

Testing Related to Digestive Disorders

CALPROTECTIN TESTING

Cost R350.00

Irritable Bowel Syndrome or Inflammatory Bowel Disease?

Crohn's disease and ulcerative colitis are two major forms of chronic intestinal inflammation, and are termed inflammatory bowel disease (IBD). Symptoms of IBD are abdominal pain and diarrhoea that are persistent or recurrent. Further symptoms can be rectal bleeding, weight loss or anaemia. The symptoms of irritable bowel syndrome (IBS) are often associated with diarrhoea and abdominal pain. In people where IBD is suspected, endoscopy (a test that looks at the inside of your digestive tract) is usually performed to confirm the diagnosis. Many people find the endoscopy and required bowel preparation to be uncomfortable, and it has been found that for half of the individuals that do have diarrhoea, abdominal pain and weight loss, the endoscopy is be negative. These individuals may suffer from functional gastrointestinal disorders such as IBS instead. Patients with IBS should be promptly identified to aid their diagnosis and avoid unnecessary testing.

This simple, inexpensive, non-invasive test is now available and is able to identify individuals who are most likely to have IBD as well as justify urgency for endoscopy. This test can also differentiate between IBD and IBS. This is a rapid test which measures the level of a major protein called calprotectin in the stool. This type of protein is release by the immune system during times of cell stress or damage, making it an accurate marker of intestinal inflammation. Faecal calprotectin has shown to be elevated in patients with IBD. If a positive result is found, individuals are advised continue with further investigation.

Levels of faecal calprotectin can also be used in the management of IBD to monitor disease activity, predict relapses and assess response to treatment.

High calprotectin levels could also indicate the presence of some other organic intestinal disorders.

CELIAC TESTING

Using a Celiac fingerprick test one can identify the presence of IgA antibodies. This test is specific for celiac disease and is the most common antibody test used by healthcare providers when assisting in the diagnosis of this condition. The presence of IgA antibodies to tissue transglutaminase indicates that the immune system is attacking the tissues of the small intestine. If this test is positive it is highly likely that one has celiac disease but you need to have been eating foods that contain gluten for the test to identify the antibodies.

Celiac Finger Prick Test: Cost R180.00

If you are on a gluten-free diet a genetic test for celiac disease should rather be done. This will test for the HLA-DQ2 and HLA-DQ8 genes which 97% of celiac patients have at least one of. Having one or both of these genes only means that you have a risk of someday developing celiac disease, or, if you have the symptoms, that it is likely that you have the condition.

Celiac Genetic Test: Cost R926.85

The gold standard method of confirming a diagnosis of celiac disease is to eat gluten and then undergo a bowel biopsy.

FAECAL OCCULT BLOOD TESTING

Costs R 90.00

Colorectal cancer is one of the top 5 cancers among both men and women in South Africa, with over 2000 new cases diagnosed in 2004. Symptoms of colorectal cancer include new-onset diarrhoea, constipation or abdominal pain, rectal bleeding, unexplained fatigue, loss of appetite, and / or weight loss. Individuals with suspicious bowel symptoms or rectal bleeding should be investigated, especially if other risk factors (such as older age or family history of colorectal cancer) are present. People under 40 years of age should be investigated if there is a positive family history, if there is not an identified cause of symptoms, or if symptoms are persistent. Individuals with Inflammatory Bowel Disease (IBD) should also be investigated after 10 years of disease history as long standing IBD can increase the risk of developing colorectal cancer.

Faecal occult blood (FOB) tests are used for the detection of haemoglobin in the stool, as this is important for the diagnosis of diseases that result in gastrointestinal bleeding, to screen for colorectal cancers as well as large adenomas (tumours) that bleed. It is recommended that faecal occult blood (FOB) tests are performed at least once every two years, for those over 50 years of age, unless there is the presence of the above mentioned symptoms, when screening should be done to investigate.

A person with a positive FOB test is 12-40 times more likely to have colorectal cancer than somebody with a negative test. It is mandatory that any positive Rapid FOD test be appropriately followed with laboratory FOD repeated 3 days in a row, followed by referral to a gastroenterologist for possible endoscopy.

LACTOSE INTOLERANCE TESTING

Cost R926.85

Lactose is a carbohydrate found in milk products. Lactase is an enzyme produced by cells in the lining of the small intestine. Lactase breaks down lactose into glucose and galactose to be absorbed more easily by the small intestine. Lactose intolerance is caused by the inability of the body to break down lactose due to a low or absent concentration of the lactase enzyme. This results in lactose passing into the colon without being broken down, where bacteria are able to metabolize the lactose resulting in the production of gas that causes common symptoms such as flatulence, abdominal pain and diarrhoea.

Certain changes in DNA have been associated with the most common type of lactose intolerance, physiological lactase deficiency. We offer a genetic test for the more common genetic mutations associated with lactase deficiency and all that is needed is a finger prick blood sample.

If you are interested in any of these tests please contact our receptionist on 0117871221 to make an appointment with either Dr Botha or Dr Davidson.