

## **The relationship between IBS-like syndrome and exacerbation of chronic pancreatitis**

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**Aims.** Aim of the present study – correction of IBS-like syndrome in patients with exacerbation of chronic pancreatitis (CP).

**Materials and methods.** A total of 31 patients with exacerbation of CP and IBS-like syndrome were examined. All patients received standard therapy: PPI, analgesics, antispasmodics, digestive enzymes. Celiac disease, obstructive CP, DM, colitis were excluded. Patients were divided into two groups: group 1 – received pefloxacin along with the standard CP treatment (800 mg/day for 14 days (15 patients)), group 2 – received rifaximin (1200 mg/day for 14 days (16 patients)). The dynamics of the clinical course, indices of biocenosis, endoscopic and morphological features of the colon, concentration of CRP,  $\alpha$ -amylase were assessed.

**Results.** The consideration of the data of clinical, instrumental, laboratory, bacteriological methods of assessment has led to a modification of therapy. Clinical improvement, including normalization of intestinal biocenosis, as well as the concentration of CRP and  $\alpha$ -amylase (  $p = 0,05$ ) was achieved in 68% of patients with exacerbation of CP, who received rifaximin in addition to standard therapy.

**Conclusion.** The presence of IBS-like syndrome in CP leads to the decrease of treatment efficacy and the prolongation of exacerbation. The inclusion of rifaximin in the complex therapy of prolonged exacerbation of CP helps to reduce the manifestations of pain syndrome, to improve intestinal microbiocenosis and to reduce the concentration of inflammatory components.