

Change in Severity of Abdominal Pain and Flatulence During Lactulose Breath Testing Associated With Positive Small Intestinal Bacterial Overgrowth Diagnosis



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BACKGROUND

- Small intestinal bacterial overgrowth (SIBO) can be indirectly diagnosed by assessing expired hydrogen and methane gas peaks during lactulose breath testing (LBT).
- Ingestion of lactulose for the test can induce gastrointestinal symptoms, some of which mimic the patient's baseline SIBO symptoms.

AIMS

We sought to evaluate whether symptoms that develop during the lactulose breath test predicted the ultimate test result.

MATERIALS & METHODS

- Patients that underwent LBT between 11/2018 to 3/2020 were included.
- LBT was performed using the BreathTracker Analyzer (QuinTron Instruments).
- SIBO by hydrogen (H-SIBO) was defined as a rise of 20 ppm within the first 90 minutes. SIBO by methane (M-SIBO) was defined as a peak value of >10ppm.
- Patients answered pretest questionnaires of baseline demographics, Patient Assessment of Gastrointestinal Disorders- Symptom Severity Index (PAGI-SYM), and their symptom severity of eight SIBO symptoms (abdominal distension, abdominal pain, belching, bloating, diarrhea, flatulence, nausea, and stomach fullness). During LBT, patients then re-scored their 8 symptoms at 15-minute increments for the 3-hour test duration. Longitudinal symptom severity over this duration was analyzed with a series of two-level mixed effects regressions estimated for each symptom separately.

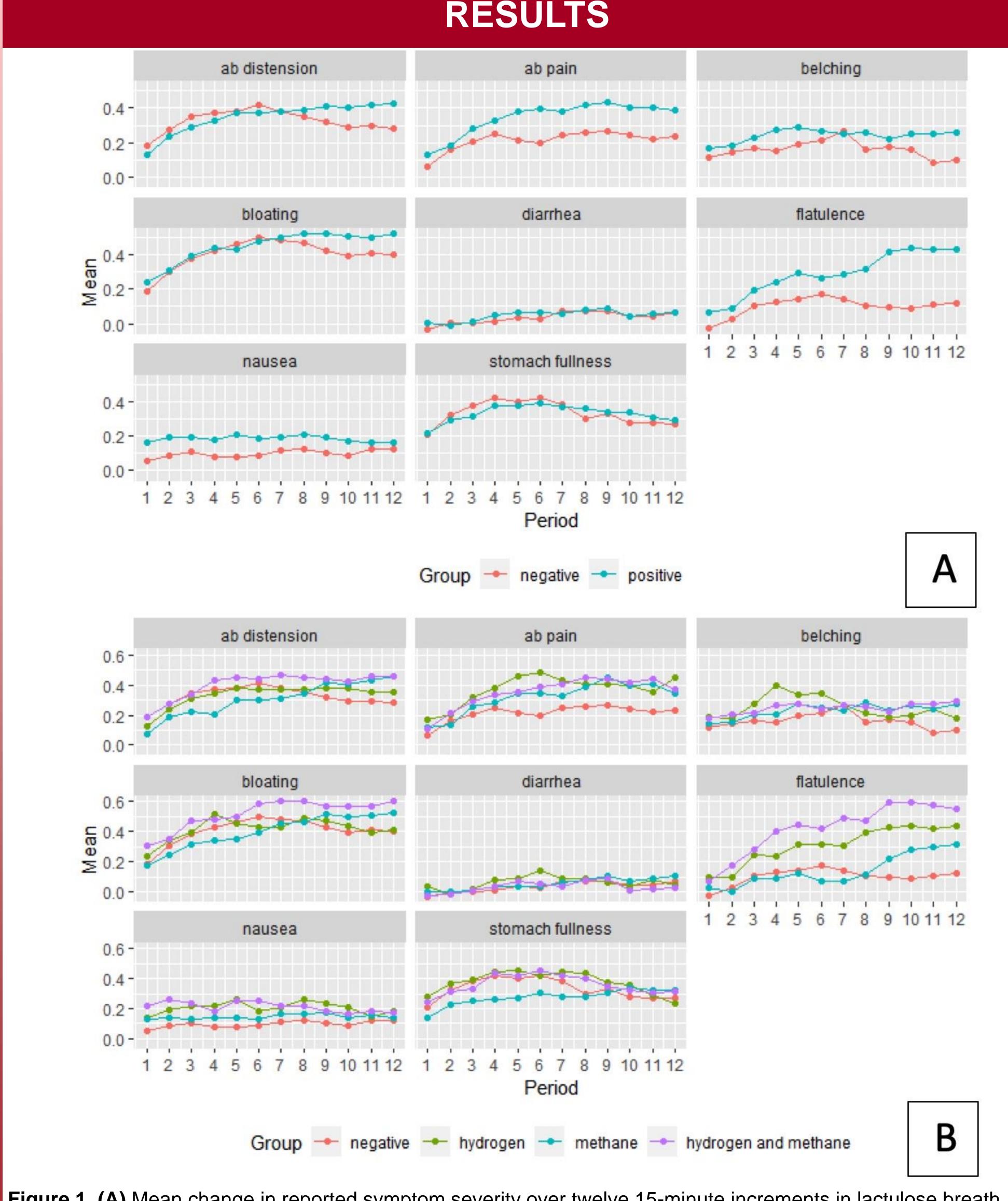


Figure 1. (A) Mean change in reported symptom severity over twelve 15-minute increments in lactulose breath testing corrected for baseline severity **(B)** Mean change in reported symptom severity over twelve 15-minute increments in lactulose breath testing corrected for baseline severity with positive group stratified by respiratory gas

RESULTS

- 608 patients underwent LBT yielding 103 H-SIBO, 144 M-SIBO, and 141 positives by hydrogen and methane (HM-SIBO).
- Baseline PAGI-SYM analysis revealed increased symptom severity in the SIBO negative group in nausea (p=0.009), upper abdominal pain (p=0.02), upper abdominal discomfort (p=0.01), and lower abdominal discomfort (p=0.02).
- Parameter estimates of the mixed models demonstrated significant difference in the SIBO positive and SIBO negative groups in abdominal pain (+0.131, p< 0.05) and flatulence (+0.190, p< 0.01) out of 8 symptoms assessed, presenting early into the testing period.
- Subgroup analysis revealed H-SIBO and HM-SIBO groups had increases in flatulence severity compared to the negative group by 0.213 (p< 0.01) and 0.323 (p< 0.01), respectively.

SUMMARY / CONCLUSIONS

- Lactulose breath testing can be utilized to diagnose SIBO
- Over the duration of the LBT patients may develop symptoms that mimic their symptoms of SIBO
- Despite initially reporting lower baseline PAGI-SYM symptom severity, patients with SIBO developed more abdominal pain compared to their SIBO negative counterparts over the course of the LBT
- H-SIBO and HM-SIBO was also associated with greater development of flatulence during testing.
- These results indicate change in symptoms severity during LBT may be associated with a positive test result in SIBO lactulose breast testing