LACTULOSE AND GLUCOSE BREATH TESTS: WHICH ONE TO CHOOSE FOR THE DIAGNOSIS OF SMALL BOWEL COLONIZATION?

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A retrospective study of 206 outpatients found that lactulose and glucose breath tests detect different types of small bowel colonization and should be used as complementary rather than interchangeable diagnostic tools.

KEY POINTS

- Among 206 adult outpatients tested for suspected small bowel colonization, 29% tested positive on lactulose breath test versus 15% on glucose breath test, with almost no overlap between the two tests.
- Lactulose breath test identified predominantly hydrogen-producing bacteria (90% of positives), while glucose breath test identified predominantly methane-producing archaea (78% of positives), supporting that the tests detect distinct microbial populations.
- The authors propose diagnostic peak times of 60 minutes for lactulose breath test and 45 minutes for glucose breath test based on median peak times observed in positive patients.
- Patients with small bowel colonization had statistically longer oro-cecal transit time (150 minutes) compared to negative patients (p=0.03), and a weak correlation was found between advancing age and slower transit in negative patients.
- This material is most relevant for gastroenterologists evaluating diagnostic approaches to suspected small intestinal bacterial overgrowth or intestinal methanogen overgrowth in symptomatic patients, primarily those with bloating.

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