

GASTROENTEROLOGIST'S DILEMMA: PATIENTS WITH GAS RELATED PROBLEMS IN THE CLINICAL PRAXIS

PETER BENNO

Endoscopy Unit, Stockholm, Sweden

SUMMARY

Gas related problems such as belching, burping, halitosis and flatulence are common causes giving rise to consultation. Rarely, these persons have a serious underlying disease.

The cause of belching is often that these patients swallow too much air into the stomach, especially in situation when they are in a hurry or under stress during food intake (*Conchillo et al., 2007*). Furthermore and interestingly, some of these patients drink carbonated beverages, without considering the impact of the intake on the symptoms. If these patients have a medical history of heartburn it could be of value to perform a gastroscopy. Otherwise these patients are suggested a change in behaviour regarding the intake of food and beverages. However, people who repeatedly eructate can usually be shown to aspirate air into the hypopharynx before each belch. Chronic eructation is always a "functional disorder" and further examination should be reserved for patients with additional complaints.

Another gas related problem from the mouth is halitosis or bad breath. These persons have previously often consulted a dentist before they see a gastroenterologist. Conditions like diabetes and liver disease must be excluded. These patients often propose a gastroscopy since they think the problem is basically related to the stomach. If these persons do not suffer from

heartburn or regurgitation the problem is not related to the gastrointestinal tract. It is rather related to dry mouth, which facilitates bacterial fermentation of food particles. These patients are advised to brush the tongue, cheeks and the roof of the mouth, which will remove the bacteria (*Tonzetich, 1977*).

The most common patient with gas related problem is the one with bloating and/or flatulence. Many of these patients fulfil the criteria for irritable bowel syndrome (IBS) (*Thompson et al., 1999*).

However, conditions like coeliac disease (*Sanders et al., 2001*) and difficulties in digesting lactose must be excluded (*Böhmer and Tuynman, 1996*). If the patient has a history of changes in bowel movement pattern a further examination with colonoscopy must be considered. Rarely this procedure discloses any specific disorder. The cause of bloating is probably complex, some patients suffer from visceral hypersensitivity (*Mertz et al., 1995*) while other patients have increased gas retention in the gut primarily due to an abnormal fermentation of fibre rich food (*Dear et al., 2005; Francis and Whorwell, 1994; King et al., 1998*). From my own clinical experience, many of these patients report noticeably less bloating and distension with a diet reducing gas production, i.e. a low intake of fermentable fibres. Some of these patients have noticed the relation between the

intake of “healthy food” such as fibres and their symptoms of bloating, distension and abdominal pains but believed that they have to suffer for a “healthy life”.

LITTERATURE

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