

BILE ACID MALABSORPTION: A REVIEW OF SEHCAT TESTING IN BELFAST

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Introduction Bile acid malabsorption (BAM) is a recognised cause of diarrhoea. Failure of bile acid absorption in the terminal ileum leads to excess bile in the colon causing diarrhoea due to a water and electrolyte secretion imbalance. SeHCAT testing is the current method of diagnosis of BAM. Current treatments available include cholestyramine, colestipiol and colesevelam.

Aims/Background The aims of this study were to review over a three year period the frequency and indications for SeHCAT testing and to assess the prevalence of type II BAM in those with idiopathic chronic diarrhoea and diarrhoea predominant irritable bowel syndrome (IBS-D).

Method A retrospective study was performed by reviewing both radiology records of SeHCAT tests and an electronic patient database.

Results A total of 61 studies were performed over a 3 year period: 8 (2010), 13 (2011) and 40 (2012). Female to male ratio was 2:1 (41:20). 52.5% (32) of tests performed were positive (retention rate <15%). The indication for testing was Chronic diarrhoea/IBS-D 40 (65.4%), inactive Crohns disease (with or without previous TI resection) 6 (9.8%), Post cholecystectomy 11(18%) and miscellaneous 4 (6.6%). Positive results by grouping were - Crohns disease 83.3% (3 severe, 1 moderate, 1 mild), post cholecystectomy 72.7% (4 severe, 4 moderate) and chronic diarrhoea/IBS-D 40% (9 severe, 4 moderate, 3 mild).

Conclusion The use of SeHCAT testing in the assessment of chronic diarrhoea while remaining under utilised is increasing. BAM is prevalent in those with chronic diarrhoea/IBS-D and where found represents a potentially treatable condition.

Myobacterium tuberculosis and Listeria monocytogenes are particularly high risk. Much has been written on TB with infliximab therapy whereas Listeria has not received similar attention.

Case Series

We report 2 cases of Listeria bacteraemia observed with infliximab for IBD.

Case 1: A 65 year old male with known Crohns colitis presents with worsening diarrhoea & discharge. EUA and MRI confirm intersphincteric horseshoe fistula with moderate distal colitis. After failing steroid therapy he was commenced on infliximab. Ten days after his first dose he began to spike temperatures. Blood cultures confirmed Listeria monocytogenes bacteraemia.

Case 2: A 50 year old male with known ulcerative colitis maintained on 5-ASA therapy presents with a severe exacerbation. He was commenced on infliximab after failing steroid therapy. After initially responding well to treatment he re-presented with flu-like symptoms and temperatures. Blood cultures confirmed Listeria monocytogenes.

Both cases responded well to intra-venous amoxicillin.

Of significance both patients presented within the loading dose period and were also receiving azathioprine and corticosteroids.

Currently only 17 cases of invasive Listeriosis secondary to anti-TNF α therapy have been observed in IBD patients.

Conclusion We conclude that patients requiring anti-TNF α therapy should be informed of the risk of food borne infections and advised to avoid high risk foods. These cases highlight the need for strict guidelines and prescribing physicians to be aware of such complications.