

FOOD-RELATED PAIN IN IBS IS ASSOCIATED WITH INCREASED SYSTEMIC INFLAMMATORY MARKERS AND SMALL BOWEL PERMEABILITY

Jolien Schol

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In IBS patients, duodenal tryptase content was significantly elevated compared to healthy controls (299 vs 143 ng/mg, $p=0.016$), and among those with frequent food-related pain, daily symptom severity correlated with systemic inflammatory markers and small intestinal permeability.

KEY POINTS

- Duodenal tryptase content was significantly higher in 35 IBS patients versus 15 healthy controls (299 ng/mg total protein vs 143 ng/mg, $p=0.016$), but no other duodenal variables differed between groups.
- In the subgroup with frequent food-related pain ($n=22$, $\geq 80\%$ of pain episodes meal-related), daily abdominal pain severity correlated significantly with lactulose/mannitol ratio ($r=0.59$, $p=0.02$), hs-CRP ($r=0.69$, $p<0.01$), and WBC count ($r=0.55$, $p<0.01$).
- No duodenal variables correlated with pain severity, and duodenal eosinophil and mast cell counts did not differ between frequent and infrequent food-related pain groups.
- The findings suggest a possible pathophysiological role for systemic immune activation and small intestinal permeability in patients with frequent food-related symptoms.
- The presenter noted these are preliminary data and confirmatory investigations in larger cohorts are ongoing.

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