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Summary

COMPARISONS OF DIFFERENT CLINICAL PHENOTYPE AND FECAL MICROBIOME IN IRRITABLE BOWEL SYNDROME AND SMALL INTESTINAL BACTERIAL OVERGROWTH

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Colorectal

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A study using Rome III criteria and lactulose breath testing to separate IBS from SIBO found significant differences in clinical phenotype, dietary intake, and fecal microbiome composition between the two conditions, suggesting they may be distinct diseases requiring different treatment approaches.

KEY POINTS

- IBS patients had more severe symptoms overall and higher energy and protein intake with lower fiber intake, while SIBO patients had higher fat and lower carbohydrate intake and reported more dissatisfaction with bowel habits.
- Both IBS and SIBO groups showed higher structural diversity but lower functional diversity in fecal microbiome compared to healthy controls, and the Firmicutes to Bacteroidetes ratio was significantly higher in IBS than in SIBO or controls.
- Specific bacterial taxa were associated with distinct symptoms in each condition: in SIBO, Thalassospira and Christensenellaceae_group were linked to motility abnormalities while Ruminococcaceae_group, Butyricimonas, and Oscillospira were associated with gas production.
- In IBS, Klebsiella and Mitsuokella were associated with abdominal pain, and Escherichia_Shigella and Enterobacter were linked to enteritis infection, abdominal pain, and diarrhea, with enhanced bacterial motility and biofilm formation related to mucosal barrier damage.
- The fecal microbiome could significantly distinguish IBS, SIBO, and healthy controls, supporting the use of lactulose hydrogen and methane breath testing to exclude SIBO in patients meeting IBS diagnostic criteria.

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