Royal United Hospitals Bath
NHS Foundation Trust

Children's Continence

Current Awareness Bulletin

September 2026

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1. **Colonic manometry and contrast enema findings in children with ineffective antegrade continence enema therapy**

Authors: Abi Nassif, Mohamad;Wongteerasut, Anundorn;El-Chammas, Khalil;Graham, Kahleb;Kostandy, Erini;Santucci, Neha R.;Rymeski, Beth;Frischer, Jason S.;Garrison, Aaron P. and Kaul, Ajay

Publication Date: 2026

Journal: Journal of Pediatric Surgery 61(10), pp. 163325

Abstract: Background Antegrade continence enema (ACE) is an effective therapy for many children with medically refractory constipation. However, some patients lose response over time. This study aims to describe and explore physiological and anatomic correlates of ACE failure in children. Methods Electronic medical records of children who were no longer responding to ACE and were seen in our collaborative neurogastroenterology and colorectal surgery clinic over 7 years were reviewed. Demographic and clinical data, as well as contrast enema (CE) and colonic manometry (CM) findings, were examined in all subjects. Data was compared among the cohort who had a normal versus abnormal CM study, and between those who had a duration of ACE use<36 months versus ≥36 months. Results Over a 7-year period, 22 children (median age 11 years, IQR 8.1-14.4; 54.5% male) with ineffective ACE therapy were included, of whom 41% had abnormal colonic manometry. Patients with normal CM demonstrated significantly greater total and bisacodyl-induced high-amplitude

propagated contractions and higher right colonic contractile amplitude compared with those with abnormal manometry (all p ≤ 0.01), but colonic caliber did not differ and did not correlate with manometry findings (right: r = 0.04, p = 0.87; left: r = -0.12, p = 0.57). Patients with ACE duration ≥36 months had a higher prevalence of right colonic dilation (83.3% vs 30%, p = 0.027) and larger maximal right colonic diameter (p = 0.02). Within this group, right colonic contractile amplitude was lower than left colonic contractile amplitude (p = 0.02). Conclusion Prolonged ACE use (≥36 months) demonstrated a higher prevalence of right colonic dilation and differences in selected colonic manometry parameters compared with those with shorter ACE duration.

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2. **Letter to the Editor re: "Parental experiences with outpatient care for daytime urinary incontinence in children: a mixed methods study"**

Authors: Singh, Poornima Suryanath;Singh, Akanksha and Sinha, Abhijeet Prasad

Publication Date: 2026

Journal: Journal of Pediatric Urology 22(5), pp. 106070

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3. **Neuromotor Skills in Children With Incontinence Before and During Treatment**

Authors: von Gontard, A.;Bick, A.;Collisi, J.;Bedersdorfer, K.;Curfs, L. and Hussong, J.

Publication Date: 2026

Journal: Neurourology and Urodynamics 45(7), pp. 1373–1380

Abstract: Aims Nocturnal enuresis (NE) and daytime urinary incontinence (DUI) are often associated with neurodevelopmental disorders (NDs). Among NDs, children with incontinence have a higher rate of developmental coordination disorder (DCD). It is not known if the associated deficits of neuromotor skills persist over time or if they are associated with treatment outcome. Therefore, the aim of the study was to examine the neuromotor skills in children with incontinence prospectively before and during treatment. Methods 59 children with NE or DUI aged 5 to 14 years (mean age 8, 3 years; 38 boys; 21 girls) as well as 58 matched continent controls aged 5 to 15 years (mean age 9, 3 years; 36 boys; 22 girls) were examined. Before treatment (T1) and after 4 months of treatment (T2) the neuromotor skills were assessed with the MABC-2 (Movement Assessment Battery for Children 2). Furthermore, a parental questionnaire regarding incontinence, a physical examination and an intelligence test were performed. Child psychiatric comorbidities were assessed by a structured psychiatric interview (Kinder-DIPS). At T1 and T2, child behavioral symptoms were assessed by the CBCL parental questionnaire. Results Children with incontinence had significantly poorer neuromotor skills than continent controls, especially regarding the "balance" and the "aiming and catching" scales on the MABC-2. Children with DUI did not differ regarding neuromotor skills from those with NE. At follow-up, neuromotor balance skills of incontinent children improved significantly, and in particular those with NE. Improvement of neuromotor skills did not differ regarding treatment success or the presence of a comorbid psychiatric disorder. Overall, children with incontinence had more psychiatric disorders and psychological symptoms according to the CBCL than controls, which also improved with treatment. Discussions The study results show that children with incontinence have poorer neuromotor skills than continent controls, especially regarding balance, which can improve during treatment. Treatment success has no influence on the course of neuromotor skills. Conclusion In conclusion, DCD is another ND that clinicians needs to address in the assessment of children with incontinence. However, neuromotor skills can improve through incontinence treatment alone. In severe cases, specific treatment is needed.

Sources Used:

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