XXVIII CONGRESO CENTROAMERICANO Y DEL CARIBE
DE GASTROENTEROLOGIA Y ENDOSCOPIA DIGESTIVA
Julio 28-30, 2022 San Salvador

Actualización en diagnóstico y tratamiento del SII

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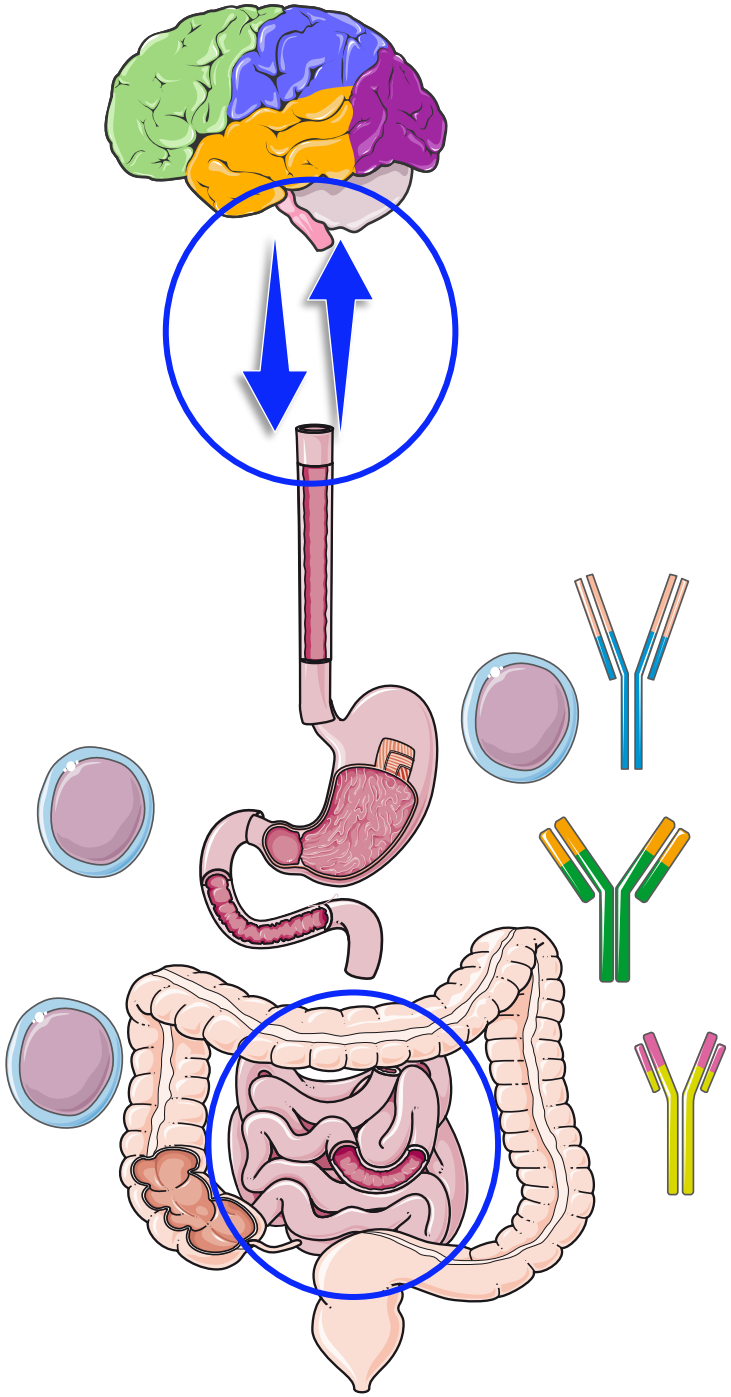
Universidad Nacional de Colombia
Hospital Universitario Nacional de Colombia

Youtoube “William otero gastroenterólogo”



Conflicto de intereses

Takeda ***Vedolizumab***
Abbott ***Rifax, Izinova, Nedox, probioticos***
Procaps ***Ezolium***
Tecnoforma ***Nulytely, Contumax***
Tecnoquímica,
Menarini ***Salofalk, spasmomen***
Biotoscana

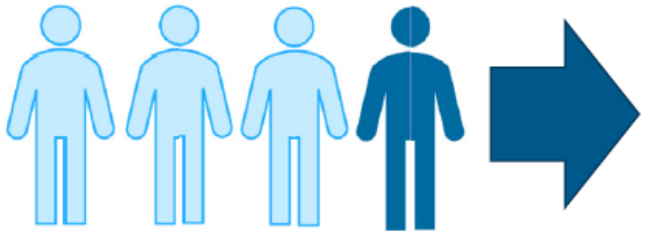
Prevalence of Rome IV Functional Bowel Disorders Among Adults in the United States, Canada, and the United Kingdom

Olafur S. Palsson,[1] William Whitehead,[1] Hans Törnblom,[2] Ami D. Sperber,[3] and Magnus Simren[1,2]

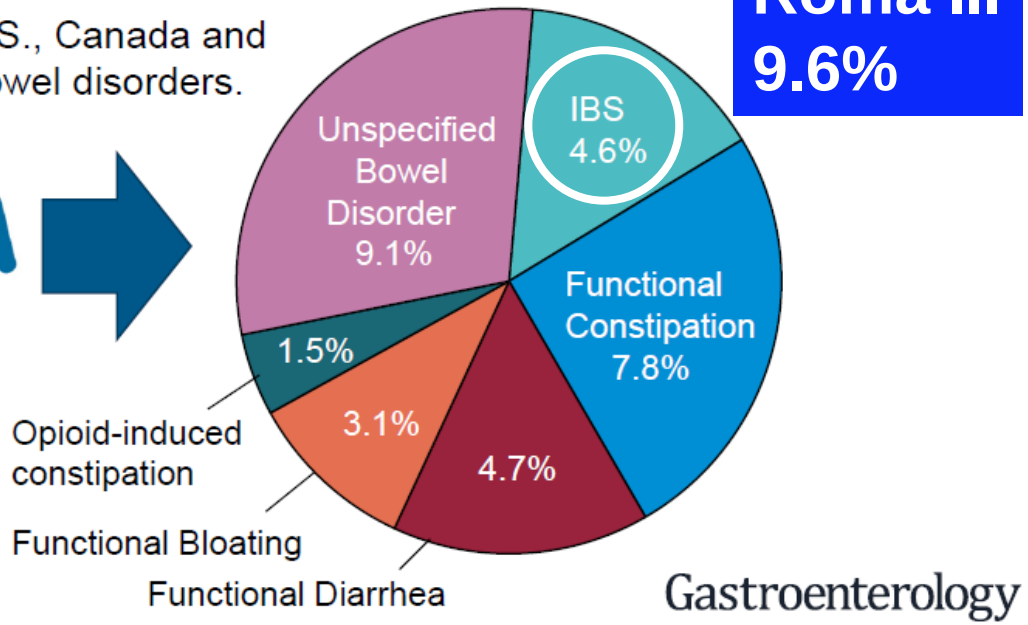
[1]Center for Functional GI & Motility Disorders, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina; [2]Department of Internal Medicine and Clinical Nutrition, Institute of Medicine, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden; and [3]Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel

Prevalence of Functional Bowel Disorders

More than **1 in every 4 adults** in the U.S., Canada and the U.K. has one of the six functional bowel disorders.

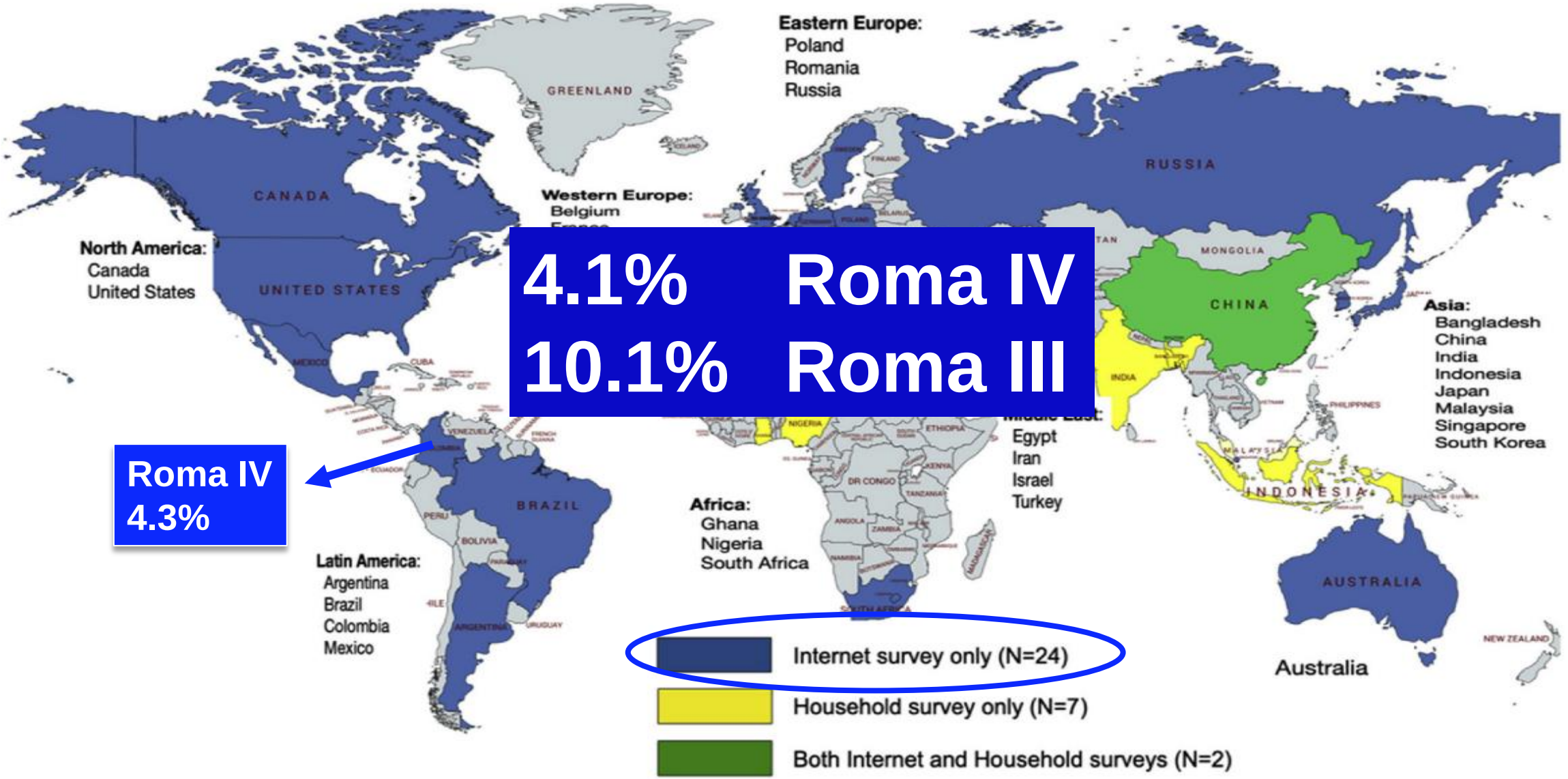


- ✓ Functional bowel disorders are more common in women than men
- ✓ They become less common after mid-life

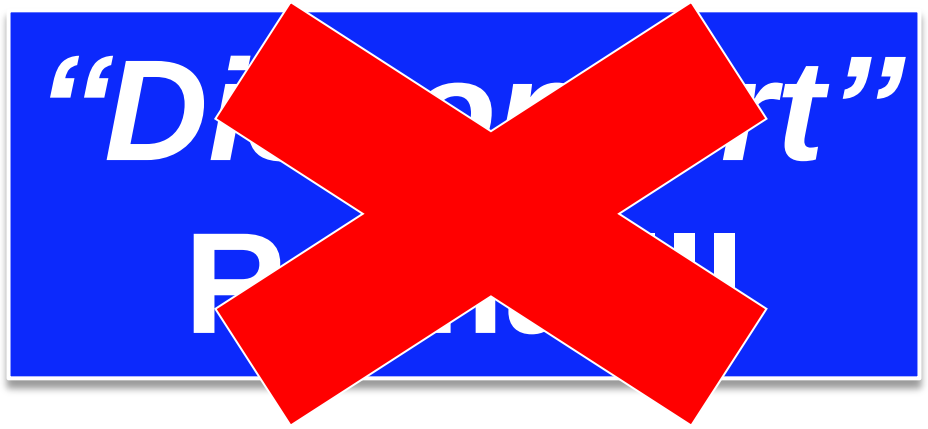


Palsson OS, et al. Gastroenterology 2020;158:1262–1273

Worldwide Prevalence and Burden of Functional Gastrointestinal Disorders, Results of Rome Foundation Global Study

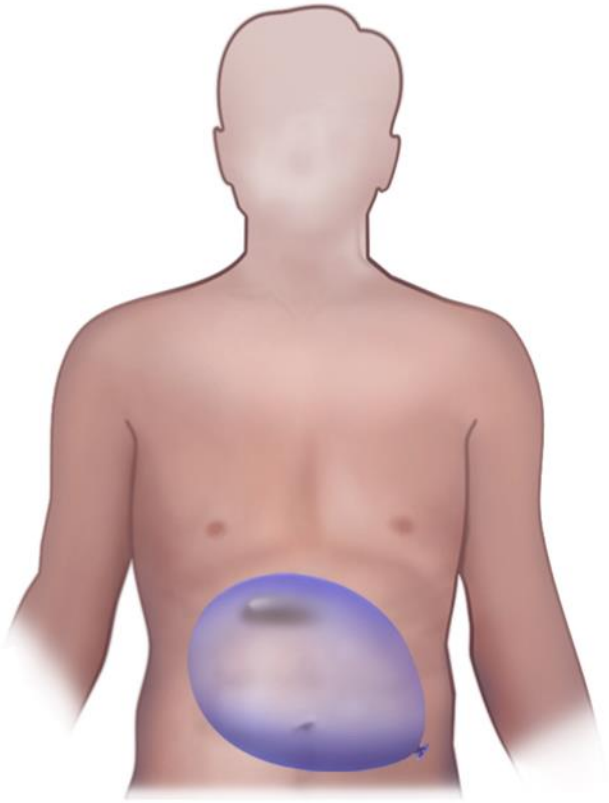


Gastroenterology 2021;160:99–114



No todos los idiomas Tienen “una palabra” para “disconfort”

“Bloating” y distensión abdominal



Sensación subjetiva
De “inflación” y/o
Muchos gases

Aumento objetivo y
Medible de la circunferencia abdominal

ROMA IV

Síndrome de Intestino Irritable

≠

Colon Irritable
Colon inflamado

→

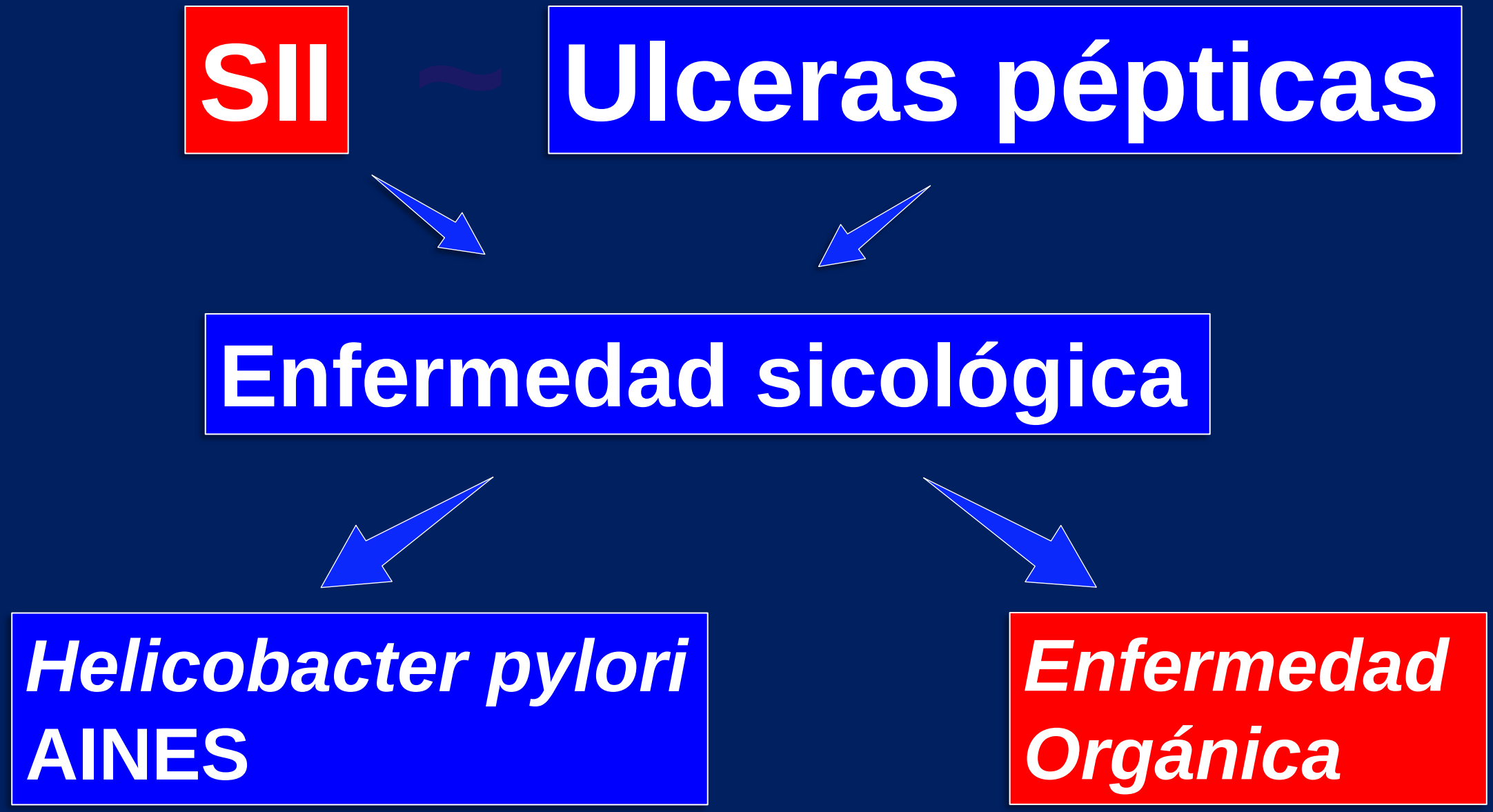
No Existe!!

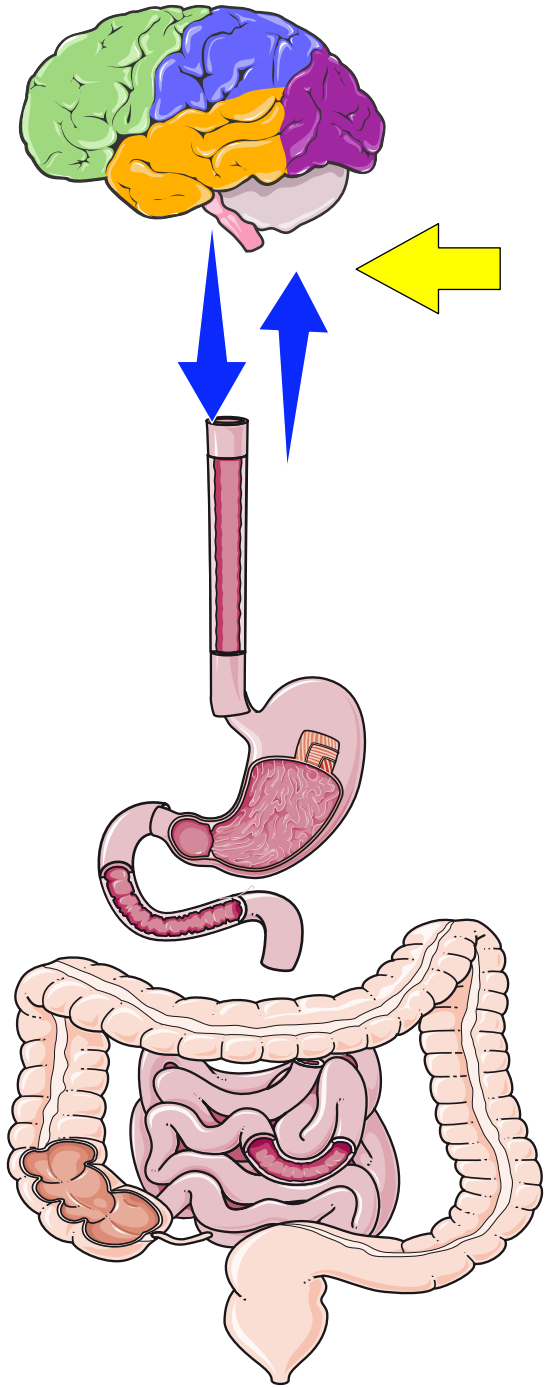
¡ A la m...¡¡ SOY BATMAN!!!

El Sindrome de Intestimo irritable
Es colon inflamado

¡ A la m!.....¡¡ Ya no SOY BATMAN!!!

El Sindrome de Intestimo irritable
Es más complejo! No es colon inflamado!


SII
~
Ulceras pépticas
Enfermedad sicológica
Helicobacter pylori
AINES
Enfermedad Orgánica

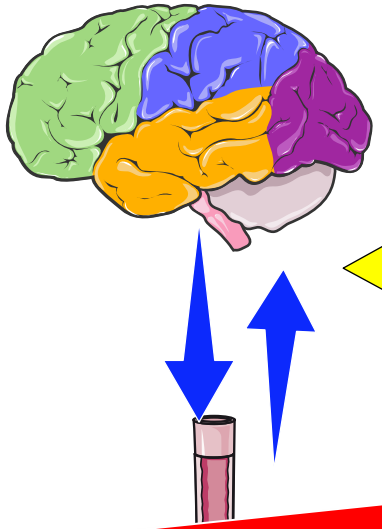


Desórden Interacción Eje Intestino-cerebro

Síndrome de Intestino Irritable

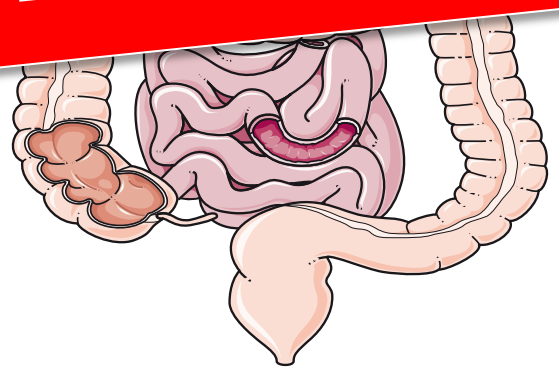
Más común

Drossman DA, Roma IV 2016



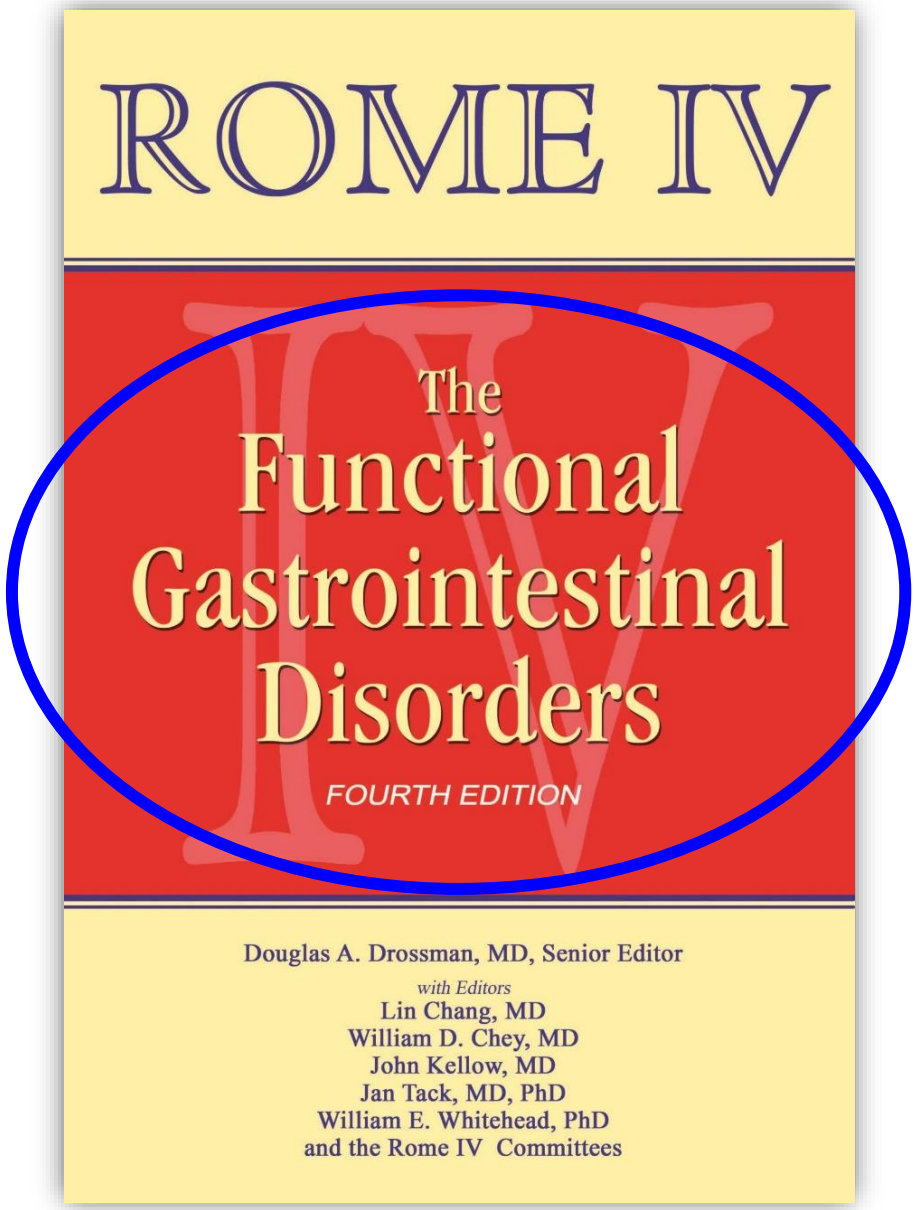
Desórden Interacción Eje Intestino-cerebro

Ya no son trastornos Funcionales!



Más común

Drossman DA, Roma IV 2016



Trastorno funcional

Término obsoleto

Estigmatiza Al paciente

Sano: "Enfermedad imaginaria"

Enfermedad No orgánica

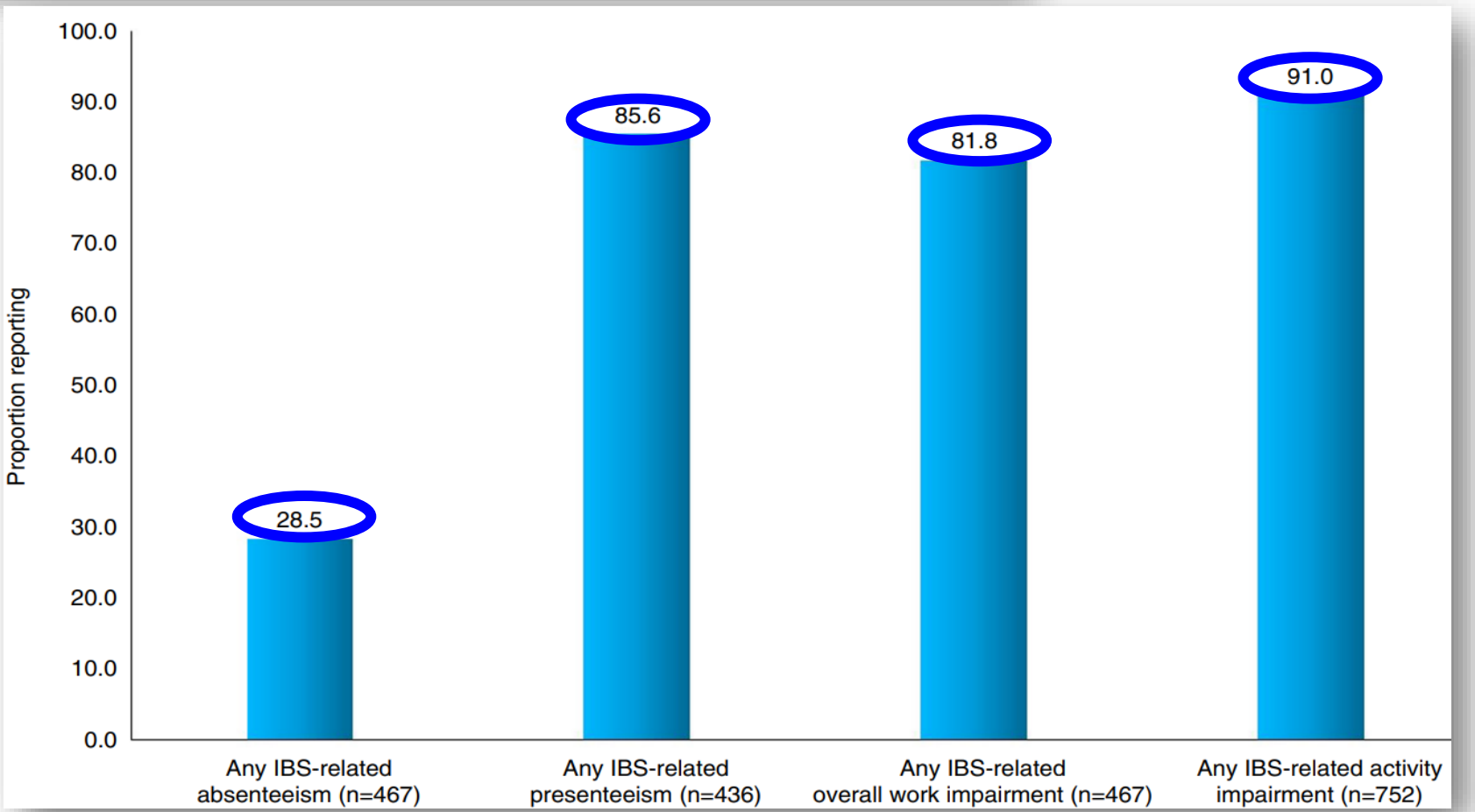
Síntomas por "estrés"

Impacto del SII

Principal Diagnóstico Gastroenterología 28%

Impact of Rome IV Irritable Bowel Syndrome on Work and Activities of Daily Living

Vivek C. Goodoory[1,2] | Cho Ee Ng[3] | Christopher J. Black[1,2,*] |
Alexander C. Ford[1,2,*]



Goodoory VC, APT 2022 on line Julio 15

REVIEW ARTICLE

Small Intestinal Bacterial Overgrowth in Irritable Bowel Syndrome: A Systematic Review and Meta-Analysis of Case-Control Studies

Ayesha Shah, MBBS, FRACP[1,2,3,*], Nicholas J. Talley, MBBS, MD, PhD, FRACP, FRCP, FACP FAHMS[4,*], Mike Jones, BsC, PhD, A.Stat, C.Stat[5,*], Bradley J. Kendall, MBBS, FRACP, PhD[1,2], Natasha Koloski, PhD[1,4,*], Marjorie M. Walker, MBBS, FRCPath, FRCPA, AGAF[4,*], Mark Morrison, PhD[1,2,6,*] and Gerald J. Holtmann, MD, PhD, MBA, FRACP, FRCP, FAHMS[1,2,3,*]

25 estudios
3.192 SII
3.320 controles

SII vs controles	**OR 3.7 (IC95% 2.3-6.0)**
SII vs Controles sanos asintomáticos	**OR 4.9 (IC95%2.8-8.6)**
SII vs Controles Cultivo 10^5	**13.9% vs 5%**
SII vs Controles 10^3	**33.5% vs 8.2%**
CH4 SII Estreñimiento vs diarrea	**OR 2.3 (IC 1.2-4.2)**
IBP No tuvo asociación con SIBO	

Shah A, et al. Am J Gastroenterol 2020;115:190-201

Developing Valid and Reliable Health Utilities in Irritable Bowel Syndrome: Results From the IBS PROOF Cohort

Brennan Spiegel, MD, MSHS[1–5], Lucinda Harris, MD[6], Susan Lucak, MD[6], Emeran Mayer, MD[2,3], Bruce Naliboff, PhD[1–3], Roger Bolus, PhD[2,3,5], Eric Esrailian, MD, MPH[2,5], William D. Chey, MD[7], Anthony Lembo, MD[8], Hetal Karsan, MD[9,10], Kirsten Tillisch, MD[2,3], Gareth Dulai, MD, MSHS[11], Jennifer Talley, MSPH[1,5] and Lin Chang, MD[2,3,5]

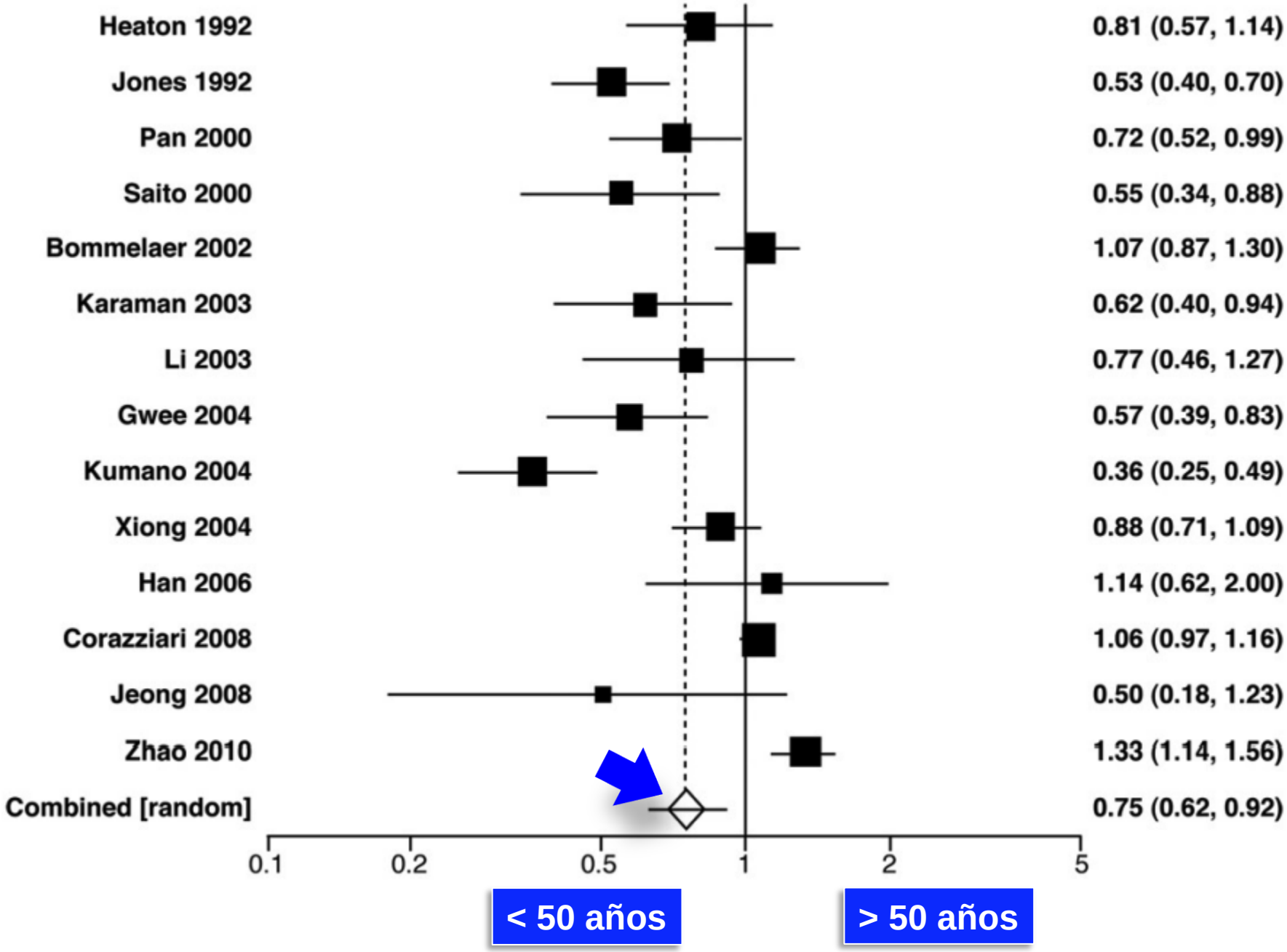
Pacientes cambiarìan 10 -15 años de su vida

Por un tratamiento eficaz !!

Spiegel B, Am J Gastroenterol 2009;104:1984-91

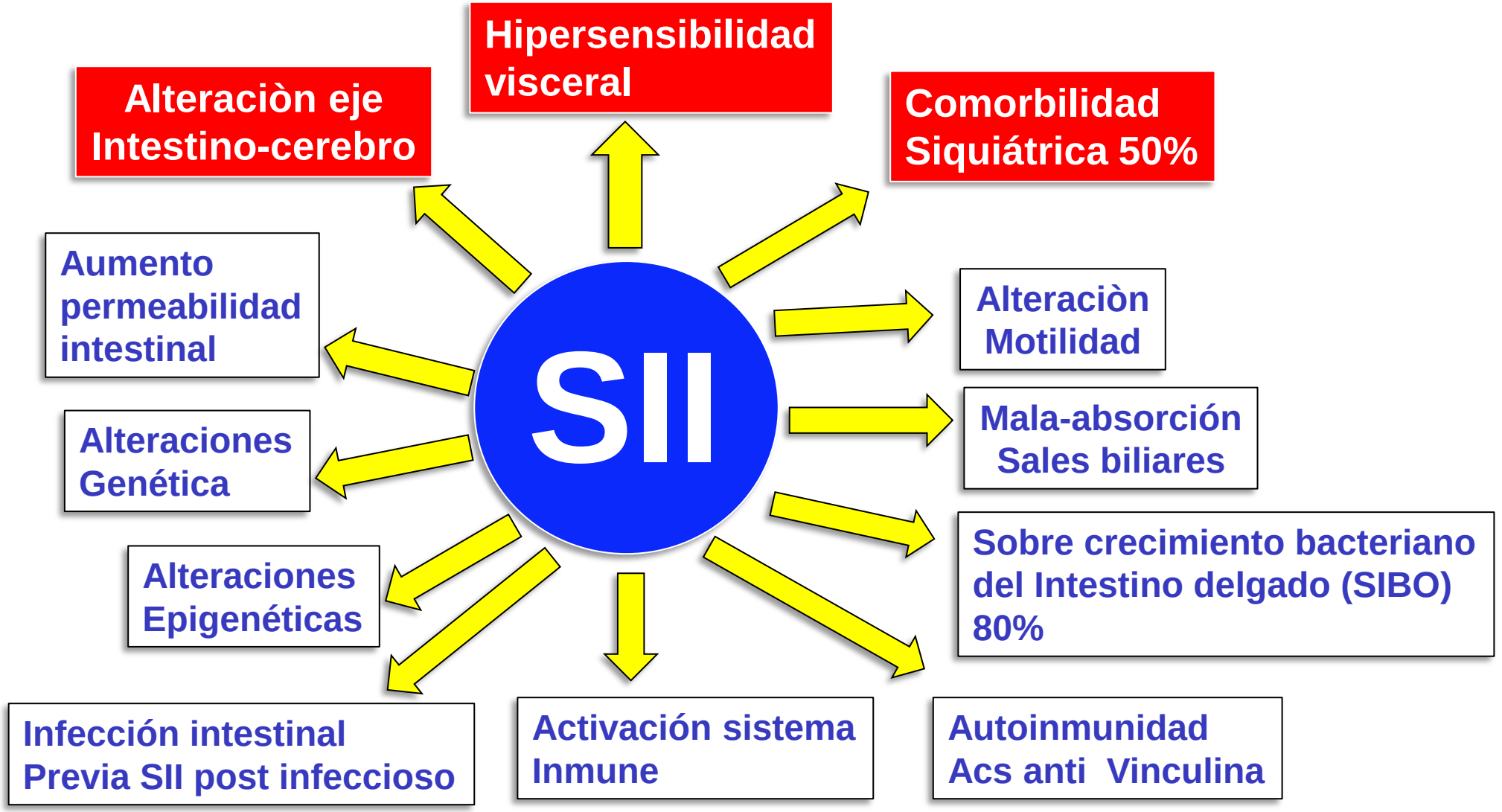
Síndrome de intestino irritable

Sperber AD, et al. Gut 2016; Jan 27, epub-ahead
Lacy MB, Scand J Gastroenterol 2009;26:34-9



Lovell RM, Clin Gastroenterol Hepatol 2012;10:712-21

SII -Fisiopatología



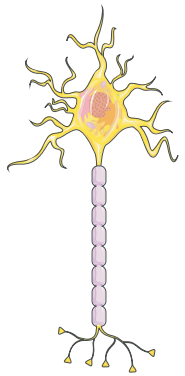
Ferreira AI, GE Port J Gastroenterol 2020;27:255-68
Takakura W, Patog Dis 2022;80:1-11
Otero W, PLM Perú 2021

Autoimmunity Links Vinculin to the Pathophysiology of Chronic Functional Bowel Changes Following *Campylobacter jejuni* Infection in a Rat Model

Mark Pimentel · Walter Morales · Venkata Pokkunuri · Constantinos Brikos · Sun Moon Kim · Seong Eun Kim · Konstantinos Triantafyllou · Stacy Weitsman · Zachary Marsh · Emily Marsh · Kathleen S. Chua · Shanthi Srinivasan · Gillian M. Barlow · Christopher Chang

Anticuerpos Anti CdTB (Toxina citoletal distensionante)

Reacción cruzada Vinculina en Células Cajal Ganglios mientéricos



Vinculina
Proteína Fundamental
Integridad estructural
Adhesion/migración
Neuronal

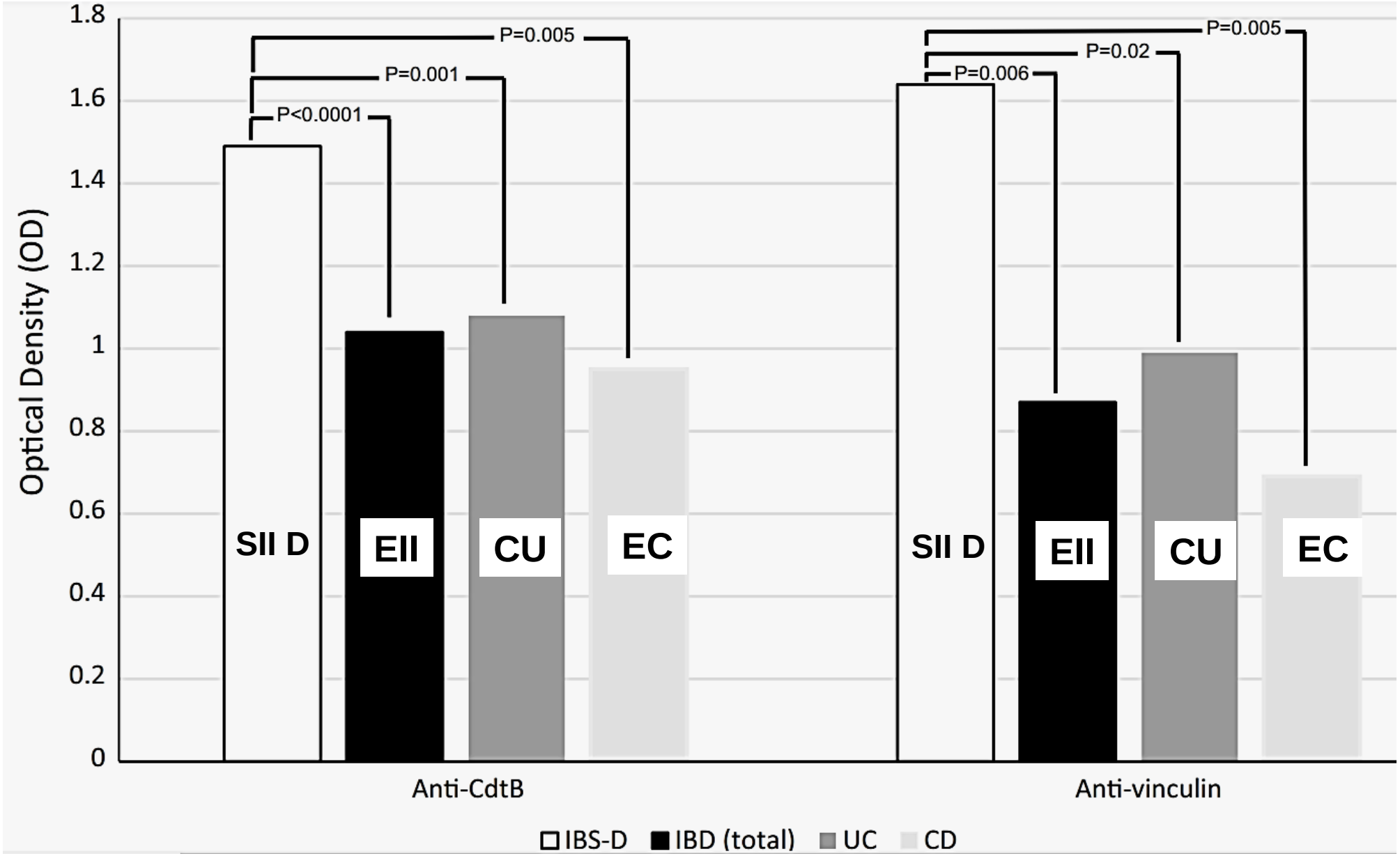
Alteración Motilidad gastrointestinal

Dig Dis Sci. 2015;60:1195-205.

Second-Generation Biomarker Testing for Irritable Bowel Syndrome Using Plasma Anti-CdtB and Anti-Vinculin Levels

Walter Morales[1] · Ali Rezaie[1] · Gillian Barlow[1] · Mark Pimentel[1]

Morales W, Dig Dis Sci. 2019;64:3115-21



Morales W, Dig Dis Sci. 2019;64:3115-21

Second-Generation Biomarker Testing for Irritable Bowel Syndrome Using Plasma Anti-CdtB and Anti-Vinculin Levels

Walter Morales[1] · Ali Rezaie[1] · Gillian Barlow[1] · Mark Pimentel[1]

Test	Sensitivity	Specificity	PPV	NPV	LR+
Anti-CdtB (OD > 1.56)	43.0	93.5	95.6	33.7	6.7
Anti-vinculin (OD > 1.60)	52.0	90.9	96.3	29.4	5.7
Both antibodies positive	22	100	100	22	∞

Morales W, Dig Dis Sci. 2019;64:3115-21

Second-Generation Biomarker Testing for Irritable Bowel Syndrome Using Plasma Anti-CdtB and Anti-Vinculin Levels

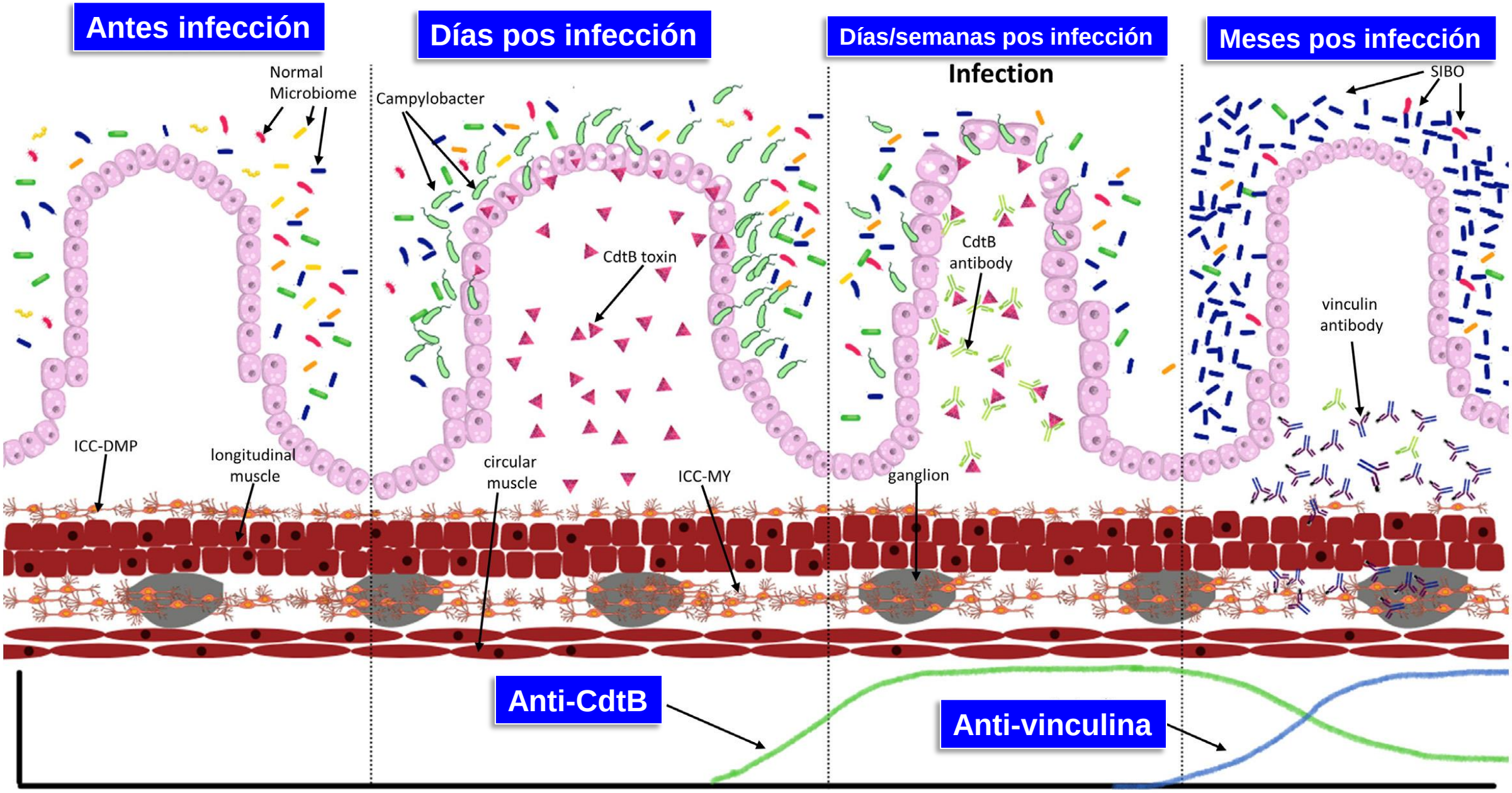
Walter Morales[1] · Ali Rezaie[1] · Gillian Barlow[1] · Mark Pimentel[1]

Table 3 Posttest probability of IBS based on testing positive for one or both antibodies

Anti-CdtB	Anti-vinculin	Posttest probability of IBS (%)
+	−	89.9
−	+	88.3
+	+	98.1

No hay controles sanos

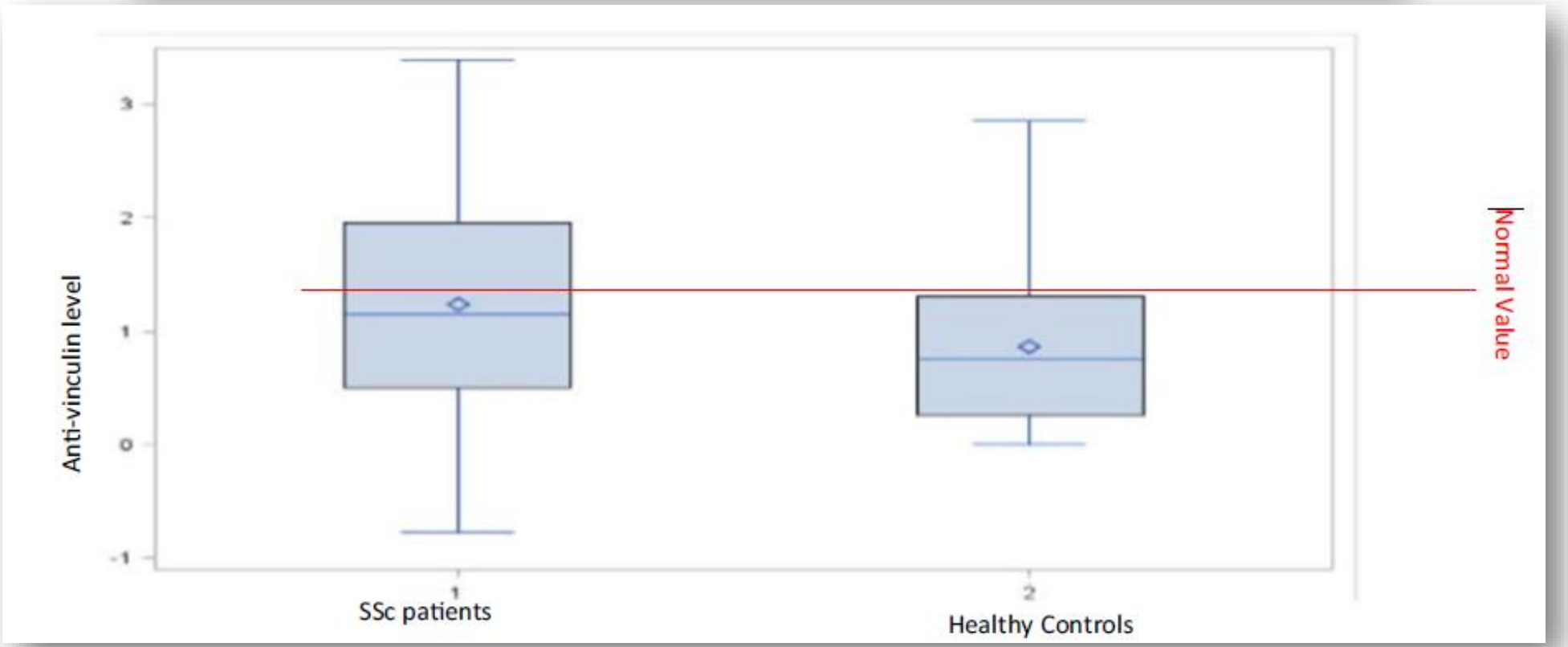
Morales W, Dig Dis Sci. 2019;64:3115-21



Takakura W, Path Dis 2022;80: 1–11

Anti-vinculin antibodies in scleroderma (SSc): a potential link between autoimmunity and gastrointestinal system involvement in two SSc cohorts

Yossra Suliman[1,2] · Suzanne Kafaja[1] · Sunny J. Oh[3] · Mohamed Alemam[4] · Gianluca Bagnato[5] · Giuseppina Abignano[5,6] · Ram Raj Singh[1] · Gillian Barlow[3] · Xiaochen Liu[3] · Isela Valera[1] · Walter Morales[3] · Ali Rezaie[3] · Mark Pimentel[3] · Francesco Del Galdo[5] · Daniel E Furst[1,7,8]



Suliman Y, Clin Rheumatol. 2021;40:2277-84

Campylobacter – SII Diarrea: Criterios de Bradford Hill

Criterio	Significado	Calidad evidencia
Analogía	Exposiciones similares dan el efecto	Alta

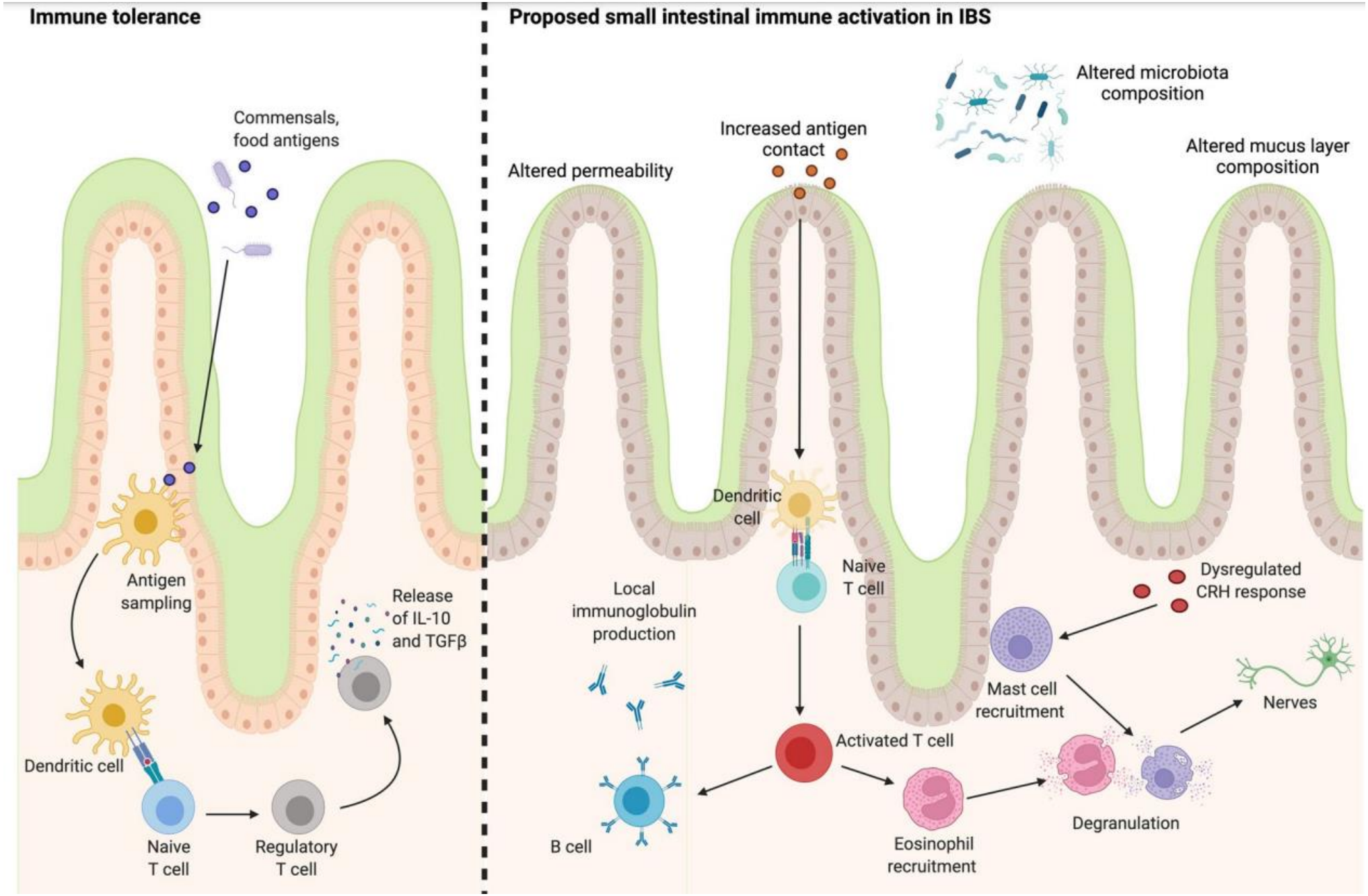
Hil AB. Proc R Soc Med 1965;58:295-300
Takakura W, Patog Dis 2022;80:1-11

OPINION Open Access

Immune responses in the irritable bowel syndromes: time to consider the small intestine

Grace L. Burns[1,2,3], Nicholas J. Talley[1,2,3] and Simon Keely[1,2,3*]

Burns et al. BMC Medicine 2022; 20:115



Burns et al. BMC Medicine 2022; 20:115

SII: Diagnóstico

Enfermedad orgánica
“Mientras se validan y llegan”
Marcadores Biológicos

Se hace con los “Criterios clínicos”
No es un diagnóstico de exclusiòn!

Roma IV

SII, Criterios diagnósticos, Roma IV 2016

En ausencia de síntomas, o signos de alarma o Patologías que expliquen los síntomas

Lacy BE, Gastroenterology 2016;150:1393-407

SII, Criterios diagnósticos, Roma IV 2016

Dolor Abdominal

Recurrente: 6 meses
Actividad: últimos 3 meses
Frecuencia: 1vez/semana

2 o más

- Asociado a la Defecación
- Cambio en la Frecuencia heces
- Cambio en la Apariencia heces

Lacy BE, Gastroenterology 2016;150:1393-407

Subtipos: Fisiopatología diferente

Síndrome de Intestino Irritable

25%

SII con Diarrea 30%
Heces acuosas >25% B/6-7
Duras <25% B1,2

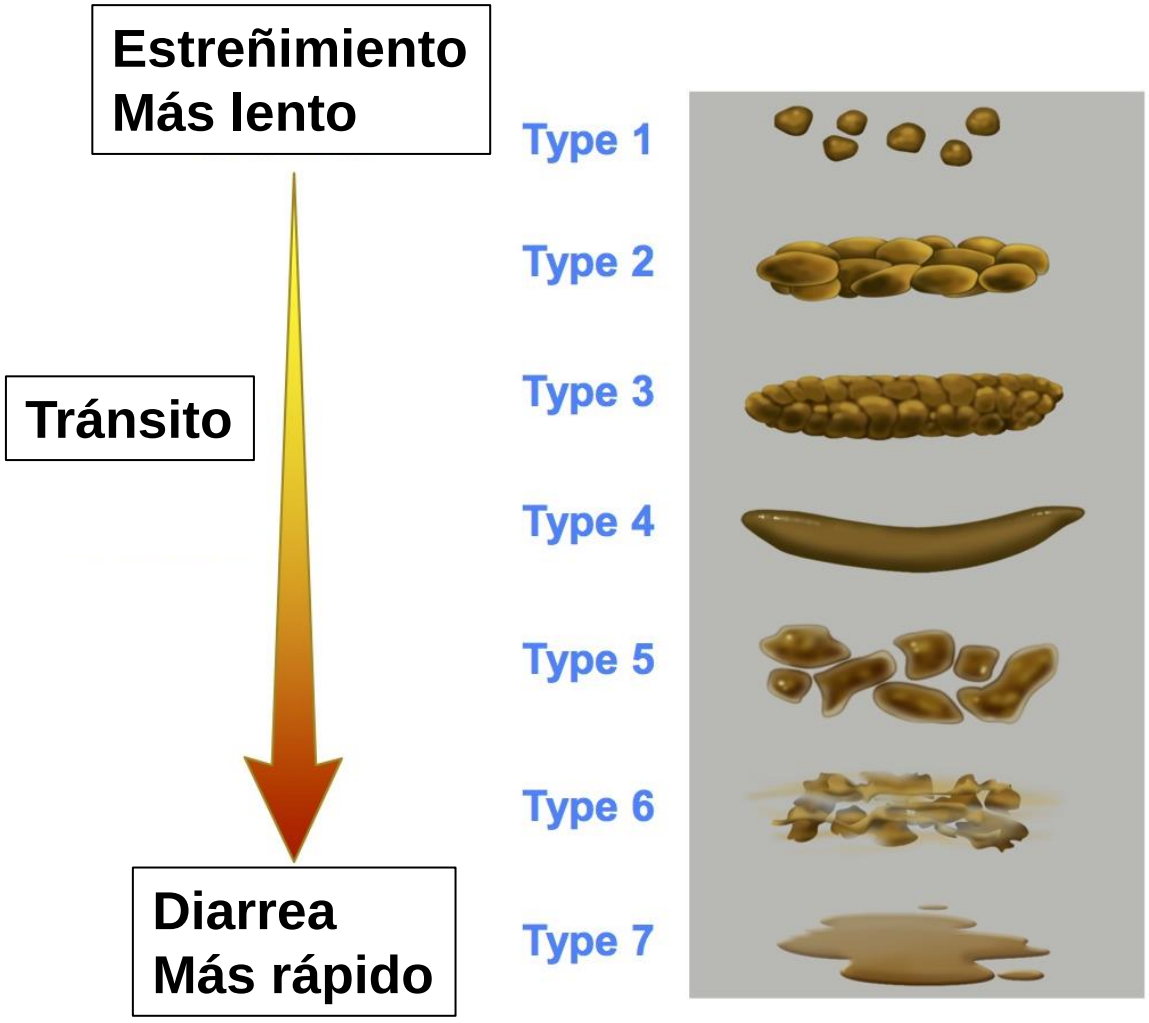
SII con Estreñimiento
Heces duras >25% B/1,2
Heces acuosas <25%

SII Mixto
Heces duras >25%
Heces acuosas >25%

SII Inclasificable
Cumple criterios SII heces inclasificables

Roma IV 2016

Bristol: Tiempo tránsito colónico y contenido de agua



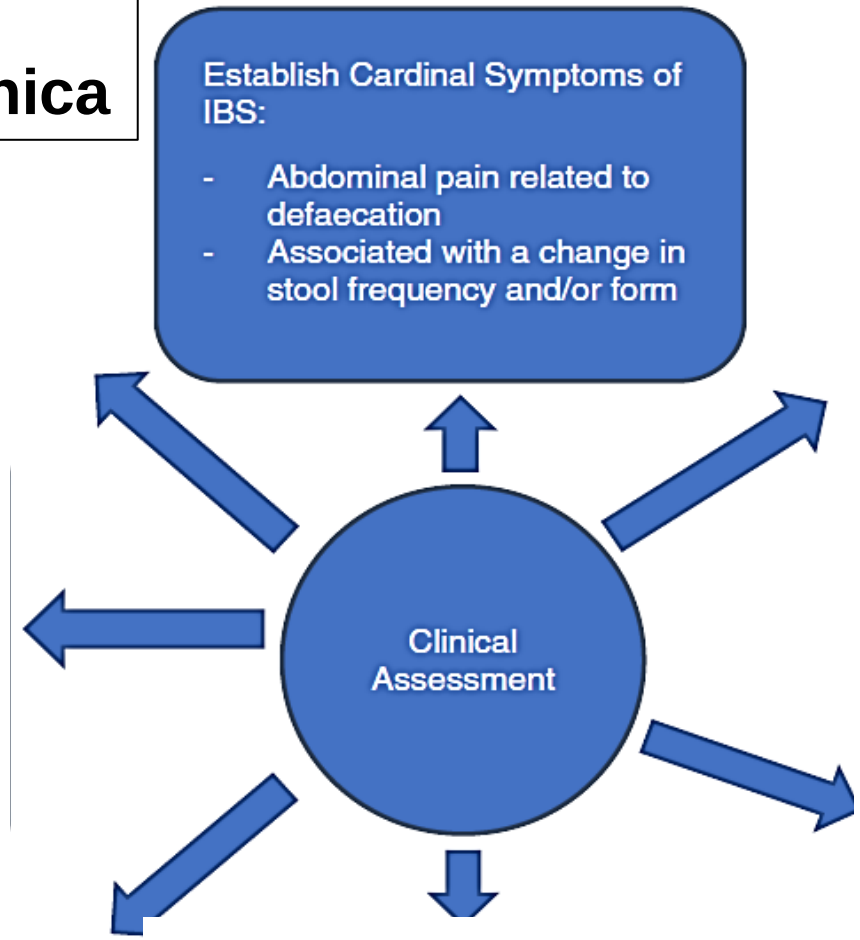
Jarvongvanich V, J Gastroenterol Motil 2017;23:561-8
Tornblon H, Am J Gastroenterol 2012;107:754-60

Apoyan el diagnóstico

Dispepsia
Migraña
Cefalea
Fibromialgia
Cistitis intersticial
Dispareunia

Lacy BE, Gastroenterology 2016;150:1393-1407

SII diagnostico
Excelente Historia Clínica



Black CJ, Aliment Pharmacol Ther 2021;54(Suppl.1):S33-43

SII Diagnóstico-Excelente historia clínica

≥ 40 años: Perdida peso, dolor abdominal
≥ 50 años: rectorragia
≥ 60 años: anemia, hábito intestinal
≤ 50 años: anemia, rectorragia, < peso

Examen físico
Masa abdominal, artropatía
Adenomegalias, ascitis
Hepato esplenomegalia
Carnett +

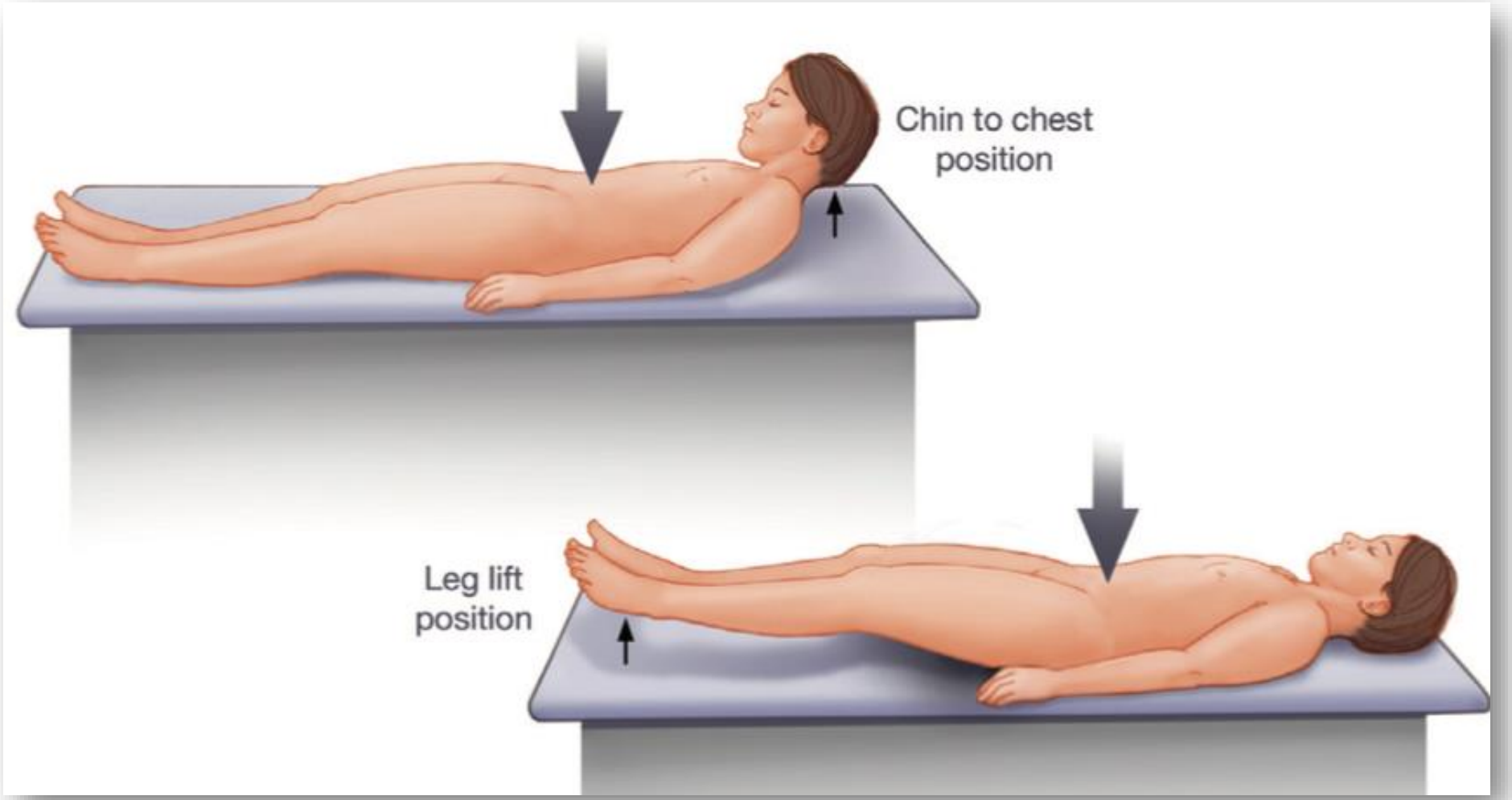
Lacy BE, Gastroenterology 2016;150:1393-1407
Goldstein R, Gastroenterol Clin nNorth Am 2021;50:547-63
Black CJ, Aliment Pharmacol Ther 2021;54 (Suppl.1):S33-S43

Carnett A

Carnett B

Otero W, Rev Col Gastroenterol 2007;22:261-71

Signo de Carnett



Kamboj AK, Mayo Clin Proc. 2019;94:139-144

RESEARCH

Evaluation of the clinical and cost-effectiveness of the York Faecal Calprotectin Care Pathway

James Turvill,[1] Daniel Turnock,[2] Hayden Holmes,[3] Alison Jones,[2]
Eleanor Mclaughlan,[4] Victoria Hilton,[5] Stacey Marriott[6]

< 100 mcg/gr
No alarma, Q.sanguínea
SII 98% Certeza

≥ 250 mcg/gr
Colonoscopia
Falsos (+): AINES, Obesidad, tumores

Turvill J,Frontline Gastroenterol. 2018;9:285-294

ACG Clinical Guideline: Management of Irritable Bowel Syndrome

Brian E. Lacy, PhD, MD, FACG[1], Mark Pimentel, MD, FACG[2], Darren M. Brenner, MD, FACG[3], William D. Chey, MD, FACG[4], Laurie A. Keefer, PhD[5], Millie D. Long, MDMPH, FACG (GRADE Methodologist)[6] and Baha Moshiree, MD, MSc, FACG[7]

Recommendation

We suggest that either fecal calprotectin[1] or fecal lactoferrin[2] and C-reactive protein[1] be checked in patients without alarm features and with suspected IBS and diarrhea symptoms to rule out inflammatory bowel disease.

[1]Strong recommendation; moderate quality of evidence (CRP, fecal calprotectin).

[2]Strong recommendation; very low quality of evidence (fecal lactoferrin).

Lacy BE, et al. Am J Gastroenterol 2021;116:17-44.

Colonoscopia: indicaciones

Edad >45 años
Diarrea persistente: colitis microscópica
Estreñimiento reciente en ancianos
Rectorragia, anemia, masa, Pérdida de peso
Ascitis, hepato esplenomegalia,fiebre
Masa Rectal, HF Ca de colon, EII

Roma IV
Lacy BE, Am J Gastroenterol 2021;116:17-44

Adultos mayores

Cáncer de colon
Isquemia colónica
E. Inflamatoria Intestinal
Colitis microscópica
Diverticulitis
Clostridioides difficile
Enf diverticular sintomática no complicada

Crane S, Clin Geriatr Med 2007;23:721-34

SII como diagnóstico de exclusión

Diagnóstico Exclusión

Cuadro hemático completo
PCR, Albumina, ALT, AST,
Bilirrubinas F. alcalina
TSH, Acs Transglutaminasa tisular
Test genético lactasa
Tres coprológicos,
Sigmoidoscopia con biopsias

Antigüedad

Todo negativo

Síndrome Intestino irritable

Diagnóstico positivo no de exclusión

Laboratorios
Colonoscopia
Caso por caso

Examen Físico

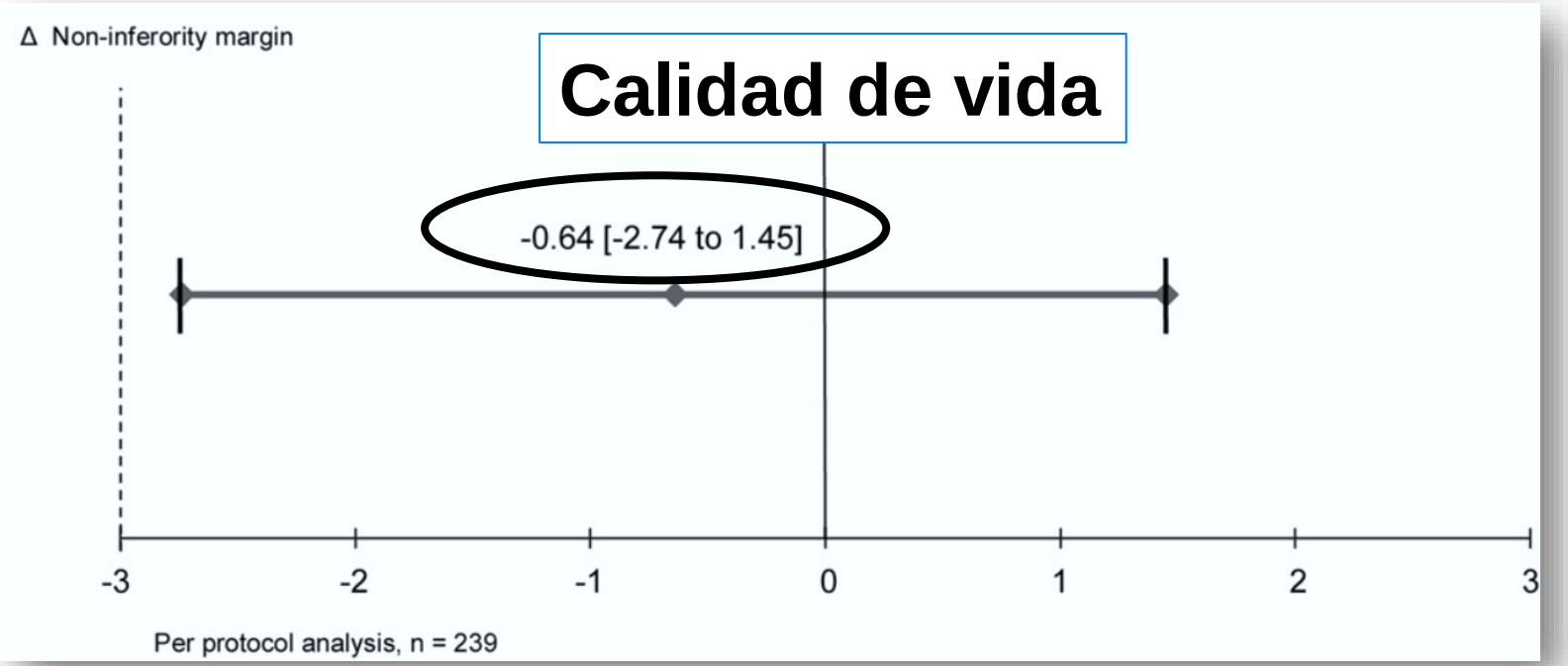
Historia Clínica

Roma IV

A Positive Diagnostic Strategy Is Noninferior to a Strategy of Exclusion for Patients With Irritable Bowel Syndrome

LUISE M. BEGTRUP,*,‡ ANNE LINE ENGSBRO,§ JENS KJELDSEN,* PIA V. LARSEN,‡
OVE SCHAFFALITZKY DE MUCKADELL,* PETER BYTZER,§ and DORTE E. JARBØL‡

Aleatorizado, Cabeza a cabeza, Seguimiento un año



Costo anual US$

Positivo
3.160
C. Hemático
PCR

Exclusión
5.075
Múltiples
Exámenes

Begtrup LM, Clin Gastroenterol Hepatol. 2013;11:956-62.

A positive diagnostic strategy is safe and saves endoscopies in patients with irritable bowel syndrome: A five-year follow-up of a randomized controlled trial

Anne Line Engsbro[1,2] | Luise M. Begtrup[3,4] | Peter Haastrup[4] | Maria Munch Storsveen[4]
Peter Bytzer[1] | Jens Kjeldsen[5] | Ove Schaffalitzky De Muckadell[5] | Dorte Ejg Jarbøl[4]

13 vs 23

Engsbro AL, Neurogastroenterol Motil. 2021;33:e14004

ACG Clinical Guideline: Management of Irritable Bowel Syndrome

Brian E. Lacy, PhD, MD, FACG[1], Mark Pimentel, MD, FACG[2], Darren M. Brenner, MD, FACG[3], William D. Chey, MD, FACG[4]
Laurie A. Keefer, PhD[5], Millie D. Long, MDMPH, FACG (GRADE Methodologist)[6] and Baha Moshiree, MD, MSc, FACG[7]

Lacy BE, et al. Am J Gastroenterol 2021;116:17-44.

British Society of Gastroenterology guidelines on the management of irritable bowel syndrome

Dipesh H Vasant ,[1,2] Peter A Paine,[3] Christopher J Black ,[4]
Lesley A Houghton ,[5,6] Hazel A Everitt,[7] Maura Corsetti,[8] Anurag Agrawal,[9]
Imran Aziz ,[10] Adam D Farmer,[11,12] Maria P Eugenicos,[13] Rona Moss-Morris,[14]
Yan Yiannakou,[15] Alexander C Ford [16]

Vasant DH, et al. Gut. 2021 Jul;70(7):1214-1240

Diagnóstico Positivo

Roma IV en 2022

ORIGINAL RESEARCH

Comparison of the Rome IV criteria with the Rome III criteria for the diagnosis of irritable bowel syndrome in secondary care

Christopher J Black ,[1,2] Orla Craig,[1] David J Gracie ,[1] Alexander C Ford [1,2]

Black CJ, et al. Gut 2021;70:1110-6

Roma IV versus Roma II

	Specificity (95% CI)	Positive likelihood ratio (95% CI)	Positive predictive value (95% CI)
Rome IV criteria for IBS	82.9% (74.8% to 89.2%)	4.82 (3.30 to 7.28)	94.9% (92.3% to 96.9%)
Rome IV criteria for IBS with constipation	97.0% (84.2% to 99.9%)	25.7 (5.07 to 145)	98.9% (93.9% to 99.9%)
Rome IV criteria for IBS with diarrhoea	60.5% (44.4% to 75.0%)	2.07 (1.48 to 3.12)	88.4% (82.0% to 93.1%)
Rome IV criteria for IBS with mixed bowel habits	92.0% (74.0% to 99.0%)	10.6 (3.39 to 38.2)	98.6% (95.2% to 99.8%)
Rome III criteria for IBS	65.0% (54.6% to 74.4%)	2.45 (1.90 to 3.27)	90.4% (86.9% to 93.3%)

Black CJ, et al. Gut 2021;70:1110-6

Enfermedad orgánica en pacientes con SII

	Met Rome IV criteria for IBS (n=395)	Met Rome III criteria for IBS (n=355)
Total with organic disease (%)	19 (4.8)	17 (4.8)
Small bowel Crohn's disease (%)	1 (0.3)	0 (0)
Microscopic colitis (%)	1 (0.3)	1 (0.3)
Bile acid diarrhoea (%)	14 (3.5)	13 (3.7)
Moderate (5.0%–9.9% retention)	9	9
Severe (<5.0% retention)	5	4
Exocrine pancreatic insufficiency (%)	3 (0.8)	3 (0.8)

Estar alerta en diarrea

Black CJ, et al. Gut 2021;70:1110-6

	Positive likelihood ratio (95% CI)
Rome IV criteria for IBS plus abnormal levels of anxiety or depression	3.95 (2.62 to 6.14)
Rome III criteria for IBS plus abnormal levels of anxiety or depression	2.50 (1.79 to 3.60)
Rome IV criteria for IBS plus high levels of extraintestinal symptom reporting	5.64 (2.47 to 13.3)
Rome III criteria for IBS plus high levels of extraintestinal symptom reporting	3.34 (1.65 to 6.97)

Black CJ, et al. Gut 2021;70:1110-6

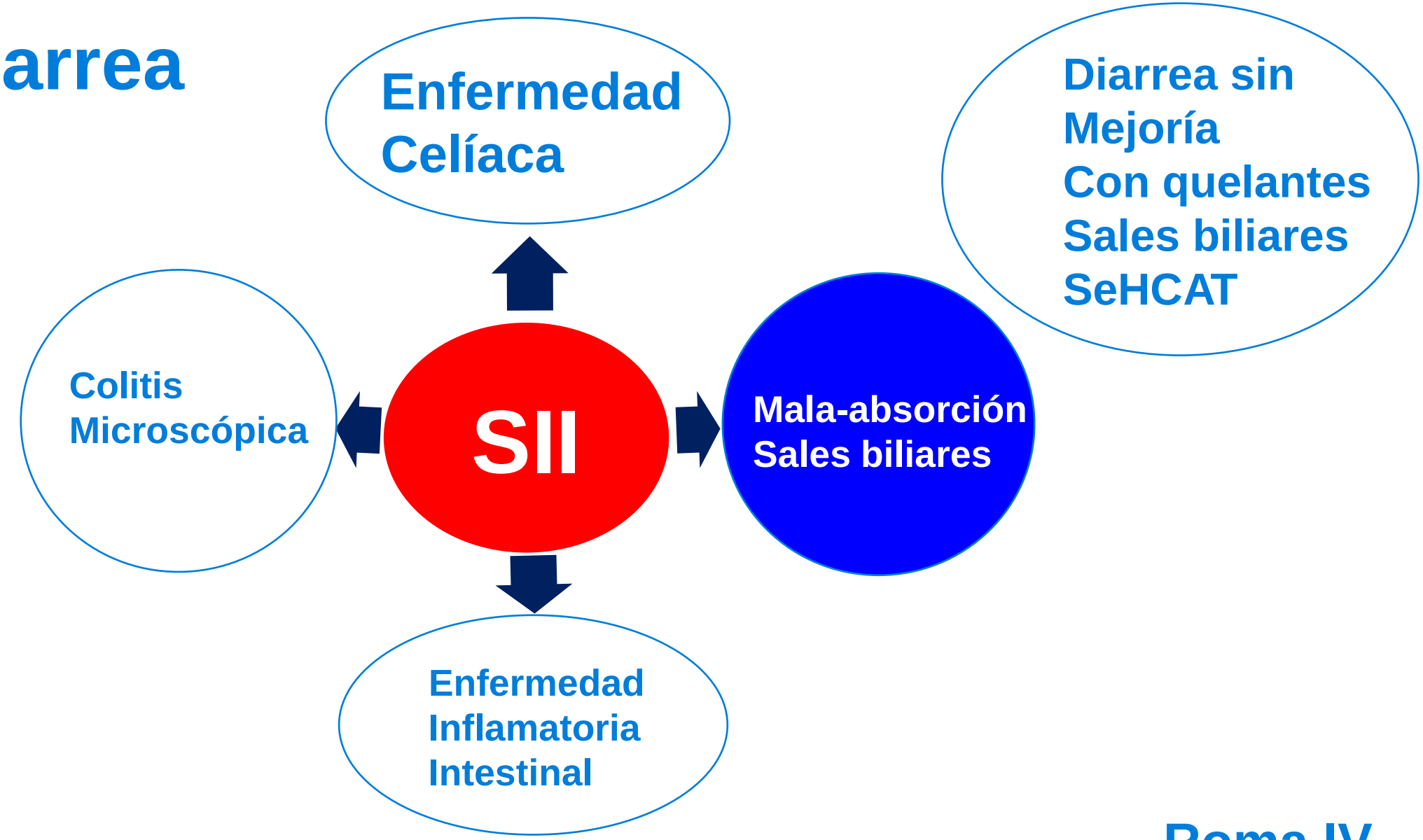
SII, Investigaciones

Investigation	Total number of patients (n=577)	Number with organic disease
Anorectal physiology studies	32 (5.5)	6 (18.8)*
Colonoscopy or CT pneumocolon (%)	102 (17.7)	1 (1.0)
Elastase (%)	18 (3.1)	3 (16.7)
Flexible sigmoidoscopy (%)	24 (4.2)	0 (0)
SeHCAT scan (%)	99 (17.2)	14 (14.1)†

SII -Diarrea

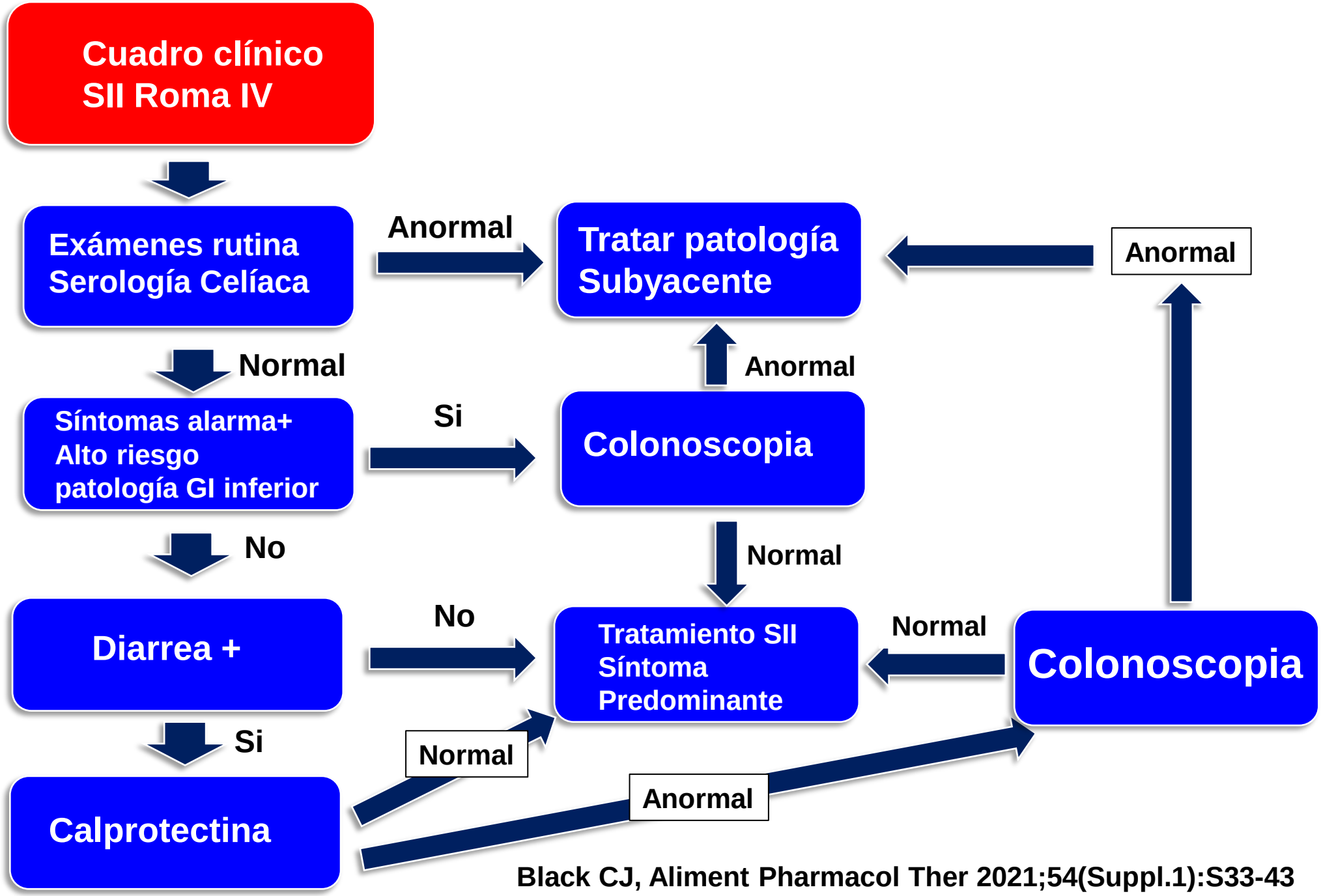
Roma IV

SII -Diarrea



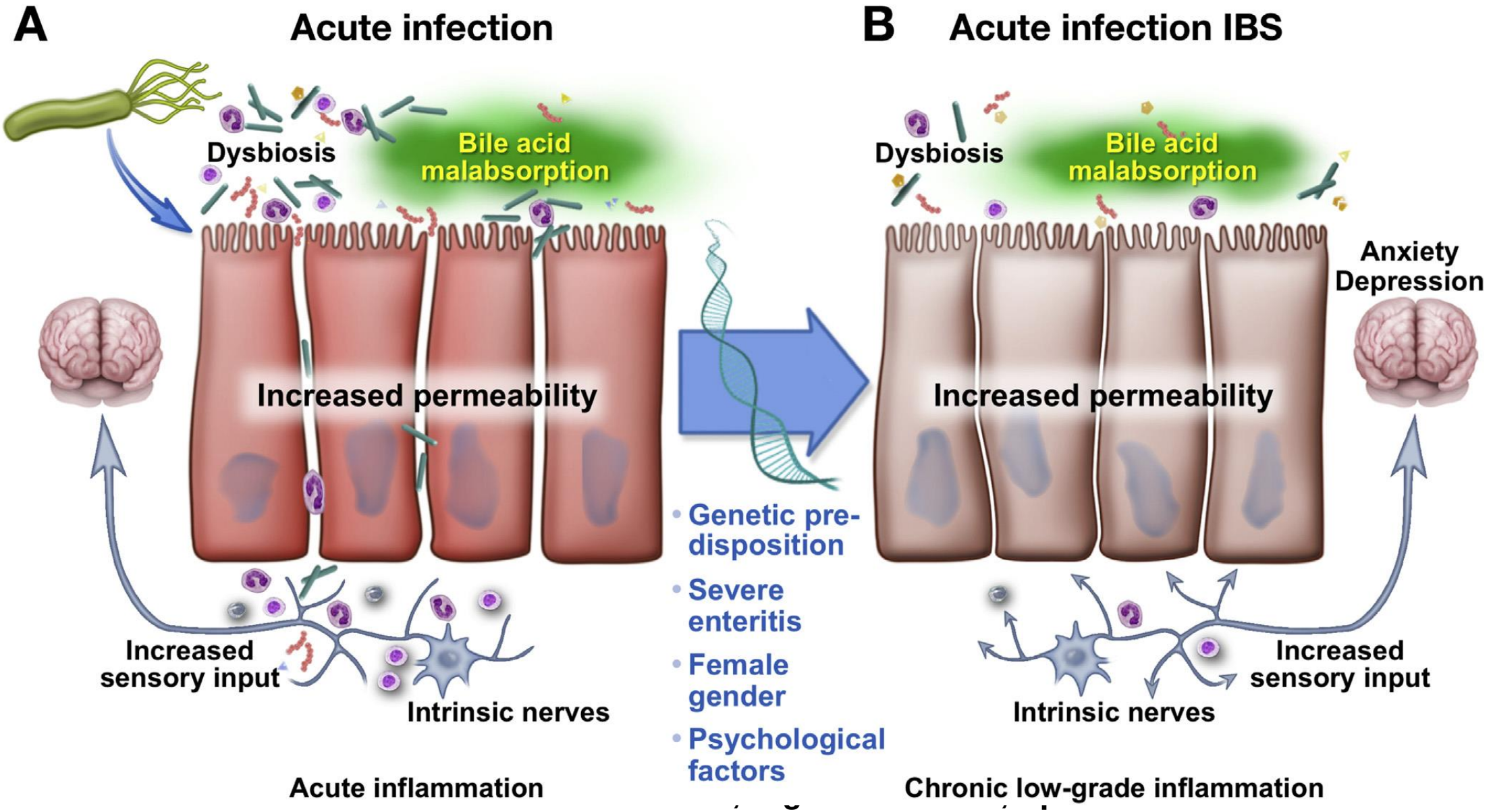
Roma IV

Sospecha De SII

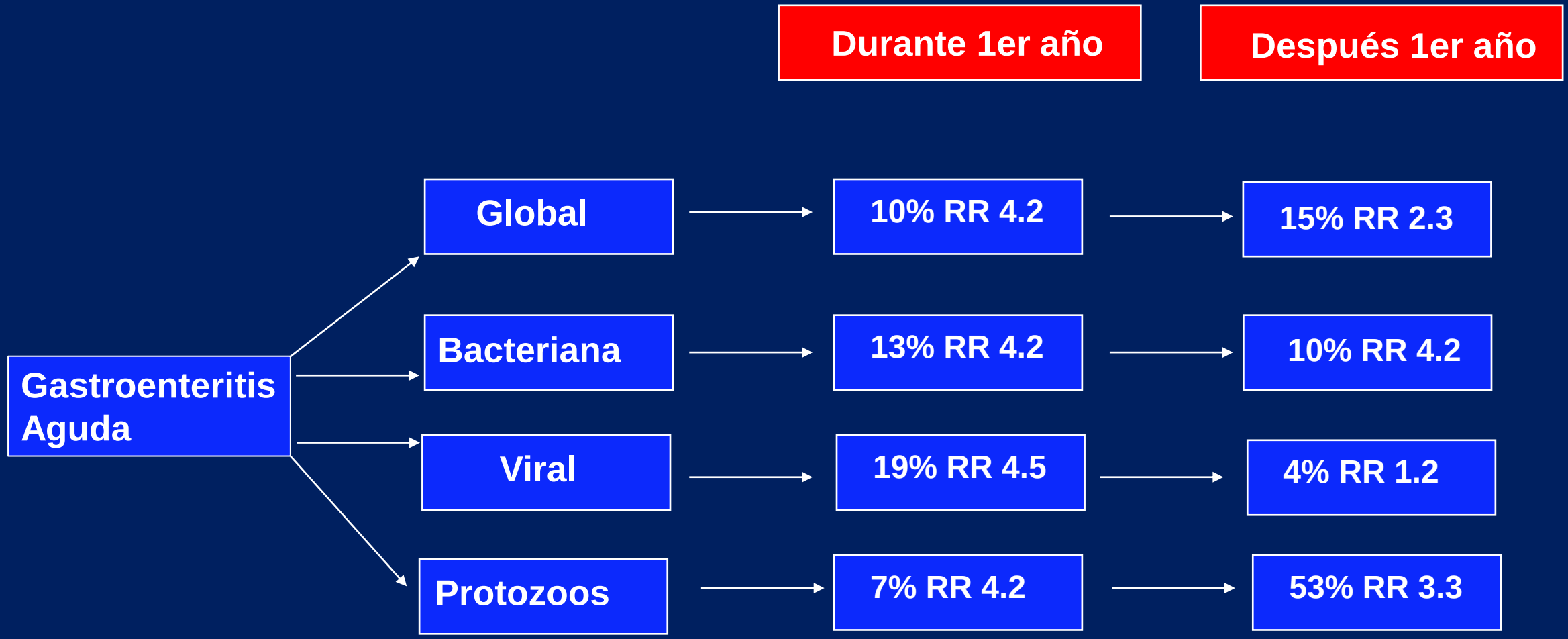


Black CJ, Aliment Pharmacol Ther 2021;54(Suppl.1):S33-43

Pos infeccioso: la mejor evidencia de organicidad



SII pos infeccioso

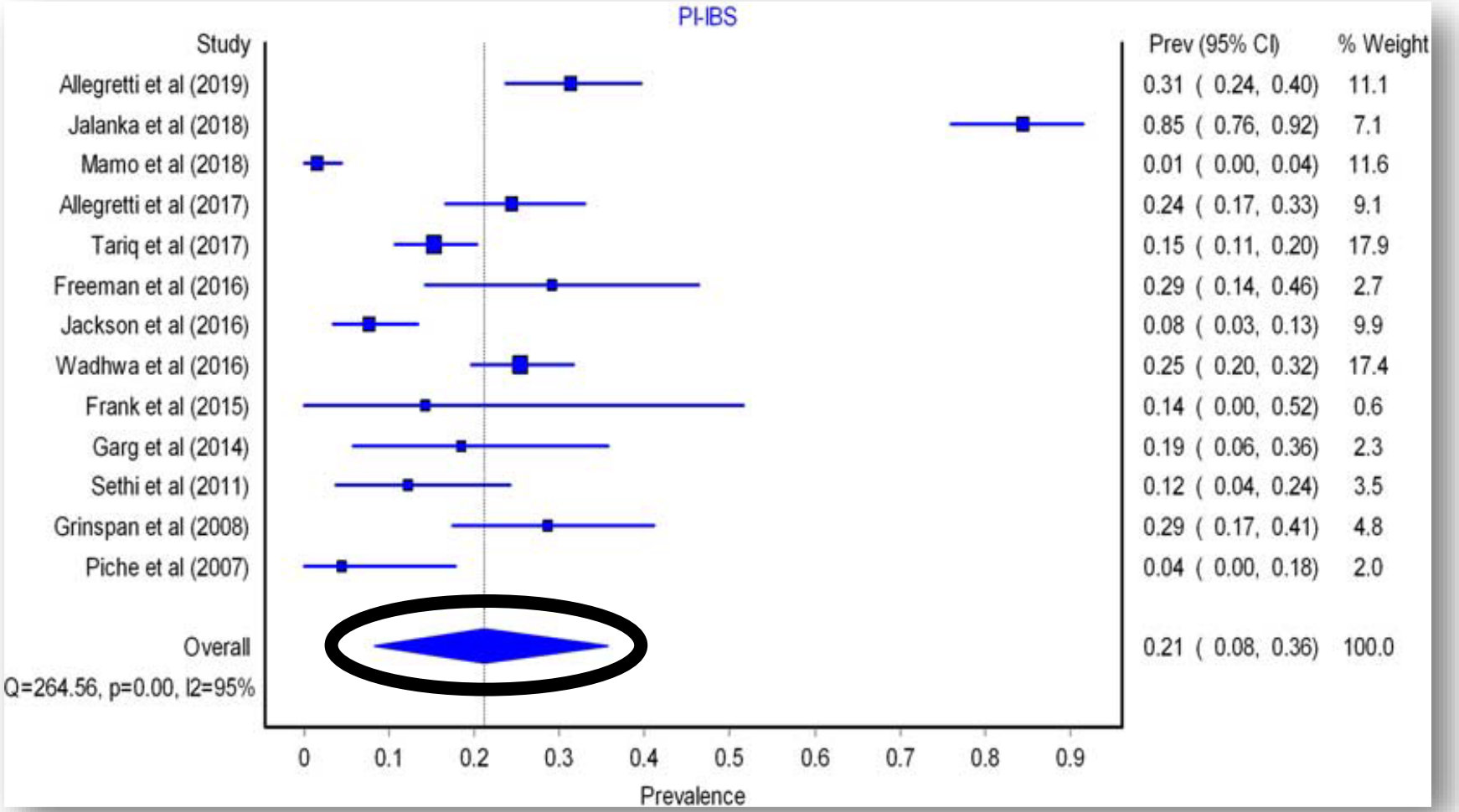


Otero L, Marulanda H (E). Temas Escogidos de Gastroenterologia 2022:209-53

Postinfection Irritable Bowel Syndrome Following *Clostridioides difficile* Infection

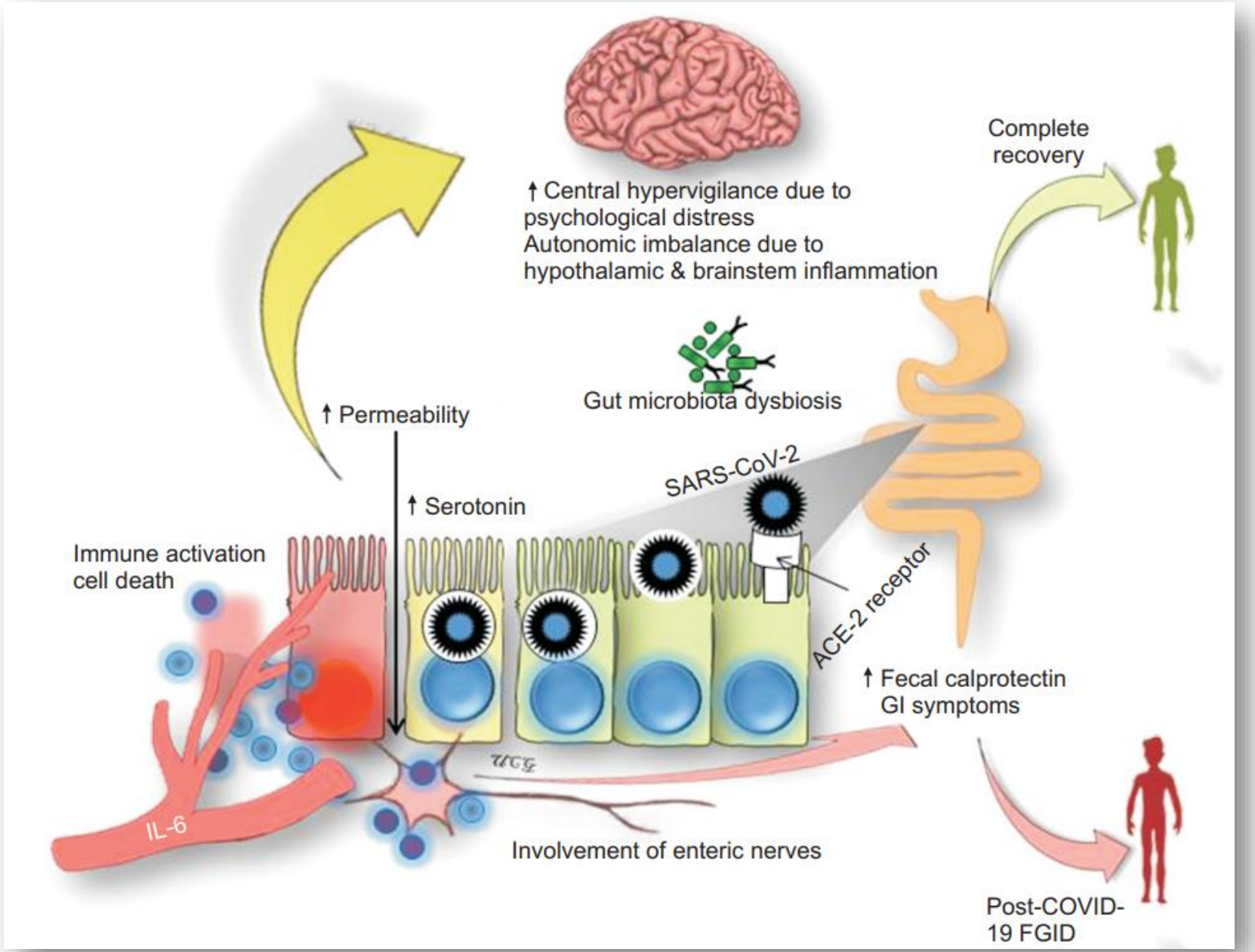
A Systematic-review and Meta-analysis

Srishti Saha, MBBS, MD, Kanika Sehgal, MBBS,**
*Sumitabh Singh, MBBS, MD,† Madhusudan Grover, MBBS,**
Darrell Pardi, MD, MS, and Sahil Khanna, MBBS, MS**



Saha S, J Clin Gastroenterol 2022;56:e84-e93

SII
Pos COVID-19



Ghoshal UC.Gut Liver. 2021 Online Nov 18.

SII

Tratamiento

Medicamentos

Múltiples alteraciones orgánicas
Autoinmunidad, eje intestino cerebro

SII Médico Correcto

SII: no es una Enfermedad sicológica

SII: ES una Enfermedad real

Profundo Impacto Calidad vida

No predispone Cáncer colon, Colitis ulcerativa E. De Crohn

Ruddy J, Aliment Pharmacol Ther. 2021;54(Suppl. 1):S44–S52.

¿Dieta?

CLINICAL PRACTICE UPDATE

AGA Clinical Practice Update on the Role of Diet in Irritable Bowel Syndrome: Expert Review

William D. Chey,[1] Jana G. Hashash,[2,3] Laura Manning,[4] and Lin Chang[5]

Gluten

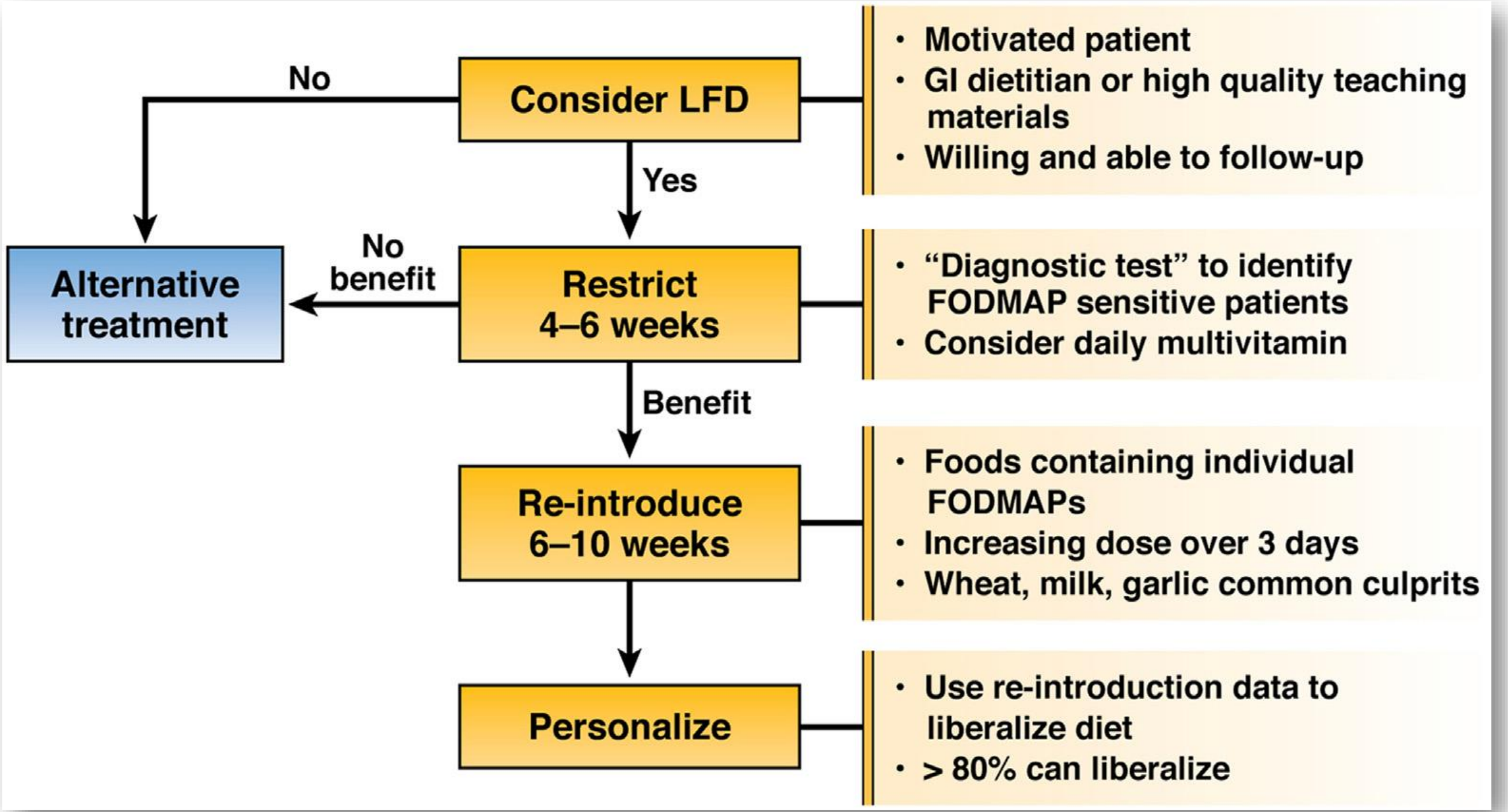
Best Practice Advice 8: Although observational studies found that most patients with IBS improve with a gluten-free diet, randomized controlled trials have yielded mixed results.

Dieta baja en FODMAP

Best Practice Advice 6: The LFD is currently the most evidence-based diet intervention for IBS. Healthy eating advice as described by the National Institute of Health and Care Excellence Guidelines, among others, also offers benefit to a subset of patients with IBS.

Best Practice Advice 7: The LFD consists of 3 phases: 1) restriction (lasting no more than 4–6 weeks), 2) reintroduction of FODMAP foods, and 3) personalization based on results from reintroduction.

Chey W, Gastroenterology 2022;162:1737–1745



Chey W, Gastroenterology 2022;162:1737–1745

Dieta <<< FODMAP
Inconvenientes

Difícil de seguir
Qué componentes de la dieta?
Restrictiva
Modifica microbiota
Modifica el metaboloma
Acidos grasos de cadena corta
Cambios no saludables en la microbiota
Prevotella, *Clostridium* XIVA,
<<<<Bifidobacterium

Holvoet T, Gut 2017;66: 980-982
Mcintosh K, Gut 2016; on line Nov
Camilleri M Gut 2017, On line Sept 28

Dieta

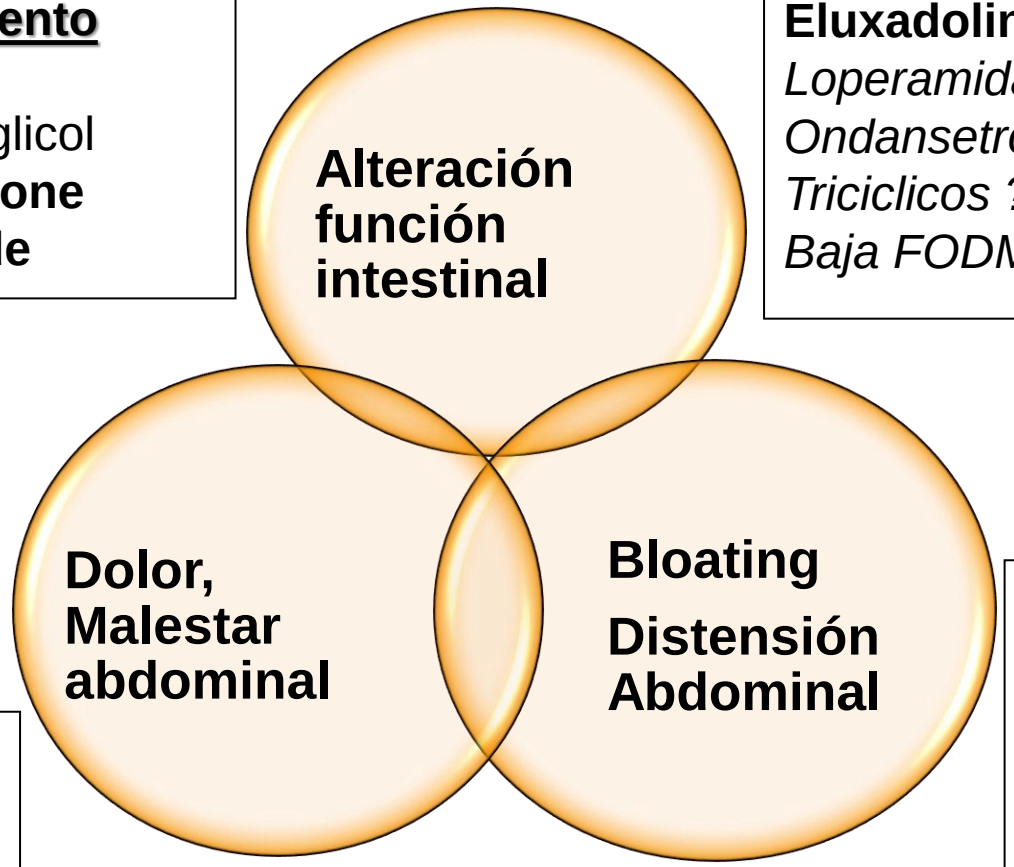
Suspender lo que haga daño

Subtipos SII y Tratamiento

No es
Un remedio
para el colon!

Estreñimiento
Psyllium ?
Polietilen glicol
Lubiprostone
Linaclotide

Diarrea
Rifaximina
Eluxadoline
Loperamida ?
Ondansetron ?
Triciclicos ?
Baja FODMAP??



Bromuro Pinaverio
Bromuro Otilonium
Rifaximina
Menta oleosa ?
Triciclicos ?
ISRS ?

Rifaximina
Br Pinaverio
Br Otilonium
Dieta baja en FODMAP??
Probioticos ??

Otero W. PLM Perú 2020

1ª línea

Antiespasmódicos

Relajan músculo liso intestinal

Black CJ, et al. Lancet Gastroenterol Hepatol 2020; 5:117-31.
Ford AC, et al. BMJ 2008;337:a2313

Anti-Espasmódicos

Bromuro Pinaverio

Bromuro Otilonium

Menta oleosa

Masuy I, Minerva Gastroenterol Dietl 2020;66:136-50

Dolor

Trimebutina = Placebo

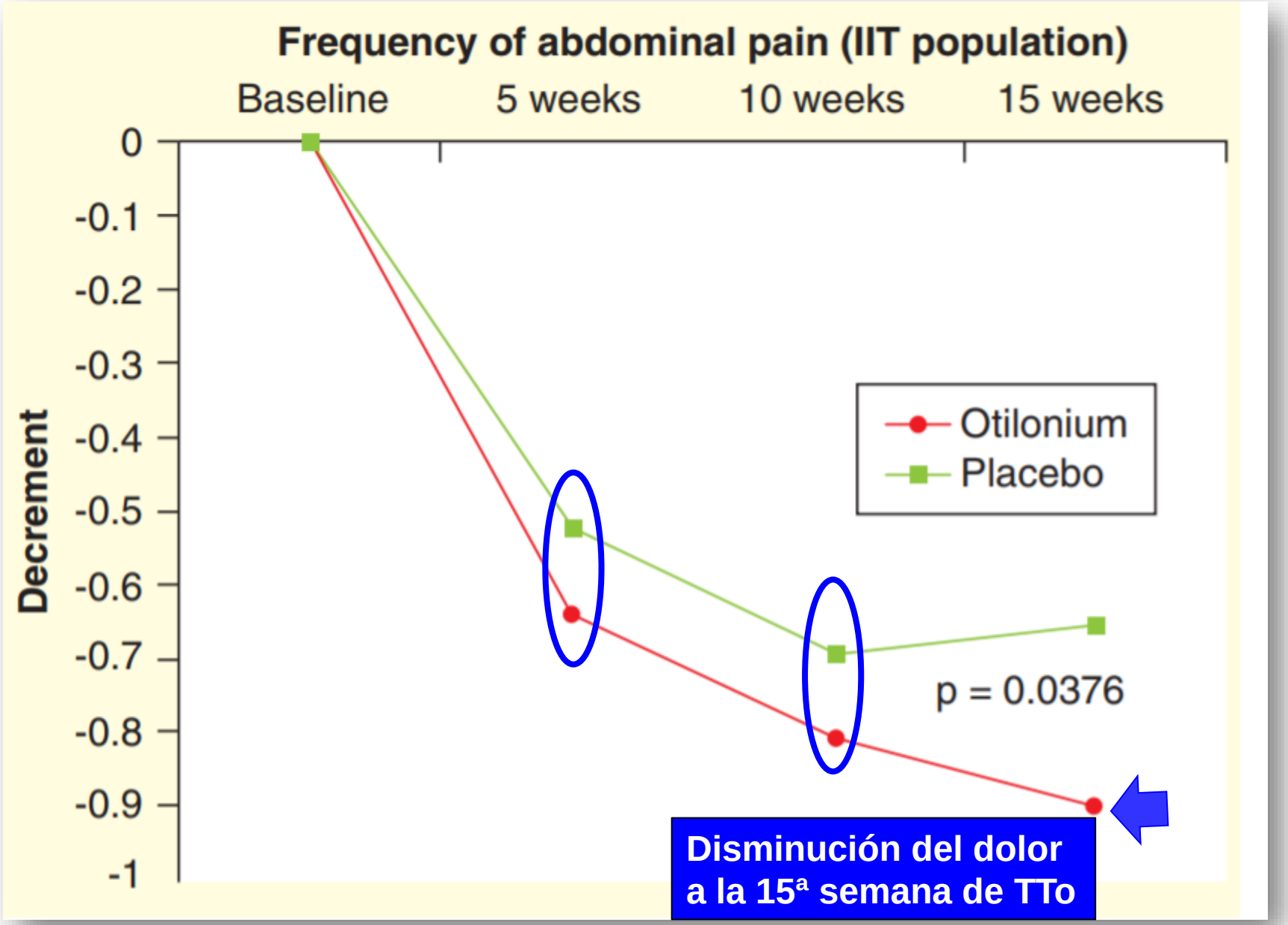
Mebeverina = Placebo

Poynard T, Aliment Pharmacol Ther 2001;15:355-61

Antibiótico

Rifaximina

Bromuro De Otilonium

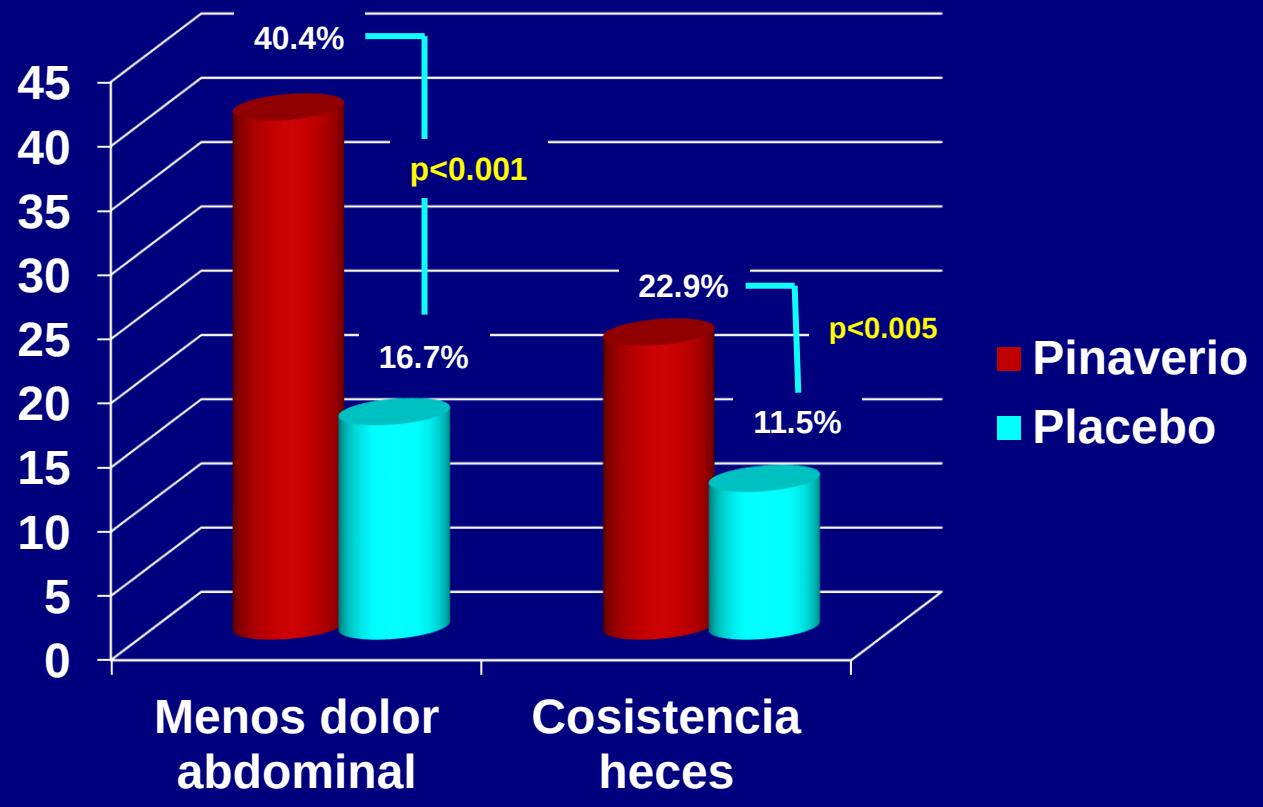


Clavé P, Aliment Pharmacol Ther 2011; 34: 432–442

Pinaverium Reduces Symptoms of Irritable Bowel Syndrome in a Multicenter, Randomized, Controlled Trial

Liang Zheng,* Yaoliang Lai,‡ Weimin Lu,§ Baiwen Li,‖ Heng Fan,¶ Zhixiang Yan,#

Dos semanas

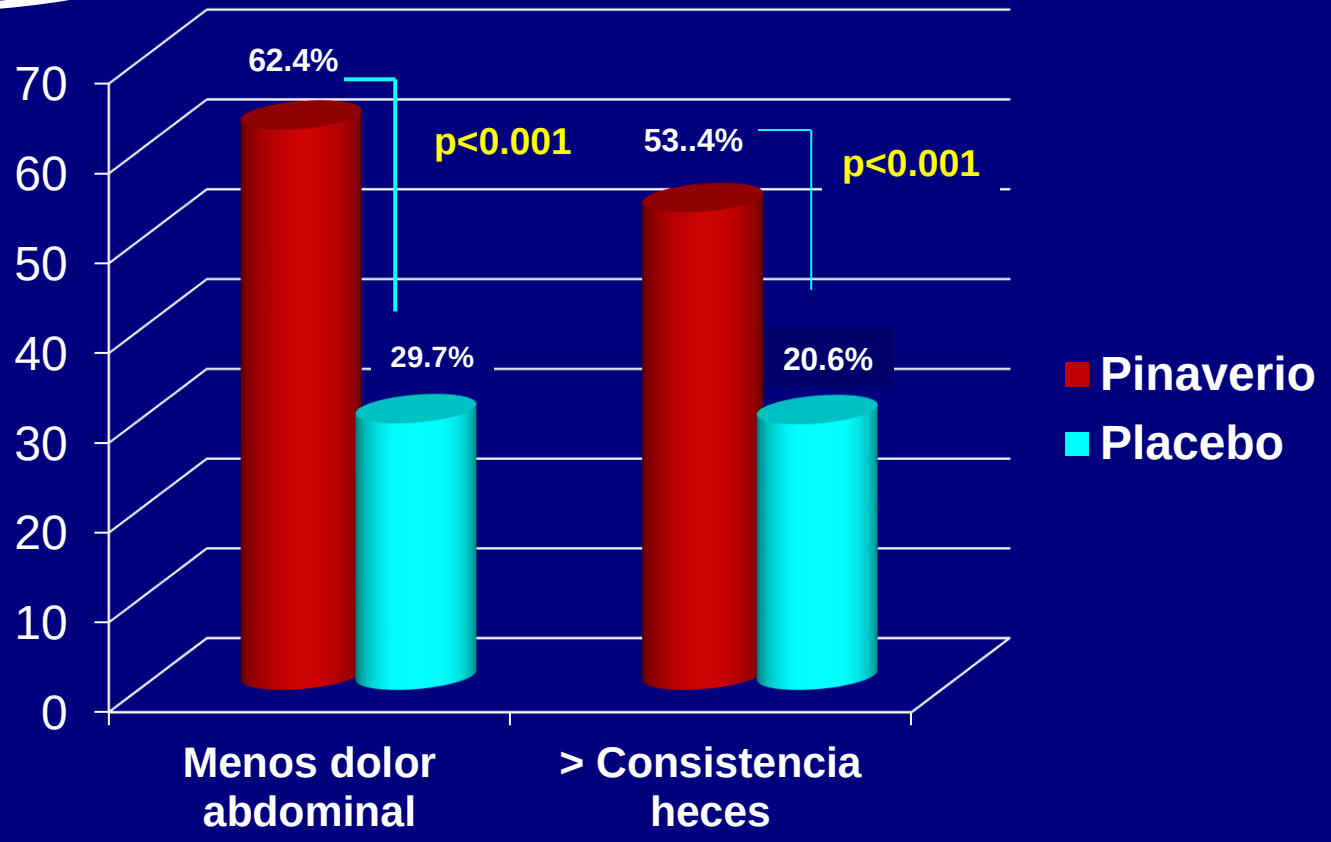


Clin Gastroenterol Hepatol 2015;13:1285–1292

Pinaverium Reduces Symptoms of Irritable Bowel Syndrome in a Multicenter, Randomized, Controlled Trial

Liang Zheng,* Yaoliang Lai,‡ Weimin Lu,§ Baiwen Li,‖ Heng Fan,¶ Zhixiang Yan,#

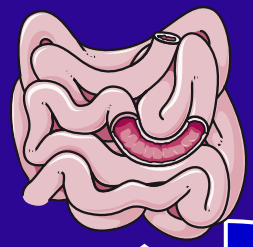
4 semanas



Clin Gastroenterol Hepatol 2015;13:1285–1292

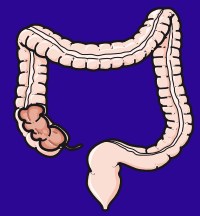
1ª línea SII

Rifaximina



Antibiótico acción tópica.

550 mg cada 8 horas/14 días



Microbioma

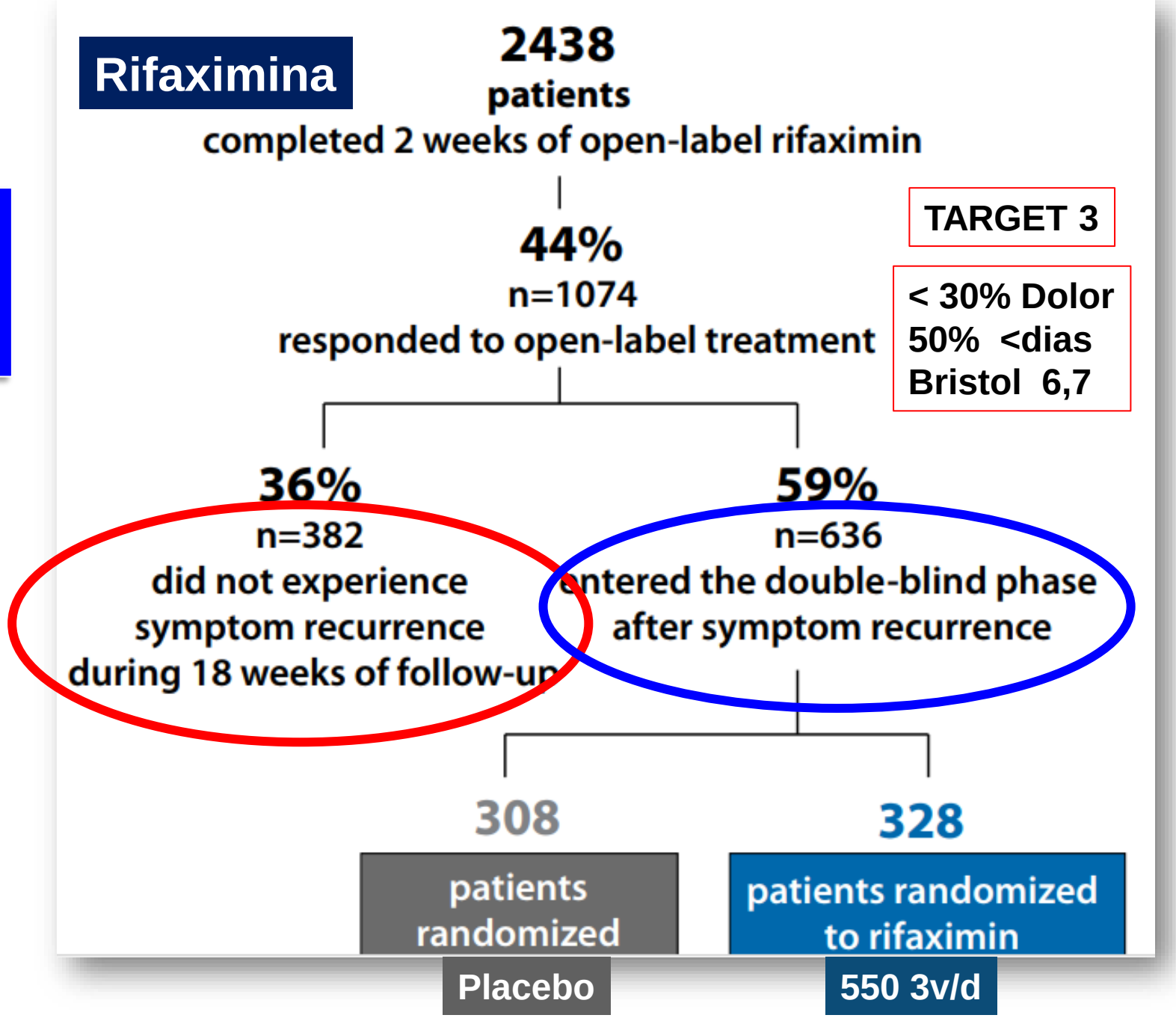
SIBO

"Bloating" | *Diarrea* | *Dolor*

Seguro
Superior
a placebo

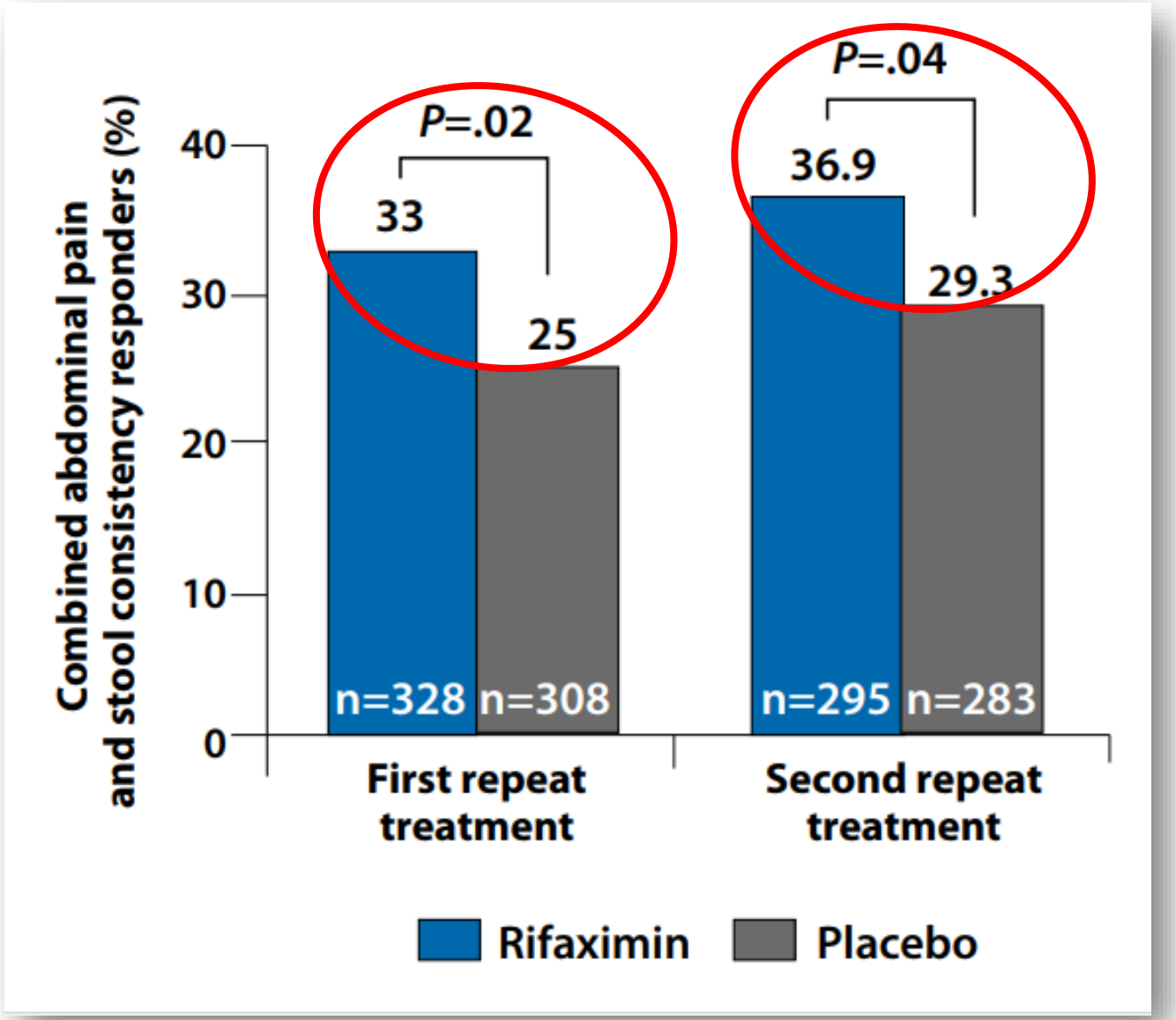
Ford AC, et al, Am J Gastroenterol 2018;113:1-18.
Black CJ, et al, Gut 2019;0:1–9
Black CJ, Ford AC, Frontline Gastroenterology 2020;0:1–13.
Pimentel M, et al, N Engl J Med 2011;364:22-32.

Rifaximina Retratamiento En recaídas



Salix, Pharmaceuticals NJ 2015,, Lembo AJ, ACG Abstract 45

Rifaximina -SII



Lembo AJ, TARGET-3 study.
American College of Gastroenterology; October 17-22; Philadelphia, PA. Abstract 45.

TABLE 3. NNT and NNH Across IBS-D Trials[32,46]

Treatment	Study duration	NNT	NNH[a]	NNT:NNH ratio
Alosetron	48 weeks	9	8	1.125
Eluxadoline	26 weeks	8.7	23.3	0.373
Rifaximin	10 weeks	10.6	8971	0.001

IBS-D indicates irritable bowel syndrome with prominent diarrhea; NNH, number needed to harm; NNT, number of patients needed to be treated.
[a]NNH for alosetron is the reciprocal of the treatment difference between alosetron and placebo for any adverse effects; NNH for eluxadoline includes patients who experienced an adverse event(s) that prompted discontinuation.

Chey WD, et al. *Am J Gastroenterol*. 2004;99(11):2195-2203.
Lucak S, et al. Ther Adv Gastroenterol. 2017;10(2):253-275.

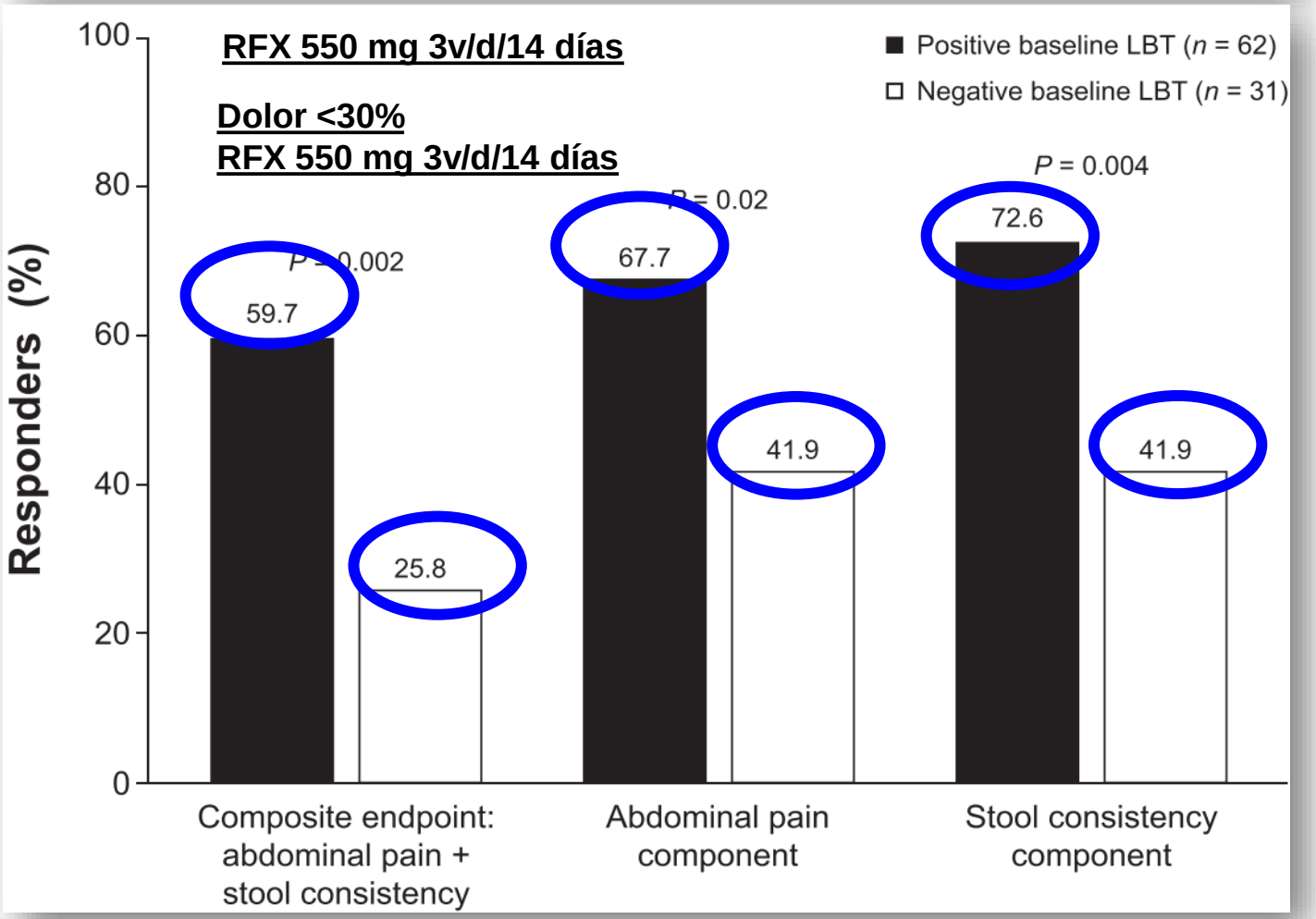
Rifaximinia
Prediciendo la respuesta

Lactulose Breath Testing as a Predictor of Response to Rifaximin in Patients With Irritable Bowel Syndrome With Diarrhea

Ali Rezaie, MD, FRCP(C), MEpi[1], Zeev Heimanson, PharmD[2], Richard McCallum, MD[3] and Mark Pimentel, MD, FRCP(C)[4]

RFX 550 mg 3v/d/14 días

Dolor <30%
RFX 550 mg 3v/d/14 días



Am J Gastroenterol 2019;114:1886–1893

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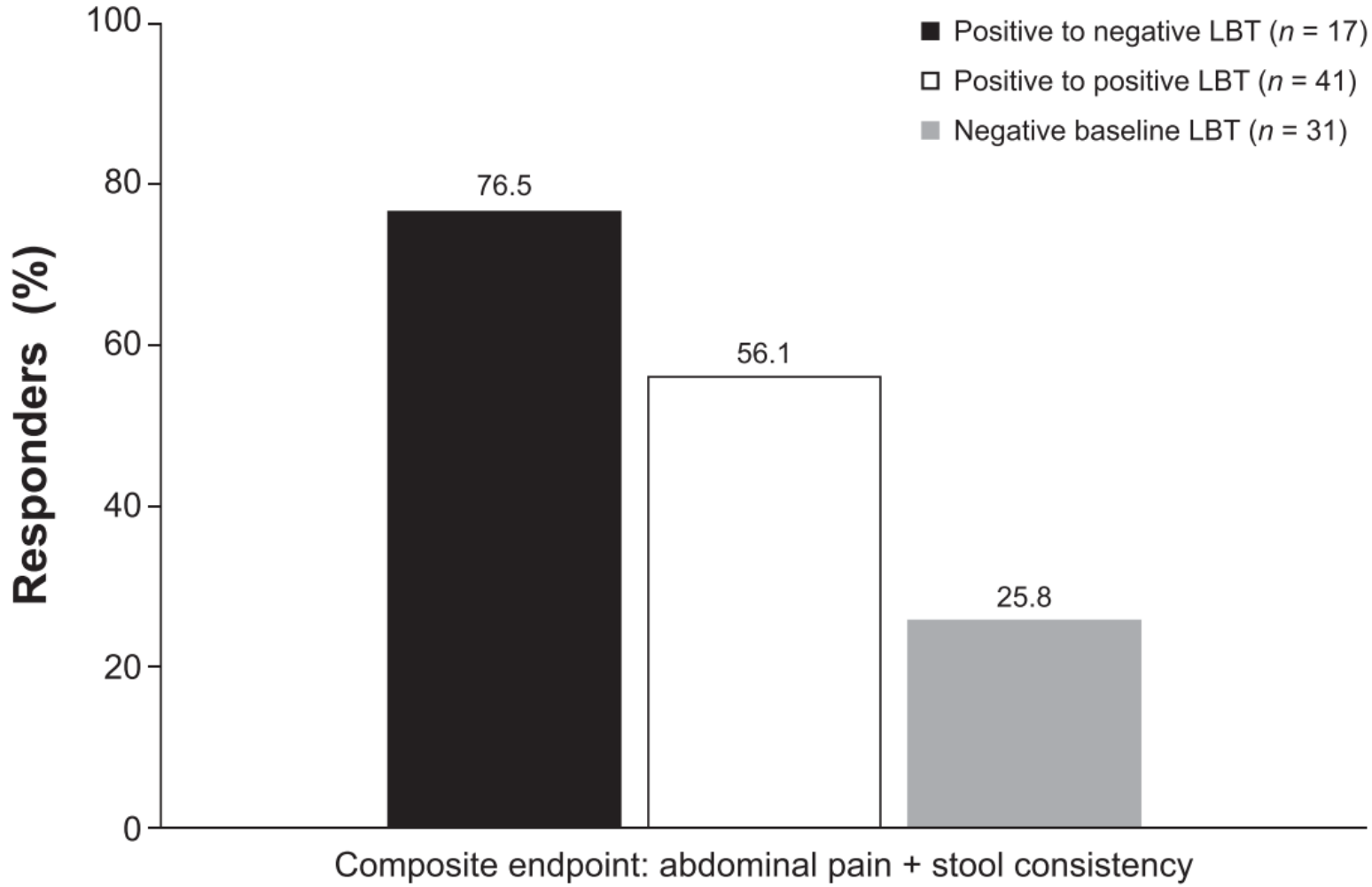

Am J Gastroenterol 2019;114:1886–1893

Table 1. Comparison of the original study results

	Clinical response to rifaximin	No clinical response to rifaximin	Total
LBT positive	37	25	62
LBT negative	8	23	31
Total	45	48	93

Pearson χ^2 : *P*-value = 0.002.
LBT, lactulose breath test.

Table 2. Consequences of changes to the definition of a positive lactulose breath test

	Clinical response to rifaximin	No clinical response to rifaximin	Total
LBT positive	28	25	*53*
LBT negative	17[a]	23	*40*
Total	*45*	*48*	***93***

Pearson χ^2: *P* value = 0.324.
LBT, lactulose breath test.
[a]Revised figure includes 9 participants (3 nonmethane fixed-hydrogen producers; 6 elevated baseline hydrogen) reclassified as having a negative LBT. Analysis assumes that they are also clinical responders.

Black CJ, Ford AC Am J Gastroenterol 2020;00:1–2. https://doi.org/ 10.14309/ajg.0000000000000569

Short-course Rifaximin therapy efficacy and lactulose hydrogen breath test in Chinese patients with diarrhea-predominant irritable bowel syndrome

Xiaojun Zhuang[†], Zhenyi Tian[†], Mei Luo and Lishou Xiong[*]

Conclusion: A short course (2 weeks) of rifaximin improved GI symptoms and QOL in Chinese IBS-D patients whether they had SIBO or not. However, the efficacy of rifaximin could not be explained by the successful eradication of SIBO. Further studies on the therapeutic mechanisms of rifaximin in IBS are urgently needed.

Zhuang et al. BMC Gastroenterology 2020;20:187

Rifaximina

Excelentes oportunidades terapéuticas

Actúa tópicamente
Reduce virulencia ciertas bacteria
Reduce unión bacteria-mucosa
Eubiótico
>>> *Lactobacilo*
>>> *Bifidobacterium*
>>> *Faecalobacterium prausnitzii*

Chey WD, Therap Adv Gastroenterol 2020;13:1756284819897531
Ponziani FR, Dig Dis 2016;34:269-78
Ponziani FT, *World J Gastroenterol* 2017; 23: 4491-4499

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AGA

RIFAXIMIN IS EFFICACIOUS FOR THE TREATMENT OF IRRITABLE BOWEL SYNDROME WITH DIARRHEA (IBS-D) IN ADULTS PREVIOUSLY TREATED WITH OTHER IBS MEDICATIONS

View PDF (497 Kb)

Stomach and Small Bowel Disorders
Irritable Bowel Syndrome: Clinical
Presented on Monday, May 4, 2020 12:30 PM

Author(s): Satish S. Rao[1], Philip S. Schoenf...

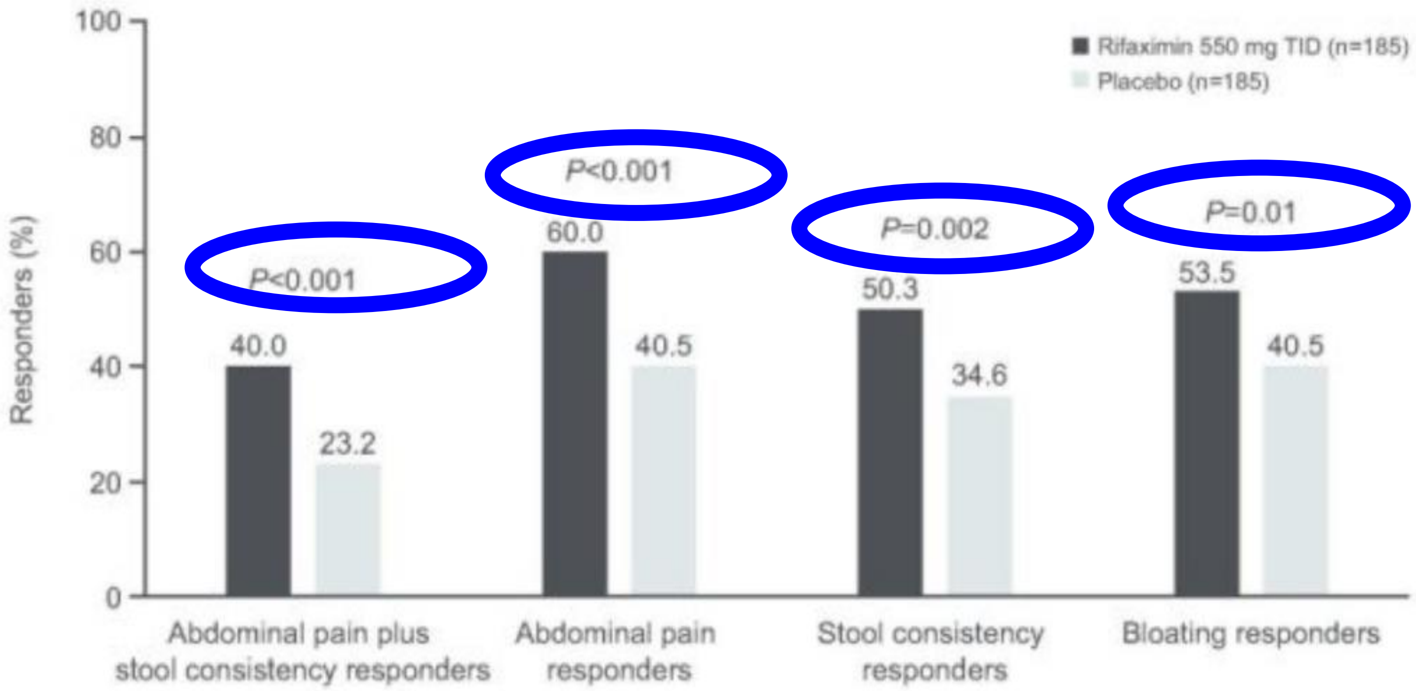
[1] Augusta University, Augusta, Georgia, United
Medical Center, Los Angeles, California, Unitec
Center, Detroit, Michigan, United States

Background: Antidiarrheals and antispasmodi
Rifaximin is indicated in the US for the treatmer
endpoint of abdominal pain and stool consisten
limited. This study assessed efficacy of two 2-w
Methods: In a phase 3, randomized, double-bl
of open-label (OL) rifaximin 550 mg three times
[≥30% decrease from baseline in mean weekly
with Bristol Stool Scale type 6/7 stool] during ≥
treatment-free observation phase were random
Composite response, individual component res
in weekly mean score during ≥2 of the first 4 we
patients with a medical history of IBS medicatio
stool consistency) or the Cochran-Mantel-Haen
treatment differences.
Results: In the OL population (n=2579), the m
bismuth subsalicylate (8.1%), and hyoscyamine
were included in the OL efficacy analysis. In the
responders for abdominal pain plus stool consi
62.2%, and 60.3% respectively. In the DB, repe
placebo, n=185 [71.4% female; mean, 5.1 y sin
significantly greater with rifaximin vs placebo fo
(**Figure**).
Conclusions: Two-week courses of rifaximin w
prior IBS medication use. Thus, rifaximin can b

SII sin respuesta a Otros tratamientos

SII que no Responde a Nada Responde a Rifaximina

Figure. Response in Patients With History of Prior IBS Medication Use (Double-Blind, Repeat-Treatment Phase of TARGET 3)



IBS = irritable bowel syndrome; TARGET = Targeted, nonsystemic Antibiotic Rifaximin Gut-selective Evaluation of Treatment for IBS with diarrhea; TID = 3 times daily.

SII Estreñimiento

CLINICAL GUIDELINES

ACG Clinical Guideline: Management of Irritable Bowel Syndrome

Brian E. Lacy, PhD, MD, FACG[1], Mark Pimentel, MD, FACG[2], Darren M. Brenner, MD, FACG[3], William D. Chey, MD, FACG[4], Laurie A. Keefer, PhD[5], Millie D. Long, MDMPH, FACG (GRADE Methodologist)[6] and Baha Moshiree, MD, MSc, FACG[7]

SII
Anti espasmodicos
Rifaximina

We recommend the use of chloride channel activators to treat global IBS-C symptoms.

Strong recommendation; moderate quality of evidence.

Prucalopride
8mcg 2v/d
Plecanatide 3mg

We recommend the use of guanylate cyclase activators to treat global IBS-C symptoms.

Strong recommendation; high quality of evidence.

Linaclotide 290 mcg
Plecanatide 3mg

We suggest that the 5-HT_4 agonist tegaserod be used to treat IBS-C symptoms in women younger than 65 years with ≤1 cardiovascular risk factors who have not adequately responded to secretagogues.

Conditional recommendation; low quality of evidence.

Tegaserod
6 mg 2v/día

We suggest against the use of PEG products to relieve global IBS symptoms in those with IBS-C.

Conditional recommendation; low quality of evidence

Insuficiente Evidencia

PEG Nosotros Si

Lacy BE, Am J Gastroenterol 2021;116:17–44.

GUIDELINES

AGA Clinical Practice Guideline on the Pharmacological Management of Irritable Bowel Syndrome With Constipation

Lin Chang,[1,*] **Shahnaz Sultan**,[2,3,*] Anthony Lembo,[4] G. Nicholas Verne,[5] Walter Smalley,[6] and Joel J. Heidelbaugh[7]

6. Should Polyethylene Glycol Laxatives Be Used in Patients With Irritable Bowel Syndrome With Constipation?

The AGA suggests using PEG laxatives in patients with IBS-C.
(Conditional recommendation, low certainty in the evidence of effects)

Chang L, Gastroenterology 2022;163:118–136

CLINICAL GUIDELINES

ACG Clinical Guideline: Management of Irritable Bowel Syndrome

Brian E. Lacy, PhD, MD, FACG[1], Mark Pimentel, MD, FACG[2], Darren M. Brenner, MD, FACG[3], William D. Chey, MD, FACG[4], Laurie A. Keefer, PhD[5], Millie D. Long, MDMPH, FACG (GRADE Methodologist)[6] and Baha Moshiree, MD, MSc, FACG[7]

Recommendation

We suggest that anorectal physiology testing be performed in patients with IBS and symptoms suggestive of a pelvic floor disorder and/or refractory constipation not responsive to standard medical therapy.

Consensus recommendation; unable to assess using GRADE methodology

Lacy BE, Am J Gastroenterol 2021;116:17–44.

Estreñimiento-Síntoma

Estreñimiento Funcional

Disminución tránsito colónico
< Contracciones alta amplitud
Tránsito lento
Disinergia piso pélvico

Microbiota Metanogénica
Defecación Disinérgica
Responden similar

SII Estreñimiento

Hipersensibilidad visceral
Alodinia, hiperalgesia
> Permeabilidad
SIBO
Disinergia piso pélvico

Whitehead WE, Neurogastroenterol Motil 2016;28:783-92
Takakura W, Pimentel M. Front Psych 2020;11:Art 664

THE RED SECTION

Myths and Misconceptions About Constipation: A New View for the 2020s

Kyle Staller, MD, MPH[1] and Brooks D. Cash, MD[2]

Mito #2:
El estreñimiento crónico funcional es diferente a SII-Estreñimiento

Staller K , Am J Gastroenterol 2020;115:1741–1745.

SII con Estreñimiento ?

Estreñimiento Funcional ?

Tranquilo:
Mientras la ciencia lo descubre

Los remedios son similares

El dolor requiere otros medicamentos

DDW2020 Digestive Disease Week®

Mo1329 — 2020

AGA

RIFAXIMIN IS EFFICACIOUS FOR THE TREATMENT OF IRRITABLE BOWEL SYNDROME WITH DIARRHEA (IBS-D) IN ADULTS PREVIOUSLY TREATED WITH OTHER IBS MEDICATIONS

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SII sin respuesta a Otros tratamientos

SII que no Responde a Nada Responde a Rifaximina

Author(s): Satish S. Rao[1], Philip S. Schoenf

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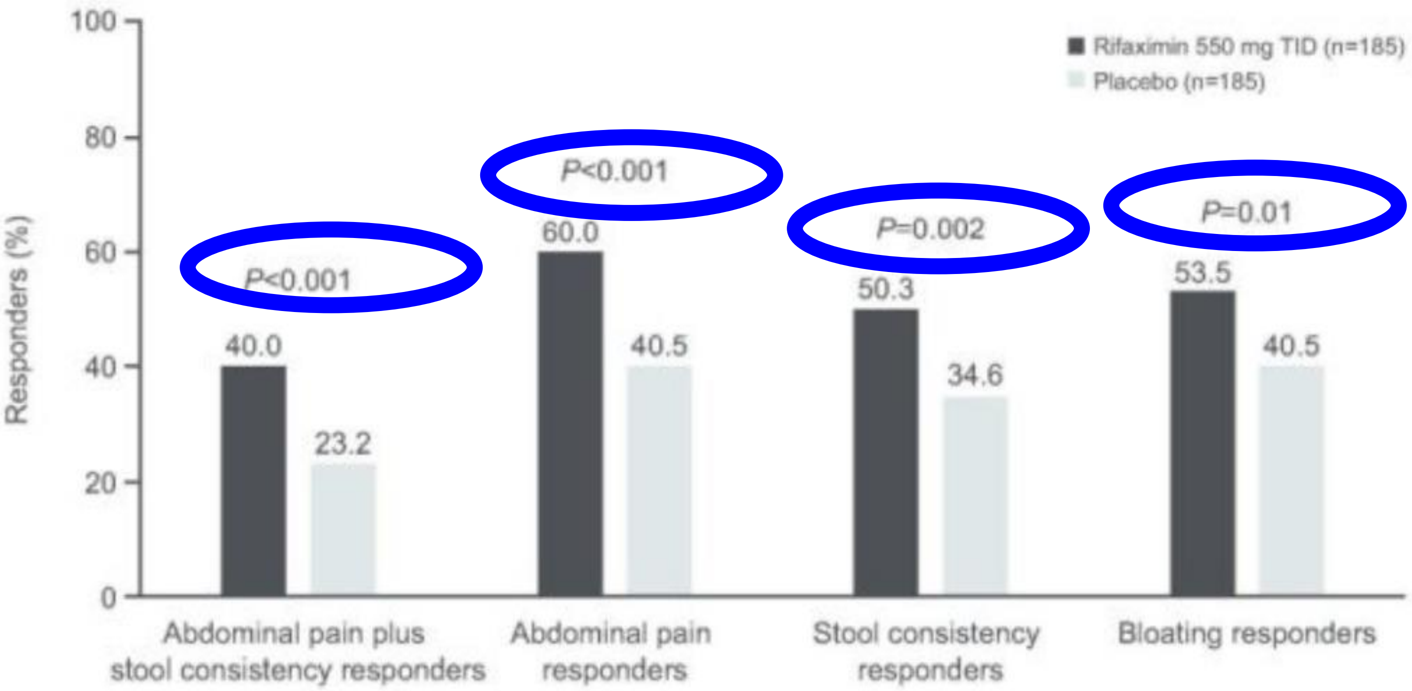
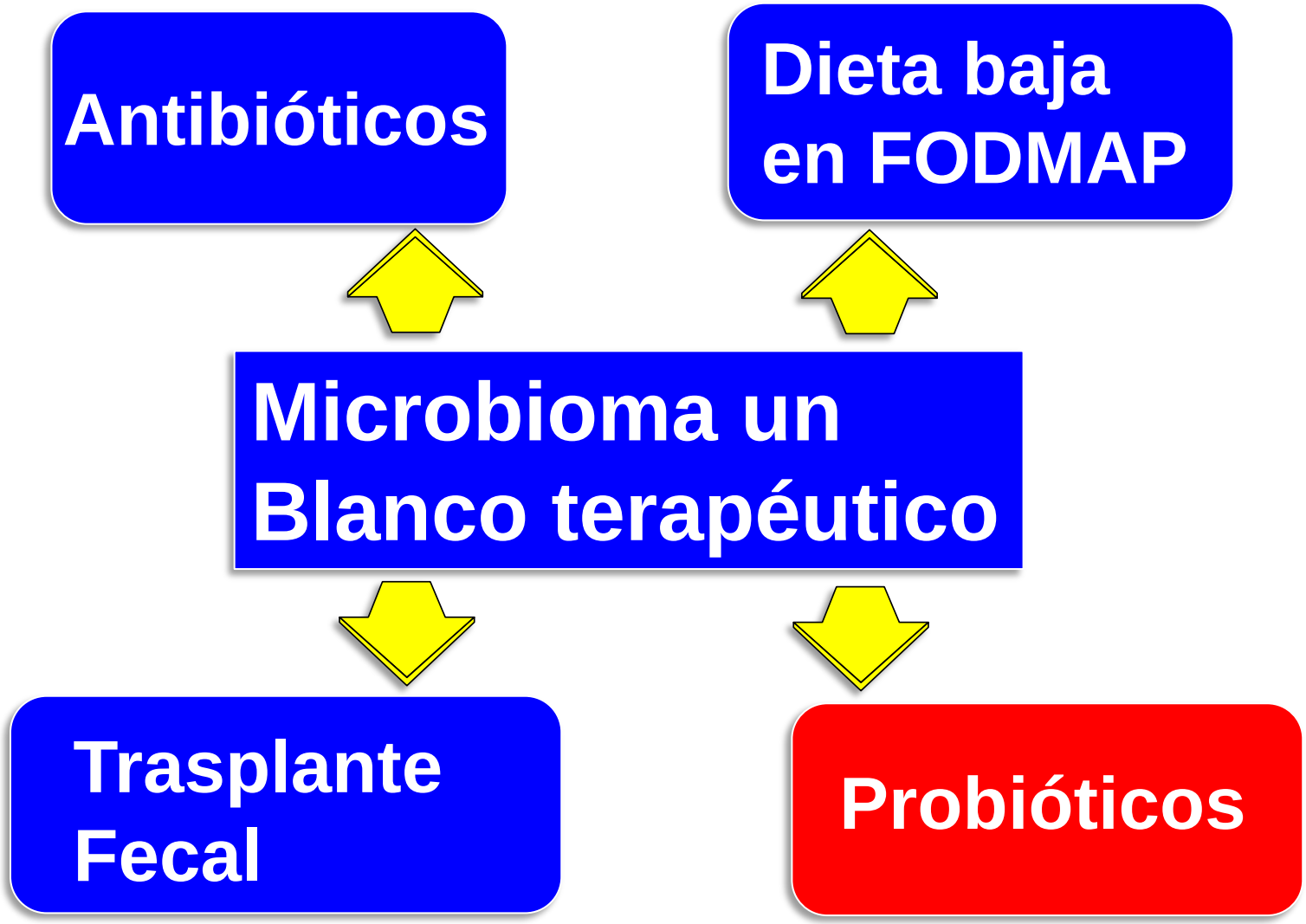
significantly greater with rifaximin vs placebo fo
(**Figure**).
Conclusions: Two-week courses of rifaximin w
prior IBS medication use. Thus, rifaximin can b

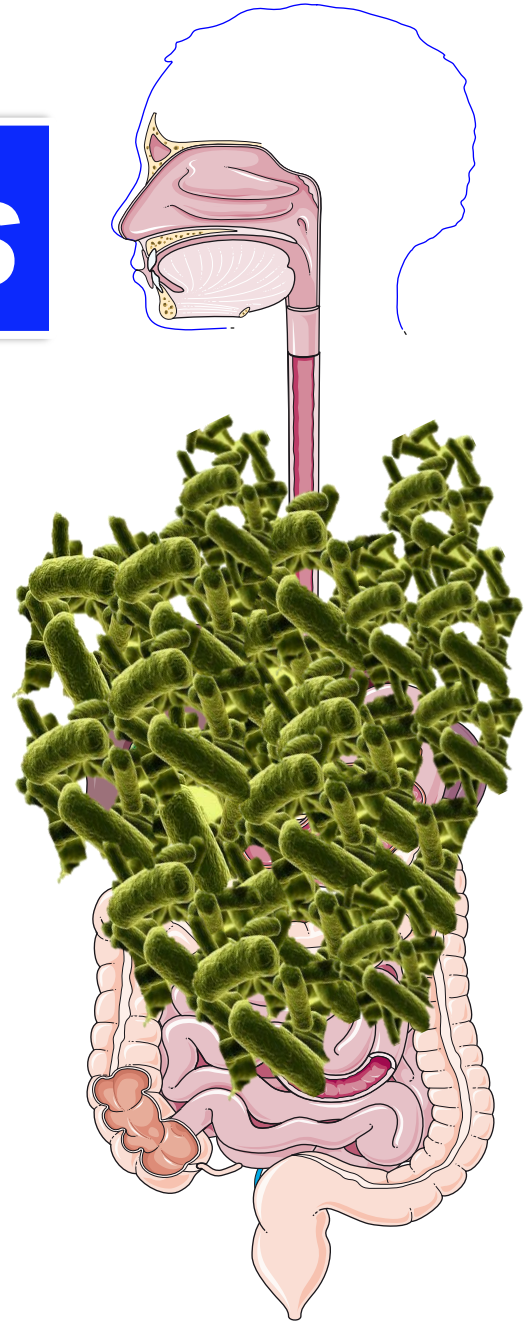
Figure. Response in Patients With History of Prior IBS Medication Use (Double-Blind, Repeat-Treatment Phase of TARGET 3)

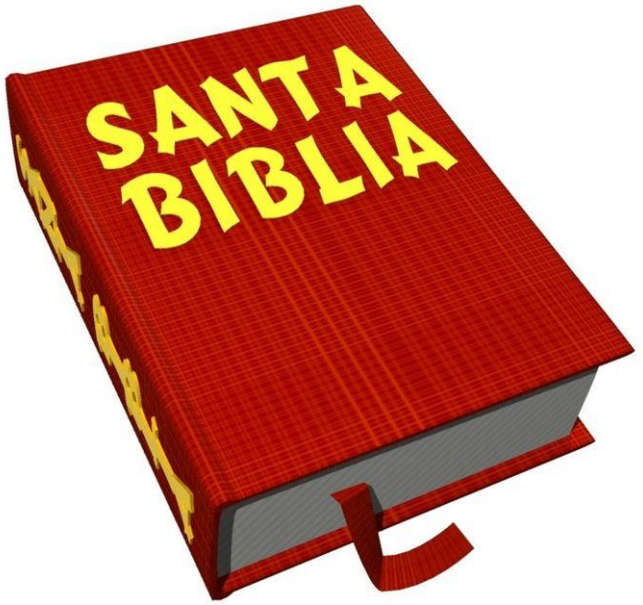


IBS = irritable bowel syndrome; TARGET = Targeted, nonsystemic Antibiotic Rifaximin Gut-selective Evaluation of Treatment for IBS with diarrhea; TID = 3 times daily.


Antibióticos
Dieta baja en FODMAP
Microbioma un Blanco terapéutico
Trasplante Fecal
Probióticos

Probióticos





**“Mucha fe,
Pocas obras”**

AGA Technical Review on the Role of Probiotics in the Management of Gastrointestinal Disorders

Geoffrey A. Preidis,[1] Adam V. Weizman,[2] Purna C. Kashyap,[3] and Rebecca L. Morgan[4]

[1]Section of Gastroenterology, Hepatology and Nutrition, Department of Pediatrics, Baylor College of Medicine and Texas Children's Hospital, Houston, Texas; [2]Division of Gastroenterology, Mount Sinai Hospital, Department of Medicine, University of Toronto, Toronto, Ontario, Canada; [3]Enteric Neuroscience Program, Division of Gastroenterology and Hepatology, Mayo Clinic, Rochester, Minnesota; and [4]Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Ontario, Canada

The overall CoE across all critical outcomes for probiotics for the treatment of children and adults with IBS was Low.

Solamente en el contexto de ensayos clínicos

Preidis GA, Gastroenterology 2020;159:708–738

ACG Clinical Guideline: Management of Irritable Bowel Syndrome

Brian E. Lacy, PhD, MD, FACG[1], Mark Pimentel, MD, FACG[2], Darren M. Brenner, MD, FACG[3], William D. Chey, MD, FACG[4], Laurie A. Keefer, PhD[5], Millie D. Long, MDMPH, FACG (GRADE Methodologist)[6] and Baha Moshiree, MD, MSc, FACG[7]

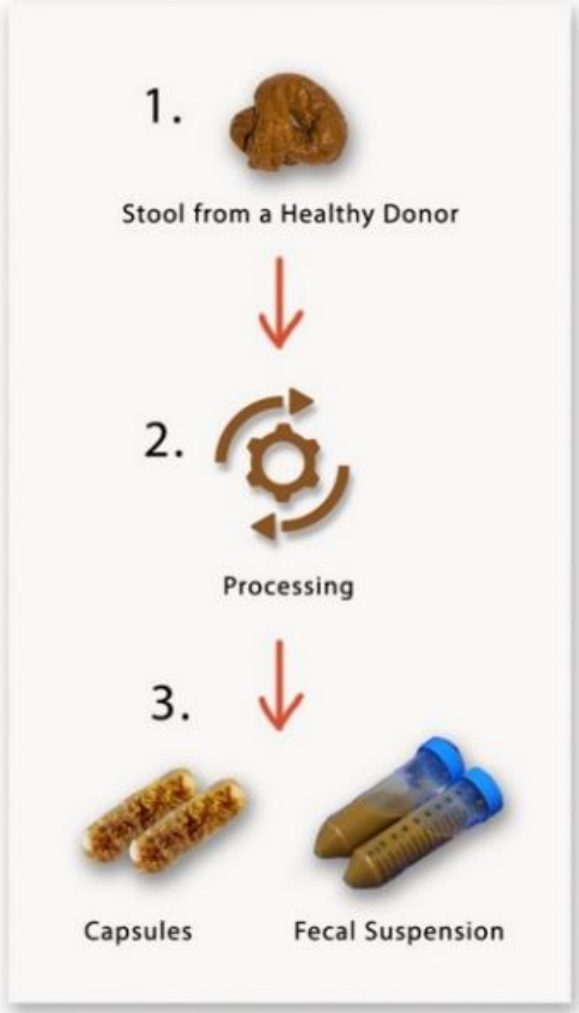
Recommendation

We suggest against probiotics for the treatment of global IBS symptoms.

Conditional recommendation; very low level of evidence.

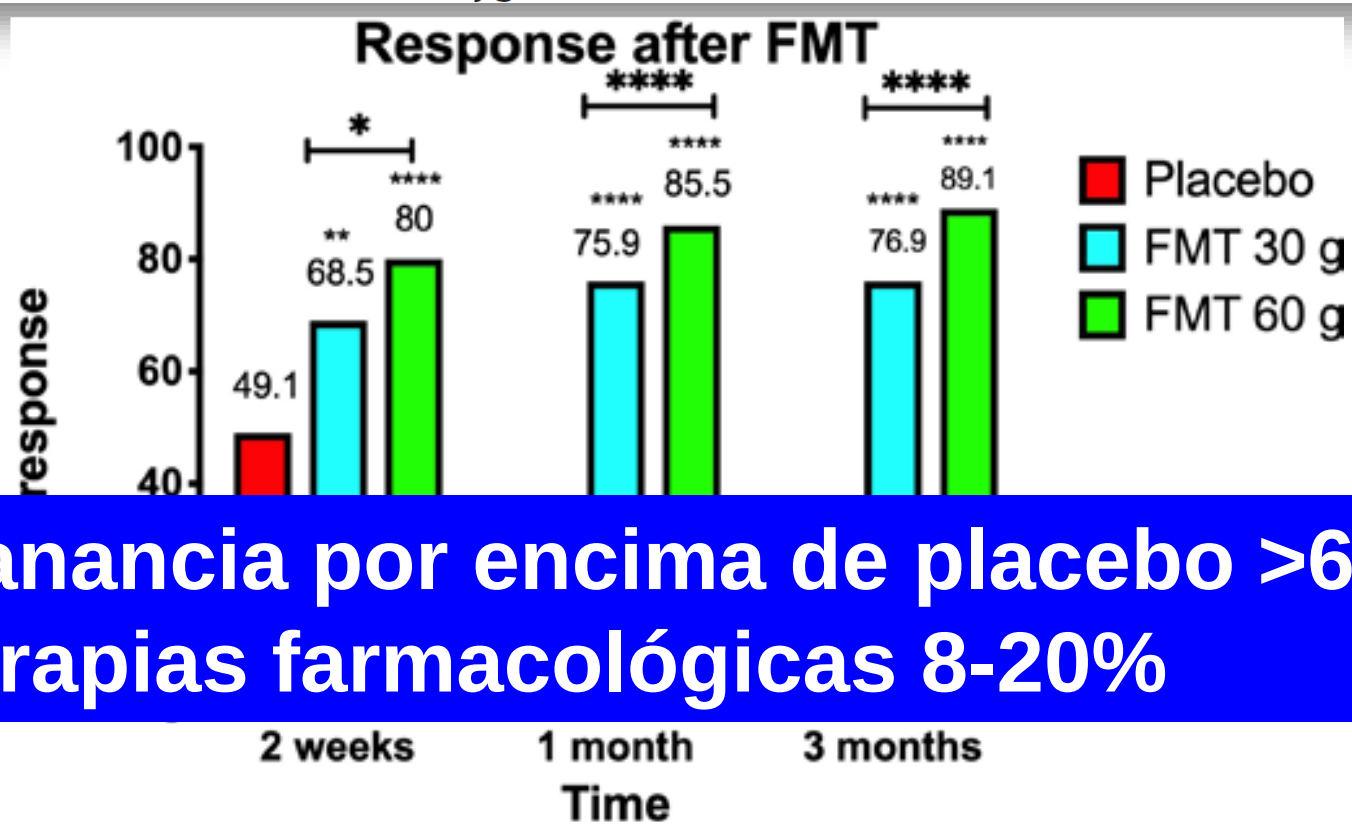
Lacy BE, et al. Am J Gastroenterol 2021;116:17-44.

FECAL MICROBIOTA TRANSPLANTATION



Efficacy of faecal microbiota transplantation for patients with irritable bowel syndrome in a randomised, double-blind, placebo-controlled study

Magdy El-Salhy ,[1,2] Jan Gunnar Hatlebakk,[2] Odd Helge Gilja,[2]
Anja Bråthen Kristoffersen,[3] Trygve Hausken[2]



Ganancia por encima de placebo >65%
Terapias farmacológicas 8-20%

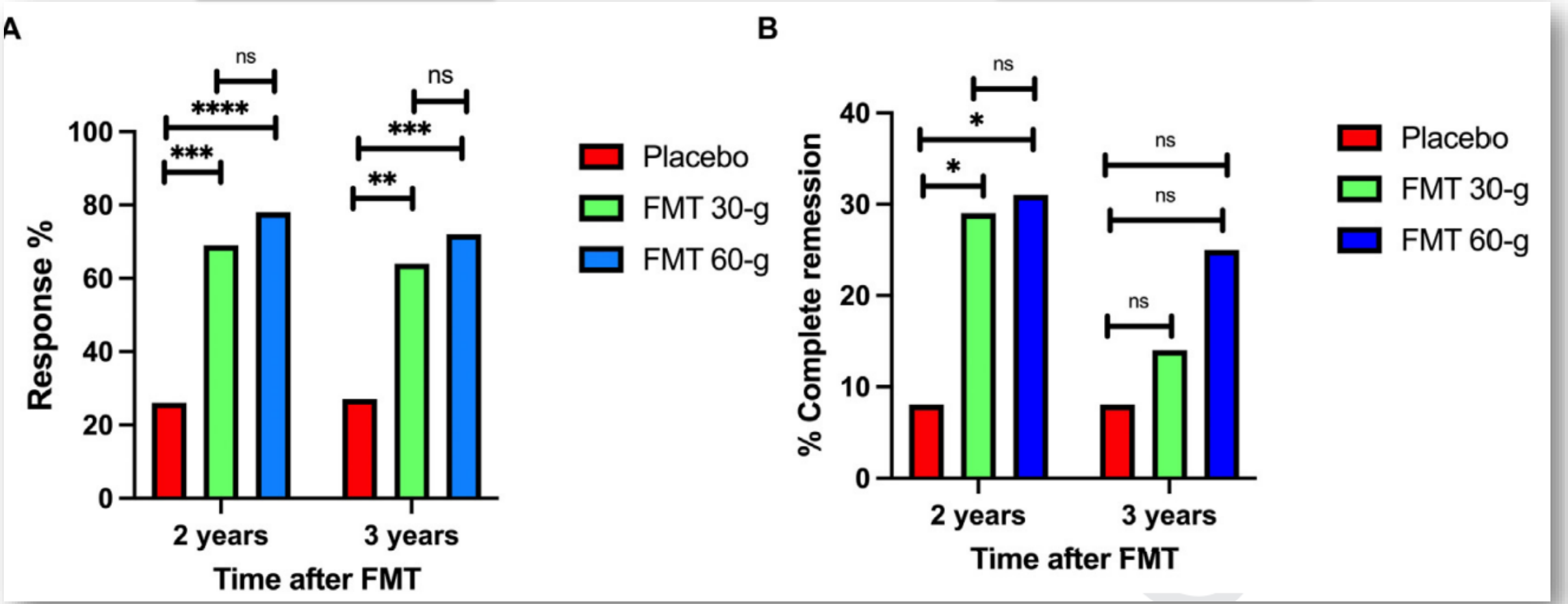
El-Salhy M, et al. Gut 2019;0:1–9. doi:10.1136/gutjnl-2019-319630

Efficacy of Fecal Microbiota Transplantation for Patients With Irritable Bowel Syndrome at 3 Years After Transplantation

Magdy El-Salhy,[1,2] Renate Winkel,[1] Christina Casen,[3] Trygve Hausken,[2,4] Odd Helge Gilja, and Jan Gunnar Hatlebakk[2]

Tasa de respuesta

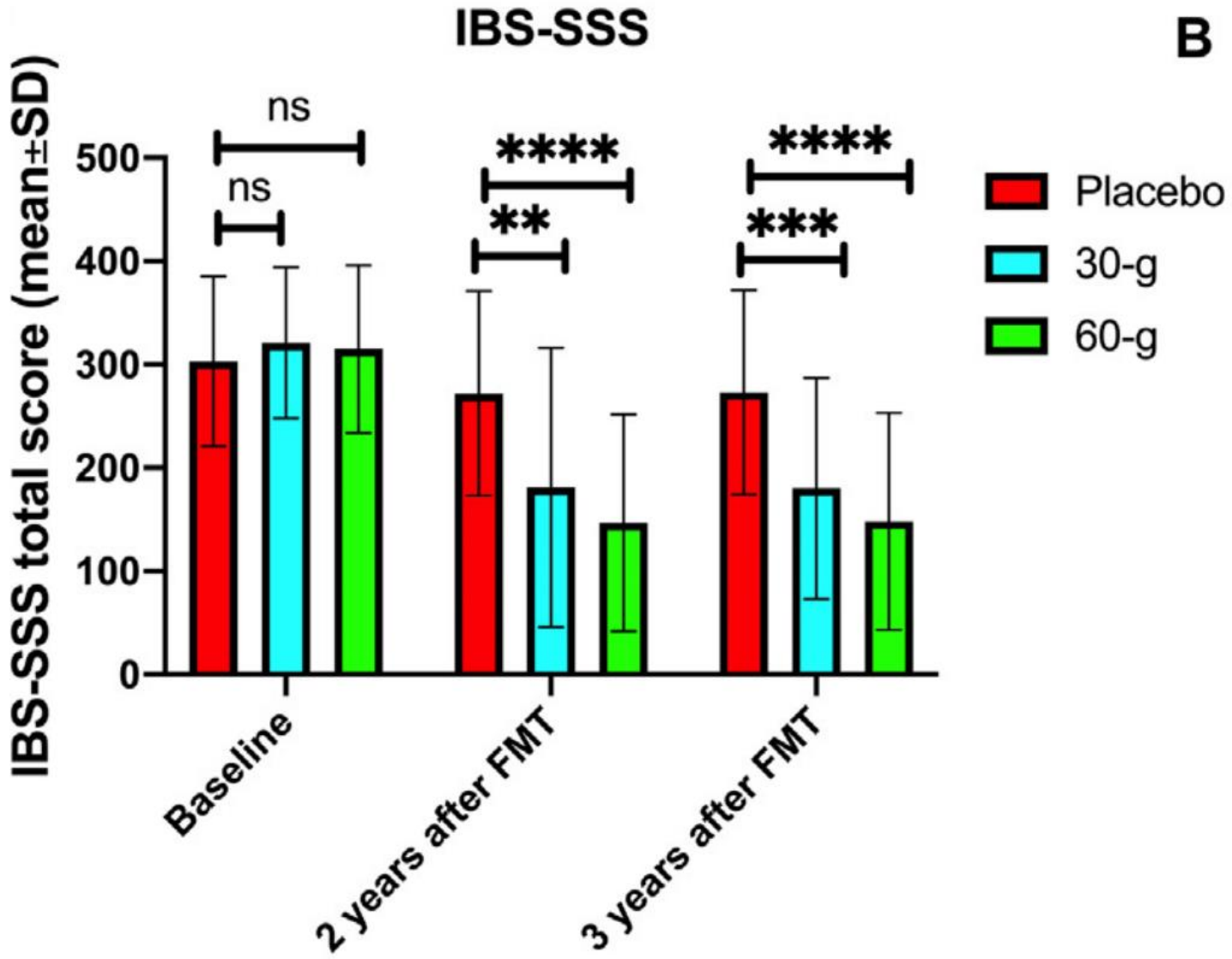
Remisión completa



El-Salhy M, Gastroenterology 2022; On line junio 15

SII Trasplante Materia fecal

Escala de Severidad Basada en síntomas
175 Respondedores Placebo >500



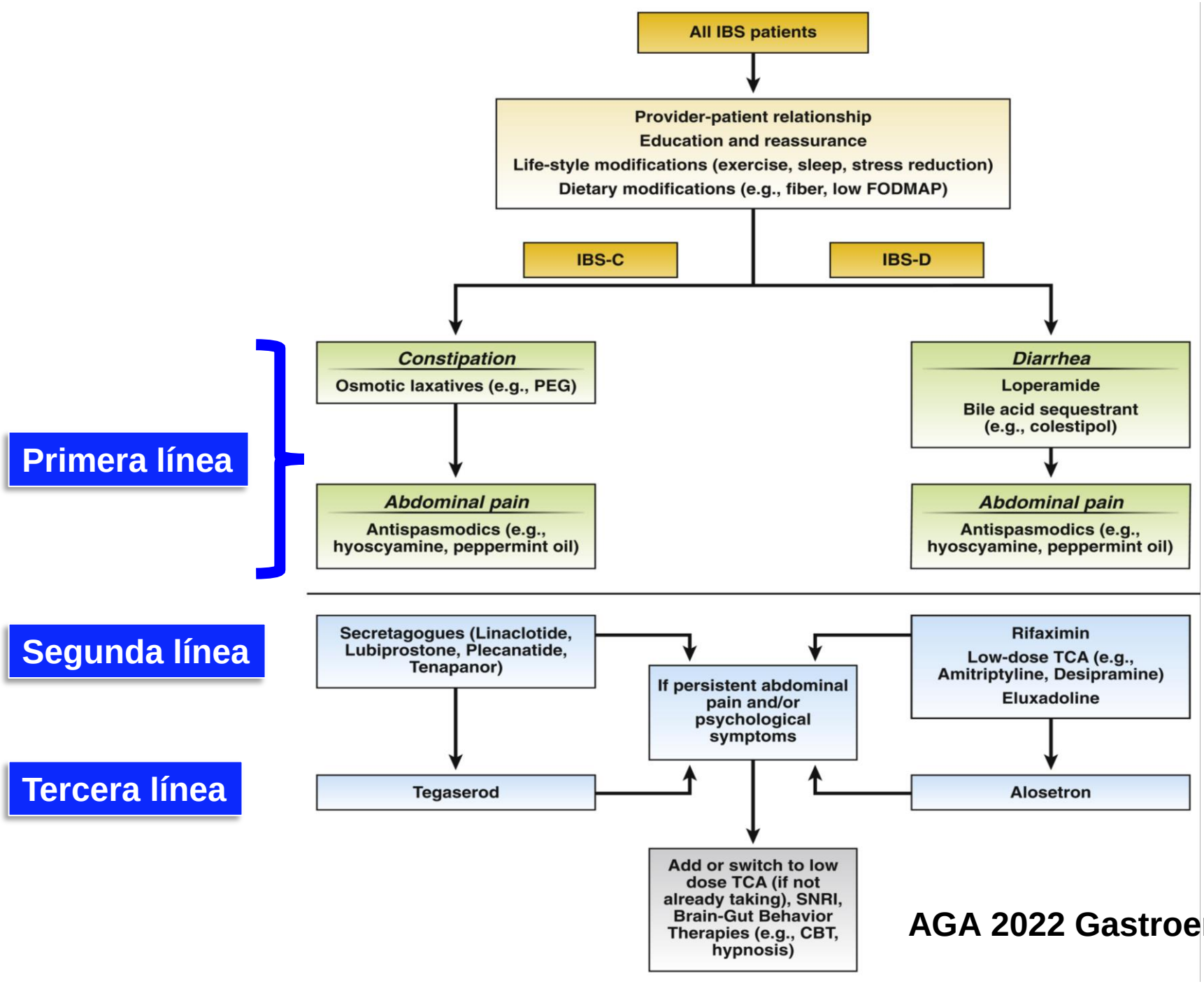
El-Salhy M, Gastroenterology 2022; On line junio 15

SII Tratamiento

Ningún tratamiento es eficaz en todos los pacientes

Tratamiento combinado
Anti-espasmódicos +
Anti diarrea o Anti estreñimiento

Simrén M, Lancet 2017;2:112-22



AGA 2022 Gastroenterology 2022;163:152

Mensajes para la casa

No es una enfermedad sicológica
SII enfermedad orgánica sin marcadores
Altera la calidad de vida, presentismo >80%
Diagnostico Roma IV VPP >90%
Tratamiento depende el síntoma principal
Primera, segunda, tercer linea
Pinaverio, Otilonium dolor, Bloating
Rifaximina dolor diarrea, "bloating"

Paciente feliz y con todo Claro al final de la consulta

En SII

Los criterios de Roma IV deben seguir siendo el “Gold standard” en 2022

Muchas gracias!