



ORIGINAL ARTICLE

Rumination syndrome: Diagnostic and therapeutic difficulties of a not so uncommon disorder^{☆, ☆}



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KEYWORDS

Rumination syndrome;
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Abstract

Introduction: Rumination syndrome is an uncommon gastrointestinal functional disorder that may be difficult to diagnose, as not many physicians are aware of this condition. In many cases, patients undergo numerous tests and are prescribed several treatments based on erroneous diagnoses. When the correct diagnosis is eventually made, therapy for the syndrome can be difficult and complex because of its multifactorial nature. The aim of this study was to present our experience with this condition, by presenting an analysis of the clinical, diagnostic, and therapeutic data of our patients.

Patients and method: A prospective and retrospective study was conducted on all cases of rumination syndrome diagnosed between January 2010 and May 2016 in patients attending the Paediatric Gastroenterology Departments of two hospitals: Consorci Sanitari de Terrassa and Hospital Materno-Infantil Vall d'Hebron (Barcelona, Spain).

Results: The analysis included 12 patients, with a mean age at the onset of symptoms of 9 years and 1 month, and the mean time period to make the diagnosis was 2 years and 3 months. A mean of 8.1 complementary tests were carried out before establishing the diagnosis. In 10 of the 12 patients, some type of treatment had been given before the diagnosis of rumination syndrome, but was unsuccessful in all cases. Ten of our patients underwent the novel, experimental biofeedback therapy.

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PALABRAS CLAVE

Síndrome de rumiación;
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Conclusions: Due to the limited knowledge of this condition among attending professionals in terms of the clinical presentation, diagnosis, and treatment, patients with rumination syndrome are often misdiagnosed and undergo numerous avoidable complementary tests, and invasive, costly treatments.

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Síndrome de rumiación: dificultades diagnósticas y terapéuticas de un proceso no tan infrecuente

Resumen

Introducción: El Síndrome de rumiación es un trastorno gastrointestinal funcional poco común. De diagnóstico difícil, por el desconocimiento del mismo dentro del colectivo médico, acaba conllevando la realización de múltiples pruebas complementarias, la aplicación de diferentes tratamientos, y diagnósticos tardíos o erróneos, en la mayoría de los casos. Su tratamiento es difícil y complejo dada su naturaleza multifactorial. El objetivo de este estudio es presentar nuestra casuística analizando sus datos clínicos, diagnósticos y terapéuticos.

Pacientes y método: Estudio descriptivo y retrospectivo de todos los casos diagnosticados entre enero del 2010 y mayo del 2016, controlados en las unidades de Gastroenterología Pediátrica del Consorci Sanitari de Terrassa y del Hospital Materno-Infantil Vall d'Hebron.

Resultados: Se analizó a un total de 12 pacientes. Una media de edad al inicio de los síntomas de 9 años y un mes, con un tiempo medio de evolución antes de llegar al diagnóstico de 2 años y 3 meses, y una media de pruebas complementarias realizadas hasta del diagnóstico de 8,1. En 10 de los 12 pacientes se había probado, antes del diagnóstico de rumiación, algún tipo de tratamiento que resultó ineficaz en todos los casos. Como novedad terapéutica, 10 de nuestros casos se sometieron a un tratamiento experimental de *biofeedback*.

Conclusiones: Debido al conocimiento limitado de esta entidad, entre nuestros profesionales, en cuanto a su presentación clínica, diagnóstico y tratamiento, estos pacientes son frecuentemente mal diagnosticados y, a menudo, se ven sometidos a pruebas complementarias y tratamientos evitables, invasivos y costosos.

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Introduction

Rumination syndrome is an uncommon functional gastrointestinal disorder defined by the current Rome IV criteria as repeated regurgitation or expulsion of food that begins soon after ingestion of a meal, does not occur during sleep, is not preceded by retching or nausea and occurs in the absence of any known structural disease or eating disorder¹ (Table 1). The food may then be rechewed, expelled or reswallowed by the patient.^{2,3}

It may be associated with other complaints, such as abdominal pain, abdominal distension, heartburn, headache, dizziness and sleeping difficulties.¹⁻³

In the past it was believed that it was more prevalent in patients with some form of intellectual disability, but it is currently known that it may occur in patients of any background. It may present at any age, and adolescents and women are the groups at highest risk.^{1,3}

The prevalence of this disorder is unknown, as rumination is often kept hidden, so that parents may be unaware of the problem and thus not seek medical help.¹⁻⁴

Table 1 Diagnostic criteria^a for rumination syndrome (Rome IV).

Must include all of the following:

Repeated regurgitation and rechewing or expulsion of food that:

Begins soon after ingestion of a meal

Does not occur during sleep

Not preceded by retching

After appropriate evaluation, the symptoms cannot be fully explained by another medical condition. An eating disorder must be ruled out

^a Criteria fulfilled for at least 2 months before diagnosis.

Source: Hyams et al.¹

Rumination results from various aetiological and pathogenic factors. On one hand, there is an increase of intragastric pressure due to the voluntary but inadvertent contraction of abdominal and intercostal muscles, associated with the simultaneous relaxation of the lower oesophageal sphincter. There is also evidence suggesting

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