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ORIGINAL ARTICLE

Organic colonic lesions in patients with irritable bowel syndrome: A comparative study☆

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Abstract
Introduction and aims: Any alarm symptoms in patients with irritable bowel syndrome (IBS) should be carefully evaluated. Colonoscopy is a standard diagnostic procedure for evaluating the colonic mucosa and ruling out probable diseases responsible for patient symptoms. We analyzed the colonoscopy findings in patients with and without IBS.
Material and methods: Ninety-six patients with IBS and 101 without IBS were consecutively enrolled in the study. All the patients in the IBS group met the Rome IV criteria, and underwent colonoscopy due to the appearance of red flags. The colonoscopy findings were compared between the 2 groups of patients.
Results: The main indications for colonoscopy in the IBS group were progressive abdominal pain (36.7%), rectal bleeding with fresh blood (17.7%), and occult blood in stool (12.5%). In the non-IBS group, the most prevalent indicators were rectal bleeding with fresh blood (37.6%), colorectal cancer surveillance (21.8%), and abdominal pain (13.9%). The most common macroscopic findings in the 2 groups were hemorrhoids, polyps, and anal fissure. There were no statistically significant differences with respect to the microscopic and macroscopic findings between groups.
Conclusions: We concluded that the prevalence of organic lesions in the colon of patients with IBS was the same as that in the patients without IBS. The Rome IV criteria accurately predicted IBS. Additional evaluation through colonoscopy in IBS should be based on the presence of alarm features.

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tion via colonoscopy in IBS should be based on the presence of alarm features.

In conclusion, to the best of our knowledge, this is the first study to evaluate organic lesions in the Iranian population. We compared colonic lesions in IBS and non-IBS patients that underwent colonoscopy examinations. We found that the prevalence of structural lesions of the colon in patients meeting the Rome IV criteria was not noticeably different from that in other patients. The present result emphasizes the acceptability of the predictive value of the Rome IV criteria for diagnosing IBS.

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Conflict of interest

The authors declare that there is no conflict of interest.

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