

Evidence Discussion Irritable Bowel Syndrome (AB-21.4)

Risk stratification (using demographics factors such as patient age, family history, timing of symptoms, concomitant symptoms, and physical exam findings) determines the situations in which imaging is necessary for irritable bowel syndrome. In a subset of patients, imaging is necessary to exclude inflammatory conditions such as Crohn's disease and malignant conditions such as bowel cancer.

- Computer tomography (CT) of the abdomen offers excellent 3-dimensional resolution of the gut and its surrounding structures, especially when performed with use of oral and/or intravenous (IV) contrast agents. CT imaging captures all of the abdominal organs and the surrounding cavity and mesentery. It is central to the evaluation of this condition because it can accurately identify both the presence and location of inflammatory conditions and malignant conditions in the appropriately identified subset of high-risk patients. CT scan requires a significant dose of ionizing radiation but is ideally suited to imaging lesions within the gut because the speed of image acquisition reduces the potential for motion artifact. Typically performed with IV contrast in patients with normal kidney function, there is the added risk of allergic reaction to contrast; however, the contrast enhances the ability to evaluate for both inflammatory and malignant conditions.

References:

1. Ford AC, Moayyedi P, Lacy BE, et al. American College of Gastroenterology monograph on the management of Irritable Bowel Syndrome and chronic idiopathic constipation. *The American Journal of Gastroenterology*. 2014;109 (S1). doi:10.1038/ajg.2014.187.
2. An Evidence-Based Position Statement on the Management of Irritable Bowel Syndrome. *The American Journal of Gastroenterology*. 2008;104(S1). doi:10.1038/ajg.2008.122.
3. Sultan S, Malhotra A. Irritable Bowel Syndrome. *Annals of Internal Medicine*. 2017;166(11). doi:10.7326/aitc201706060.