

Lower functional dyspepsia

Lower functional dyspepsia is also referred to as **irritable bowel syndrome**. This is pain or discomfort lasting at least 12 weeks from the previous year, which:

1. they alleviate or disappear after defecation;
 2. are associated with a change in the frequency and / or character of the faeces.
- The diagnosis of irritable bowel syndrome is further supported by feelings of urgency on the stool, a feeling of imperfect emptying, mucus passage, bloating and distension of the abdomen, the patients usually do not wake up from sleep.
 - The etiopathogenesis is the same as in upper functional dyspepsia.

Clinical picture

- Abdominal pain and discomfort, constipation, diarrhea, feeling empty.
- Alarming symptoms and risk factors are: 1. age over 50 (colorectal cancer), 2. temperature, 3. weight loss, 4. blood or pus in the stool, 5. steatorrhea, 6. dehydration.

Diagnostics

- Per exclusion (exclude colorectal cancer, diverticular colorectal disease, IBD (Inflammatory Bowel Disease), intestinal infections).
- Anamnesis, physical examination, laboratory examination (as in upper dyspepsia) + stool examination (OK, cultivation, parasitology), imaging techniques (ultrasound).
- Colonoscopy is not indicated, but it has a positive effect in terms of reassuring the cancerophobic patient.

Therapy

1. In case of diarrhea dominance - test with exclusion of lactose in the diet, antidiarrheals, addition of soluble fiber.
 2. When constipation dominates - regime measures (sufficient hydration, soluble fiber, defecation stereotypes), sometimes it is necessary to administer laxatives.
 3. Painful symptomatology - antispasmodics (pinaverin...).
- The use of antidiarrheals and laxatives should be carefully considered and possible side effects monitored.

Links

related articles

- Upper functional dyspepsia

Source

- Template: Quote

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