.
- Tabou +++

- Sujet TABOU ++++
  - 56 parturientes *
  - avec déchirures du 3è degré
  - revues 3 mois après l'accouchement



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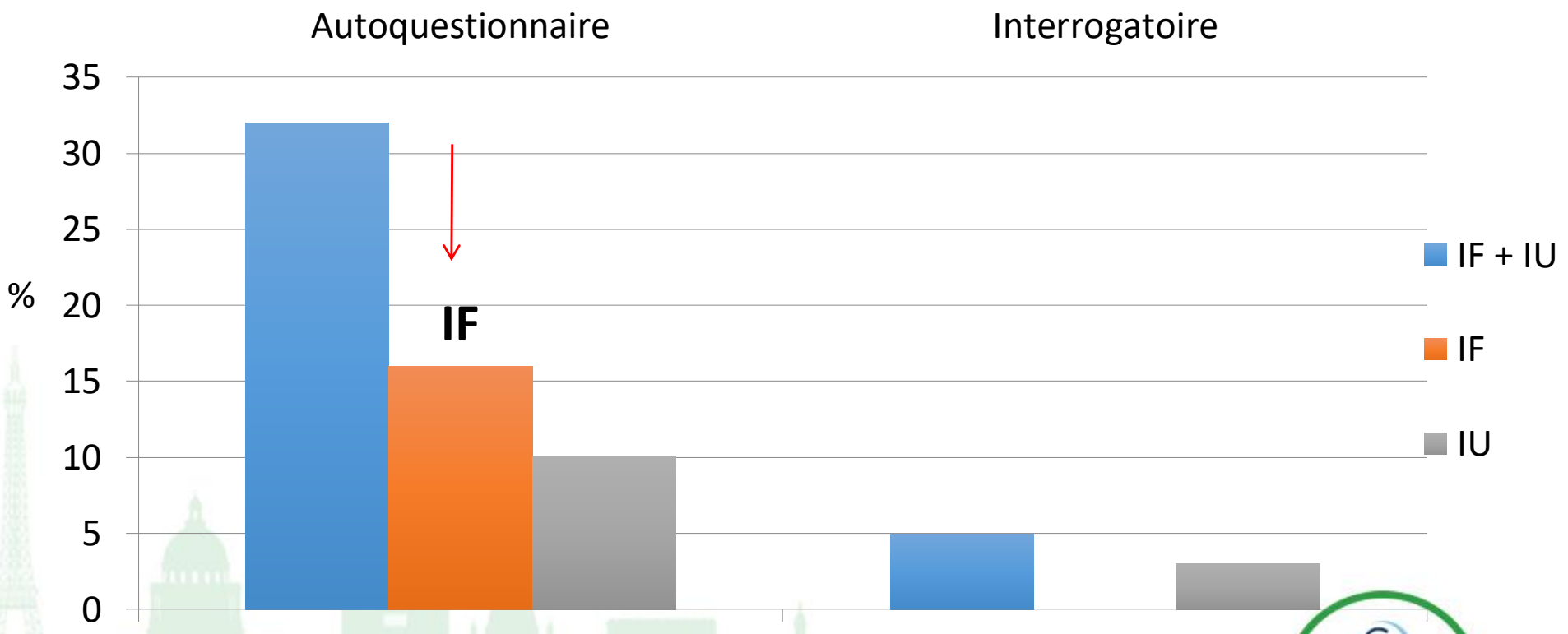

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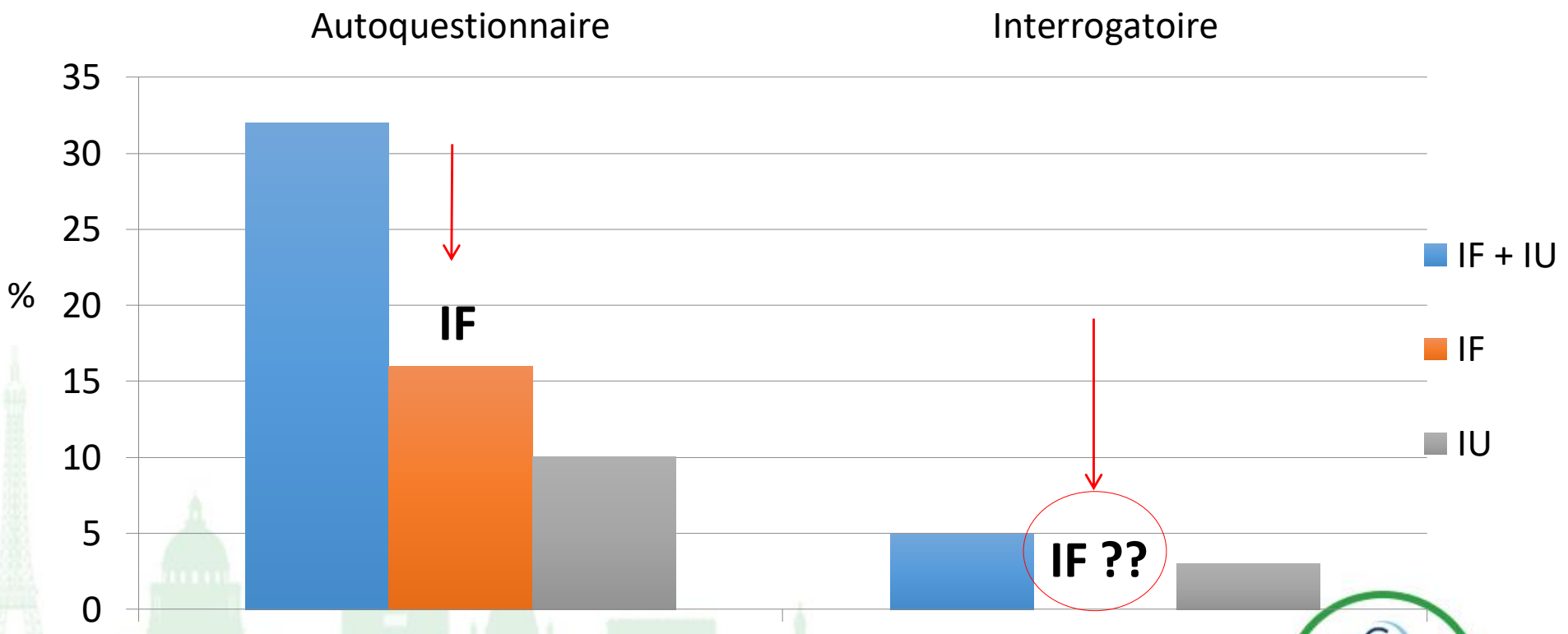

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Prévalence

Prévalence

- 2004 en Rhône Alpes
- Population générale
  - liste électorale
  - Définition de l'IA retenue: score de Jorge & Wexner: >4/20
  - **5,1 %**

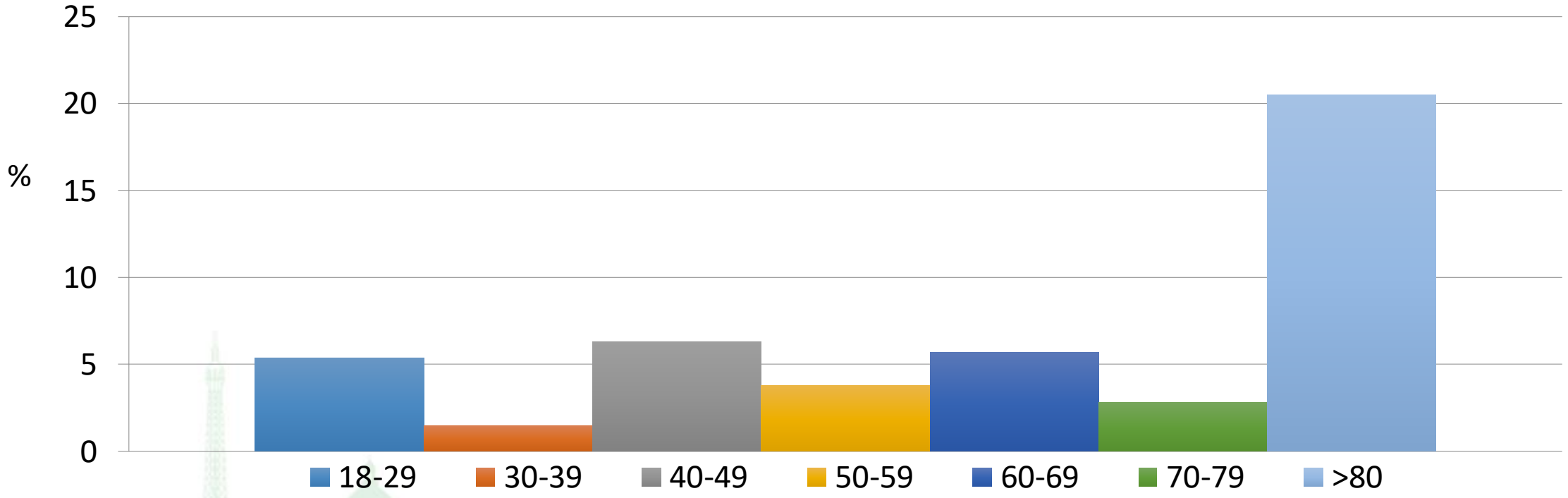
Henri DAMON, Olivier GUYE, Arnaud SEIGNEURIN, Frédérique LONG, Abdoul SONKO, Jean-Luc FAUCHERON, Jean-Paul GRANDJEAN, Georges MELLIER, Guy VALANCOGNE, Marie-Odile FAYARD, Luc HENRY, Philippe GUYOT, Xavier BARTH, François MION
Gastroenterol Clin Biol 2006;30:37-43

Chez qui rechercher l'incontinence anale
Facteurs de risques?

- Age / Sexe
- Lésions du sphincter anal
  - Accouchements difficiles
  - Chirurgie proctologique
- Troubles du transit
  - Constipation / Diarrhées
  - Colopathie fonctionnelle
- Rectites et colites
  - MICI (Crohn /RCH)
  - Radiques
- Troubles de la statique rectale
  - Prolapsus rectal
  - Rectocèle
- Pratiques sexuelles
- Maladies neurologiques
- Autres
  - Diabète / Obésité morbide

Age

Rhône-Alpes 2004 - Population générale



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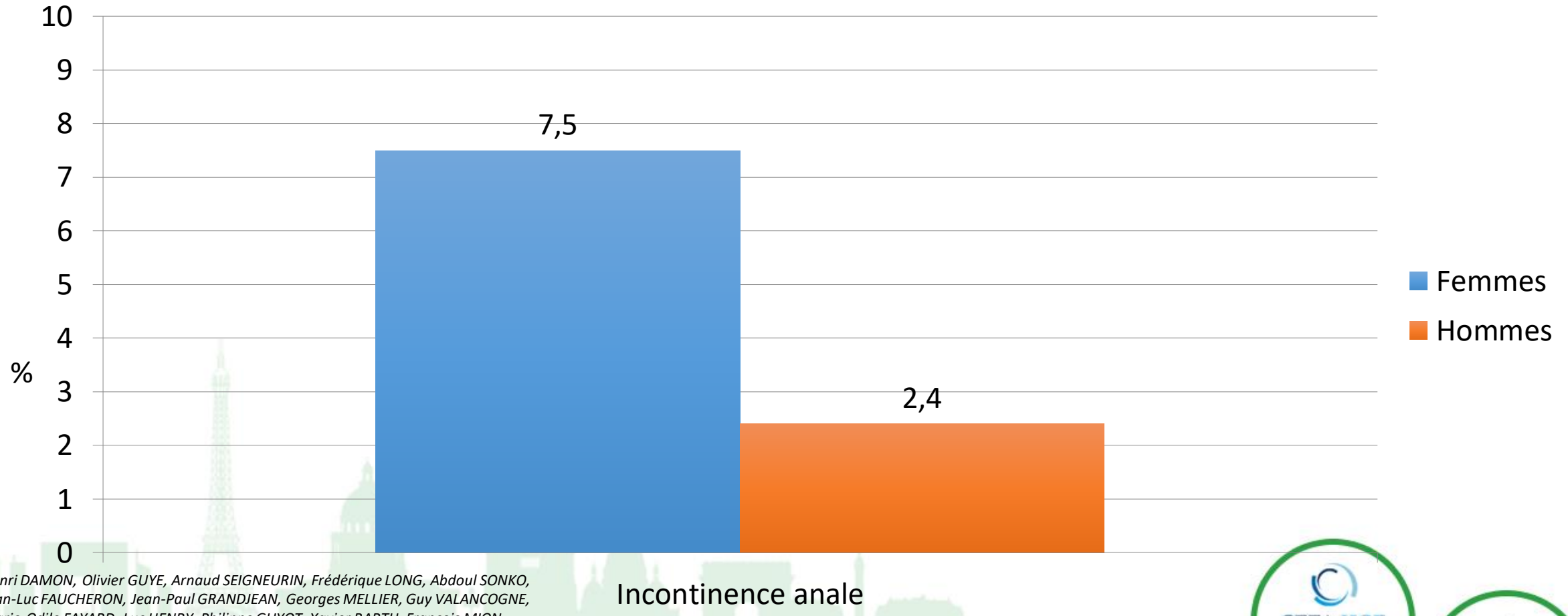
Damon & al. GCB. 2004

Sexe

Rhône-Alpes 2004 - Population générale



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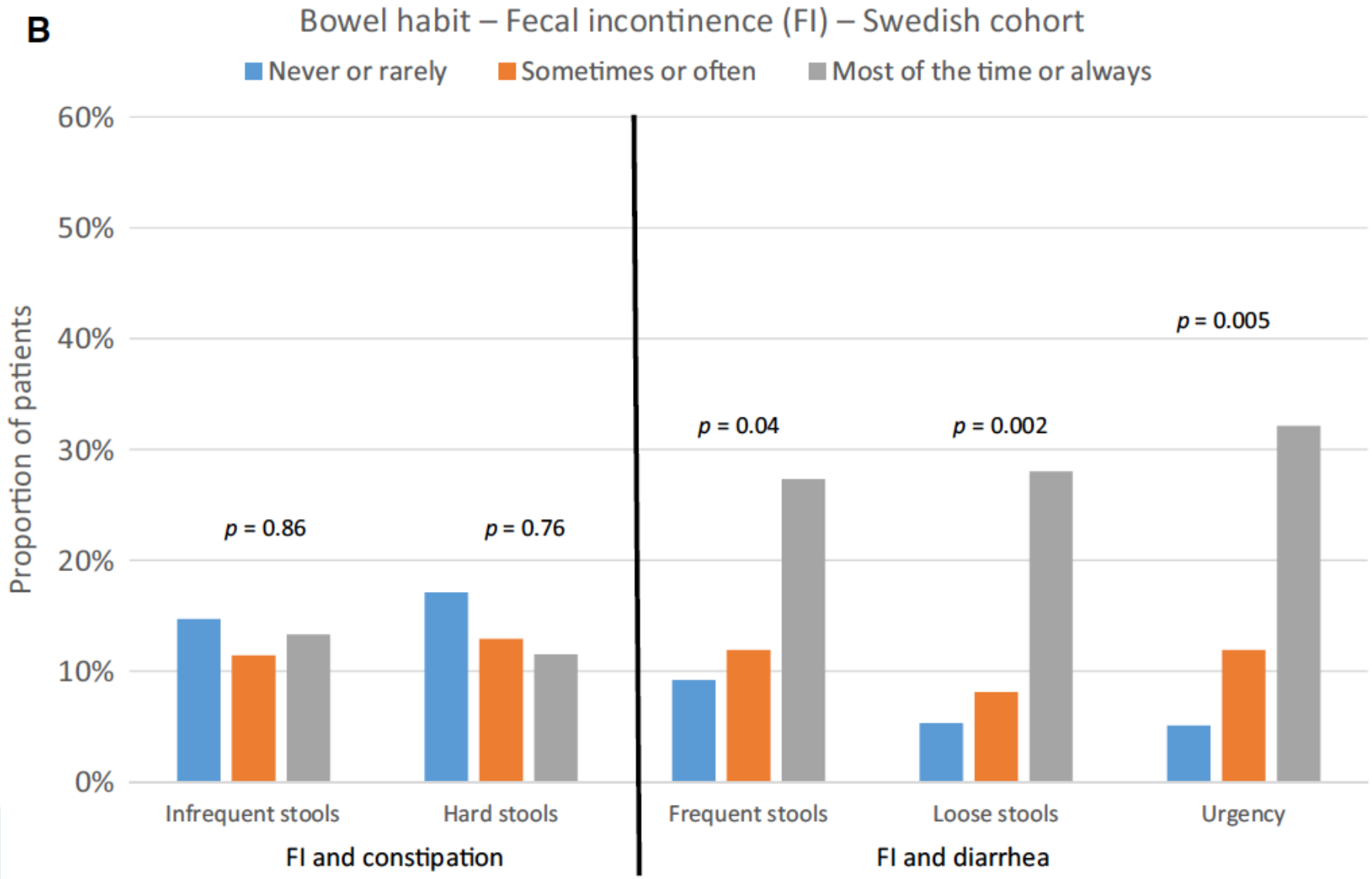
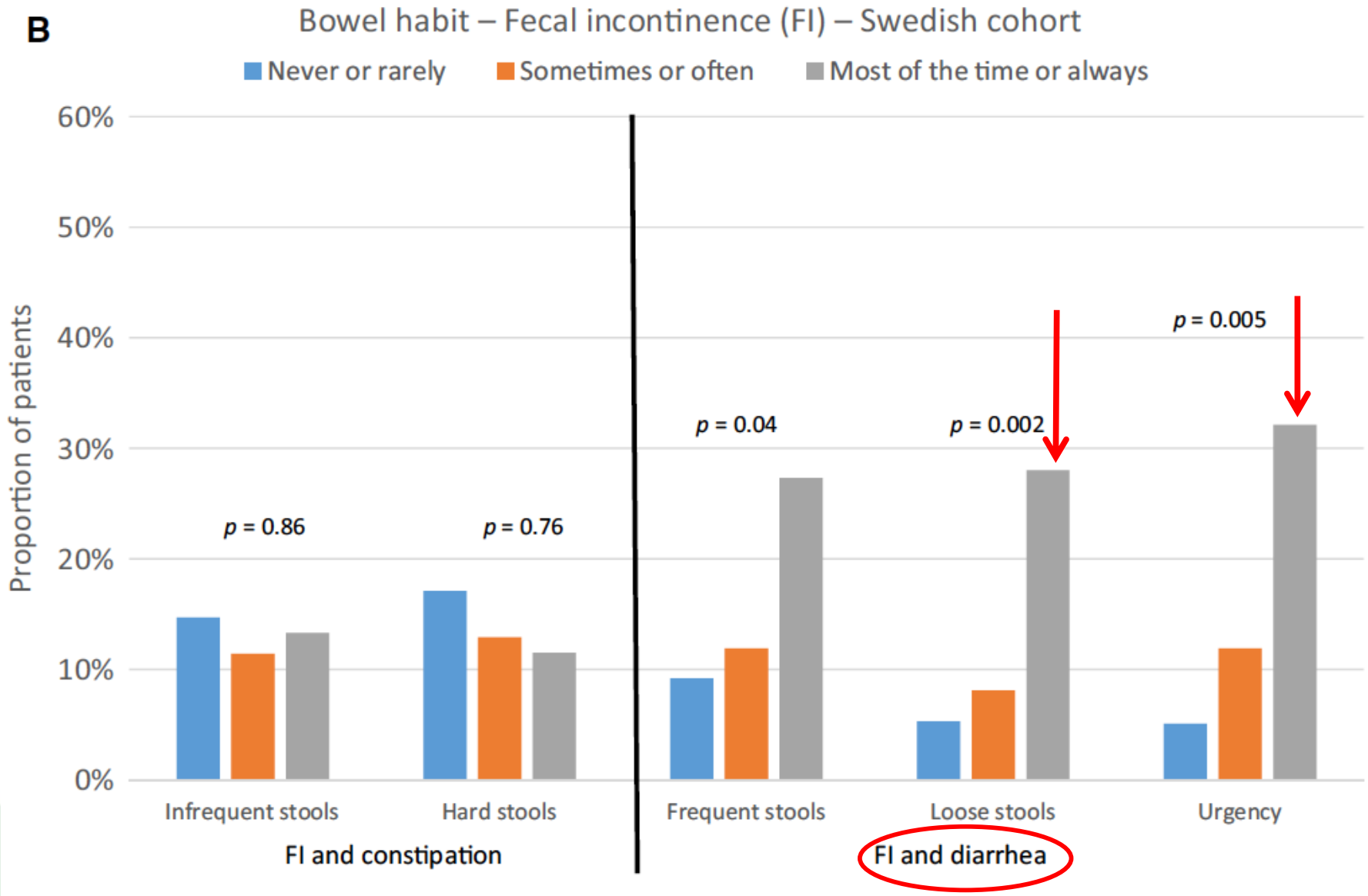


Troubles du transit Syndrome de l'Intestin Irritable

Fecal incontinence in irritable bowel syndrome: Prevalence and associated factors in Swedish and American patients

M. Simrén[1,2] | O. S. Palsson[2] | S. Heymen[2] | A. Bajor[1,3] | H. Törnblom[1] | W. E. Whitehead[2]



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Lésions du sphincter anal

Défect - Béance anale

Accouchements difficiles

LOSA: Lésions Obstétricales du Sphincter Anal *

DIRECTIVE CLINIQUE DE LA SOGC

Tableau 5 Résumé des issues constatées à la suite de la réparation primaire de LOSA

Référence	Technique de réparation / lésion	Intervalle(s) de suivi	Critère(s) d'évaluation	Moyenne de prévalence (plage)
Sultan et coll. 2009[3] (35 études)	« Bout à bout »	1-30 mois	Incontinence anale (incontinence flatulente et/ou fécale)	39 % (15-61 %) (35 études)
			Incontinence fécale liquide ou solide	14 % (2-29 %) (25 études)
			Défécation impérieuse	6-28 %
			Anomalies échographiques du sphincter anal	34-91 %
			Incontinence anale au moment du coït (incontinence flatulente et/ou fécale)	17 %
Bagade & Mackenzie 2010	« Bout à bout » ou « en paletot », n = 79	6 mois	Incontinence anale Incontinence fécale	11 % 7,5 %
Tjandra et coll. 2008	« Bout à bout », n = 114	18,8 mois	Incontinence fécale (Wexner ≥ 1)	20,7 %
Samarasekera et coll. 2008	Non déterminé, n = 53	≥ 10 ans	Incontinence anale globale (Wexner ≥ 1)	53 %
			Incontinence flatulente	51 %
			Incontinence - liquide	32 %
			Incontinence - solide	26 %

* J Obstet Gynaecol Can 2015;37(12):S1–S22

Défect Post-chirurgical

Table 2 Associations between reported factors and FI status: univariable analysis.

Variable	Category	FI number (%)	Odds ratio (95% CI)	P-value
Diagnosis	Crohn's disease	1119/1529 (73%)	1	
	UC	1169/1590 (74%)	1.02 (0.87, 1.19)	
	Crohn's colitis	55/67 (82%)	1.68 (0.89, 3.17)	
	Other IBD	45/58 (76%)	1.27 (0.68, 2.38)	0.39
CD score [a]	–	–	1.26 (1.21, 1.31)	<0.001
UC score [b]	–	–	1.30 (1.24, 1.36)	<0.001
Age (categorical)	16–20	13/23 (57%)	1	
	21–30	202/317 (64%)	1.35 (0.57, 3.17)	
	31–40	429/605 (71%)	1.86 (0.80, 4.32)	
	41–50	490/646 (76%)	2.42 (1.04, 5.61)	
	51–60	493/631 (78%)	2.75 (1.18, 6.40)	
	61–70	478/629 (76%)	2.44 (1.05, 5.67)	
	71–80	185/248 (75%)	2.26 (0.94, 5.41)	
	81–100	33/48 (69%)	1.69 (0.61, 4.72)	<0.001
Gender	Female	1646/2168 (76%)	1	
	Male	745/1080 (69%)	0.70 (0.60, 0.83)	<0.001
Vaginal delivery [c]	No	683/956 (71%)	1	
	Yes	953/1195 (80%)	1.57 (1.29, 1.92)	<0.001
Complications in delivery [d]	No	646/817 (79%)	1	
	Yes	304/375 (81%)	1.13 (0.83, 1.54)	0.43
Ileo-anal pouch operation	No	2329/3175 (73%)	1	
	Yes	52/58 (90%)	3.15 (1.35, 7.36)	0.008
Anal-fistula surgery	No	2205/3025 (73%)	1	
	Yes	176/208 (85%)	2.05 (1.39, 3.00)	<0.001
Haemorrhoid operation	No	2201/2995 (73%)	1	
	Yes	188/250 (75%)	1.09 (0.81, 1.47)	0.56
Anal stretch	No	2313/3160 (73%)	1	
	Yes	76/85 (89%)	3.09 (1.54, 6.20)	0.001
Anal fissure	No	2323/3170 (73%)	1	
	Yes	66/75 (88%)	2.67 (1.32, 5.39)	0.006
Rectal prolapse	No	2364/3215 (74%)	1	
	Yes	25/30 (83%)	1.80 (0.69, 4.72)	0.23
Other bowel surgery [e]	No	1685/2375 (71%)	1	
	Yes	695/857 (81%)	1.76 (1.45, 2.13)	<0.001
ICIQ-UI score	0	1422/2087 (68%)	1	
	1–6	523/654 (80%)	1.87 (1.51, 2.31)	
	7+	440/500 (88%)	3.43 (2.58, 4.56)	<0.001

- Lésions chirurgie proctologique

C. Norton et al.
Journal of Crohn's and Colitis (2013)e302–e311

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Troubles de la statique rectale

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Laparoscopic ventral rectopexy for rectal prolapse — **H. A. Formijne Jonkers et al.**

Table 2 Functional results per indication.

Indication	Preoperative incontinence	Postoperative incontinence	*P*	Preoperative constipation	Postoperative constipation	*P*
External rectal prolapse (n = 36)	21 (58%)	5 (14%)	<0.001	19 (53%)	8 (22%)	0.01
Internal rectal prolapse/rectocele (n = 157)	92 (59%)	20 (13%)	<0.001	80 (51%)	27 (17%)	<0.001
Combination rectocele and enterocele (n = 40)	25 (63%)	7 (18%)	<0.001	24 (60%)	9 (23%)	<0.001

Colorectal Disease. 2013

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Colorectal Disease ª 2013

MICI

Faecal incontinence in inflammatory bowel disease

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Table 1 Prevalence of faecal incontinence in people with IBD.

Included in the analysis	Frequency of FI	Number	Percentage	95% CI
Analysis 1:				
Respondents only	Never	857	26%	
	Rarely	1088	34%	
	Sometimes	1004	31%	
	Regularly	299	9%	
	Any FI	2391	74%	(72%, 75%)
Analysis 2:				
All non-respondents considered as never having FI	Never	7609	76%	
	Rarely	1088	11%	
	Sometimes	1004	10%	
	Regularly	299	3%	
	Any FI	2391	24%	(23%, 25%)

- 10 000 Questionnaires par voie postale
- 3264 retours

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Pratiques sexuels

Table 2. Anal intercourse associations with at least monthly fecal incontinence in multivariable models for men and women, NHANES 2009–10

	Men, *n*=2,100[a] odds ratio (95% CI)	Women, *n*=2,070[a,b] odds ratio (95% CI)
Anal intercourse	2.8 (1.6–5.0)	1.5 (1.0–2.0)
Age (per decade)	1.2 (1.1–1.4)	1.5 (1.4–1.8)
Depression	3.2 (1.6–6.4)	3.5 (2.2–5.7)
Loose stool consistency	2.4 (1.4–4.0)	2.2 (1.5–3.4)

CI, confidence interval; NHANES, National Health and Nutrition Examination Survey.

[a]Multivariable logistic regression models with step-wise backward elimination models controlling for age (decade categories as per **Table 1**), race/ethnicity, education, family income, BMI, loose stool consistency (Bristol Stool Form Scale Type 6 and 7), comorbidity count, and depression (PHQ-9 scores ≥10).

[b]Hysterectomy and number of live births included in model for women.

Anal Intercourse and Fecal Incontinence: Evidence from the 2009–2010 National Health and Nutrition Examination Survey

Alayne D. Markland , DO, MSc 1 , 2 , 3 , Gena C. Dunivan , MD 4 , Camille P. Vaughan , MD, MS 1 , 5 and Rebecca G. Rogers , MD 4

Am J Gastroenterol advance online publication, 12 January 2016; doi: 10.1038/ajg.2015.419

- 4170 sujets (H: 2101)

Conclusion
Chez qui rechercher l'Incontinence anale?

- Pathologie tabou ++++:
  - chez « TOUS » les patients!
- Populations à risques
  - Antécédents de chirurgie proctologique
  - Accouchements difficiles
  - Troubles du transit
    - SII avec diarrhée
    - MICI

FIN