

A Case Presentation

By Dr. J.P. Ferguson and Dr. R.J. Bailey

The Case

MT is a 48-year-old woman with a sensitive stomach and abdominal pains

As a teenager she occasionally missed school with abdominal pain and loose bowel movements. Her life was stressful as her father emotionally abused her. She did not report any physical nor sexual abuse

At age 15 she was told she had nervous colitis, as all blood tests, a Barium Enema and an Upper GI Series were normal.

The Case

MT is a 48-year-old woman with a sensitive stomach and abdominal pains.

When she moved away from home to attend nursing school her symptoms improved. However they worsened when she married.

MT felt the stresses of marriage to an inattentive gruff man who drank nightly and failed to have steady employment, aggravated her symptoms.

Her most recent complaints include lower abdominal pain, Bloating, gas and loose non-bloody stools. Her weight remains stable

Which of the following would you use to make the diagnosis of IBS in this patient?

- Colonoscopy with biopsies
- Breath test for small intestinal bacterial overgrowth
- ROME III criteria
- Thyroid-stimulating hormone and celiac serology

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Rome III Criteria for IBS :

Symptom onset at least 6 months prior to diagnosis.

Recurrent abdominal pain or discomfort at least 3 days per month in the last 3 months associated with 2 or more of the following:

- Improvement with defecation;
- Onset associated with a change in stool frequency; and
- Onset association with a change in stool form (appearance).

One or more of the following symptoms on at least one quarter of occasions :

- Abnormal stool frequency (< 3/week);
- Abnormal stool form (lumpy/hard);
- Abnormal stool passage (straining, incomplete evacuation);
- Bloating or feeling of abdominal distension;
- Passage of mucous
- Frequent, loose stools.

In the Past:

CBC, liver function tests, electrolytes, TSH, CRP ESR, and Anti- TTG all were normal on three different occasions

Stool studies were normal on 2 occasions

including:

- fecal leukocytes
- routine culture
- O and P
- C. diff

The Case

She admits to being very nervous.
Stress at work makes her symptoms worse.
She is almost free of symptoms when she goes on vacation for two or three weeks
She denies depression but admits to times of depression in the past

She rarely drinks alcohol. She does not smoke.

Her mother had similar symptoms to hers.

The physical examination is normal other than the little tenderness over the sigmoid colon

The patient, a nurse, believes a cancer was missed.

A CT of the abdomen was ordered and was normal

The patient is very distressed.
She is very anxious.
She insists to be referred to a gastroenterologist .

She wants a colonoscopy.

Dr. Ferguson

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Dr. Ferguson's colonoscopy report with mucosal biopsy results records all to be normal.

Colonoscopy should be reserved, for patients ≥ 50 years of age, and for those patients with a strong family history of IBD, colorectal cancer, or those with evidence of anemia or occult bleeding

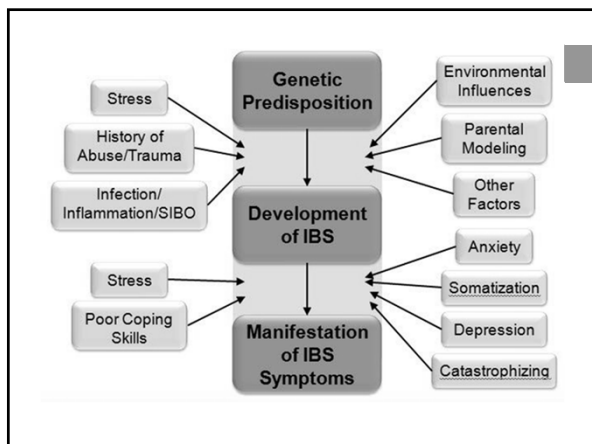
Remember ,performing invasive testing often does not reassure the patient * and in fact, repeated testing may undermine patient confidence in the physician's diagnostic skills. Repeated testing is also expensive and increases the potential for complications.

*Spiegel BMR, Gralnek IM, Bolus R, et al. Is a negative colonoscopy associated with reassurance or improved health-related quality of life in irritable bowel syndrome? Gastrointest Endosc. 2005;62:892-899.

What would you tell this patient is the cause of her IBS symptoms?

- Underlying anxiety and depression
- History of sexual abuse
- Malabsorption
- Genetic predisposition in the face of an insult

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IBS Guidance

- Be a good communicator
- Patients with IBS fear cancer
- Educate the patient
- This Is a chronic benign condition. It is not curable but is controllable
- Developing a partnership with the patient and physician maximizes the chance of success
- Empower the patient to take responsibility for their care.
- Set reasonable expectations.

GOOD LUCK !!

J.P.F and R.J.B.
