We describe a newer concept “Lewy body constipation”, i.e., constipation due to Lewy body diseases (PD, DLB), with minimum extra-GI symptoms, such as REM sleep behavior disorder (RBD), overactive bladder, mild frontal executive disorder, orthostatic hypotension (also called pure autonomic failure [PAF]) etc., but with little or no gait abnormality.

Methods
This is a prospective cohort study: recruiting period, 5.0 years; prospective follow-up period, 5.5±3.0 years, visit at least once a year. We recruited 745 referred subjects, and the inclusion criteria were: at least one of PD/DLB’s known nonmotor features, as described above. We performed two neuroimaging tests, i.e., dopamine transporter (DAT) scanning and metaiodo-benzylguanidine (MIBG) myocardial scintigraphy.

Results
Only 18 patients fulfilled these criteria; their characteristics were: elderly (mean age 75.5 years), with long histories (onset 61.0 years; duration 14.5 years), male dominance (14 men, four women). The patients’ neurologic diagnoses were constipation/RBD in 10, constipation/RBD/PAF in six, and constipation/PAF in two. During the follow-up period, seven patients developed PD or DLB. An abnormal MIBG result was noted in 94%, and an abnormal DAT result was noted in 56%.

Interpretation & Conclusion
18 patients (4.2% of all LBD) started with GI dysfunction with minimum extra-GI symptom, with mean duration being 14.5 years. The exact reasons for these remain unclear. However, GI dysfunction may reflect myenteric pathology, which is commonly affected in LBD. Therefore, in some patients, LB (Lewy body) pathology may start at bowel.

70% of PD patients have GI dysfunction, and GI emergency (ileus etc.) does occur. Further, DLB has show more severe GI dysfunction than PD. Recently DLB is estimated to occur in one in 15 octogenarians, which is not uncommon.

Our results suggest that “Lewy body constipation” should be listed in elderly constipation, since LBD is not uncommon in the elderly. “LBD” needs care in order to avoid GI emergency such as intestinal pseudo-obstruction, intussusception, volvulus, stercoral ulcer, etc.