

# [Diagnosis essay examples](https://assignbuster.com/diagnosis-essay-examples/)

[](https://assignbuster.com/)[Technology](https://assignbuster.com/essay-subjects/technology/), [Development](https://assignbuster.com/essay-subjects/technology/development/)

## Article Review

IBS or commonly referred to as irritable bowel syndrome affects around 20% of the population. The symptoms of this disease are abdominal and intestinal irritants that result from undigested carbohydrates, fats, excess production of bile and inflammation. This alters the mucosal cavity permeability that results in inflammation causing irritation and pain in the intestines. The transit of feces from one part of the intestines to the other is altered making it difficult to maintain a regular discharge routine. The article tries to identify the diagnosis process of the disease, the mechanisms that cause the syndrome, consequences and signs and symptoms of the disease. The disease is common in developed countries, and in the past, it was presumed that it arose because of the abnormalities intrinsic to smooth muscles. There were many theories trying to explain its causes, but over time, it became evident that one needs to focus on a range of peripheral mechanisms that disturbs a person’s motor and sensory roles (Ponnusamy, et al., 2011).

Diagnosis of the syndrome relies heavily on the symptoms that occur in the abdomen. The major diagnostic procedures focus on the recurring abdominal pains that can occur at least 4 days in a month. The diagnosis focuses on the recurrence of the abdominal pain in the previous three months. The diagnosis also considers things like increase in defection caused by the rapid changes in the bowel movements, the change in the appearance of the fecal discharge and a change in the regularity of bowel movements.

## Symptoms

The major symptoms of IBS are predominant constipation that requires medical attention to elevate. The cause of constipation is the slow transit in the colon, which causes abdominal pain and bloating. Studies show that 25% of patients suffering from predominant constipation show a slow progress in the transit of food from one stage to the other. The other symptom is a feeling of unfinished rectal evacuation and a pain in the left side of the abdomen. Diarrhea is another symptom seen in about 45% of the patients suffering from IBS. This is because of an increased in the transit of fecal in the colon (Barkhordari, et al., 2010).

## Mechanisms concerned with Bowel Irritation

The mechanisms that lead to bowel irritation begin when the luminal and mucosal triggers the immune, motor, and sensory systems in the large and small intestines. This results in the pathophysiological symptoms and features of IBS. The luminal factors triggering the immune system come from food ingestion that results in pain and discomfort. This is worse when the food ingested has a high fat content because it speeds down the movement of food making it worse for patients with diarrhea. Undigested and unabsorbed food also cause discomforts in patients suffering from IBS and those portraying diarrhea as a symptom. Fatty acids results in a high-amplitude propagation of abdominal contractions that propel the contents of the colon faster causing diarrhea. The polysaccharides are difficult to absorb in the small intestines and increase the risks of bowel movements resulting in pain. Bile also has a role in increasing the chances of IBS developing and can cause dire effects to patients with diarrhea. The ileum is always sensitive to bile secretion, but in patients with IBS, it tends to overdo it as 30% of patients in a literature review had bile malabsorption. Bile alters the enterohepatic circulation and inhibits the feedback mechanisms of homeostasis. This causes suppression of synthesis of bile causing the patient to have bile diarrhea (Malone, 2011).

## Consequences of Irritation

There are many consequences of the irritation felt in the bowel and one of them is activation of blood and immune activation because of the increase in the number of T lymphocytes in response to the exposure of the Mucosa to pathogens. The other consequence is increase permeability of the mucosa as it responds to fecal discharges. Children are at a higher risk of developing permeable mucosa compared to adults. The link between permeability increase in the mucosa and the irritable syndrome is seen in the reflex action that stimulates secretion of hormones that raises sensitivity in the visceral.

## Clinical and Remedialpropositions

The notion that IBS results from a person’s mental stress is no longer conclusive and research shows that there are other causes of the syndrome. Studies on patients show that the patients brought to hospitals needs to undergo a variety of tests like the colonic transit tests and the rectal evacuation progress, bile synthesis, maldigestion and malabsorption tests and intolerance of the patients to some diet. The tests can then link the IBS diagnosis to the symptoms and guide the doctors on how best to deal with the problem(Pirotta, 2009).

## Conclusion

The irritable bowel syndrome is increasingly becoming common with people having different perceptions on its causes. There are different believes on the possible causes of the syndrome, but in the recent years research has made it clear that brain dysfunctions is not the only cause of the disease. Researchers have proven that there are a number of causes like an increase in the synthesis of bile resulting in diarrhea. Many patients complain of abdominal pains, boating, and irregularities in fecal discharge and defecation disorders. Mucosal permeability is one of the major mechanisms that cause the diarrhea. In future, the researchers will try to answer hypothesis that there is a link between the host and genetic factors causing IBS to become predominant in some ethnic groups. This will help in identifying treatments that can focus on individual patients.

## References

Barkhordari, E., Ebrahimi-Daryani, N., Rezaei, N., Amirzargar, A. A., Bashashati, M.,&   
Habibollahi, P. (2010). Proinflammatory cytokine gene polymorphisms in irritable bowel syndrome. Journal of Clinical Immunology, 30(1), 74-79.   
Malone, M. (2011). Irritable bowel syndrome. Primary Care, 38(3), 139-167.   
Pirotta, M. (2009). Irritable bowel syndrome - The role of complementary medicines in treatment. Australian Family Physician, 38(12), 966-968.   
Ponnusamy, K., Choi, J. N., Kim, J., Lee, S., & Lee, C. (2011). Microbial community and metabolomic comparison of irritable bowel syndrome faeces. Journal of Medical Microbiology, 39, 43-57.