

IBS

MCQs

- A 29-year-old woman comes to see you in clinic because of abdominal discomfort. She feels abdominal discomfort on most days of the week, and the pain varies in location and intensity. She notes constipation as well as diarrhea, but diarrhea predominates. In comparison to 6 months ago, she has more bloating and flatulence than she has had before. She identifies eating and stress as aggravating factors, and her pain is relieved by defecation. You suspect irritable bowel syndrome (IBS). Laboratory data include: white blood cell (WBC) count 8000/DL, hematocrit, 32%, platelets, 210,000/ DL, and erythrocyte sedimentation rate (ESR) of 44 mm/h. Stool studies show the presence of lactoferrin but no blood. Which intervention is appropriate at this time?

Select one:

- a. Antidepressants
- b. Ciprofloxacin
- c. Colonoscopy**
- d. Reassurance and patient counseling
- e. Stool bulking agents

Answer Explanation :

Although this patient has signs and symptoms consistent with IBS, the differential diagnosis is large. Few tests are required for patients who have typical IBS symptoms and no alarm features. In this patient, alarm features include anemia, an elevated ESR, and evidence of WBCs in the stool. Alarm features warrant further investigation to rule out other gastrointestinal disorders such as colonic pathology including diverticular disease or inflammatory bowel disease. In this case, colonoscopy to evaluate for luminal lesions and mucosal characteristics would be the logical first step. At this point, with the warning signs, empiric therapy for IBS is premature. Reassurance, stool bulking agents, and antidepressants are all therapies to consider if a patient does indeed have IBS.

- Wrong about IBS:
 - a. All need barium enema and meal
 - b. Patient with diarrhea-prominent disease can be treated by loperamide
- Not a criteria in diagnosing irritable bowel syndrome:
 - A. Nocturnal diarrhoea**
 - B. Bloating
 - C. Gastrocolic reflex

Diarrhea — Diarrhea is usually characterized as frequent loose stools of small to moderate volume. Stools generally occur during waking hours, most often in the morning or after meals. 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.

Approximately one-half of all patients with IBS complain of mucus discharge with stools [16]. Large volume diarrhea, bloody stools, nocturnal diarrhea, and greasy stools are NOT associated with IBS and suggest an organic disease. A subgroup of patients describe an acute viral or bacterial gastroenteritis which then leads to a subsequent disorder characteristic of diarrhea-predominant IBS, called post-infectious IBS. (See "[Pathophysiology of irritable bowel syndrome](#)".)

- wrong about Mx of irritable bowel: **barium follow through for all pt**
- 20 year old female diagnosed as Irritable bowel syndrome with pain predominance, what is treatment not used for her :
Narcotic analgesia
(the other choices:tricyclic antidepressant , high fiber diet , antispasmodic)