

FEATURES OF ABDOMINAL PAIN IN PATIENTS WITH IRRITABLE BOWEL SYNDROME AND NEUROCIRCULATORY DYSTONIA ON HYPERTONIC TYPE

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Irritable bowel syndrome (IBS) is a very common pathology among functional disorders of the gastrointestinal tract. The basis of IBS is a violation of visceral sensitivity. This violation leads to a lower threshold level of pain, disruption of intestinal motility and transport of gases. Also neurocirculatory dystonia (NCD) is a complex psychosomatic disorders. Thus, the combination of the IBS and the NCD is a combination of two chronic functional nosologies with similar pathogenesis, presence of visceral and psychoneurotic disorders.

Objective: to investigate the features of abdominal pain in patients with IBS and NCD on hypertonic type.

Materials and methods. In outpatient conditions were examined 18 patients (6 men and 12 women) with IBS and accompanying NCD on hypertonic type.

Results and discussion. Abdominal pain was the main complaint of patients. Some difficulties were during the interviews with patients. Patients could not accurately distinguish between physical pain and emotional response to it. Also patients are not always define the characteristics of pain (intensity, duration, sometimes – localization). These problems require detailing of questions, verbal modeling of situation. Objective state of patients did not correspond to severity of the complaints. This disparity was particularly striking among women. Abdominal pain (aching, cramps, bursting) were of varying intensity and duration, is not dependent on the food intake and depended on the act of defecation. The pain intensified before stool (5-30 minutes) and decreases or disappears after passing flatus or stool.

In patients diffuse pain dominated (50 %), more rarely the pain was right-sided (27.8 %) or left-sided localization (22.2 %). Inconsistency localization of palpation pain and subjective sensations of pain was observed in 33.3 % of patients. Feature abdominal pain in patients was its minimum at night and reduction of intensity during physical activity. In addition, 14 (77.8 %) patients reported a combination of abdominal pain with the heartbeat, sensation of heat. 12 (66.7 %) patients indicated to stressful events as a trigger of abdominal pain.

Conclusions. Diffuse abdominal pain in patients with IBS and accompanying NCD on hypertonic type prevails. Also the relationship between the occurrence of abdominal pain and exacerbation of clinical symptoms of NCD in patients with IBS was identified. Doctor should consider these clinical features of the comorbidity of IBS and NCD on hypertonic type.