Irritable Bowel Syndrome:

- Recurrent abdominal pain & abnormal Bowel motility (Constipation / or Diarrhea) with absence of structural abnormality in contrast with IBD (IBS symptom + Inflammation & Ulcer).

Etiology

- young women 2-3 times more than men.
- Associated with physical or sexual abuse.
- Associate with Non-ulcer dyspepsia, Chronic fatigue syndrome, dysmenorrhea and fibromyalgia.

Pathophysiology

① Behavioural and psychological factors (Anxiety, depression, neurosis).

② Pathophysiological factors.
- ↑ D-IBS, CIBC, ↑ Mucosa mast cells
- Triggered by previous gastroenteritis of Salmonella or Campylobacter

③ Luminal factors.
→ Present with Small Intestine bacterial overgrowth or Some Food allergy.

C/F

Abdominal Pain

↓

Visceral Hypersensitivity

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Sensory nerve ending has abnormal strong response to stimuli

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Stretching → Pain

Bowel Motility

Short-chain Carbohydrates (Lactose, Fructose)

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Draws in water (Diarrhea)

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Metabolize by Gut Bacteria

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Gas →

- Alternate diarrhea and constipation.
- Diarrhea with less volume of stool.
- Pellety stool passed sometime.
- Colicky abdominal pain relieved by passing stool
- Abdominal bloating due to excess gas.
- No blood passed in stool, no loss of weight, no abnormal findings.

Investigation

Rome III Criteria → 3 days in a month for 3 months
- Improvement with defecation
- change in frequency of stool
- chang in appearance of stool.

when 2 or more present.
- Endoscopy to rule out cancer.
- Faecal calprotectin.

→ Investigation for celiac disease other malabsorption.

Management
- Eat regularly at time.
- Take time to eat.
- Ensure hydration.
- Avoid carbonated drinks, alchol, artifical sweeteners.
- Consider a diet low in FODMAPs (Fermentable, oligo-, di-, Monosaccharide and polyols).
- Consider wheat free diet, lactose exclusion diet.