A new screening test for chronic abdominal pain
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Evaluation of chronic abdominal pain of luminal etiology is a challenging problem for the primary care physicians and gastroenterologists. The exact localization of lesion to either small or large bowel remains an elusive identity in many subjects.

In tropical countries, where most of the population is of low socioeconomic status, one needs an imaging modality which screens small and large bowel lesions simultaneously at a reasonable cost with good sensitivity and specificity. Small bowel evaluation by BMFT and colonic evaluation by double contrast barium enema (DCBE) are the standard norms but doing them separately adds cost as well as discomfort to the patient. Pneumocolon has been combined with BMFT in previous studies for evaluation of ileocecal lesions but not as a screening modality for both small and large bowel simultaneously.

A research article to be published on November 21, 2008 in the World Journal of Gastroenterology addresses this question. The research team led by Prof. Nijhawan from SMS Medical College and Hospital, Jaipur, India tried to evaluate BMFTP as a screening tool for subjects with chronic abdominal pain of luminal origin where site of involvement (small or large bowel) is not well known based on clinical history.

This study revealed that adding pneumocolon to the BMFT can not only image ileocecal area better but also detect colonic lesions if present thereby obviating the need of doing Barium enema separately. Only subjects with strong suspicion of having recto-sigmoid lesions or having lesions depicted on BMFTP can then be taken for colonoscopy, thereby cutting down the overall cost to a large extent.

Based on the results of this study, the authors have proposed a step up approach of screening subjects with chronic abdominal pain of luminal origin. Following this approach, one would be able to pick up most of the subjects with underlying structural lesions and that too at a reasonable cost which is an important factor in developing nations where most of the people are of low socio-economic status.


Source: World Journal of Gastroenterology