

IBS

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Irritable bowel syndrome (IBS) is a gastrointestinal syndrome characterized by **chronic abdominal pain** and **altered bowel habits** in the **absence of any organic cause**

younger patients and **women** are more likely to be diagnosed with IBS

CLINICAL MANIFESTATIONS

Chronic abdominal pain

The severity of the pain may range from mildly annoying to debilitating. Several factors, such as **emotional stress** and **eating**, may **exacerbate** the pain, while **defecation** often provides some **relief**.

not compatible with the syndrome

- Pain that is **progressive**, **awakens** the patient from sleep, or **prevents sleep**
 - Pain associated with **anorexia**, **malnutrition**, or **weight loss**
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Altered bowel habits

ranging from diarrhea,
constipation, alternating diarrhea
and constipation

Diarrhea

Most bowel movements are preceded by **lower abdominal cramps** and **urgency** even to the point of fecal incontinence and may be followed by a **feeling of incomplete evacuation**.

mucus discharge

not associated with IBS

Large volume diarrhea, bloody stools, nocturnal diarrhea, and greasy stools

Constipation

Stools are often **hard** and may be described as **pellet shaped**. Patients may also experience a sense of **incomplete evacuation** even when the rectum is empty

Other gastrointestinal symptoms

Upper gastrointestinal symptoms, including gastroesophageal reflux, dysphagia, early satiety, intermittent dyspepsia, nausea, and non-cardiac chest pain, are common in patients with IBS . Patients with IBS also frequently complain of abdominal bloating and increased gas production in the form of flatulence or belching

Extraintestinal symptoms

impaired sexual function,
dysmenorrhea, dyspareunia, increased
urinary frequency and urgency

Manning criteria

Pain relieved with defecation

More frequent stools at the onset of pain

Looser stools at the onset of pain

Visible abdominal distention

Passage of mucus

Sensation of incomplete evacuation

Rome criteria

recurrent abdominal pain, on average, **at least one day per week** in the **last three months**, associated with two or more of the following criteria:

- Related to defecation
- Associated with a change in stool frequency
- Associated with a change in stool form (appearance)

Bristol stool form scale

Type 1



Separate hard lumps, like nuts (hard to pass)

Type 2



Sausage-shaped but lumpy

Type 3



Like a sausage but with cracks on the surface

Type 4



Like a sausage or snake, smooth and soft

Type 5



Soft blobs with clear-cut edges

Type 6



Fluffy pieces with ragged edges, a mushy stool

Type 7



Watery, no solid pieces, entirely liquid

Subtypes of IBS are recognized based on the patient's reported **predominant bowel habit** on days with abnormal bowel movements *



DIAGNOSTIC APPROACH

Since many disorders present with symptoms similar to irritable bowel syndrome (IBS), it is important to **exclude other causes**

"**Alarm**" or atypical symptoms which are not compatible with IBS include:

- Rectal bleeding
- Nocturnal or progressive abdominal pain
- Weight loss
- Laboratory abnormalities such as anemia, elevated inflammatory markers, or electrolyte disturbances
- family history of inflammatory bowel disease or colorectal cancer

Patients with one of these alarm symptoms require **further imaging studies** and/or **colonoscopy**

Diarrhea-predominant IBS

- Stool cultures
- Celiac disease screening
- Twenty-four hour stool collection
 - Colonoscopy or flexible sigmoidoscopy and biopsy

Constipation-predominant IBS

- Radiography
- Flexible sigmoidoscopy and colonoscopy











