



# Intestinal Pseudo-obstruction (Gut Motility Disorders)

Nikhil Thapar

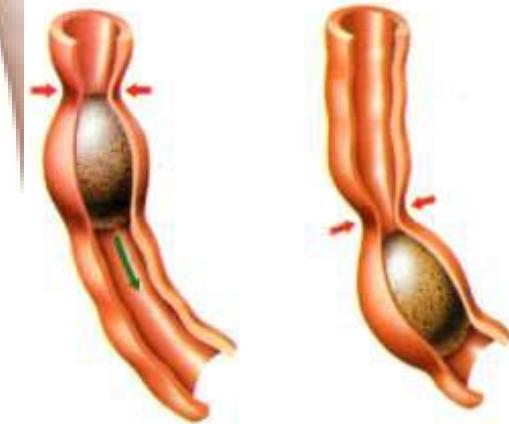
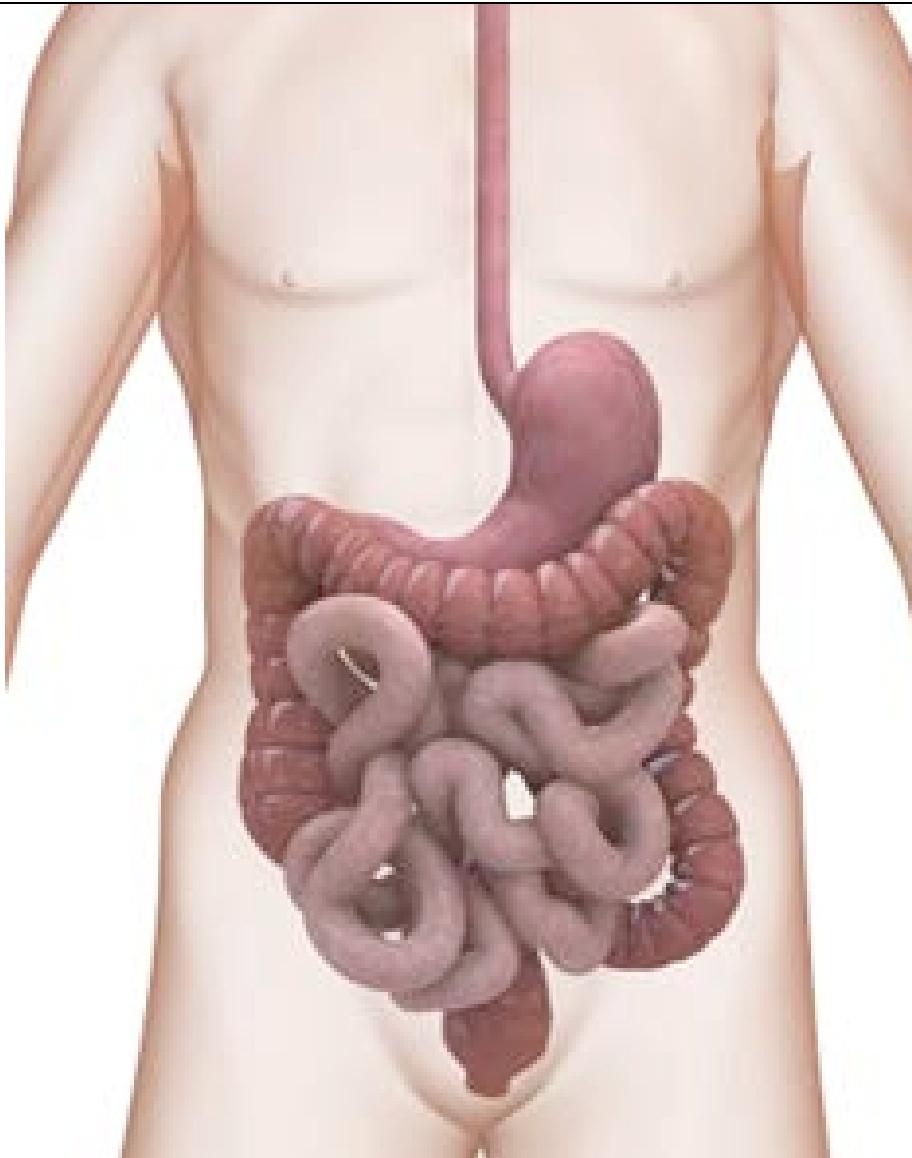
Division of Neurogastroenterology & Motility  
Department of Paediatric Gastroenterology

Great Ormond Street Hospital & UCL Institute of Child Health



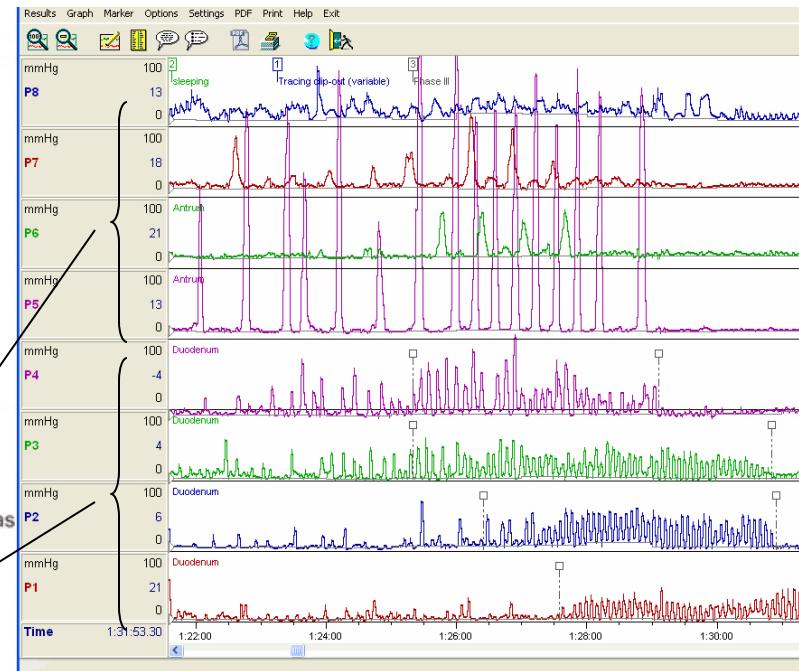
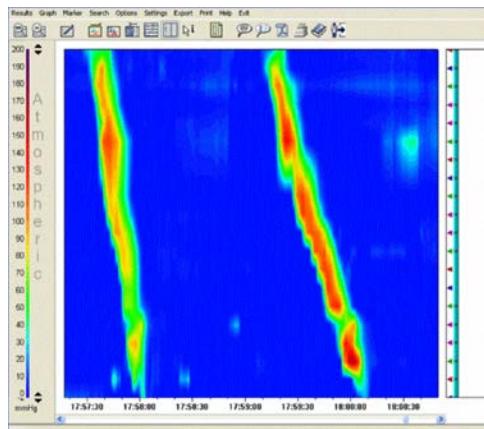
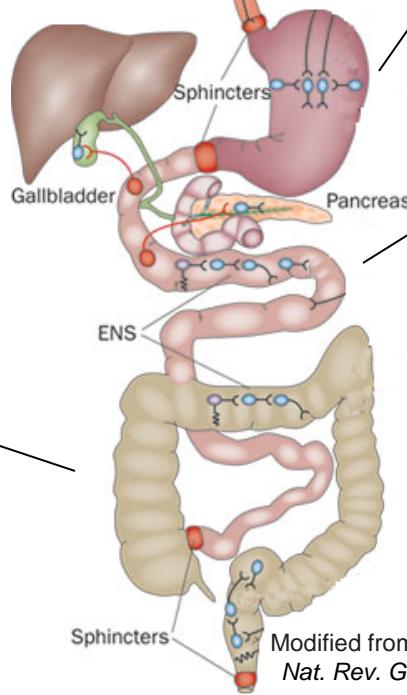
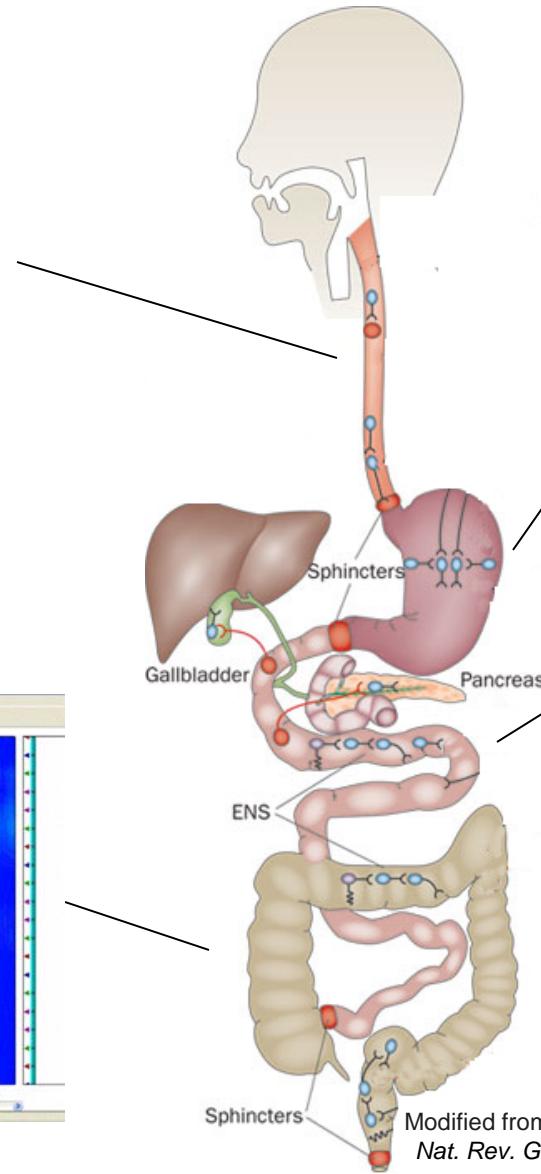
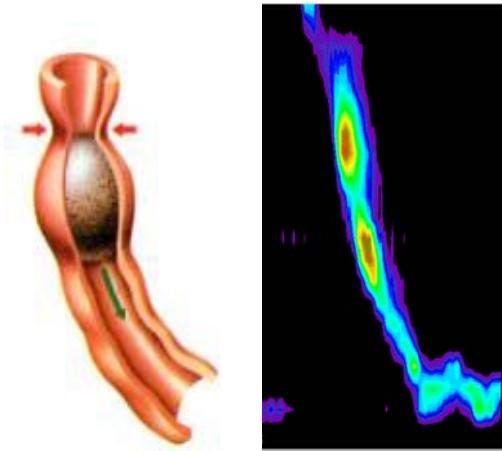
# Gastrointestinal Tract

functions dependent on gut motility

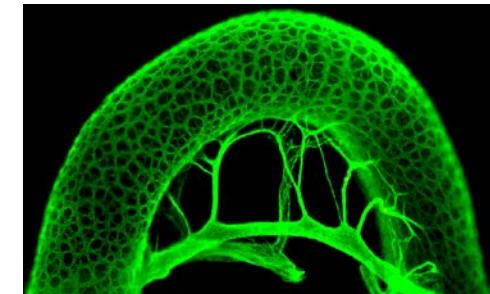


# Gut Motility

## complex regional patterns

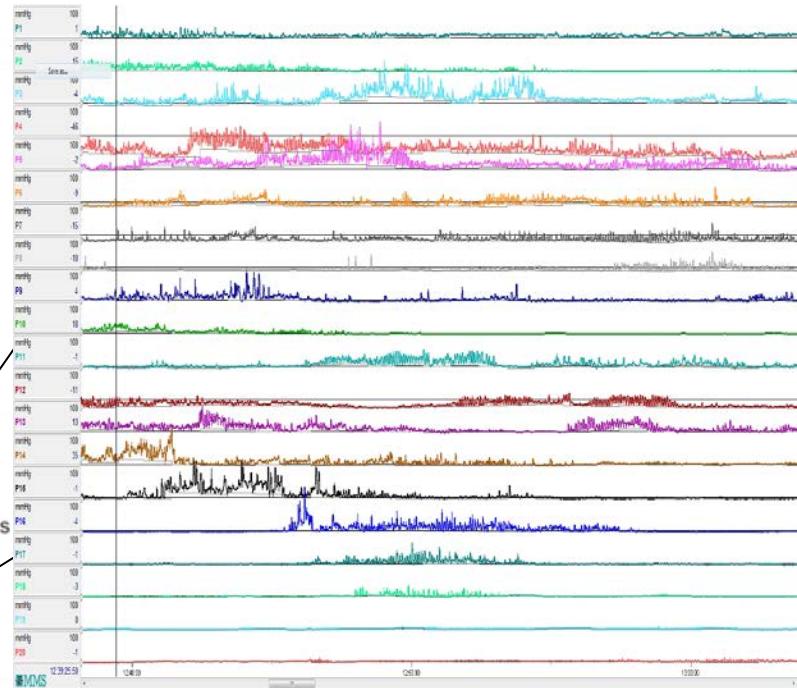
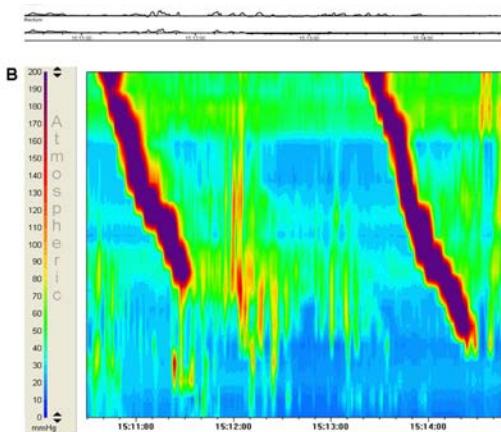
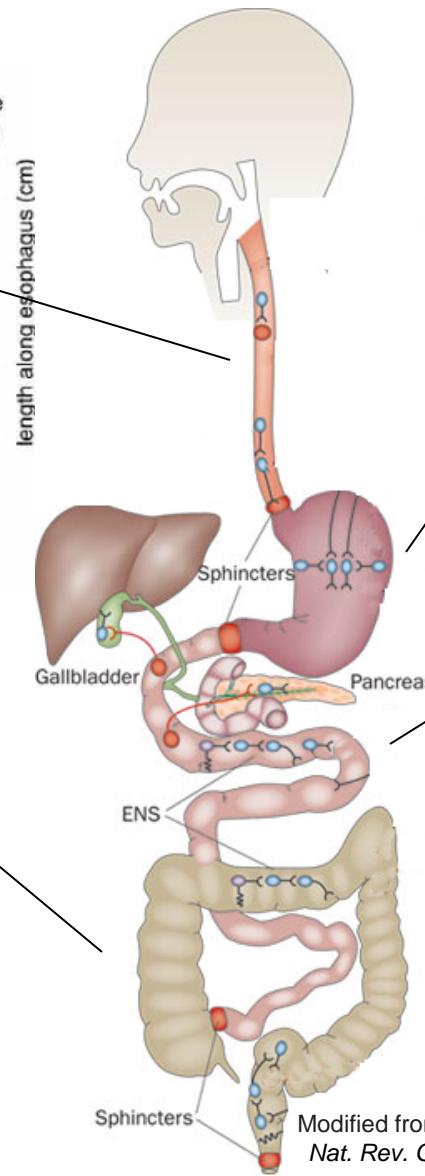
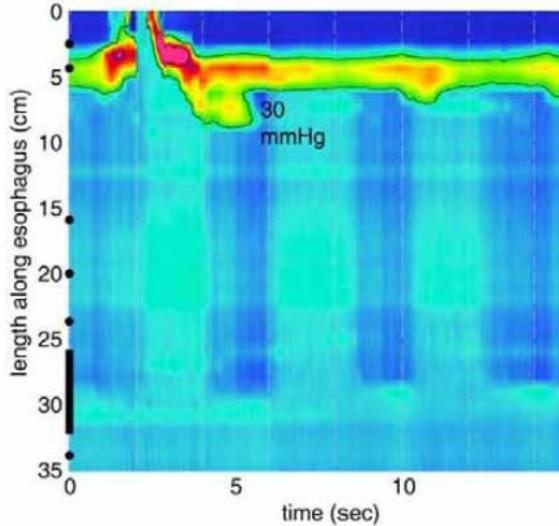


Modified from Furness, J. B. (2012)  
*Nat. Rev. Gastroenterol. Hepatol.*



# Gut Motility Disorders

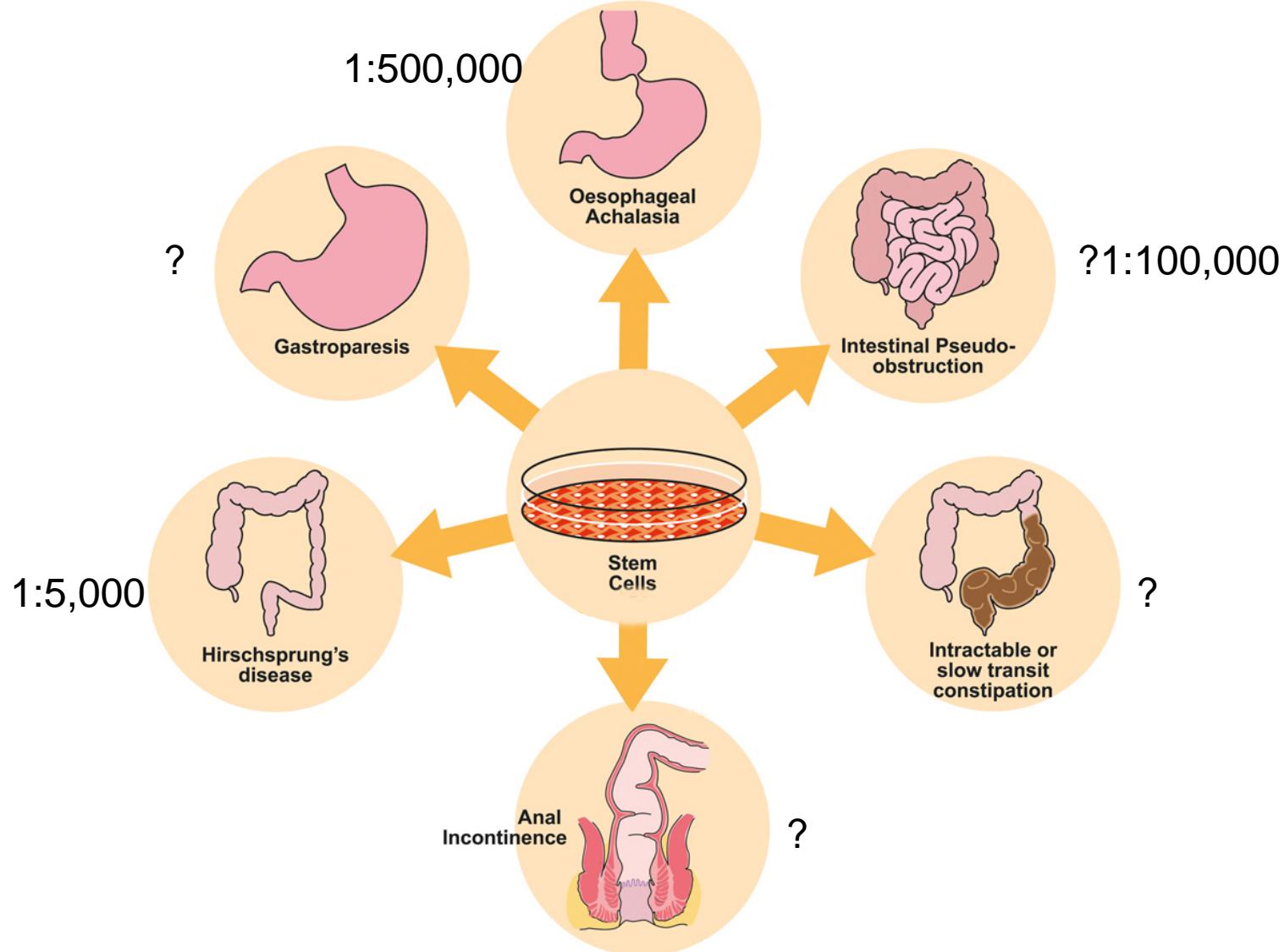
## failure of gut neuromusculature



Modified from Furness, J. B. (2012)  
*Nat. Rev. Gastroenterol. Hepatol.*

# Paediatric Gastrointestinal Motility Disorders

rare, diverse and challenging



# Chronic Intestinal Pseudo-obstruction

## Failure of function of the small intestine

- Symptoms/signs of small intestinal obstruction but no mechanical cause
- Dilated small intestine with fluid levels



# Paediatric Intestinal Pseudo-obstruction

## natural history and prognosis

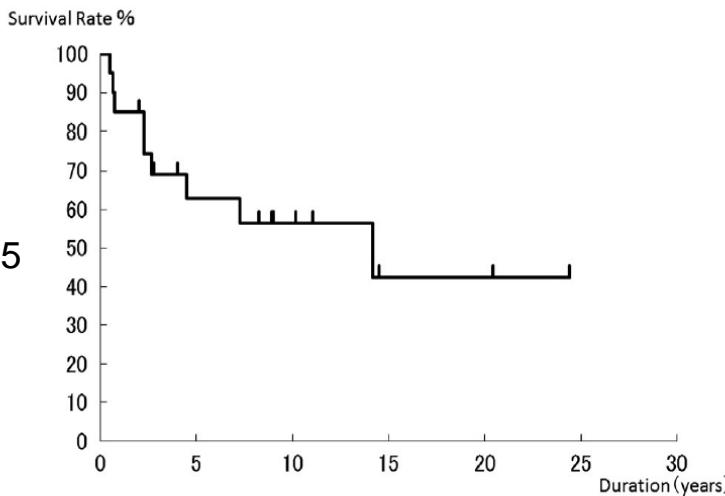
In infants CIPO appears to have a particularly severe course

- 60%–80% requiring parenteral nutrition and

- 10%–25% dying before adulthood Mousa et al. Dig Dis Sci 2001

Faure et al. Dig Dis Sci 1999

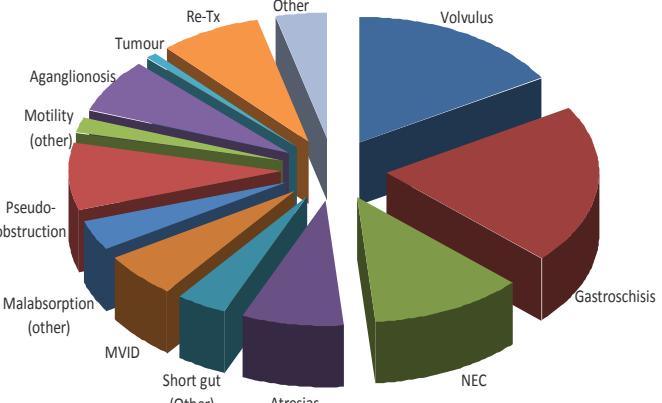
Muto et al. JPS 2014



Soh et al. JPS 2015

**Fig. 1.** The survival rates of MMIHS obtained from 19 patients using the Kaplan–Meier method. The five- and ten-year survival rates were 63 and 57%, respectively.

### Intestinal transplantation



# Paediatric Intestinal Pseudo-obstruction

## Great Ormond Street Hospital data pre-2012

Delayed referral and/or diagnosis

- 11.3 years

Repeated unnecessary abdominal surgeries

- 3-5 surgeries before referral to tertiary centre

Poor feed tolerance

- ~100% on parenteral nutrition

Complications (morbidity, hospitalisation days, mortality)

- 90 days a year in hospital, 20-30% mortality, PN related complications

Poor quality of life

# Paediatric Intestinal Pseudo-obstruction

## Epidemiology

### North America - NASPGHAN Survey

- 100 infants are born in the United States every year with CIPO
- incidence of approximately 1 per 40,000 live births
- Equal sex incidence

### Japan - Nationwide survey

- children younger than 15 years of age the prevalence of 3.7 in one million children (1 in 270,000 children)
- 56.5% developed CIPO in the neonatal period
- Equal sex incidence

# Paediatric Intestinal Pseudo-obstruction

## *Pharmacotherapy*

- Anticholinesterase inhibitors
  - Neostigmine, Pyridostigmine, Donepezil
- 5HT<sub>4</sub> Receptor Agonists
  - (Cisapride, Tegaserod withdrawn)
  - Prucalopride
  - TD-5108
- Motilin Agonists / Ghrelin
- Octreotide
- Cannabinoids
- Opioid Receptor Antagonists
- Chloride Channel Activators
  - Lubiprostone
- Guanylate Cyclase Receptor Agonists
  - Linaclootide
- Antibiotics



# Paediatric Intestinal Pseudo-obstruction

## *Pharmacotherapy*

- Anticholinesterase inhibitors
  - Neostigmine, Pyridostigmine, Donepezil
- 5HT<sub>4</sub> Receptor Agonists
  - (Cisapride, Tegaserod with caution)
  - Prucalopride
  - TD-5108
- Motilin Agonist
- Octreotide
- Capsaicin
- Not tested in Children
- Variable Efficacy
- Unacceptable extra-intestinal Side Effects
- Gastrokinetic Agents
- Cholinergic Activators
- Adrenergic Receptor Agonists
- Guanylate Cyclase Receptor Agonists
  - Linaclotide
- Antibiotics



# Paediatric Intestinal Pseudo-obstruction Management

- Nutrition to preserve growth and development
  - Enteral feeds
  - PN
- Limit symptoms & improve quality of life
  - Medical Rx
  - Surgery
  - Psychology
- Prevent complications
  - Sepsis
  - Bacterial Overgrowth



# Chronic Intestinal Pseudo-obstruction Challenges

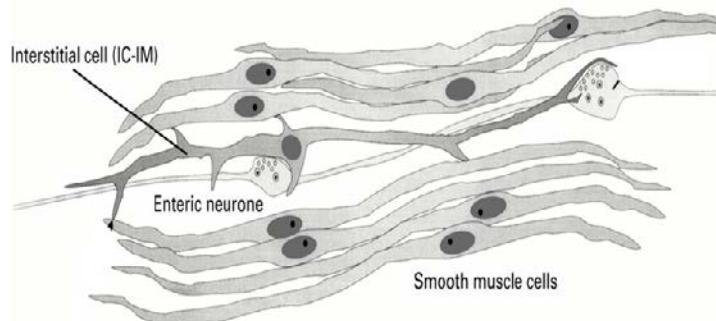
- Rare
  - need for national/international registries
  - collaboration
- Lack of clarity
  - aetiopathogenesis
  - diagnostic criteria
  - classification
- Lack of uniformity
  - available expertise
  - diagnostic protocols
  - management strategies



**Table 1** | Role of molecules produced by the gut mesenchyme or epithelium in ENS development

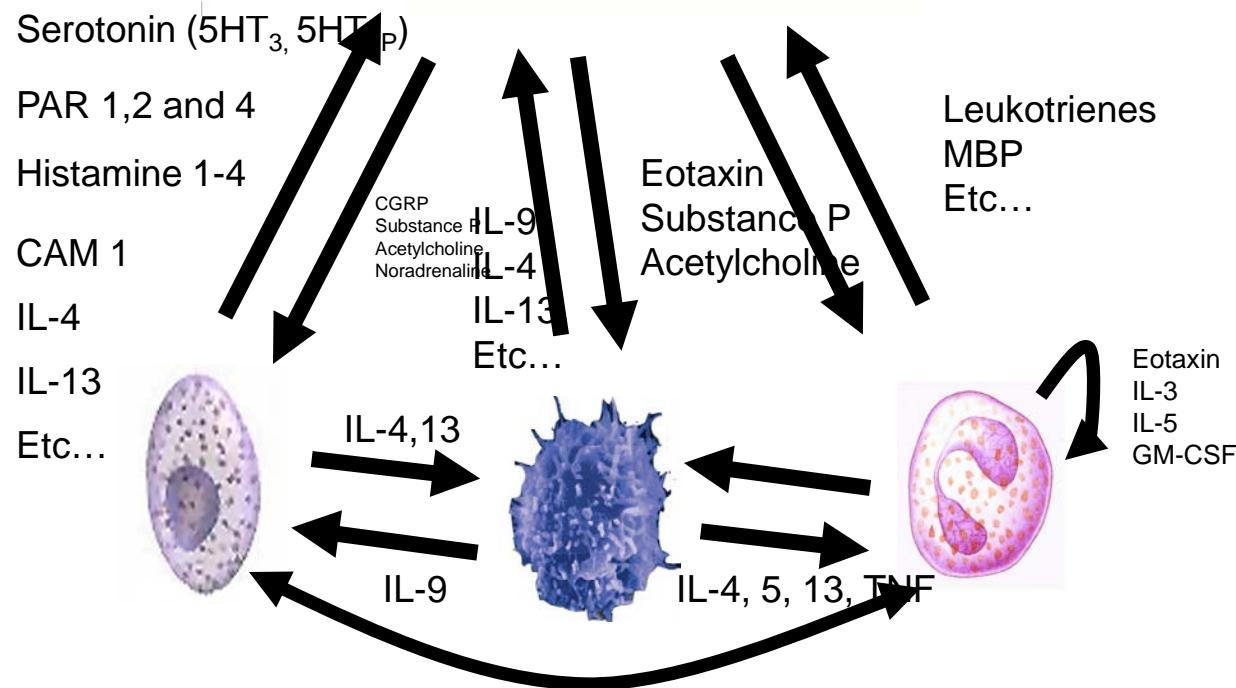
Secreted ligand	Role in ENCCs	Phenotype of mouse ENS after perturbation	Evidence for role in Hirschsprung disease				
GDNF (mesenchymal)	Promotes differentiation	ch <sup>146</sup>	Yes <sup>148</sup>				
Endothelin-3 (mesenchymal)	Promotes proliferation and migration;	Edn3 <sup>+/−</sup> : normal enteric neuron density <sup>150</sup>	Yes <sup>9,152</sup>				
<b>Table 2</b>   Role of cell-surface molecules expressed by ENCCs in ENS development							
Cell-surface molecule	Role in ENCCs	Phenotype of mouse ENS after perturbation	Evidence for role in Hirschsprung disease				
Neurotrophin-3 (mesenchymal)							
Sonic hedgehog (epithelial)	RET	Signal	ach <sup>185</sup>				
Indian hedgehog (epithelial)	GFRA1	GPI linked GDNF receptor <sup>38</sup>	Gfra1 <sup>+/−</sup> : normal ENS <sup>2</sup>				
BMP2 and BM (mesenchymal)	GFRA2	Transcription factor	Yes <sup>187</sup>				
Netrin (epithelial)	ET-BR	Sox10	Progenitors	ganglionosis <sup>17,191</sup>			
Semaphorin 3 (mesenchymal)	TrkC	Sox8	Phox21	ND			
Neurturin (mesenchymal)	PROKR1, PROKR2	Acts with Sox10, maintains progenitors <sup>55</sup>	Sox8 <sup>−/−</sup> or Sox8 <sup>+/−</sup> : increases severity and penetrance of Sox10 <sup>+/−</sup> phenotype <sup>55</sup>	ND			
GGF2	ErB2	Foxd3	Regulatory Factor	<b>transcription factors</b>	Evidence for role in Hirschsprung disease		
Abbreviations: BN system; GDNF, glial	DCC	Phox2b	Protein	Intracellular molecule	ND		
<b>Table 3</b>   Transcription factors and cofactors expressed by ENCCs and their role in ENS development				Table 4   ENCC intracellular molecules, neurotransmitter-related molecules and dietary factors involved in ENS development			
Notch	Hand2	Protein subunit	SPRY2	Role in ENCCs	Phenotype of mouse ENS after perturbation	Evidence for role in Hirschsprung disease	
PTCH1	Ascl1 (Mash1)	Protein subunit	KIF26A	Negative regulator of RET signalling <sup>20</sup>	Kif26A <sup>−/−</sup> : enteric neuronal hyperplasia with megacolon <sup>20</sup>	ND	
β1-integrin (Itgb1)	Pax3	Actin	KIF-1 binding protein (KIAA1279/KBP)	ND	ND	achalasia <sup>19</sup>	
L1-CAM	AP-2 family	ap2	Pten	Inhibits migration and proliferation <sup>29</sup>	PTEN cKO: hypertrophy and hyperplasia of the ENS; fatal intestinal pseudo-obstruction <sup>21</sup>	ND	
PSA-NCAM	Sox2	Extracellular	Small GTPases	Promote migration, proliferation, neurite extension <sup>26</sup>	Cdc42 and Rac1 cKO: lack of colonization of the distal intestine <sup>142</sup>	ND	
N-Cadherin	Zeb2 (Zfhz1b, SIP1)	Splicing	microRNAs	Promote differentiation <sup>215</sup>	Dicer cKO: apoptosis of ENCCs by E17 <sup>216</sup>	ND	
Neuregulin-1	Hlx	Protein	Tcof1/Treacle	Promotes survival <sup>34</sup>	Tcof1 <sup>+/−</sup> : reduced number of NCCs and a delayed and prolonged migration of ENCCs <sup>34</sup>	ND	
*Ednrb <sup>+/−</sup> : s is a hypothesis; ENS, enteric nervous system; ND, not determined; PR, perturbation response				Protein kinase C $\zeta$	Promotes cell polarity, axon formation, migration <sup>28</sup>	ND	
TCF4	Intercellular	BBS	Protein kinase C $\zeta$	Promotes migration <sup>217</sup>	ND	ND	
			Norepinephrine transporter	Promotes development and survival of neuronal subtypes <sup>99</sup>	NET <sup>−/−</sup> : reduction of 5-HT and calretinin neurons and total enteric neuron number <sup>99</sup>	Yes <sup>23</sup>	
Hoxb5	Inducers	Neurotransmitter-related molecule	Sodium-dependent action potentials	Promotes neuronal differentiation of neuron subtypes <sup>83</sup>	ND	ND	
			Serotonin	Promotes differentiation <sup>100</sup>	Tph2 <sup>−/−</sup> : reduction of dopaminergic and total enteric neuron number <sup>100</sup>	ND	
Abbreviations: AP-2, actin cytoskeleton-associated protein 2; BBS, Bardet-Biedl syndrome; E17, embryonic day 17; ENS, enteric nervous system; GDNF, glial cell line-derived neurotrophic factor; Itgb1, integrin beta 1; KIF-1, kinesin family member 1; KIF26A, kinesin-like protein 26A; KBP, kinesin-binding protein; KIAA1279, KIAA1279; L1-CAM, L1-cell adhesion molecule; MASH1, muscle-specific transcription factor 1; NCAM, neural cell adhesion molecule; NCC, neural crest cell; NOS, nitric oxide synthase; PTK2, protein tyrosine kinase 2; PTEN, phosphatase and tensin homolog; RET, receptor tyrosine kinase; TCOF1, treacle gene transcript factor 1; TSHZ1B, zinc finger protein Zfhz1b; ZEB2, zinc finger protein Zeb2.				Abbreviations: AP-2, actin cytoskeleton-associated protein 2; BBS, Bardet-Biedl syndrome; E17, embryonic day 17; ENS, enteric nervous system; GDNF, glial cell line-derived neurotrophic factor; Itgb1, integrin beta 1; KIF-1, kinesin family member 1; KIF26A, kinesin-like protein 26A; KBP, kinesin-binding protein; KIAA1279, KIAA1279; L1-CAM, L1-cell adhesion molecule; MASH1, muscle-specific transcription factor 1; NCAM, neural cell adhesion molecule; NCC, neural crest cell; NOS, nitric oxide synthase; PTK2, protein tyrosine kinase 2; PTEN, phosphatase and tensin homolog; RET, receptor tyrosine kinase; TCOF1, treacle gene transcript factor 1; TSHZ1B, zinc finger protein Zfhz1b; ZEB2, zinc finger protein Zeb2.		Abbreviations: AP-2, actin cytoskeleton-associated protein 2; BBS, Bardet-Biedl syndrome; E17, embryonic day 17; ENS, enteric nervous system; GDNF, glial cell line-derived neurotrophic factor; Itgb1, integrin beta 1; KIF-1, kinesin family member 1; KIF26A, kinesin-like protein 26A; KBP, kinesin-binding protein; KIAA1279, KIAA1279; L1-CAM, L1-cell adhesion molecule; MASH1, muscle-specific transcription factor 1; NCAM, neural cell adhesion molecule; NCC, neural crest cell; NOS, nitric oxide synthase; PTK2, protein tyrosine kinase 2; PTEN, phosphatase and tensin homolog; RET, receptor tyrosine kinase; TCOF1, treacle gene transcript factor 1; TSHZ1B, zinc finger protein Zfhz1b; ZEB2, zinc finger protein Zeb2.	

# Neuro-immune interactions role in gastrointestinal symptoms/disease

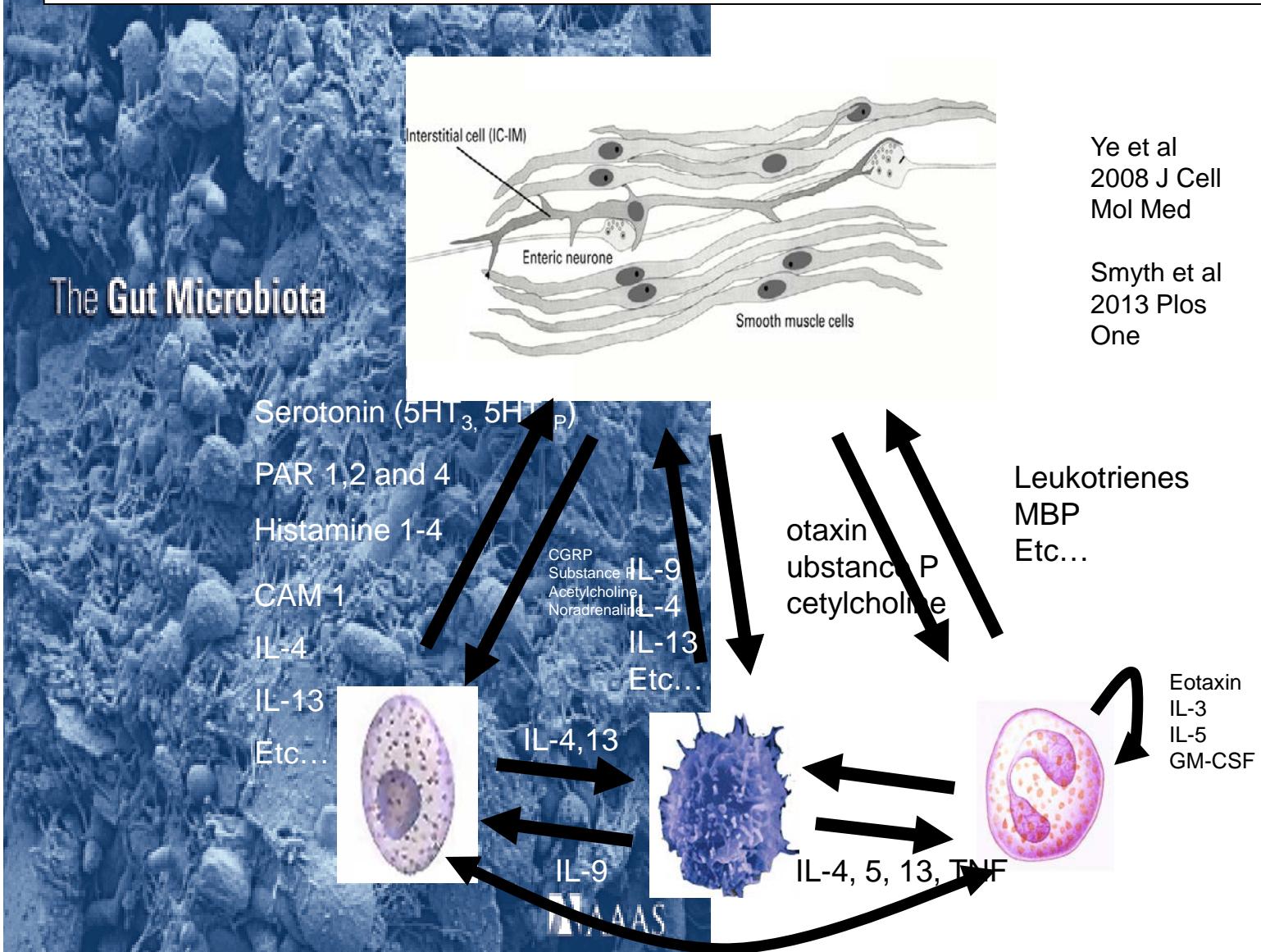


Ye et al  
2008 J Cell  
Mol Med

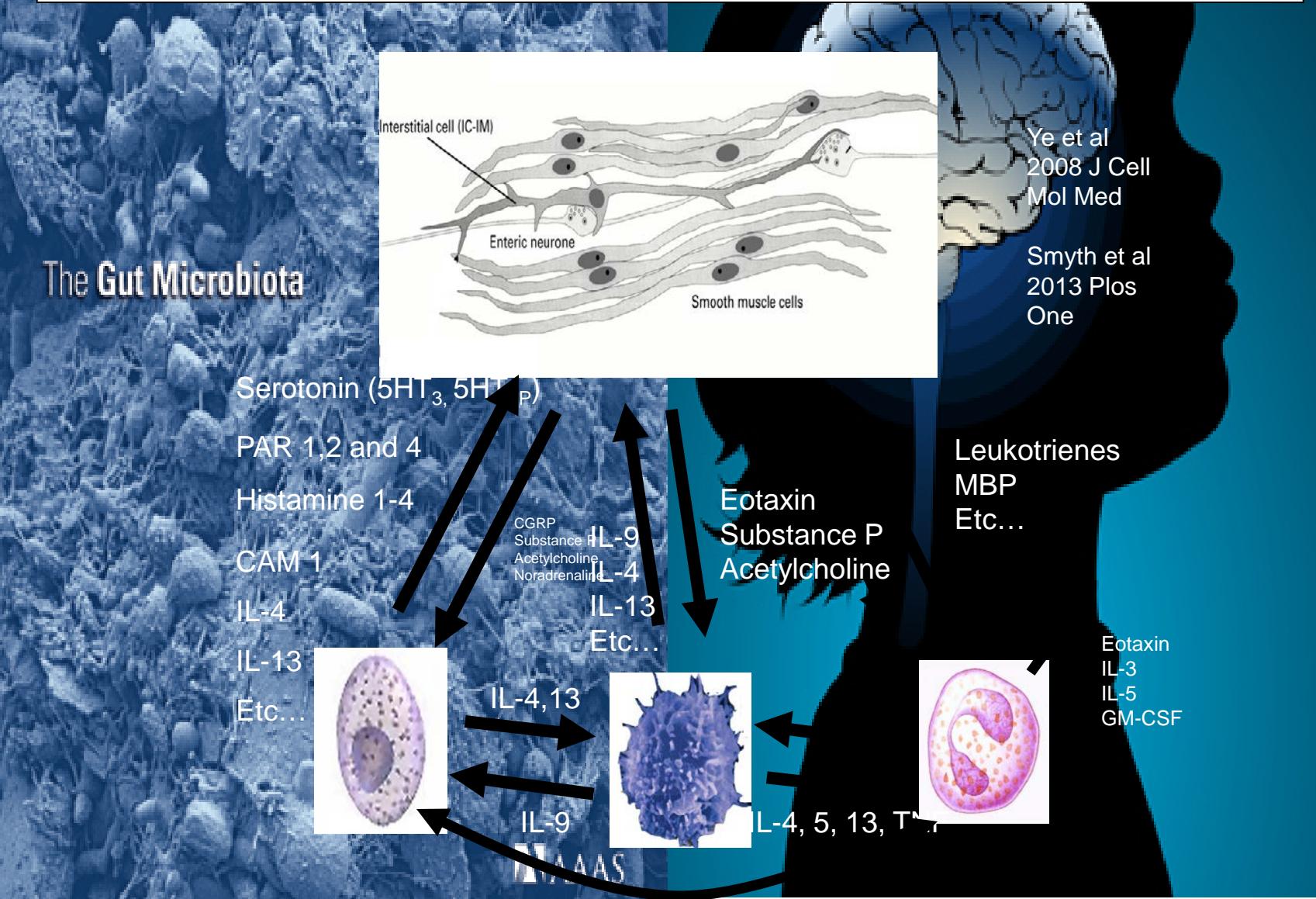
Smyth et al  
2013 Plos  
One



# Neuro-immune-microbiome interactions role in gastrointestinal symptoms/disease

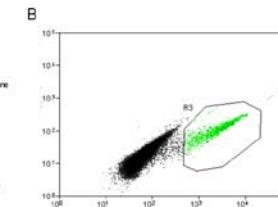
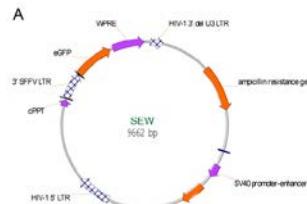
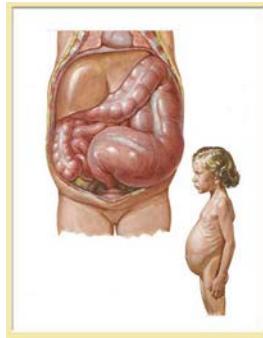


# Neuro-immune-microbiome-brain interactions role in gastrointestinal symptoms/disease

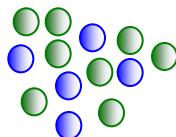


# Human studies

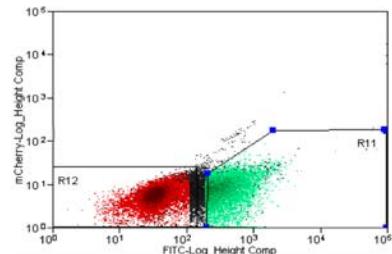
In vivo transplantation of post-natal neural stem cells



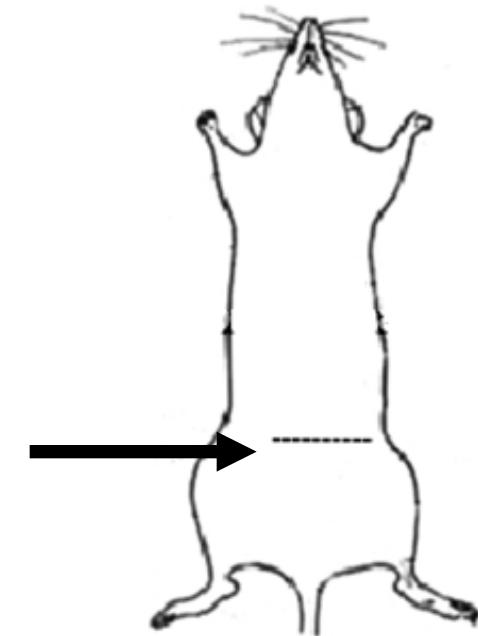
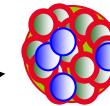
Dissociation into single cells



p75<sup>NTR</sup>

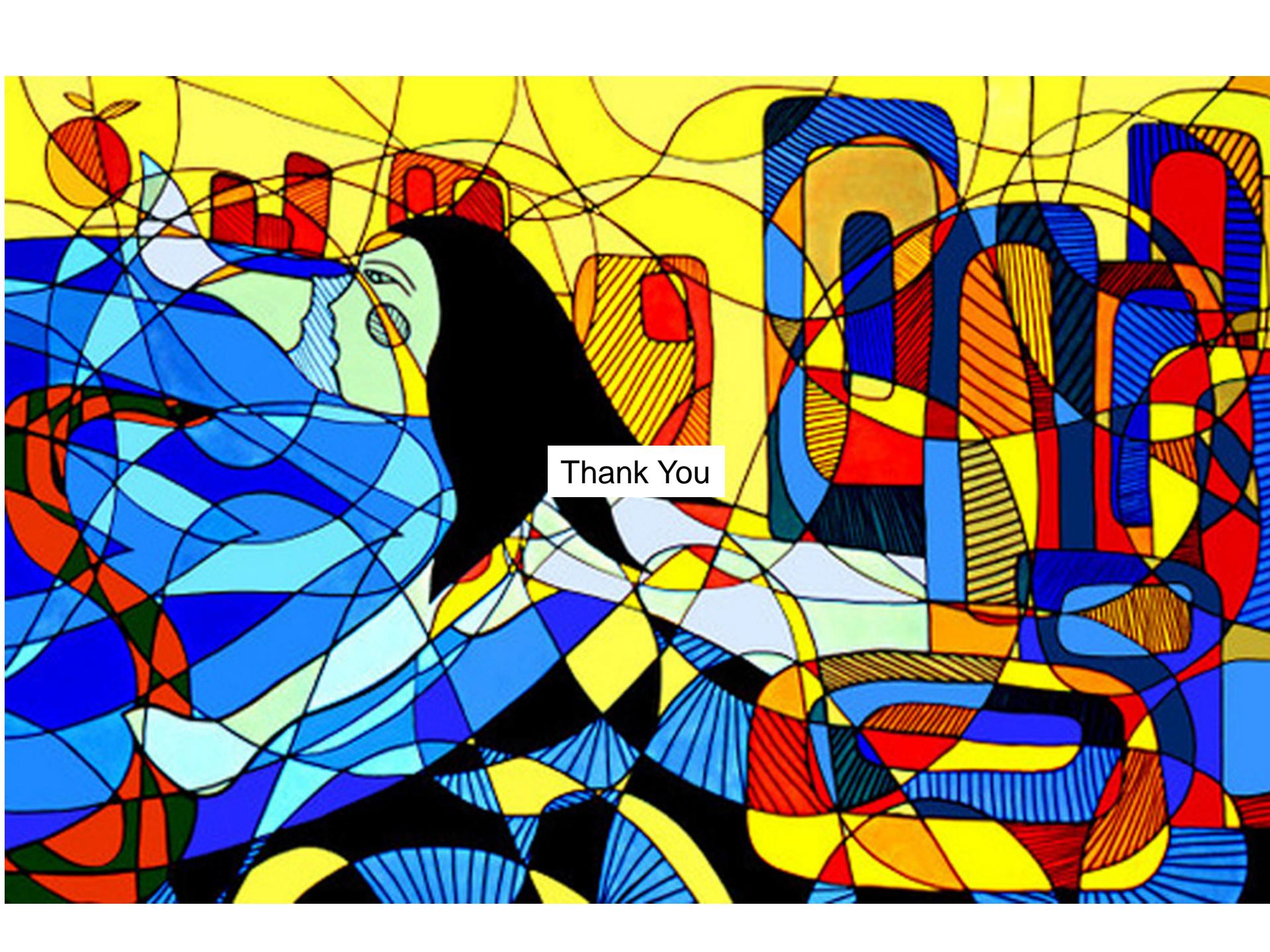


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R11	1245	12.45	0.25	354.01, 7.98
R12	8399	83.99	1.68	37.04, 5.31



*Rag2<sup>-/-</sup>/γc<sup>-/-</sup>/C5<sup>-/-</sup> mouse*

Natarajan et al,  
*Neurogastroenterol Motil*  
2014

A vibrant stained glass window featuring a variety of colorful geometric shapes, including red, blue, yellow, and black triangles, squares, and rectangles. A stylized fruit, possibly an apple or orange, is visible in the upper left corner. The overall design is abstract and organic.

Thank You