

## Psychosocial Factors and Rectal Hyposensitivity

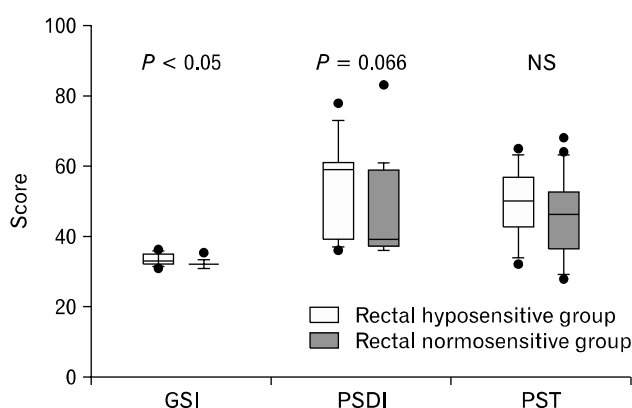
**TO THE EDITOR:** We read with interest the review article by Burgell and Scott<sup>1</sup> regarding rectal hyposensitivity (RH). RH is clinically defined as elevated sensory thresholds to simple rectal balloon distension with a hand-held syringes. More exact diagnostic method is a computer-controlled barostat.<sup>1</sup> Barostat testing of rectal sensation has been reported to be reproducible.<sup>2</sup>

RH has been reported in 18% to 68% of patients with functional constipation, and significantly related to functional anorectal obstruction, although RH is an etiology for or a consequence of functional anorectal obstruction.<sup>3</sup> However it is noted that the diagnostic method most commonly used in assessment of sensory function is not barostat testing but simple balloon test. Recently, Lee et al<sup>4</sup> reported that RH and functional anorectal outlet obstruction are common entities but appear not to be significantly associated. Contrary to previous knowledge, RH was not significantly related to functional factors including dyssynergic defecation, rectocele and rectal intussusception in the study using gold standard method (barostat). We also would like to show the previous our barostat study regarding to the relation-

ships between the RH and clinical, functional and psychosocial factors. In 49 patients with functional constipation based on Rome II criteria, we performed symptom questionnaires, Symptom Checklist 90-Revision (SCL-90-R), rectal sensitivity test using barostat, colon transit time, anaorectal manometry, balloon expulsion test and defecography. Twelve patients (24%) showed RH. There were no significant differences in age, gender, stool form using Bristol scale, colon transit time, abnormal balloon expulsion test, ratio of slow transit constipation and ratio of pelvic floor dyssynergia. There is a tendency to increase in depression score in RH group than rectal normosensitive (N) group ( $54.1 \pm 10.7$  vs.  $48.2 \pm 10.2$ ,  $P = 0.094$ ). Global severity index was significantly increased in RH group than N group ( $33.4 \pm 1.7$  vs.  $32.2 \pm 1.0$ ,  $P < 0.05$ ) (Figure). The positive symptom distress index also had a tendency to increase in RH group than N group ( $54.3 \pm 13.0$  vs.  $48.2 \pm 12.5$ ,  $P = 0.066$ ). Further study is needed to elucidate the relationship between rectal hyposensitivity and psychosocial factors.

Tae Hee Lee and Joon Seong Lee

*Institute for Digestive Research, Soonchunhyang University  
College of Medicine, Seoul, Korea*



**Figure.** Association with psychosocial factors. There is a significant difference in the mean value for global scale index between rectal hyposensitivity and normosensitive group. GSI, global scale index; PSDI, positive symptom distress index; PST, positive symptom total.

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**Conflicts of interest:** None.