

FEATURES OF EXPRESSIVITY OF ABDOMINAL COMPLAINTS IN PATIENTS WITH IRRITABLE BOWEL SYNDROME ON THE BACKGROUND OF NEUROCIRCULATORY DYSTONIA

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Objective. To investigate the features of expressivity of complaints in patients with irritable bowel syndrome (IBS) on the background of different types of neurocirculatory dystonia (NCD).

Materials and methods. 32 patients (9 men and 23 women) with IBS and NCD at the age of 20 to 39 years were examined. 18 patients have hypertensive type of NCD (Group 1), the remaining patients have hypotonic type of NCD (Group 2). In the statistical analysis of the results non-parametric test χ^2 was used. χ^2 was determined for comparison of expected and observed count data.

Results and its discussion. Abdominal pain, defecation disorders and bloating were assessed in this study. The predominant localization of abdominal pain depend on the type of NCD. In patients from Group 1 diffuse pain presents in 9 (50 %) cases, right-sided pain – in 5 (27,8 %) cases, left-sided pain – in 4 (22,2 %) cases. In patients with hypotonic type of NCD (Group 2) the abdominal pain was distributed by localization types – 3 (21,4 %) and 3 (21,4 %) and 8 (57,2 %) respectively.

Diffuse pain predominated in patients from Group 1, the pain of left-side localization prevailed in patients from Group 2. Differences in the frequency of localization of abdominal pain between groups I and II were significant ($df = 2$, $\chi^2 = 6,479$, $p = 0.039$). It should be noted that the discrepancy localization of pain due to palpation and subjective patient sensations of pain was observed in 33.3% of patients in Group 1 and 35.7% of patients in Group 2. 14 (77.8%) patients from Group 1 reported a combination of abdominal pain with palpitations, irritability, hot flashes. Only 6 (42.9%) patients from group 2 reported a link between manifestations of the IBS and NCD. These differences between the groups of patients were statistically significant ($df = 1$, $\chi^2 = 4,097$, $p = 0.043$).

Disorders of defecation were distributed as follows. In Group 1 diarrhea troubled 9 (50%) patients, constipation - 6 (33.3%) patients, mixed disorders of defecation - 3 (16.7%) persons. In Group 2 - respectively 5 (35.7%), 5 (35.7%) and 4 (28.6%) patients. Statistically significant differences in the expression of certain disorders defecation between groups of persons surveyed were not revealed ($df = 2$, $\chi^2 = 0,891$, $p = 0,641$). Bloating disturbed 15 (83.3%) patients in group 1 and 12 (85.7%) patients in Group 2, preferably in the first half of the day. Expressivity of this complaint does not depend on the type of NCD.

Conclusions. The clinical picture of IBS in patients with NCD has its peculiarities and, in a certain way, it depending on the type of NCD. Diffuse abdominal pain is prevalent in patients with IBS on background on hypertensive type of NCD. Left-sided abdominal pain is the more frequent variant of localization for patients with the IBS and hypotonic type of NCD. Also, patients with the IBS and hypertensive type of NCD notes the link between the occurrence of abdominal pain and cardiovascular manifestations of NCD.