7. DIFFERENTIAL DIAGNOSIS FROM ORGANIC DISEASES

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Definition

Irritable colon is a clinical entity where there is an anomalous bowel movement (constipation, diarrhea or alternate constipation and diarrhea) with abdominal discomfort but no organic lesion to explain the symptoms both in the colon and in the other organs. And, anomalous bowel movements due to the laxatives or allergens entered into the gut are excluded.

Study of 3536 out-patients and 1324 in-patients revealed that approximately 15% had anomalous bowel movements, of which constipation was 10.0%, diarrhea 4.0% and alternation 0.4%. The frequency of irritable colon under the strict criteria as defined above was 12.7% in patients with anomalous bowel movements and 1.8% in all in- and out-patients.

After analysing all the diseases complicated with anomalous bowel movements, the following diagnosis were considered to be important in differential diagnosis; chronic colitis (1.07%), cancer of colon (0.41%), ulcerative colitis (0.36%), mesenteritis cicatricans (0.12%), Golden's ileitis (0.10%), tuberculosis of colon (0.10%), Crohn's disease (0.08%), perisigmoiditis (0.08%), colon diverticulosis (0.06%) and colonic polyposis (0.04%). From these diagnoses it was considered that negative endoscopy and biopsy cannot rule out the diseases on the serosal side of the colon, such as mesenteritis cicatricans and perisigmoiditis.

Positive occult blood in stools over a period of days rules out irritable colon and suggests an organic disease, for none of 89 cases with irritable colon had bloody stool, mucous blood, or positive Benzidin test (more than (+)) on stools. Abnormally high blood sedimentation rate is also against the diagnosis of irritable colon.

Measurement of lysozyme activity in stools has been most useful in our experience to differenciate irritable colon from organic colon diseases. The lysozyme activities have been $3.4\pm1.9\,\gamma$/g (normal range : $3.6\pm1.5\,\gamma$/g) in irritable colon, $4.9\pm2.6\,\gamma$/g in chronic colitis, $41.3\pm21.6\,\gamma$/g in ulcerative colitis, and $9.7\pm5.7\,\gamma$/g in cancer of the colon.

8. DIFFERENTIAL DIAGNOSIS: FROM THE VIEWPOINT OF PSYCHOSOMATIC MEDICINE

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Detailed psychosomatic case studies of a series of 100 cases of irritable colon were carried out in order to clarify the roles played by the psychological factors in the emergence or fixation of the disorder. The criteria of the diagnosis of irritable colon were this: Paroxysmal abdominal pain and disturbed bowel habits without noticeable organic change to explain the signs and symptoms of the disorder.

First, there were cases which presented the symptoms and signs of irritable colon as the predominant manifestations of psychoneuroses. In some of them the symptoms of irritable colon rather promptly disappeared when some conversion reactions took place in other areas of the body. Second, there were cases in which obsessive-compulsive or hypochondriacal overconcern with the functions of one's bowel was clearly demonstrated. Anxiety neuroses were also often associated with the symptoms of irritable colon. Third, there were cases in which the first signs and symptpoms of the disturbed bowel habits were precipitated by the continued irregularities in terms of food-intake or evacuation, and acute enterocolitis or other somatic factors. All these factors seemed to have disturbed the established habits of the bowel movement. In these cases, it was usual to be able to demonstrate the secondary or superimposed psychoneurotic reactions which caused the vicious cycle of psychosomatic interaction and resulted in the psychoneurotic fixation of the symptoms and signs of irritable colon.

Thus, most of the cases of irritable colon could be understood as the colonic manifestations

of psychoneuroses or as the functional disturbances of colon protracted or aggravated by the secondary psychological disturbances.

In view of the above-mentioned facts, the diagnosis or differential diagnosis of irritable colon can not be done only by the exclusion of some organic changes. It should be diagnosed on the basis of positive diagnosis. In this regards, psychosomatic approach to it is necessary without which the pathologic physiology of this disorder would never be understood satisfactorily.

9. MEDICINAL TREATMENT

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While there are various opinions about irritable colon syndorme, I should define it as the disturbances of colonic function, which have a series of clinical features described by Palmer and Kirsner. The functional disorders of colon seem to be caused by many factors, which are not only psychogenic origin (mental conflict, emotional stress and aberrant personality), but depending upon a derangement of autonomic innervation of colon (hypersensitivity of colonic mucous membrane including plexus Averbachi and Meisneri, elevation of viscero (gastro)—colonic reflex and imbalance of autonimic nervous system itself).

I. Clinical Aspects.

While polakicoprosis is caused by various factors, for instance, emotional or psychogenic origin, it is not little the cases which are based upon supersensibility of colonic mucous membrane and upon the elevation of gastro-colic reflex. To the former case is effective the suppository which contains local anesthetic and to the later cases acts effectively the gastric anesthetic (oxethazaine) and anticholinergica. Very often is required a mild non-irrtating laxative as magnesium oxidate and CMC, or the antidiarrhroica as codein phosph, and others in the cases having constipation or diarrhea.

Pain seen in most patient of irritable colon syndrome is caused by the derangement of colonic motility and tonicity, gaseous distension and mucous colic and other unexpliained origin, and then for its relief is excellent effective Trancolon and PT 432 (the anticholinergica).

The sedatives and meprobamates are not excepted in the treatment of irritable colon syndrome, but a greater role plays psychotherapy; that is doctor-patient relationship and educational approach, but the case which needs specific psychotherapy is rare.

II. Experimental Aspects.

1. Gastro-colonic reflex and blocking drugs of it.

A rubber balloon connected with hollow tube at both end is introduced in the gastric antrum

Fig. 1. Experimental Procedure about gastro-colonic reflex in dogs

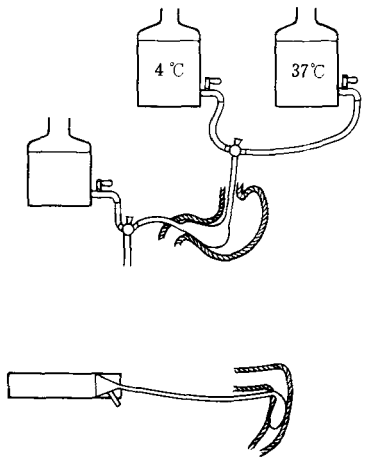
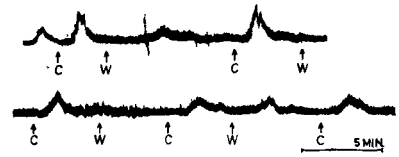


Fig. 2. Colon contraction stimulated by ice water in stomach



C : Ice water stimul.
W: 37°C water stimul.