

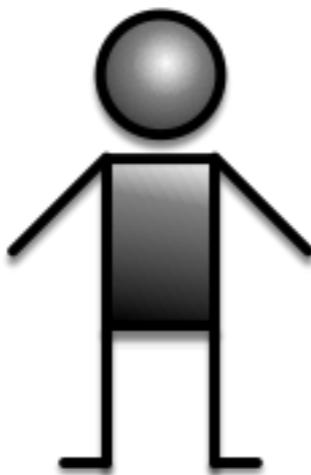
Douleurs abdominales

Michel Abély



Douleurs abdominales

90 % des patients !



Insuffisants et suffisants

Un sujet et des questions

principales étiologies et traitements des douleurs abdominales.

+ questions en lien avec la prise en charge :

Le protocole de réalimentation après crises de pancréatite ? Est-il en fonction du taux de lipasémie, selon l'absence de douleurs ?

Faut-il un traitement au long cours en prévention de la constipation ?

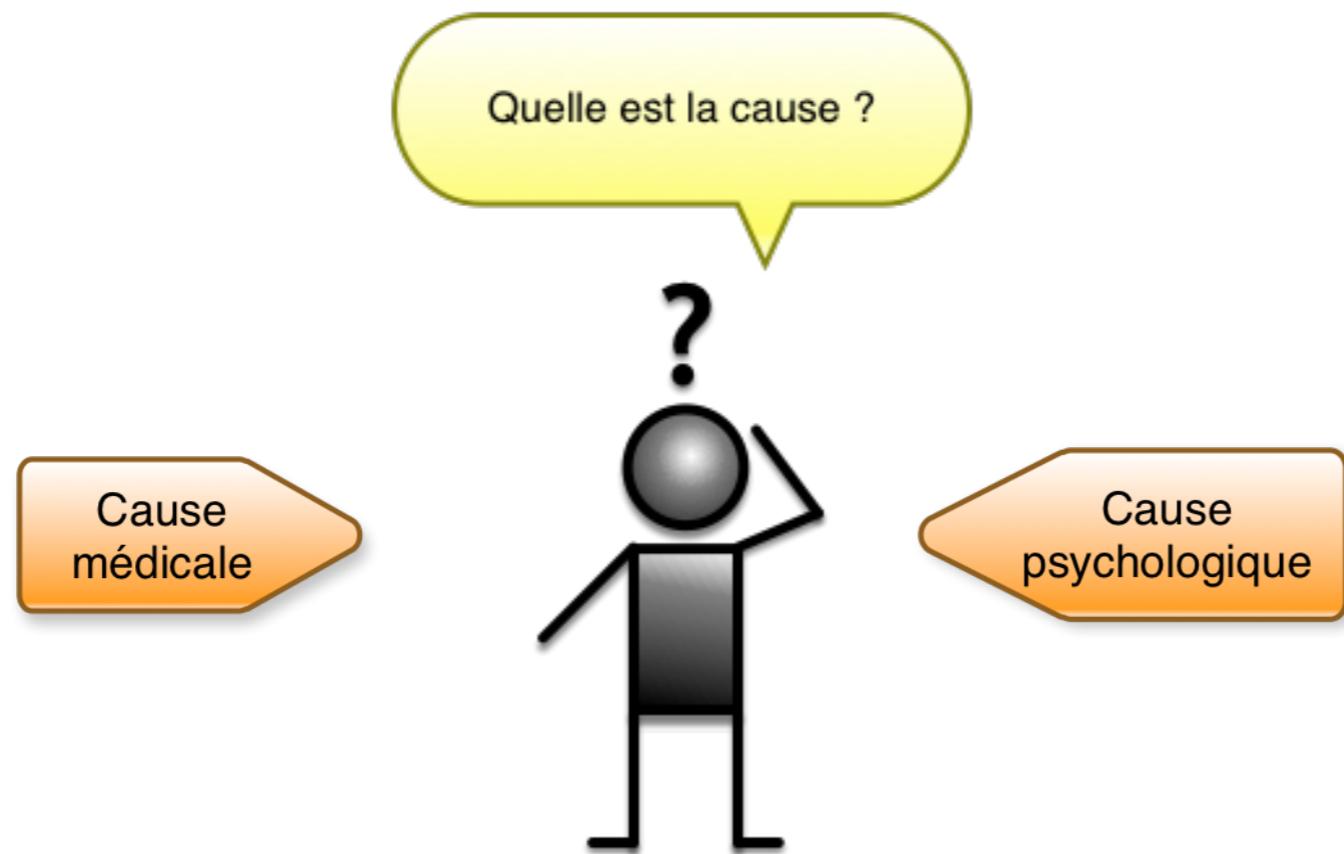
Les levures, probiotiques sont-ils indiqués dans l'antibiothérapie, quelles sont les CI ?

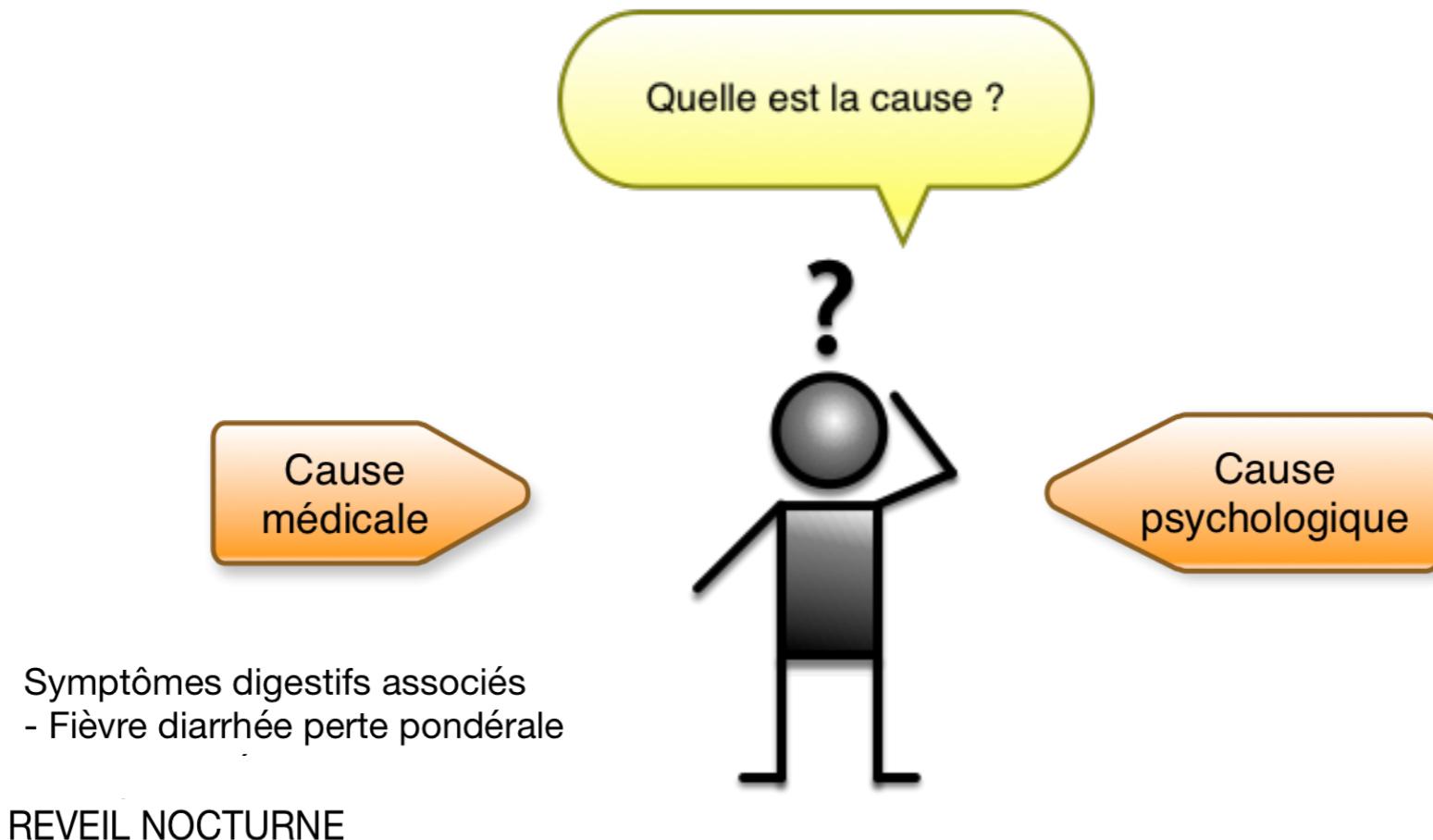
Faut-il être plus attentif aux douleurs abdominales d'un patient ayant eu une iléostomie ?

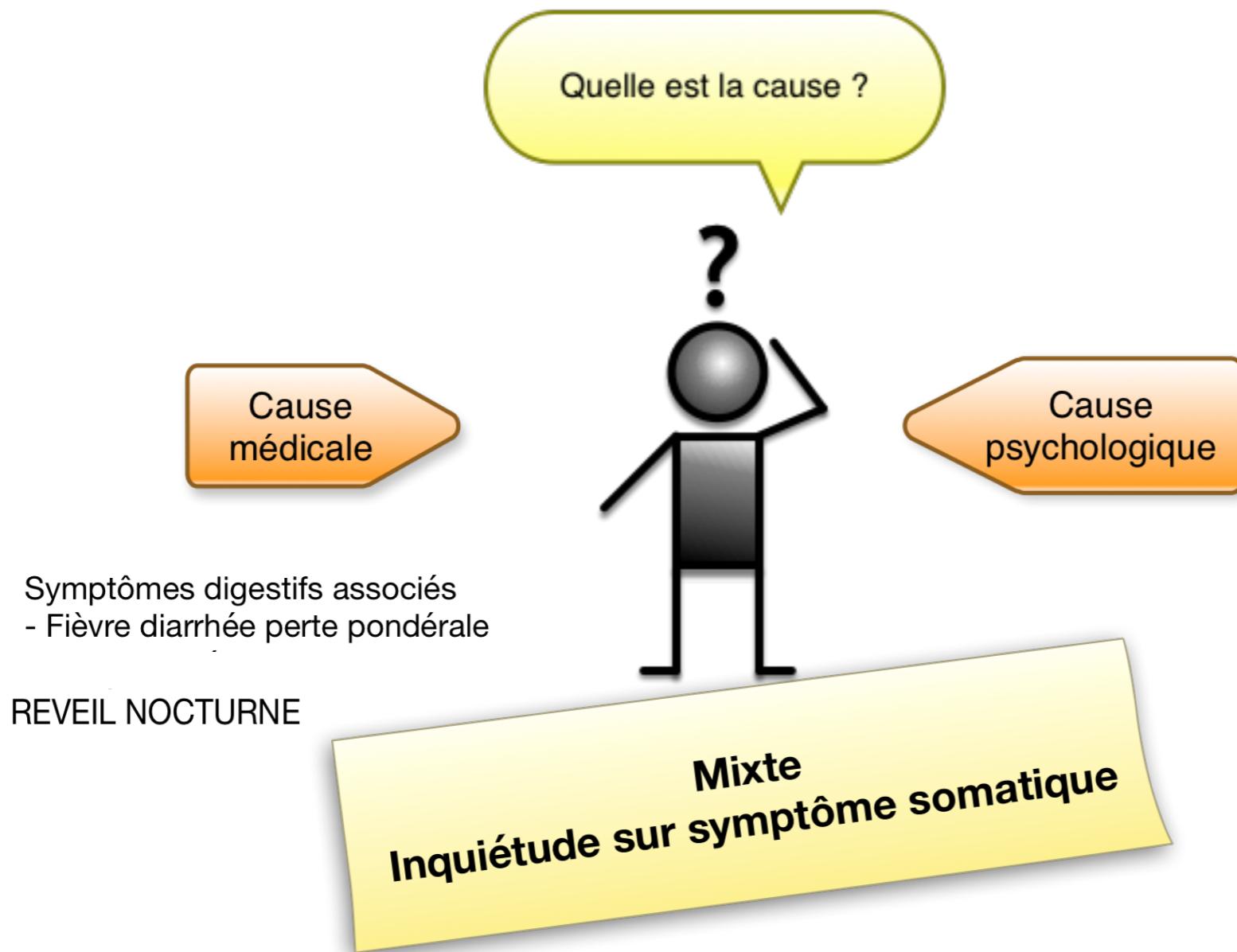
Le kalydeco est-il aussi efficace dans le temps ? Comment fonctionne-t-il sur le système digestif ?

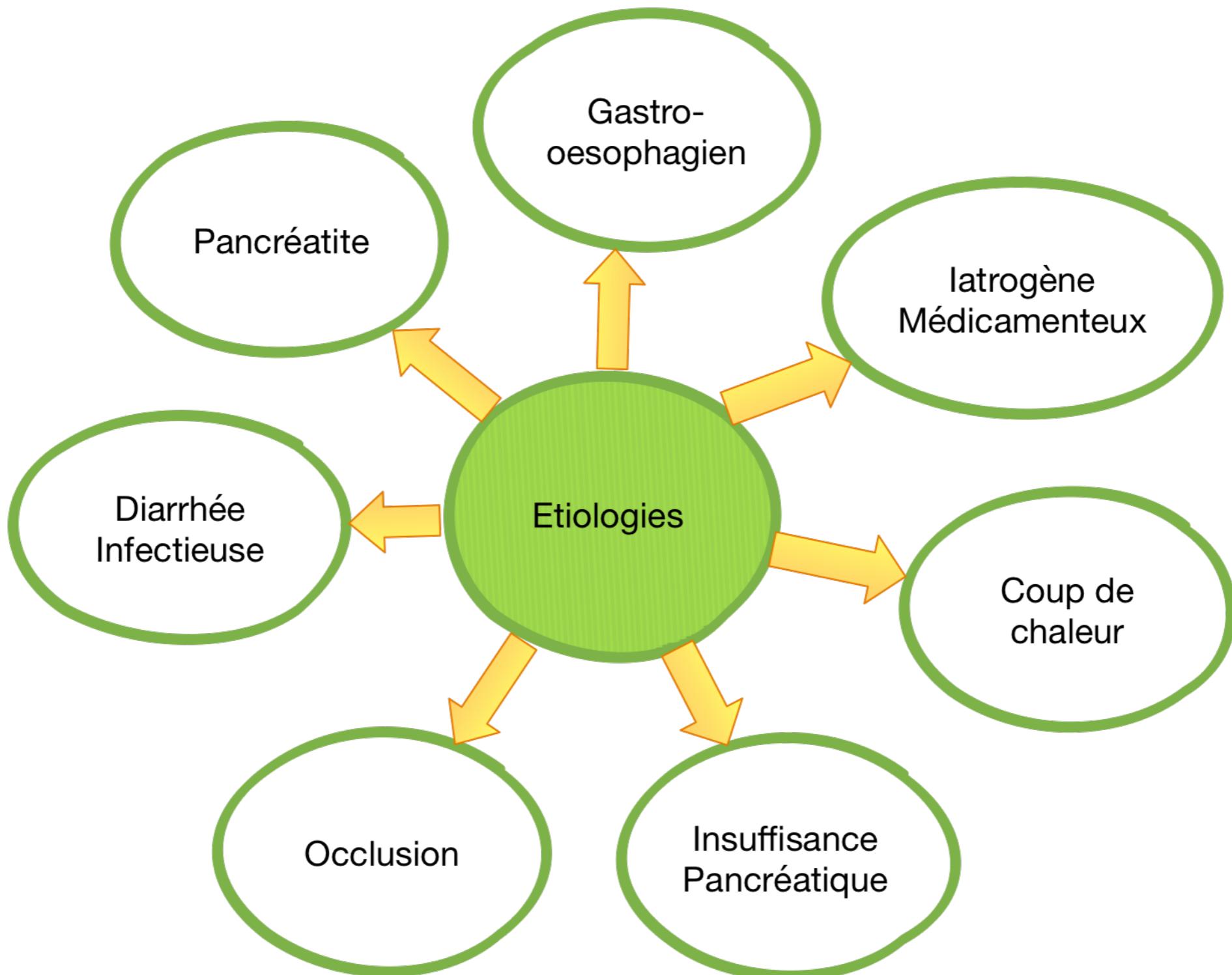
Quelle est la cause ?



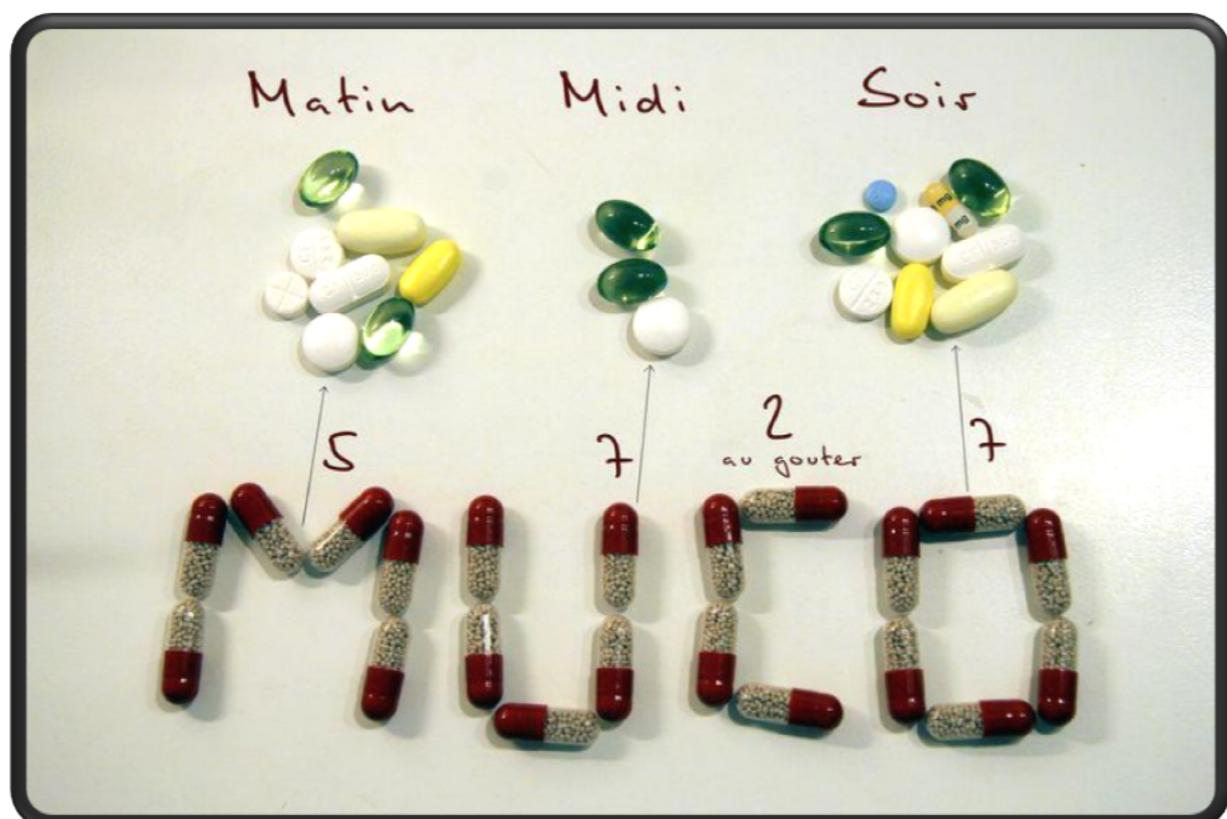






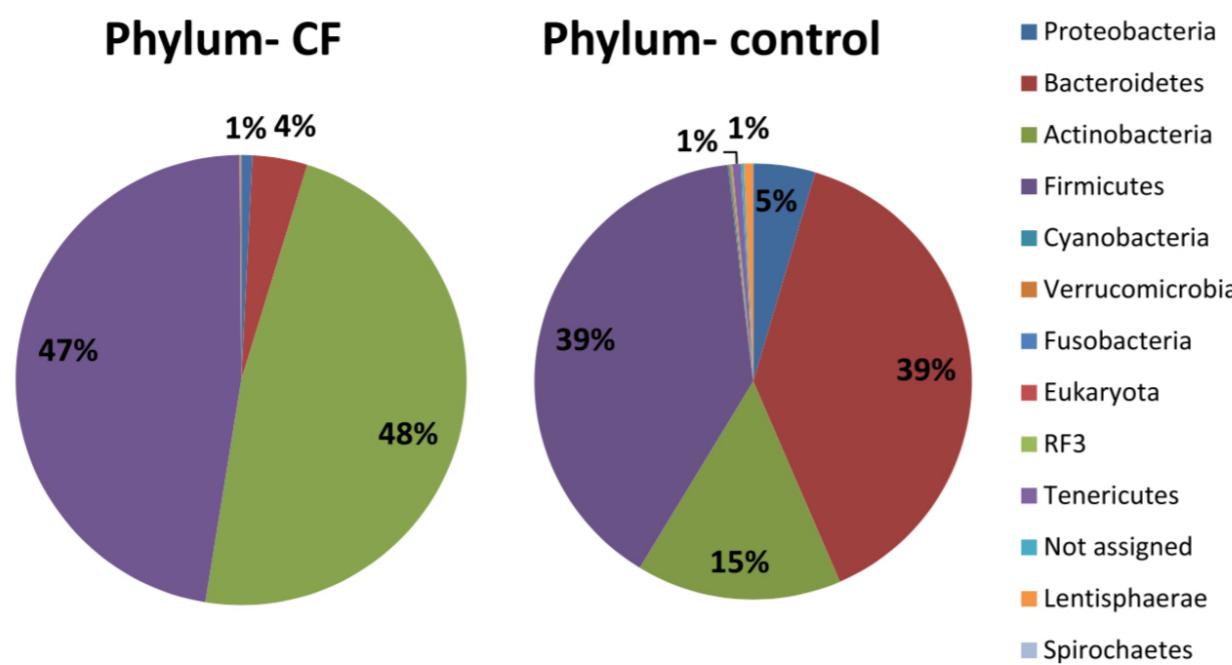


latrogène
Médicamenteux

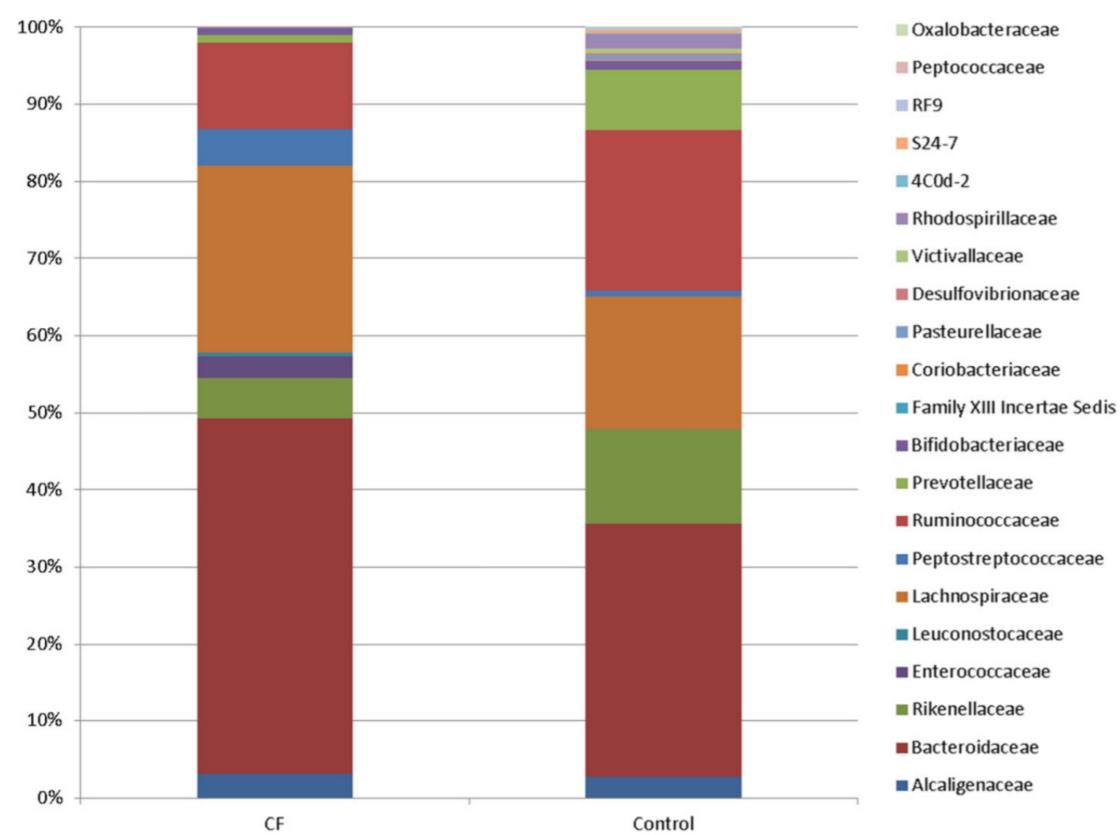


Quid du microbiote et des probiotiques ?





Percentage relative abundance of phyla in those with CF compared to non-CF controls



Altération du microbiote
Patients CF adultes

Percentage relative abundance of the 21 families that were significantly different in the CF study cohort compared to the non-CF controls

Burke et al. BMC Microbiology (2017) 17:58



Journal of Cystic Fibrosis 16 (2017) 186–197

Journal of
**Cystic
Fibrosis**

www.elsevier.com/locate/jcf

Review

Effect of probiotics on respiratory, gastrointestinal and nutritional outcomes in patients with cystic fibrosis:
A systematic review



Jacqueline L. Anderson ^{a,*}, Caitlin Miles ^b, Audrey C. Tierney ^{a,c}

^a Dietetics and Human Nutrition, School of Allied Health, La Trobe University, Bundoora, Melbourne, Australia

^b Nutrition and Dietetics, Monash Health, Clayton, Victoria, Australia

^c Department of Nutrition and Dietetics, Alfred Health, Prahran, Melbourne, Australia

Received 5 June 2016; revised 12 August 2016; accepted 13 September 2016

Available online 29 September 2016

Pourrait être bénéfique...

Methods: An electronic search of five databases and three trial databases was conducted. Studies describing the administration of probiotics to patients with CF older than 2 years, with a comparator group on respiratory, gastrointestinal and nutritional outcomes were included.

Results: Three pre–post studies and six randomised controlled trials met the inclusion criteria. Overall studies showed a positive effect of probiotics on reducing the number of pulmonary exacerbations and decreasing gastrointestinal inflammation. There was limited effect of probiotics on other outcomes and inadequate evidence for the effects of specific probiotic species and strains.

Conclusion: The findings suggest that probiotics may improve respiratory and gastrointestinal outcomes in a stable CF clinic population with no reported evidence of harm. There is inadequate evidence at this time to recommend a specific species, strain or dose of probiotic as likely to be of significant benefit.

Inadequate : insuffisance

Pas de recommandations d'espèce et
de mode d'administration

*Despite encouraging preliminary results, the limited number of small and highly varied studies to date do not justify the addition of probiotics as an adjunct to current CF treatment protocols.
Importantly, very minimal adverse effects of probiotics have been reported*

Les études actuelles ne justifient pas
l'usage des probiotiques...
Peu d'effets indésirables...

Nutr ESPEN. 2017 Apr;18:37-43. Clinical effects of probiotics in cystic fibrosis patients: A systematic review. [Van Biervliet S1, Declercq D1, Somerset S2.](#)

Normalisation de la perméabilité chez 13 % des patients

Pas d'amélioration :

- IMC
- VEMS
- Douleurs abdominales
- Exacerbations
- Calprotectine

Probiotiques et patients transplantés ?

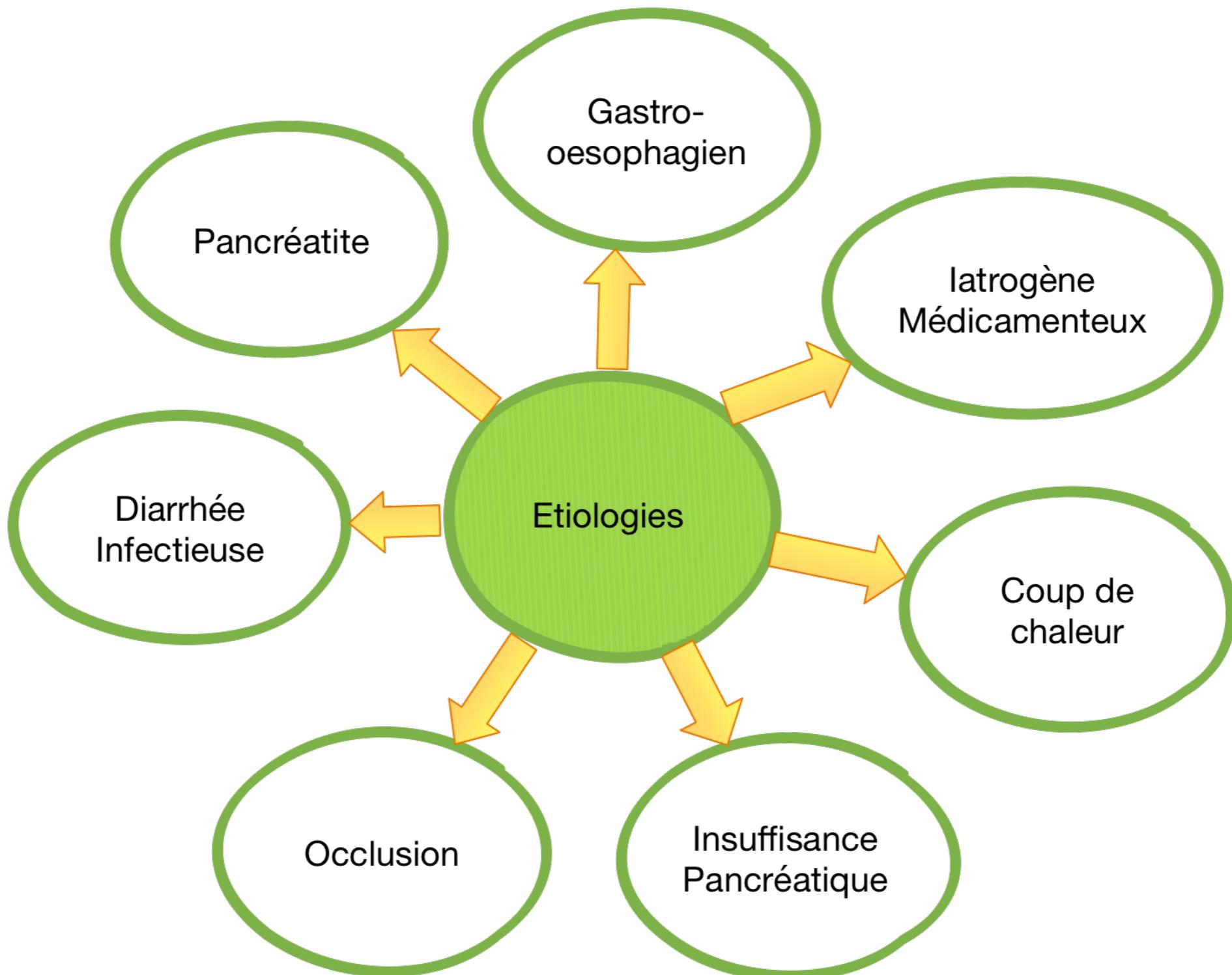
Bifidobacterium et *Lactobacillus*

AVIS EXPERT :

Effets secondaires observés des probiotiques : sepsis, fungémia et GI ischémie

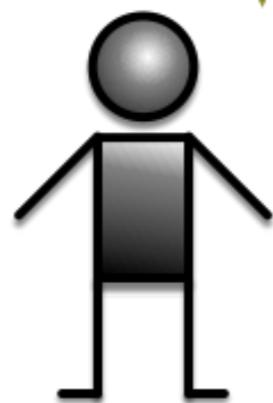
Expert Opin Drug Saf. 2014. A systematic review of the safety of probiotics.[Didari T1, Solki S, Mozaffari S, Nikfar S, Abdollahi M](#)





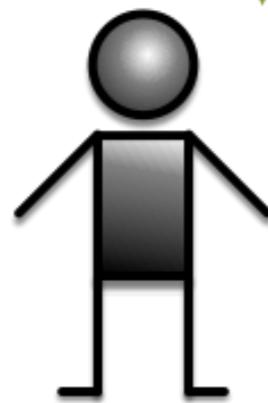


Nourrisson :
Plus de prise de poids et diarrhée
On augmente les extraits pancréatiques



Une histoire récente...

Nourrisson :
Plus de prise de poids et diarrhée
On augmente les extraits pancréatiques

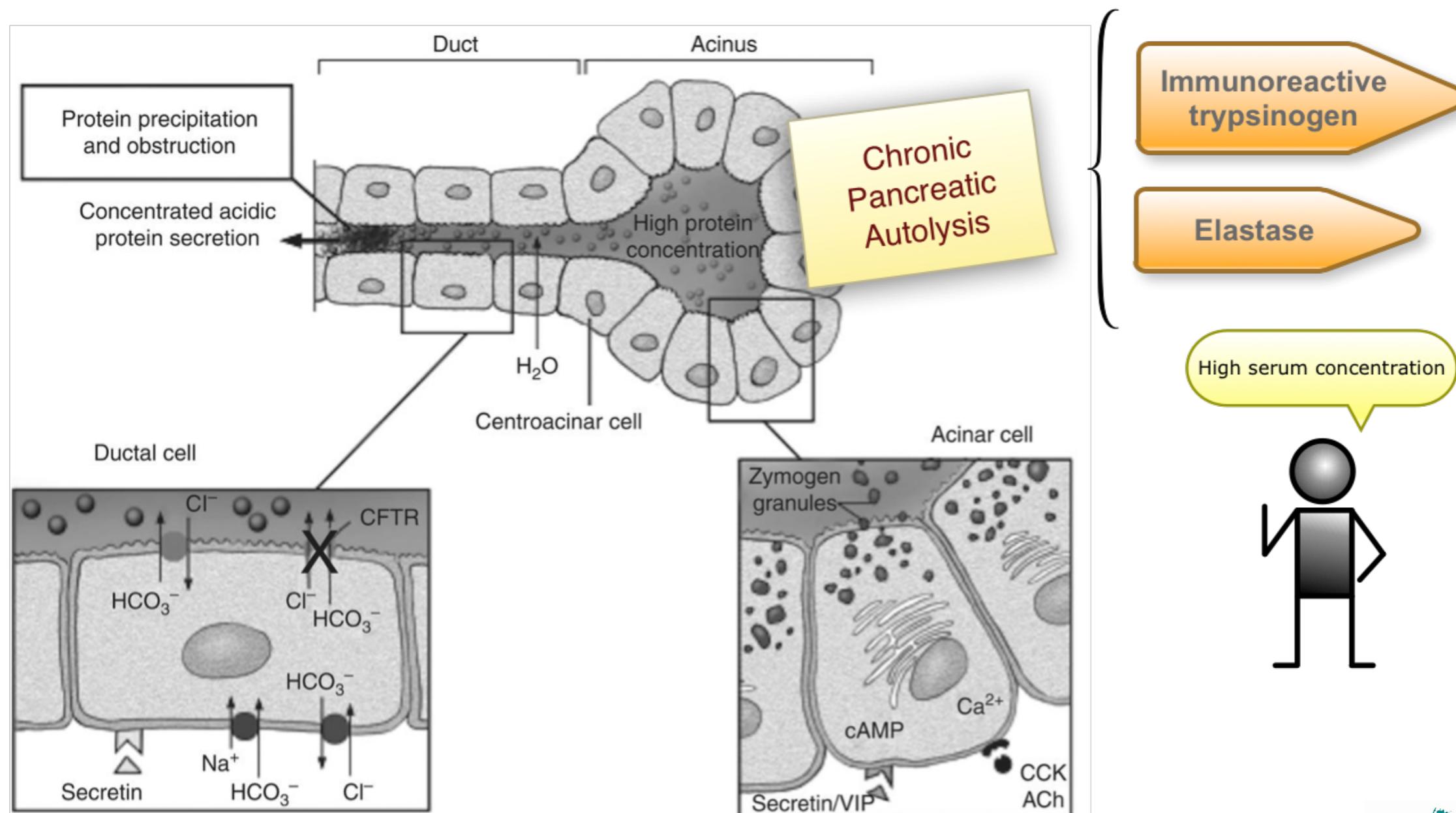


Oui, mais tu as vu comment
la mère donne l'EP à son
enfant ?



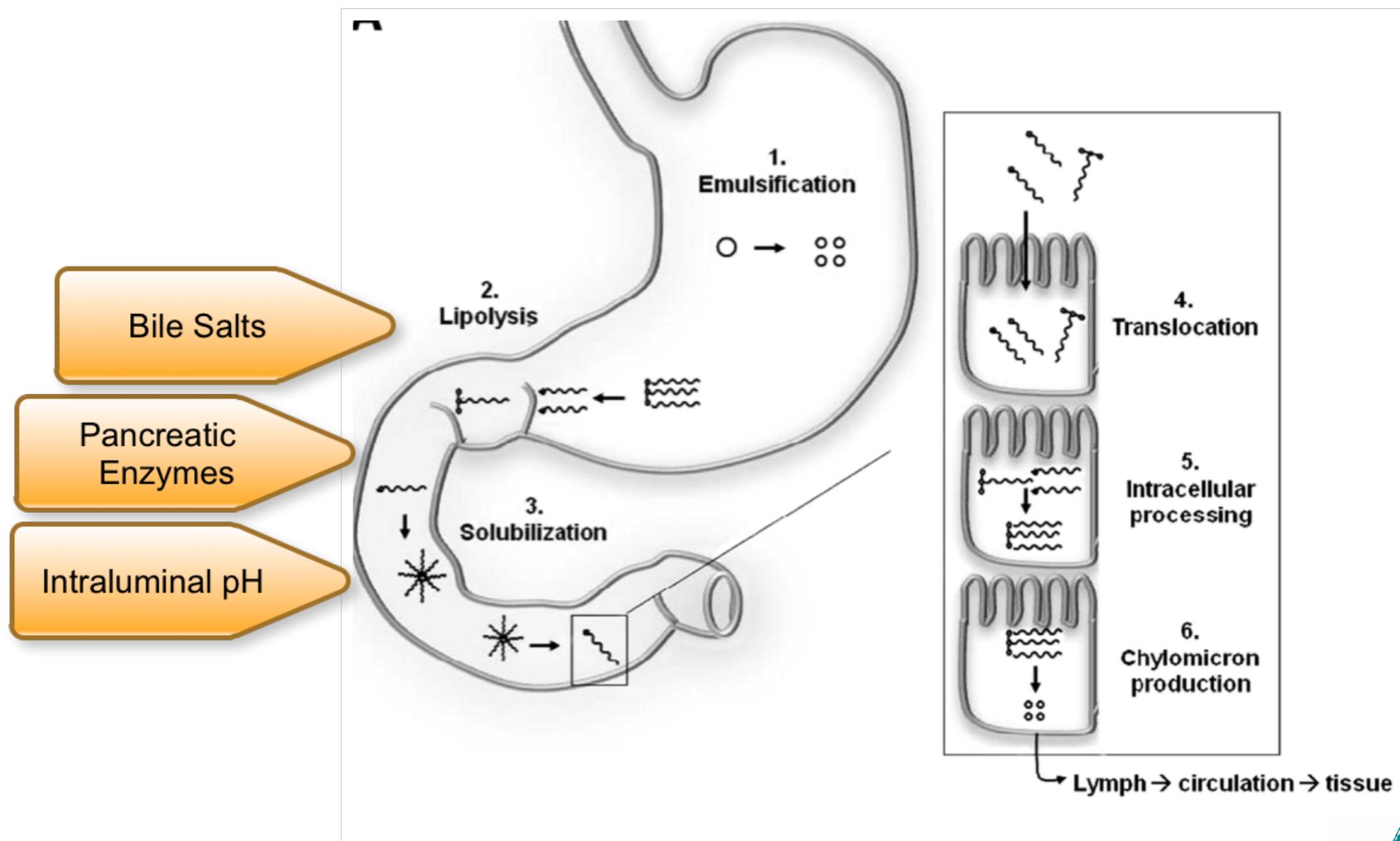
Pathogenesis of pancreatic damage in cystic fibrosis

Progressive pancreatic damage and atrophy

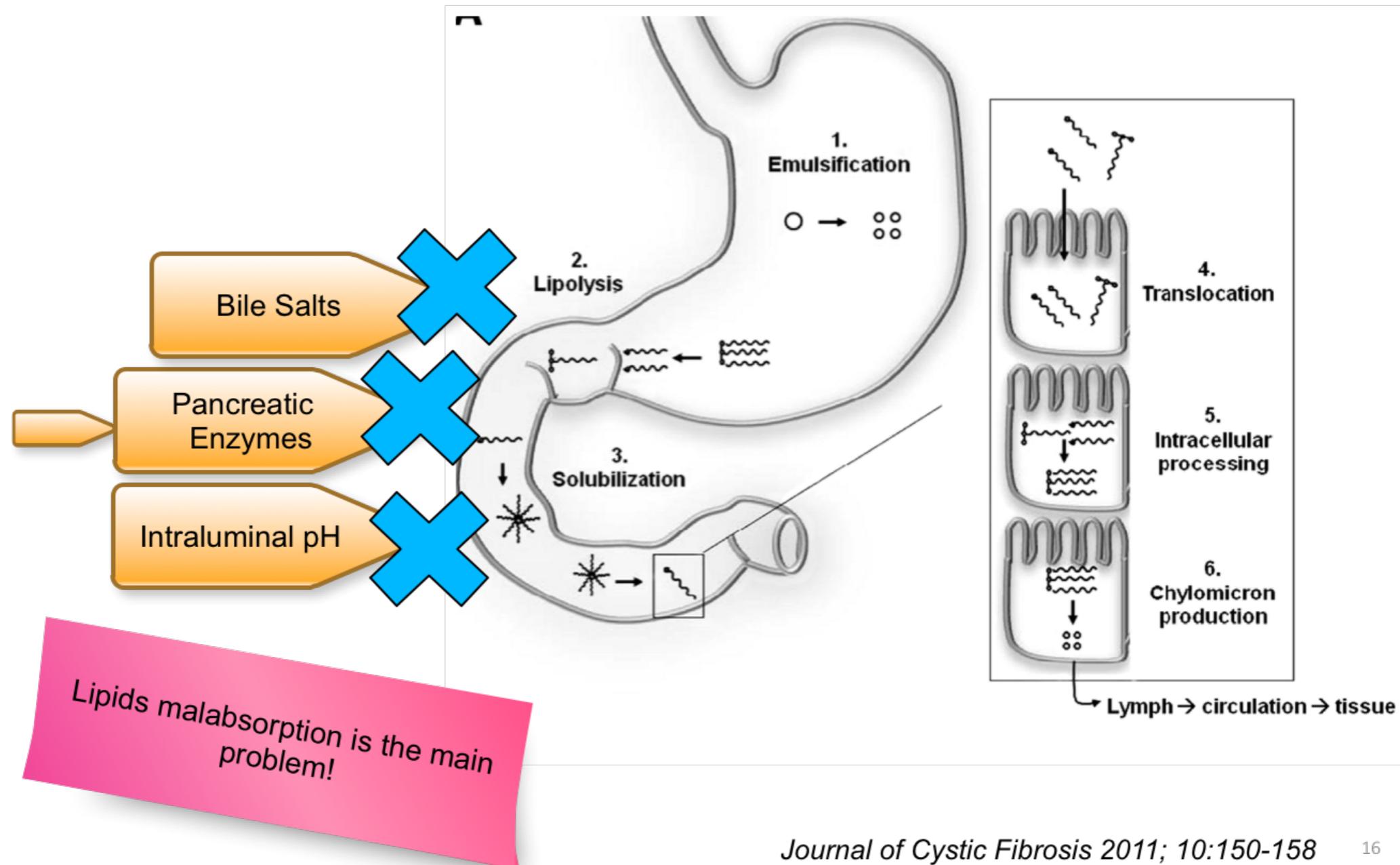


Wilschanski M , and Novak I Cold Spring Harb Perspect Med 2013;3:a009746

The different steps of the lipid absorption



The different steps of the lipid absorption



Journal of Cystic Fibrosis 2011; 10:150-158

16

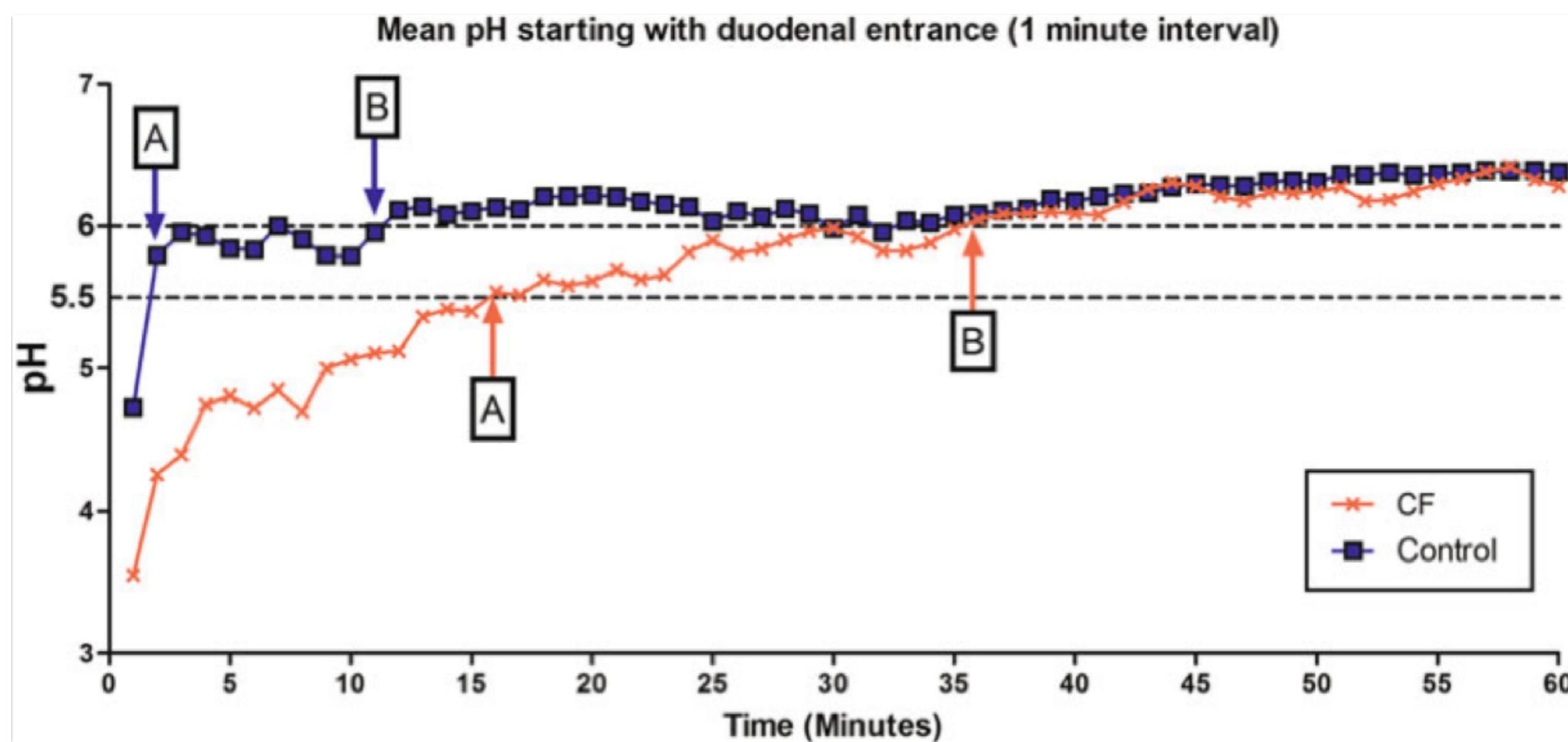
pH Intestinal et temps de transit chez les patients CF

wireless motility capsule

Mesure du pH intraluminal et temps de transit intestinal

Estimation du temps nécessaire (A) pour atteindre pH 5,5

Adultes PI CF ($n = 10$) versus témoin

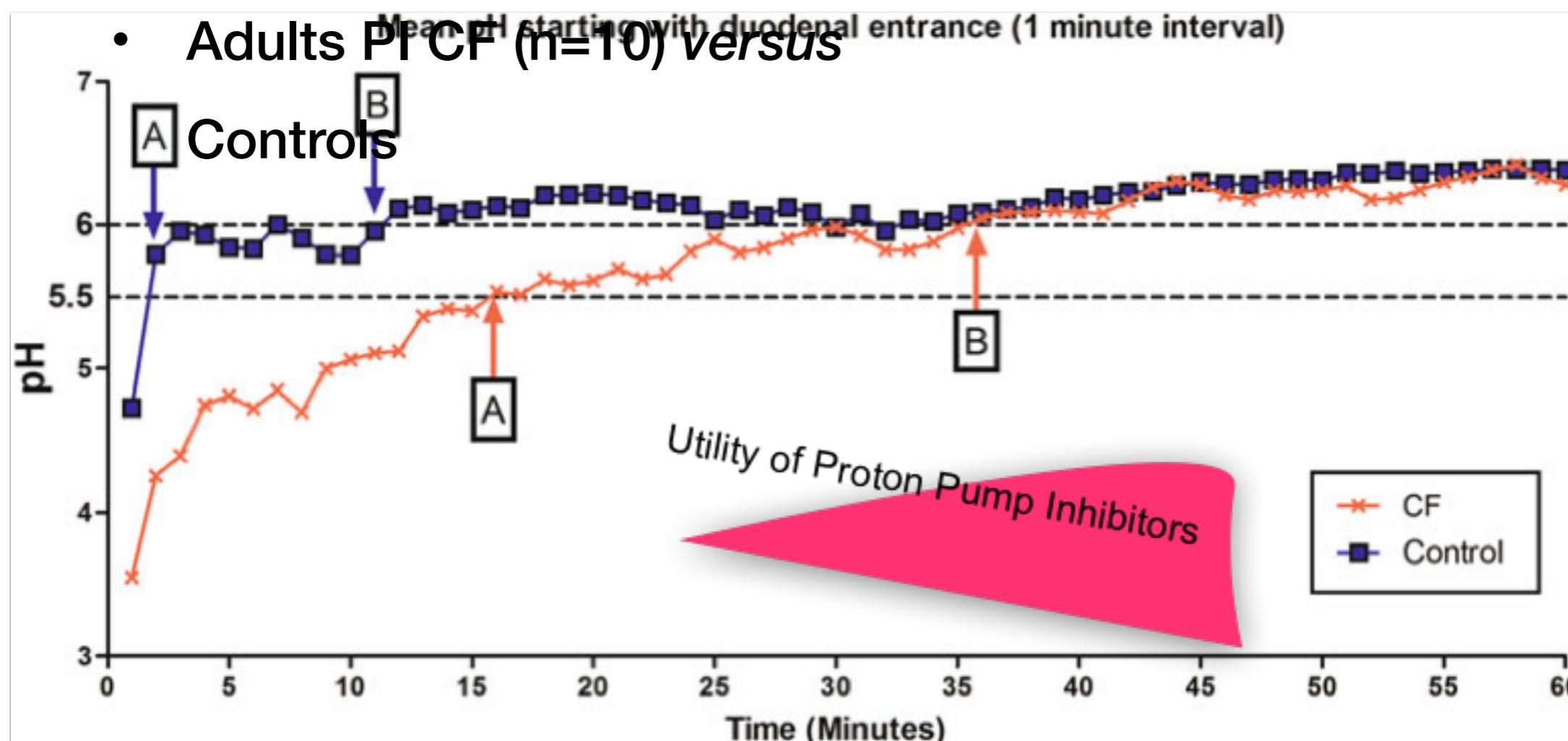


Défaut de tamponnement de l'acidité gastrique au niveau de l'intestin proximal

Intestinal pH in CF Patients: delay to reach pH 5.5

- Wireless motility pH meter capsule
- Estimated time to reach pH 5.5

(A)



Intestinal pH in CF Patients: Delay to Reach pH 5.5

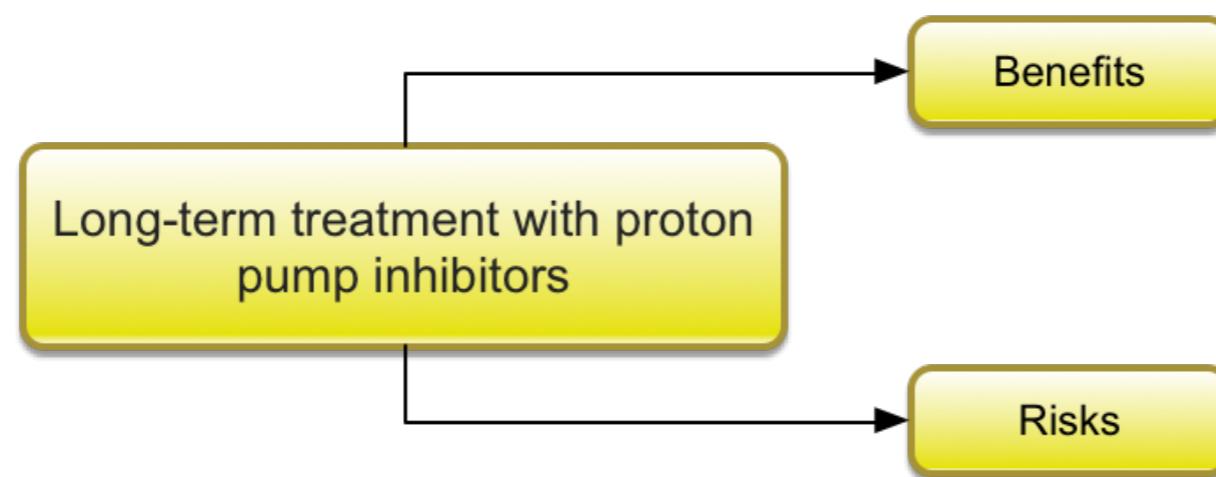
Mechanisms involved in the impairment of the intraluminal pH

- Impaired Bicarbonates released by the pancreas
- Impaired Bile Salts
- Chronic *Pseudomonas aerugina* lung infection

pH intestinal in CF Patients: Delay to Reach pH 5.5

Gastric acidity is useful

Bactericidal



Improve lipids absorption

Osteoporosis
Pneumonia
Intestinal translocation

NACFC 2014 S20.1 Ph modulation in cf: optimizing overall health

NACFC 2014 S20.3 The balancing act of acid suppressive drugs in patients with cf: short-term gain and the potential for long-term pain

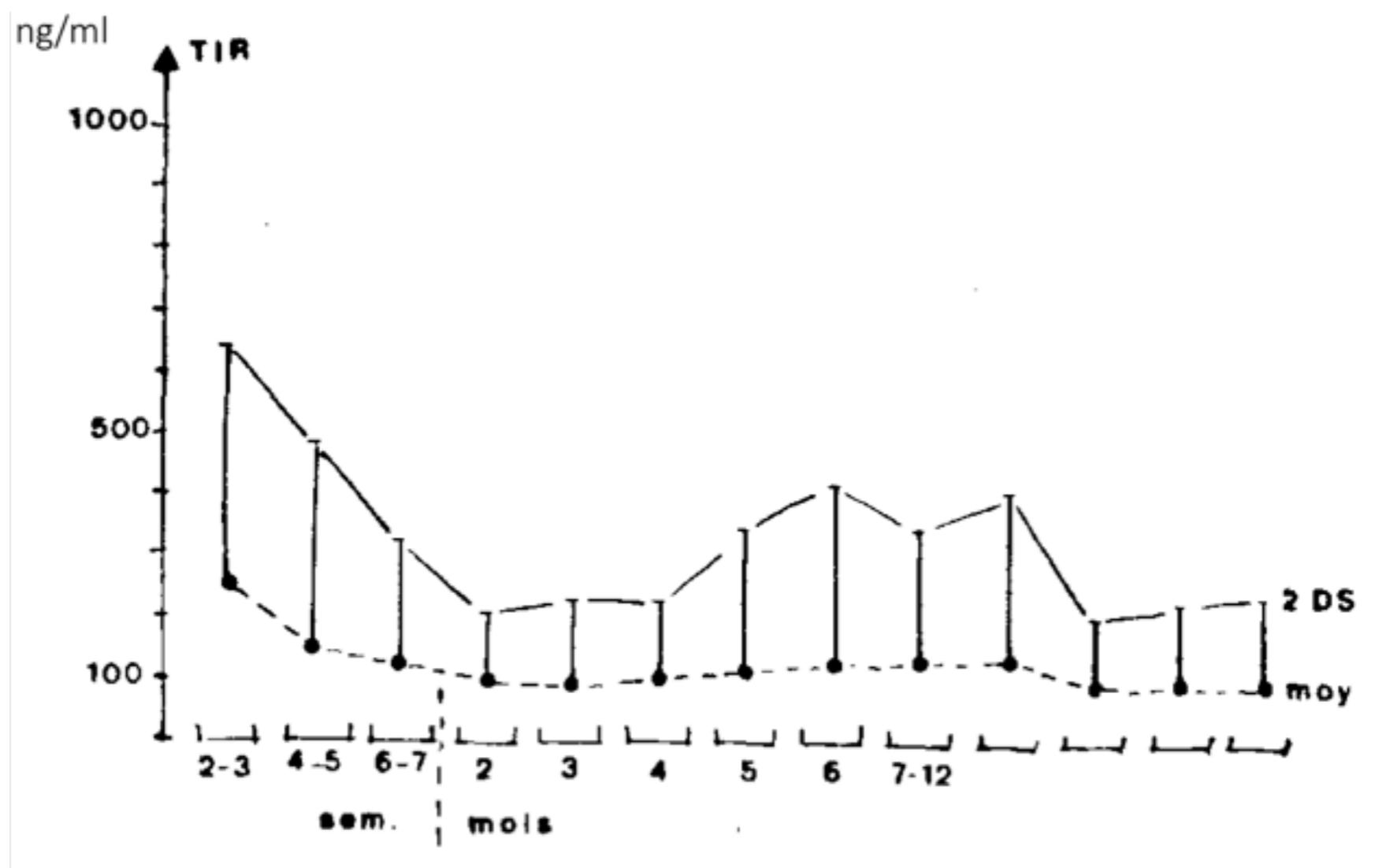
25

Bacterial overgrowth in the small intestine (CF mice)

Causes

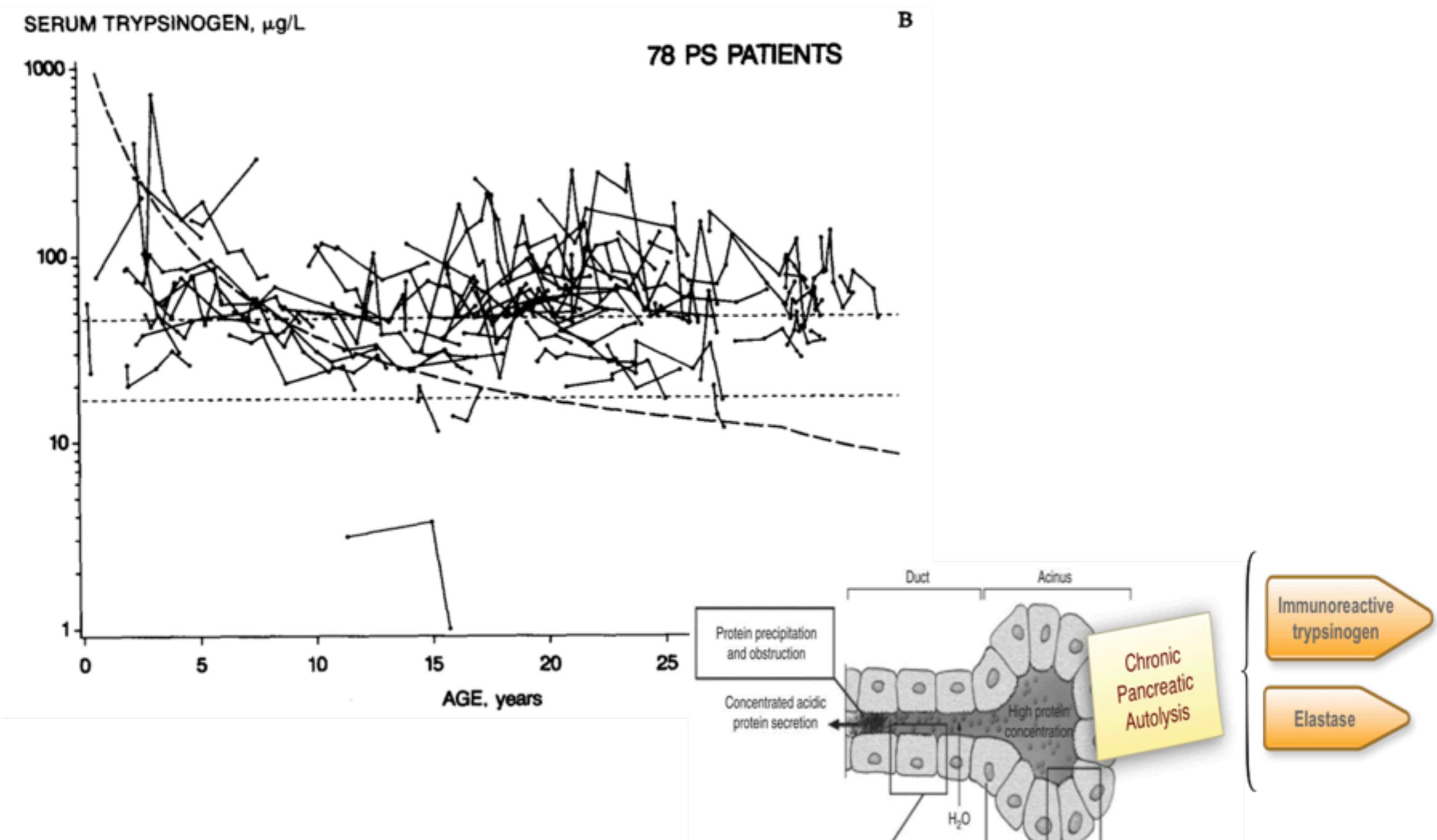
- Accumulation of mucus
- Intestinal crypts obstruction
- Intestinal motility disorders
- Antacid treatment
- Swallowing bronchial sputum
- Repeated antibiotic therapy
- Long-term Azithromycin treatment?

IRT normal values

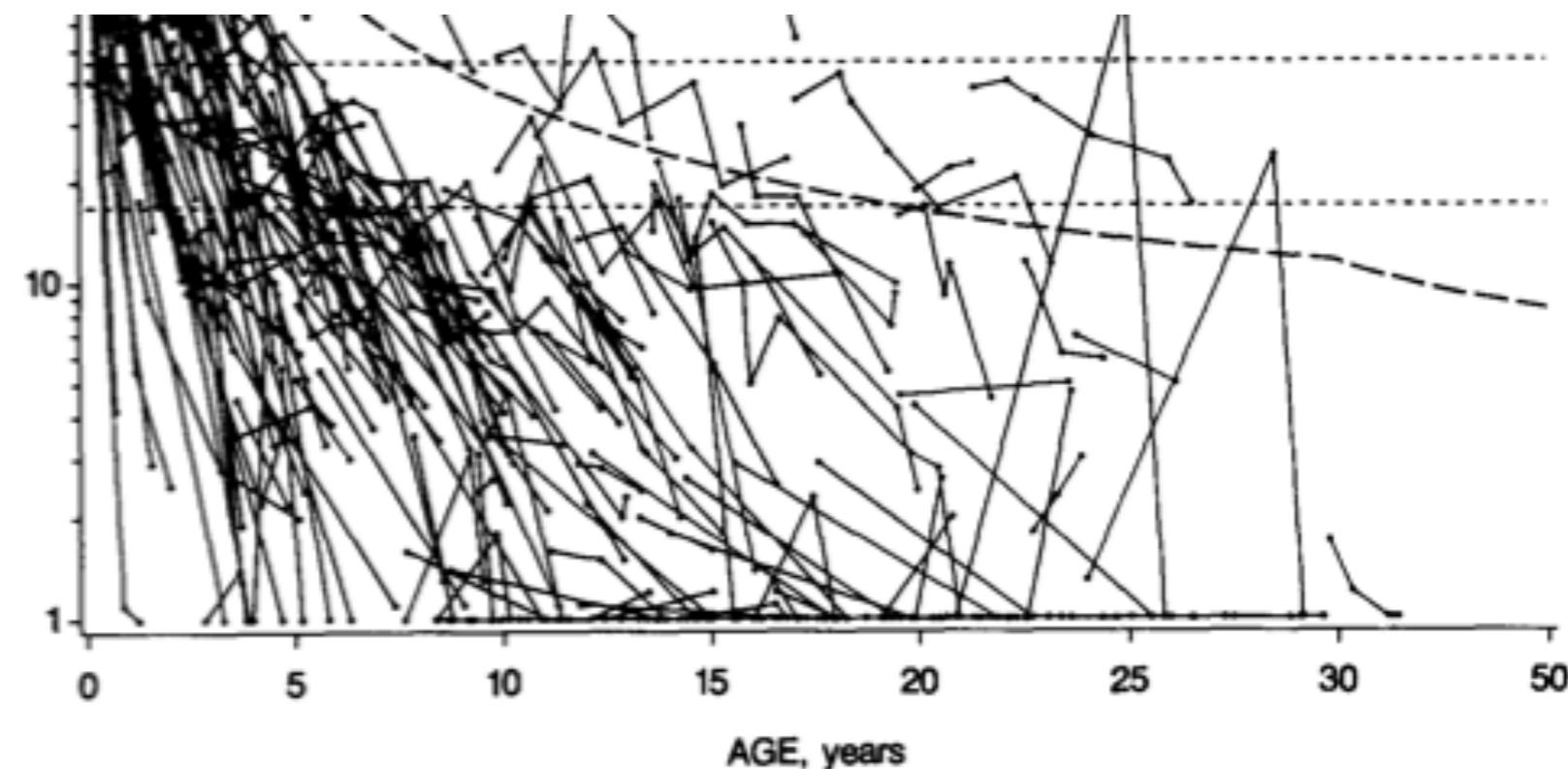


Immunoanal. Biol. Spec. (1989) 14, 39-48

The IRT remains increased in PS-CF



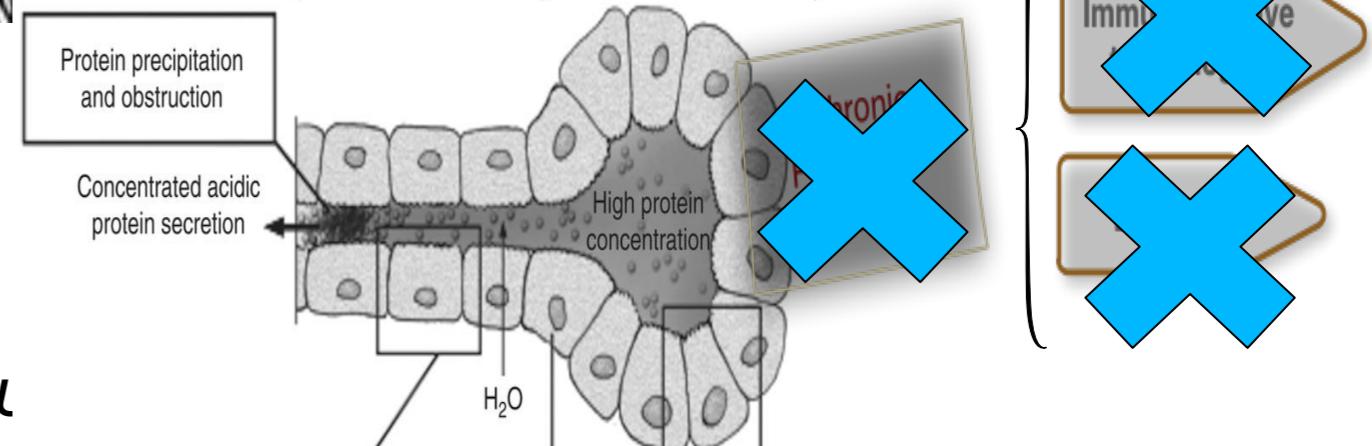
The IRT is low in child and adult PI-CF



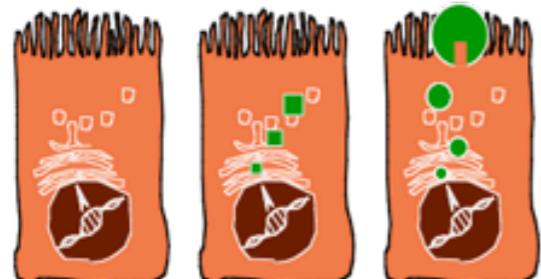
SERUM TRYPSINOGEN, $\mu\text{g}/\text{L}$

B

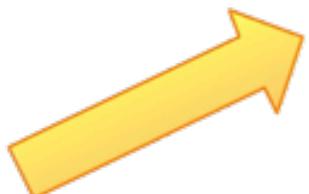
78 PS PATIENTS



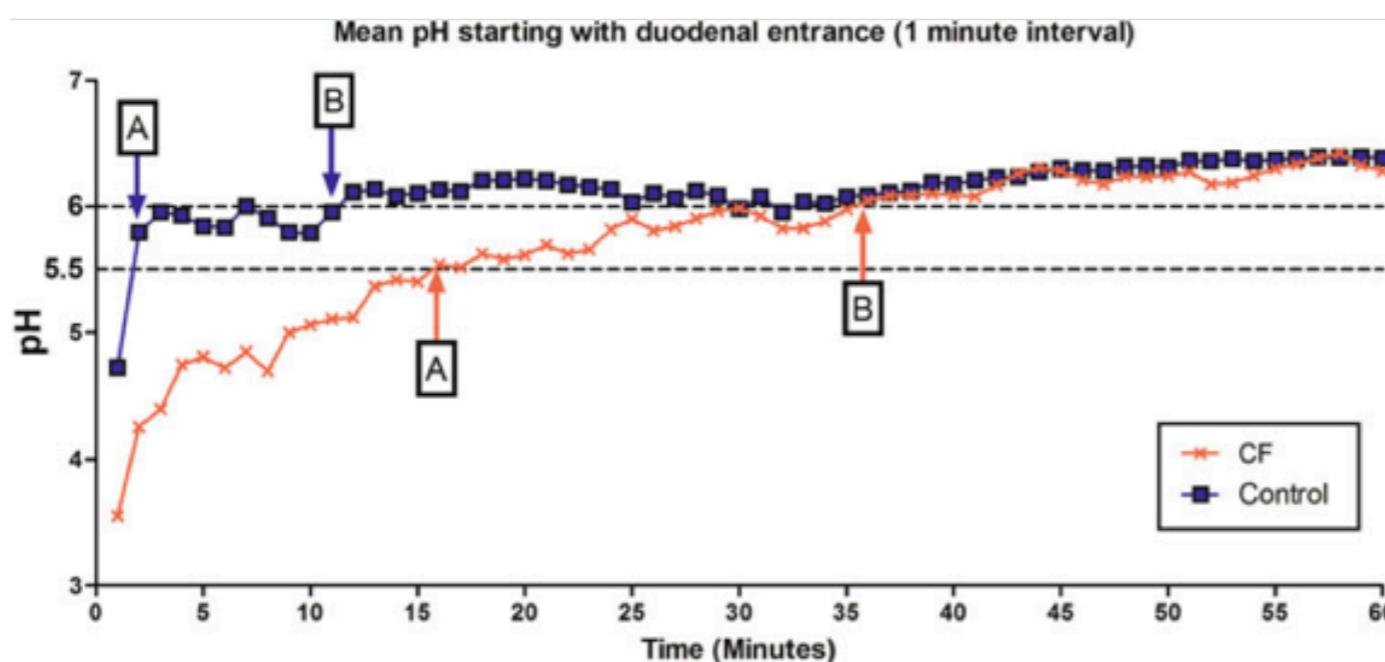
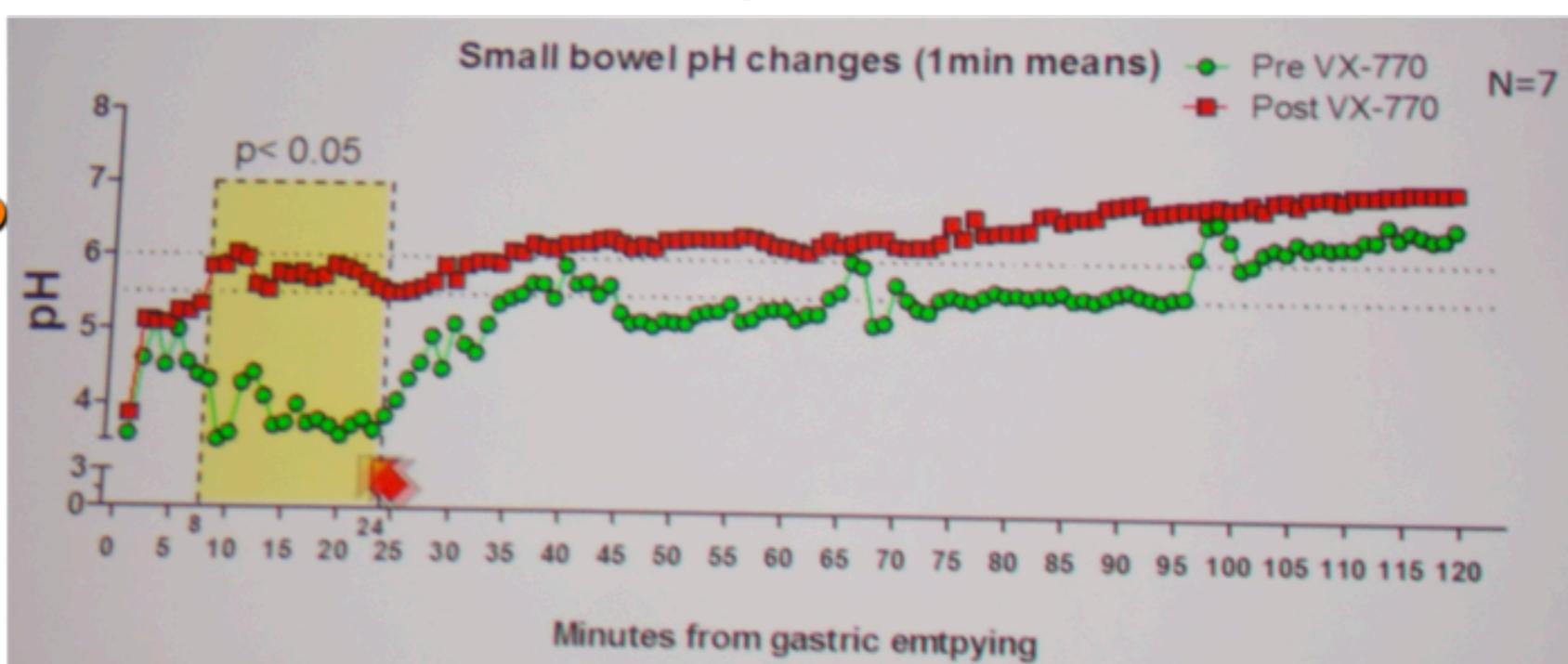
Une solution pour
2 % des patients



G551D



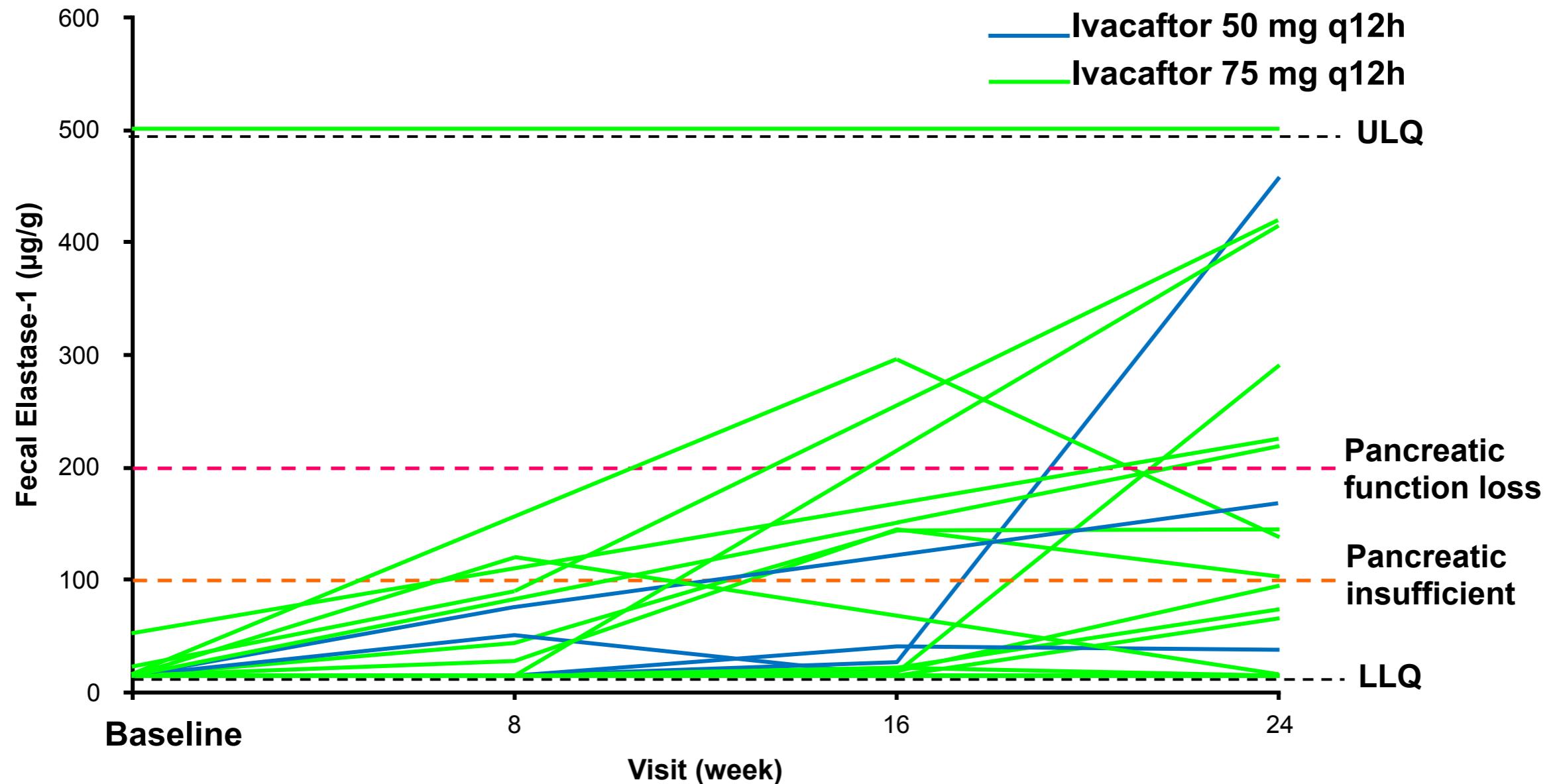
Rétablissement du tamponnement de l'acidité gastrique au niveau intestinal chez les patients sous Ivacaftor



Geffond et al. Dig Dis Sci

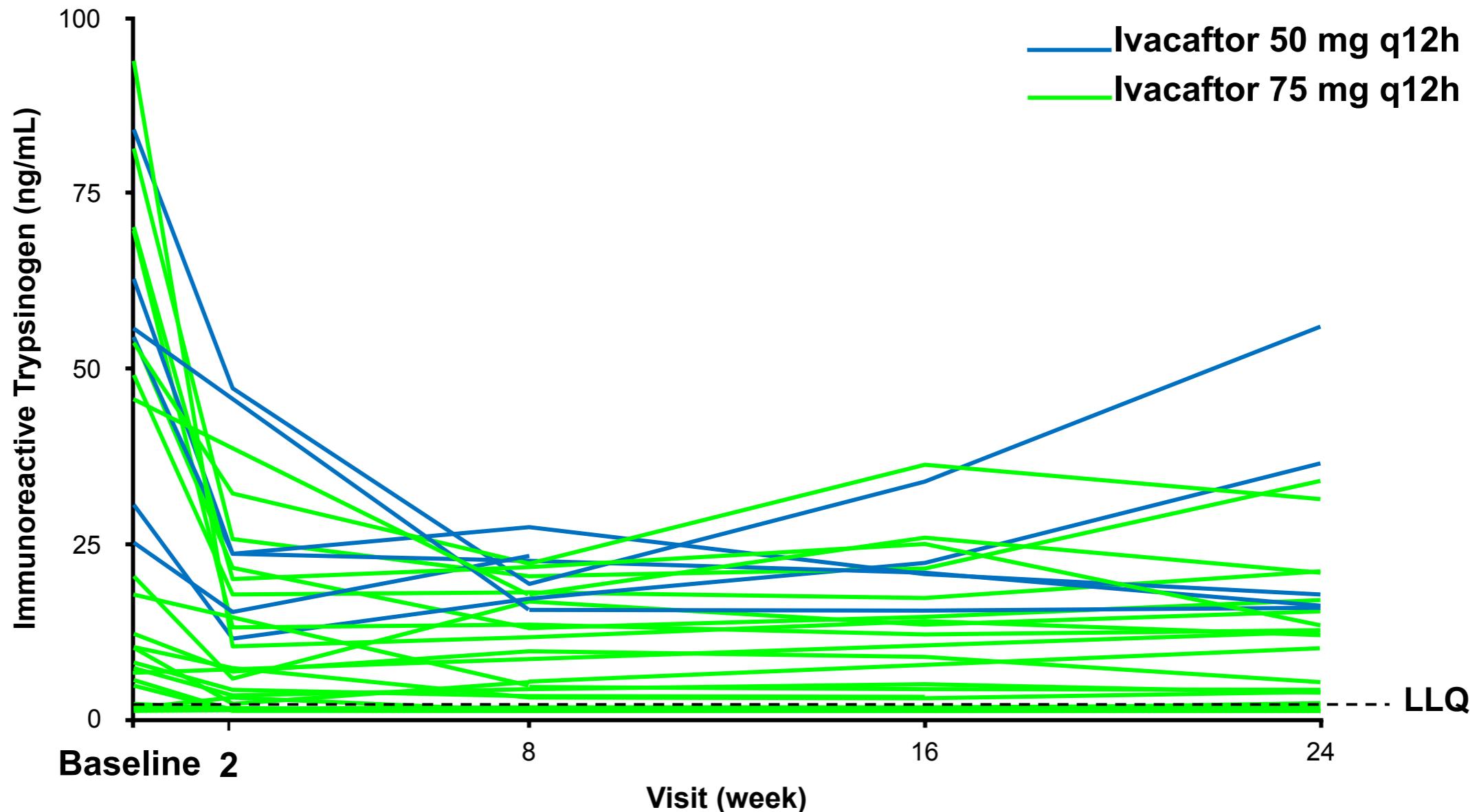
Rowe, Heltshe, Gonska, et al.: The Potentiator Ivacaftor in G551D-mediated CF

Efficacy: Fecal elastase-1 for individual patients

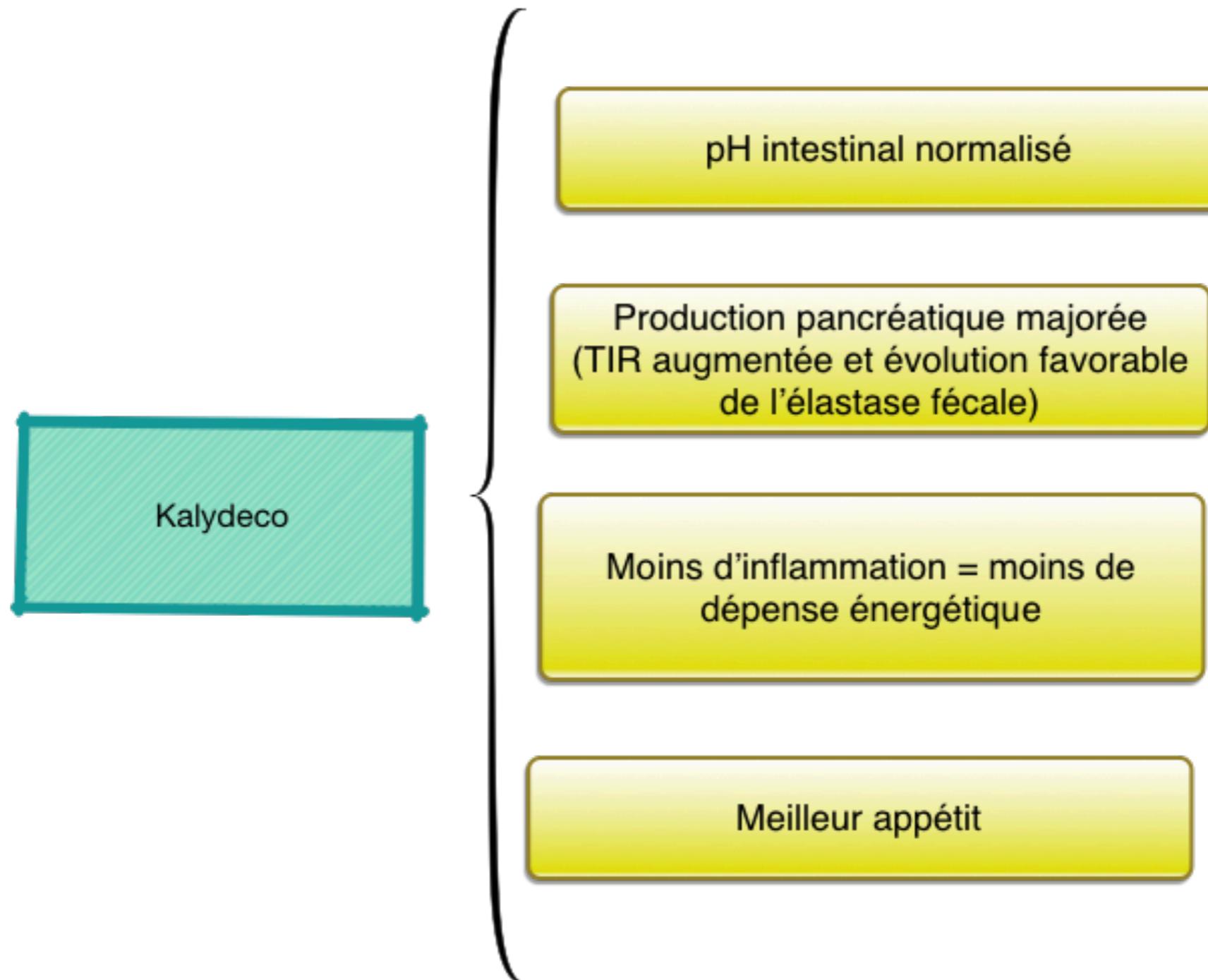


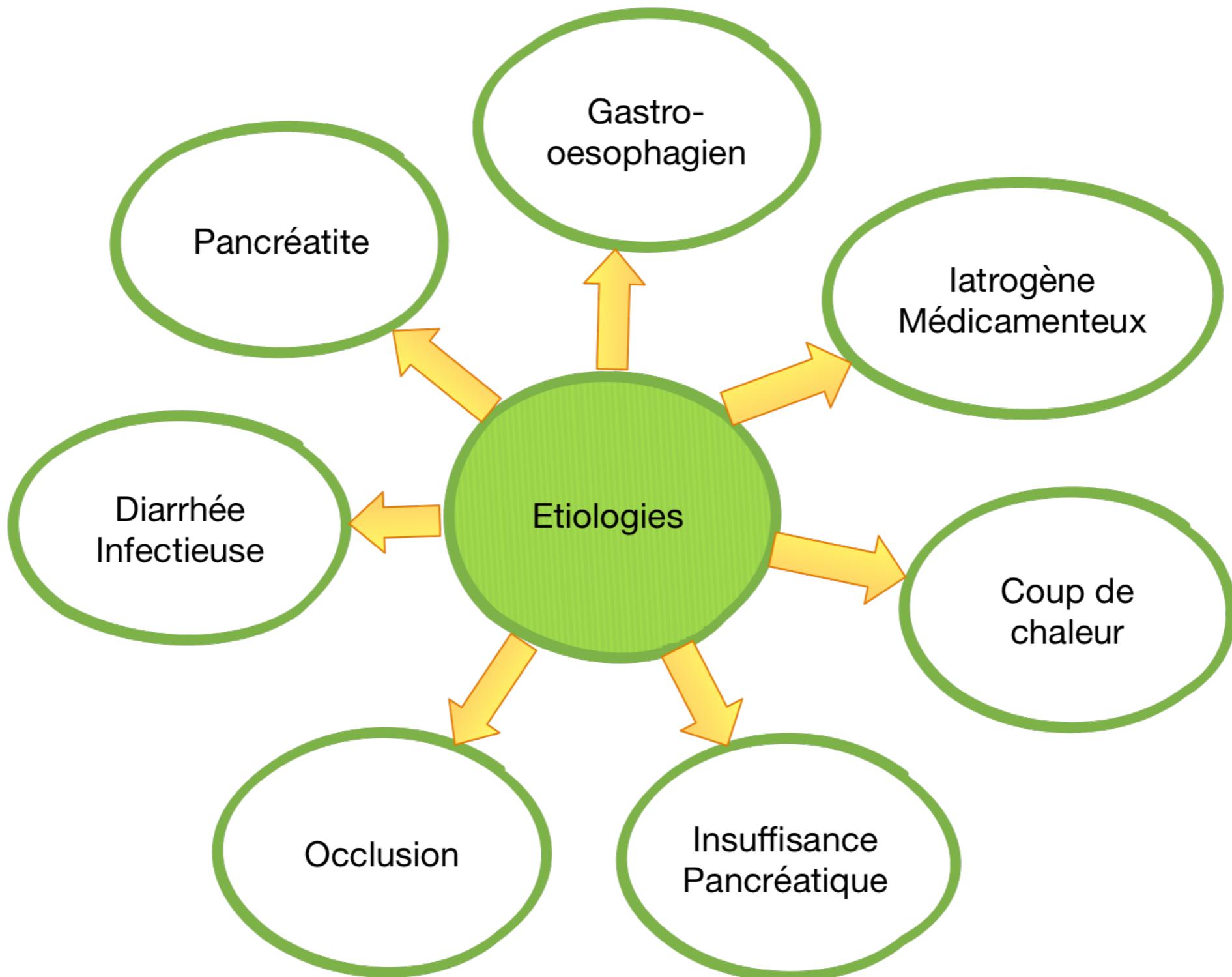
LLQ, lower limit of quantification; ULQ, upper limit of quantification.

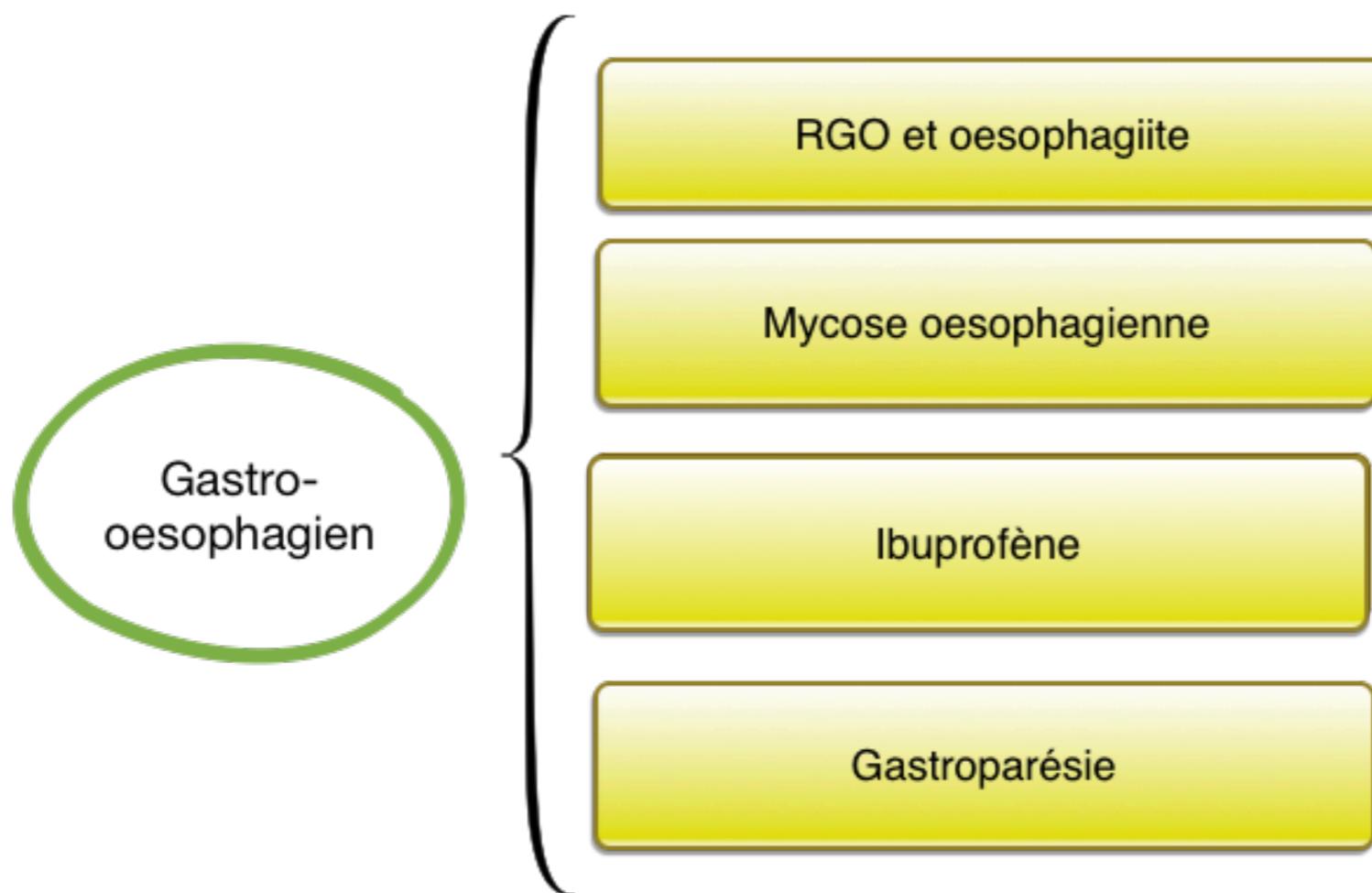
Efficacy: Immunoreactive Trypsinogen for individual patients

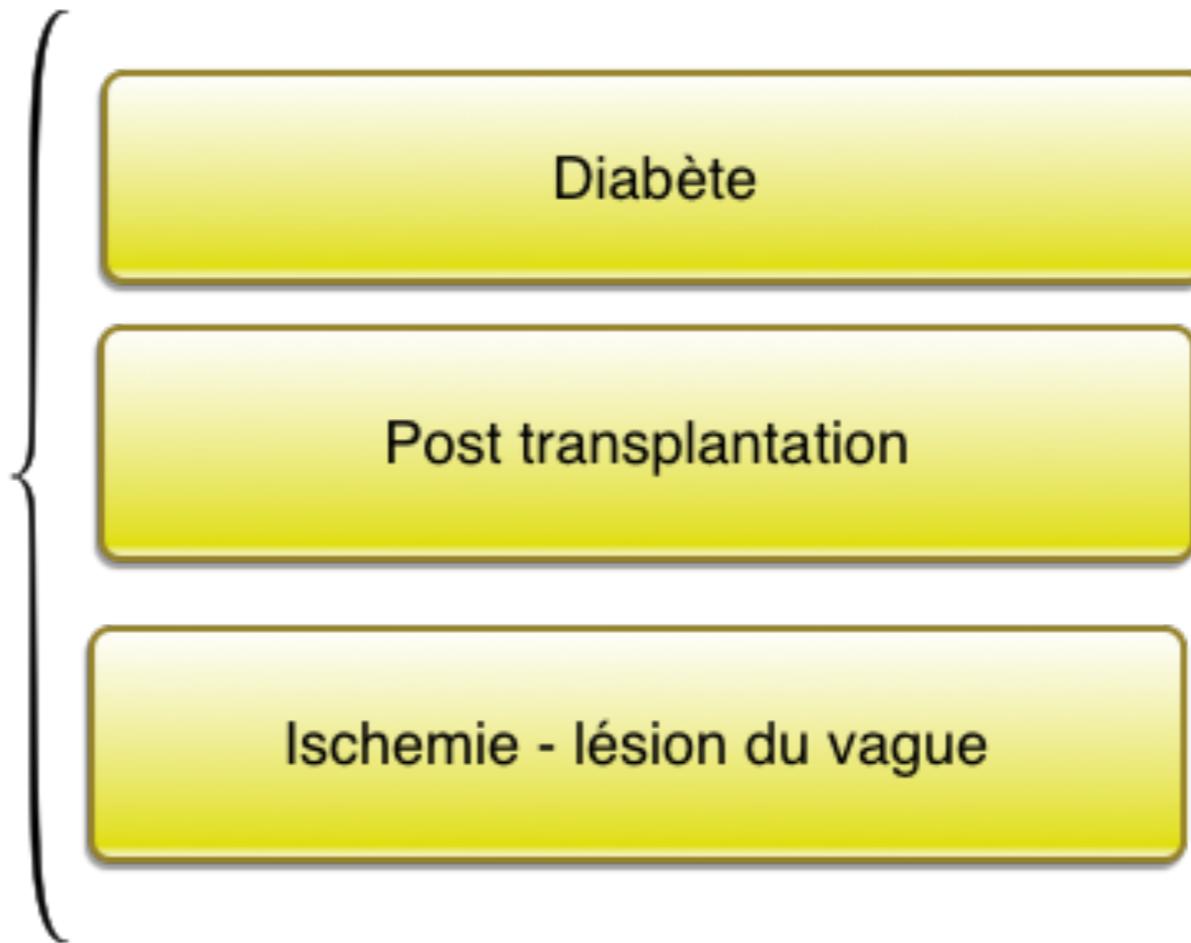


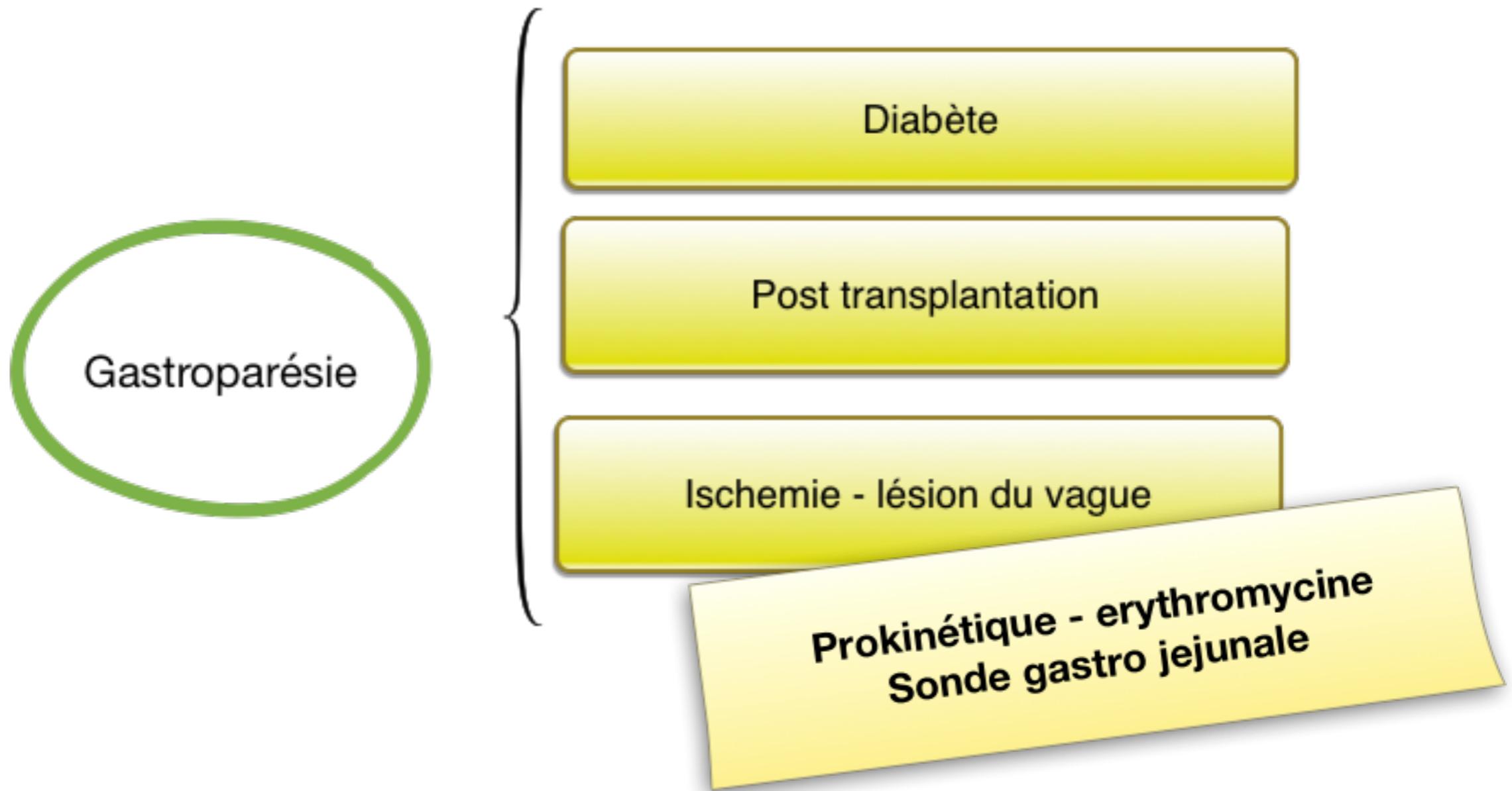
- Overall mean reduction from baseline at Week 24: 20.7 ng/mL











[Jejunal tube feeding for cystic fibrosis-related gastroparesis: the Nottingham experience.](#)

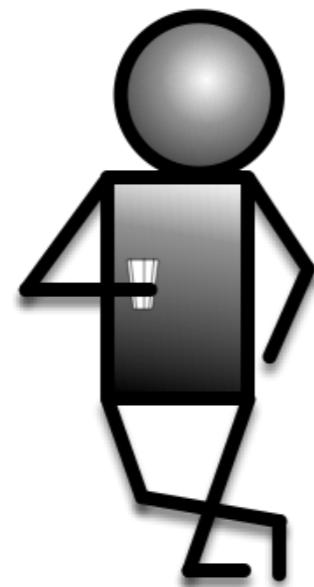
R.S. Chinuck, J.C. Dewar. Journal of Cystic Fibrosis, Vol. 10, S75

Cyst Fibros. 2009 May;8(3):193-7. Erythromycin improves gastric emptying half-time in adult cystic fibrosis patients with gastroparesis.



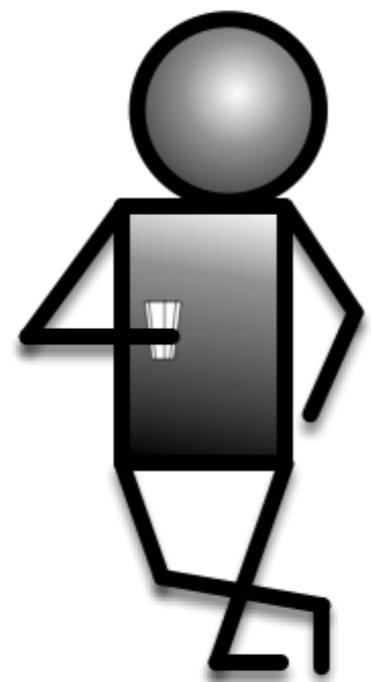
Pancréatite

Sémiologie de la
pancréatite aigüe



- Douleurs épigastrique transfixiante (100 %)
- Vomissements (80 %)
- Iléus paralytique (50 %)
- Fièvre
- Distension abdominale

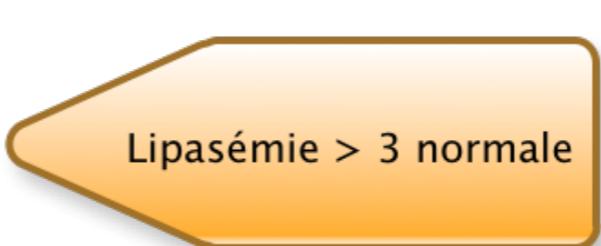
Examen clinique



- Tachycardie
- Sensibilité à la palpation
- Parfois défense

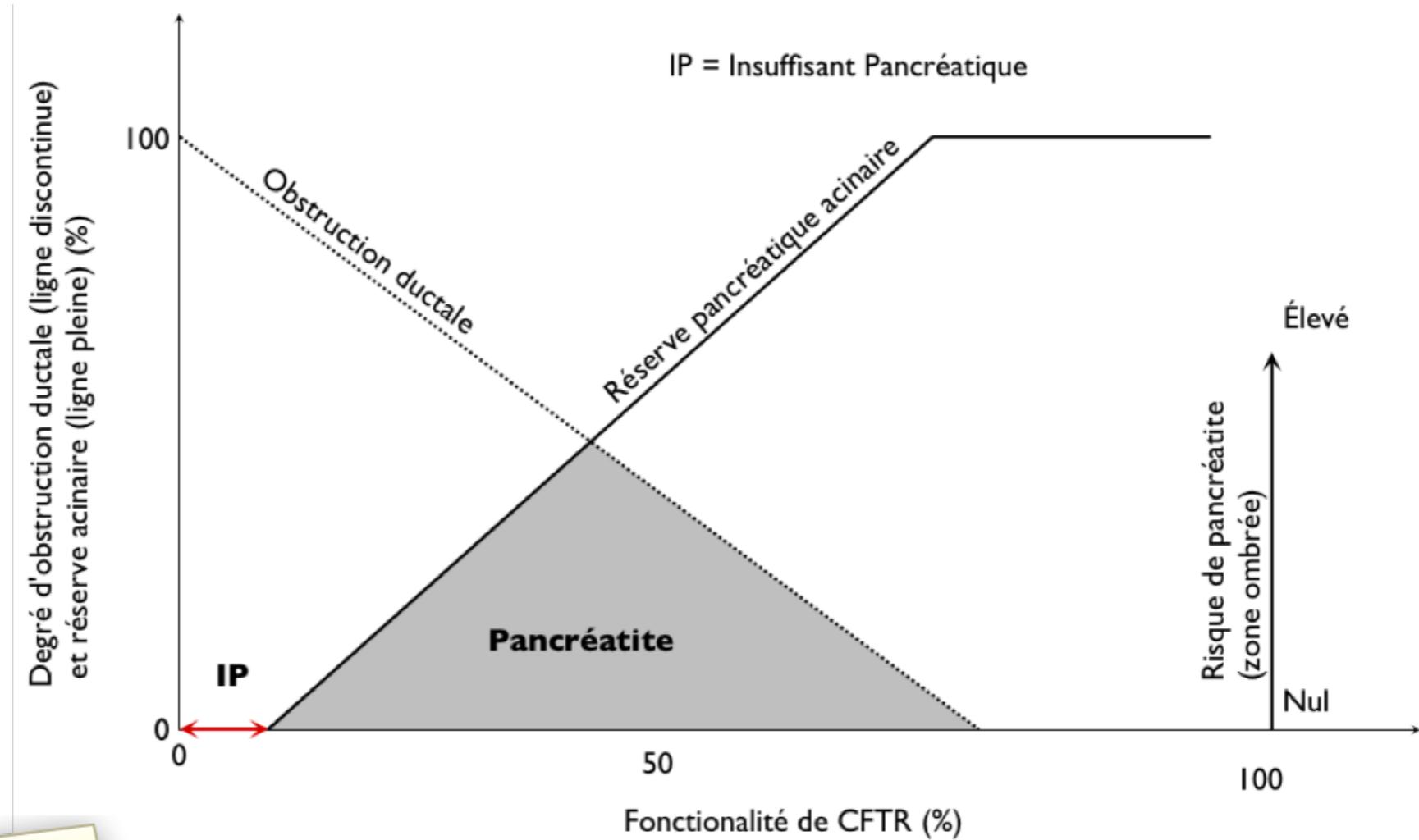


Diagnostic ?



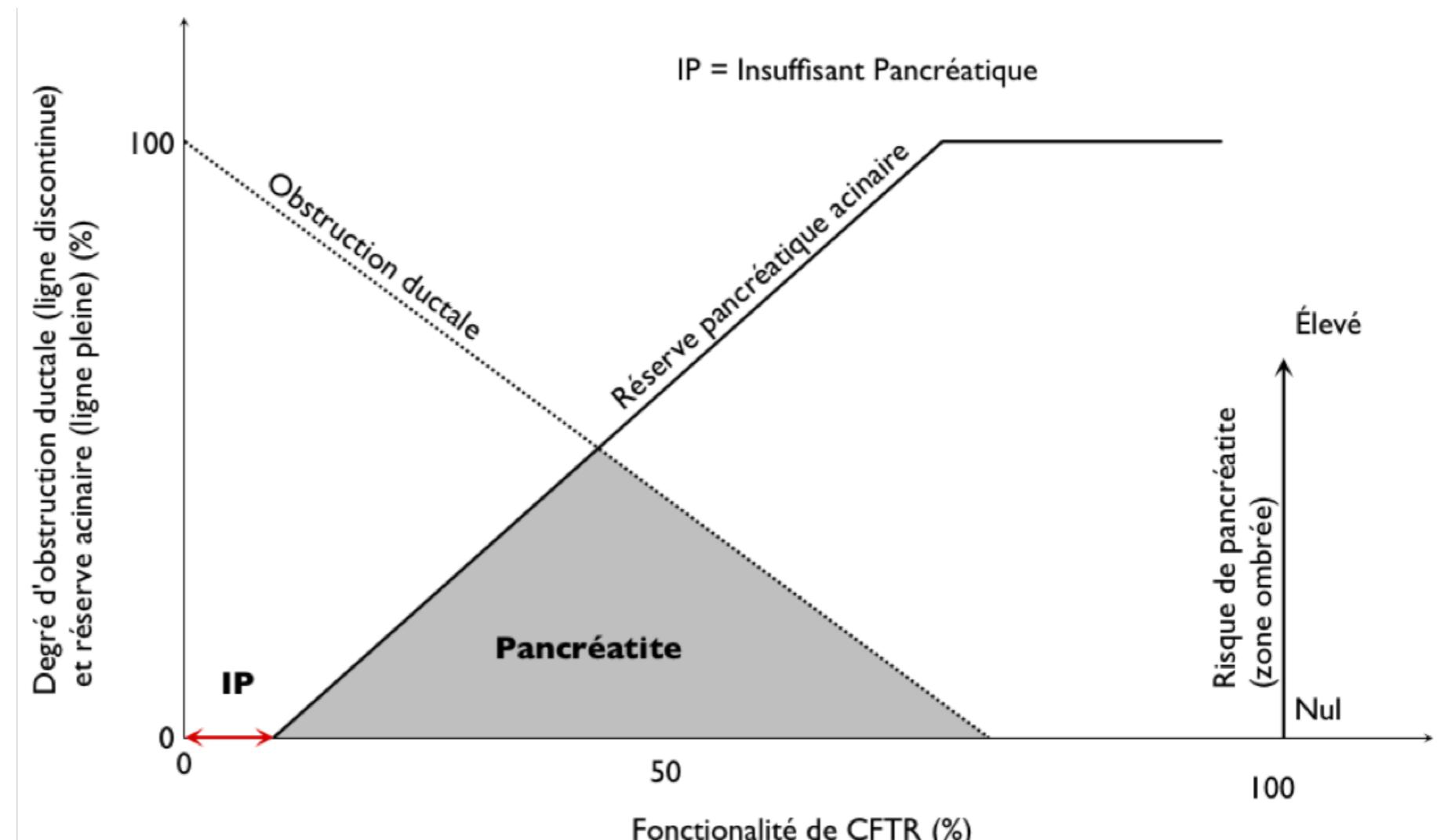
Physiopathologie

Formes modérées



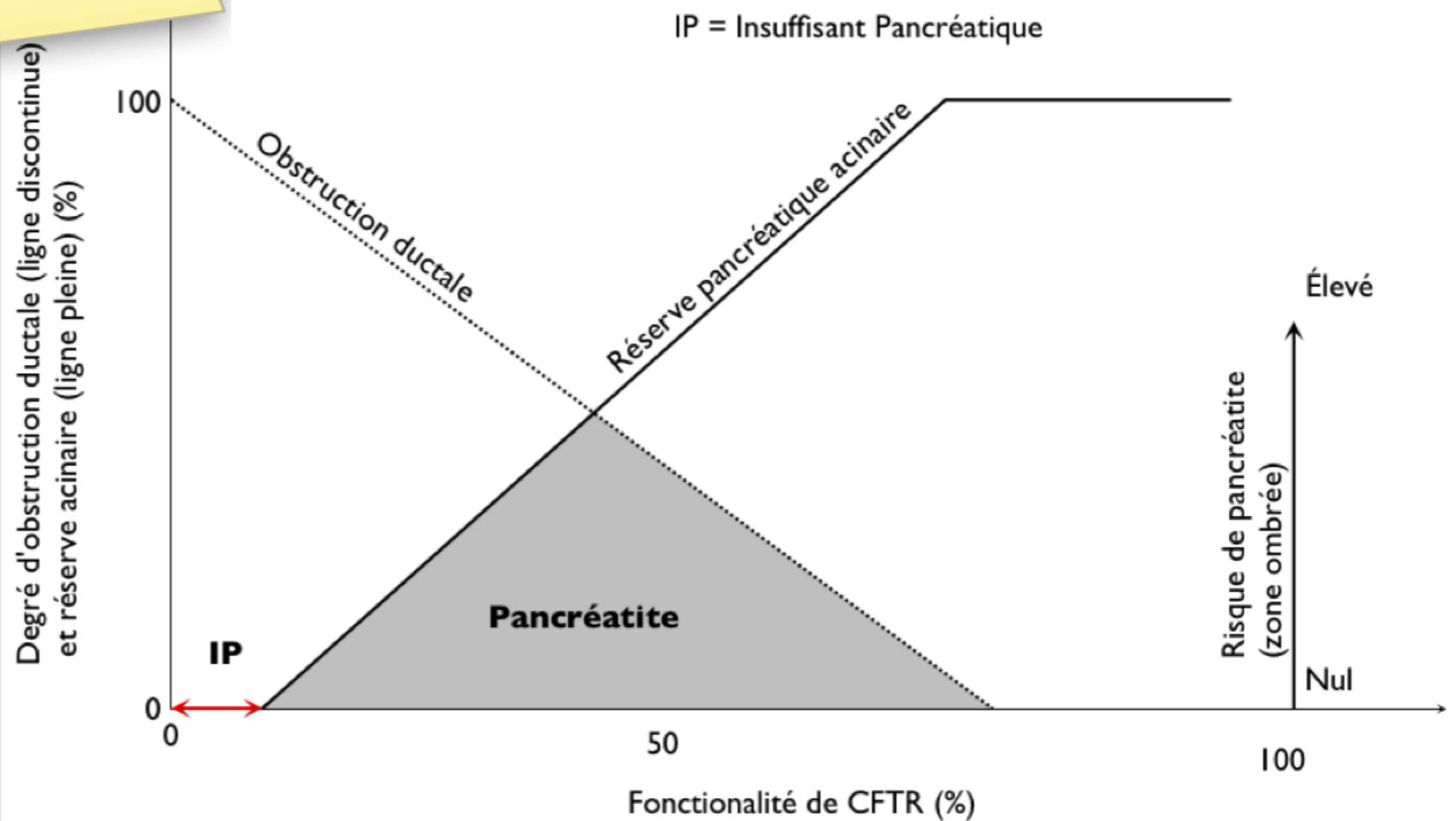
Physiopathologie

+ cofacteur :
alcool

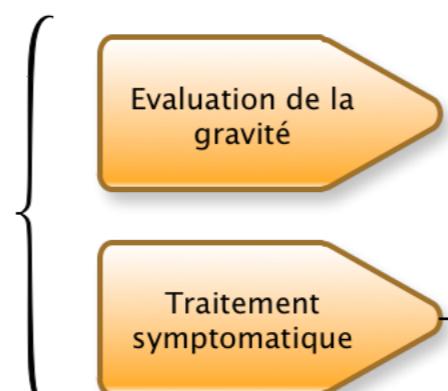
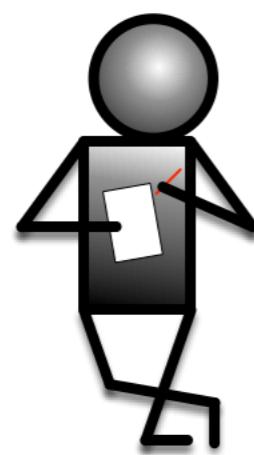


Incidence ?
Rarissime chez insuffisants pancréatiques
sous-estimé chez les CF asymptomatiques
2-3 % ?

Physiopathologie



Prise en charge initiale



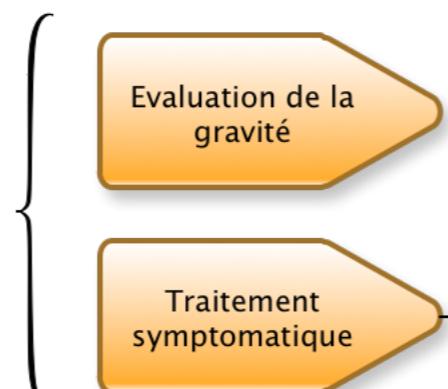
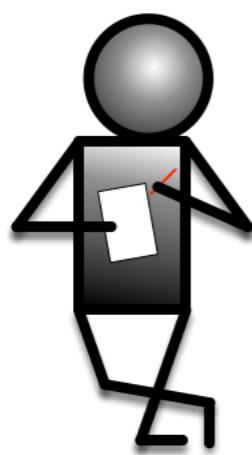
Forme non compliquée

- Repos digestif 48 heures
- Reprise de l'oralité progressive en l'absence de douleur sans antalgiques et diminution de lipasémie
- Réhydratation IV et correction des troubles hydro électrolytiques
- Traitement antalgique adapté au degré de la douleur

régime pauvre en
graisses ?

PEC en secteur de réanimation

Prise en charge initiale



Forme non compliquée

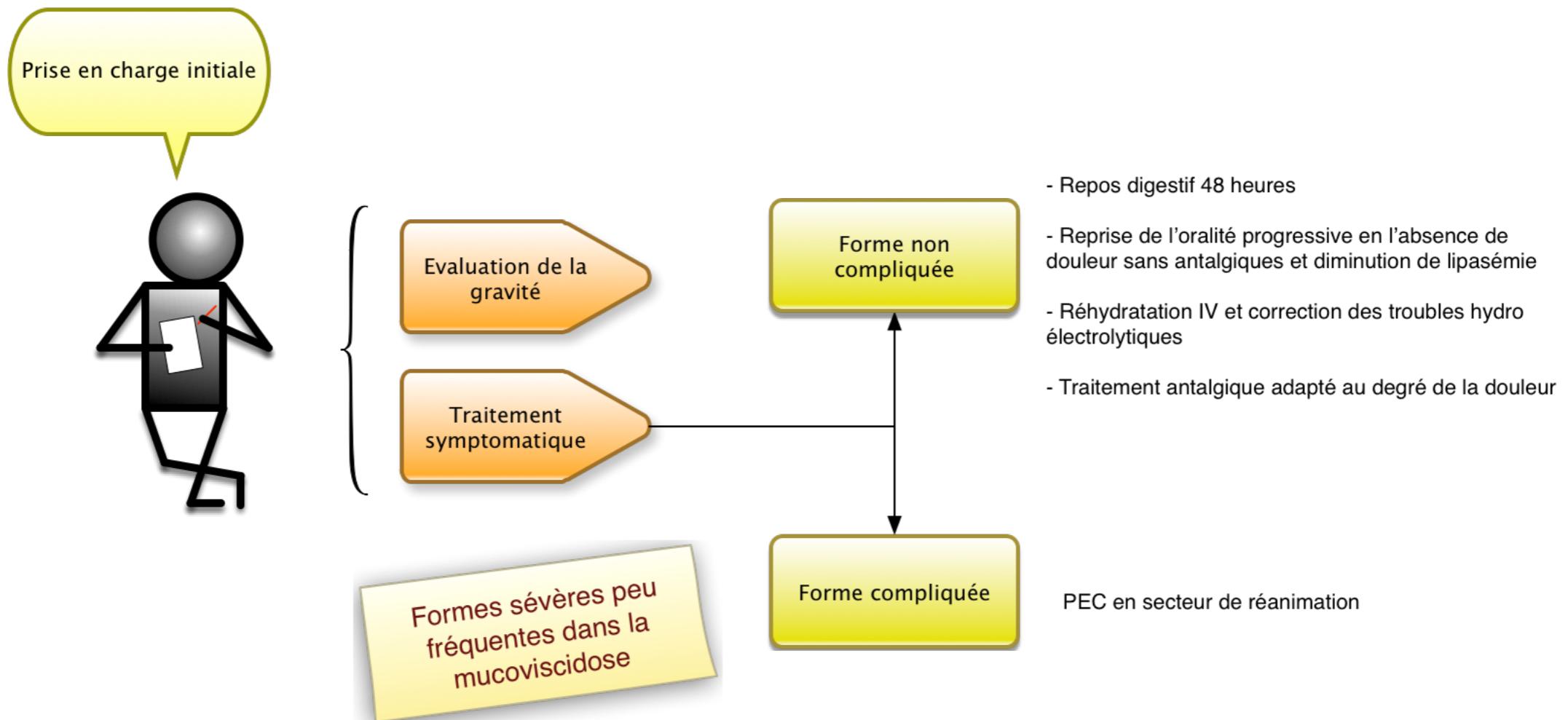
- Repos digestif 48 heures
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- Réhydratation IV et correction des troubles hydro électrolytiques
- Traitement antalgique adapté au degré de la douleur

régime pauvre en graisses ?

Forme compliquée

PEC en secteur de réanimation

Régression des douleurs et de l'ileus
Baisse de la lipase





Elastase fécale
IP ?

- IP secondaire ?
- Râre ?
- Pancréatites à répétition

+ cofacteur :
alcool

Traitement des
formes
récidivantes ?

Diarrhée
Infectieuse

Colite Post AB
pseudomembraneuse
Clostridium difficile

Paediatr Respir Rev. 2018 Mar;26:16-18. ***Clostridium difficile and cystic fibrosis: management strategies and the role of faecal transplantation.***



Pediatric *Clostridium difficile*: A Phantom Menace or Clinical Reality?

*†Lynne V. McFarland, *Sally A. Brandmarker, and ‡Stefano Guandalini



Clostridium difficile : chez le nourrisson et l'enfant, le portage est fréquent et asymptomatique

Table 1. Asymptomatic intestinal colonization by *Clostridium difficile* in healthy infants and children in three day-care facilities

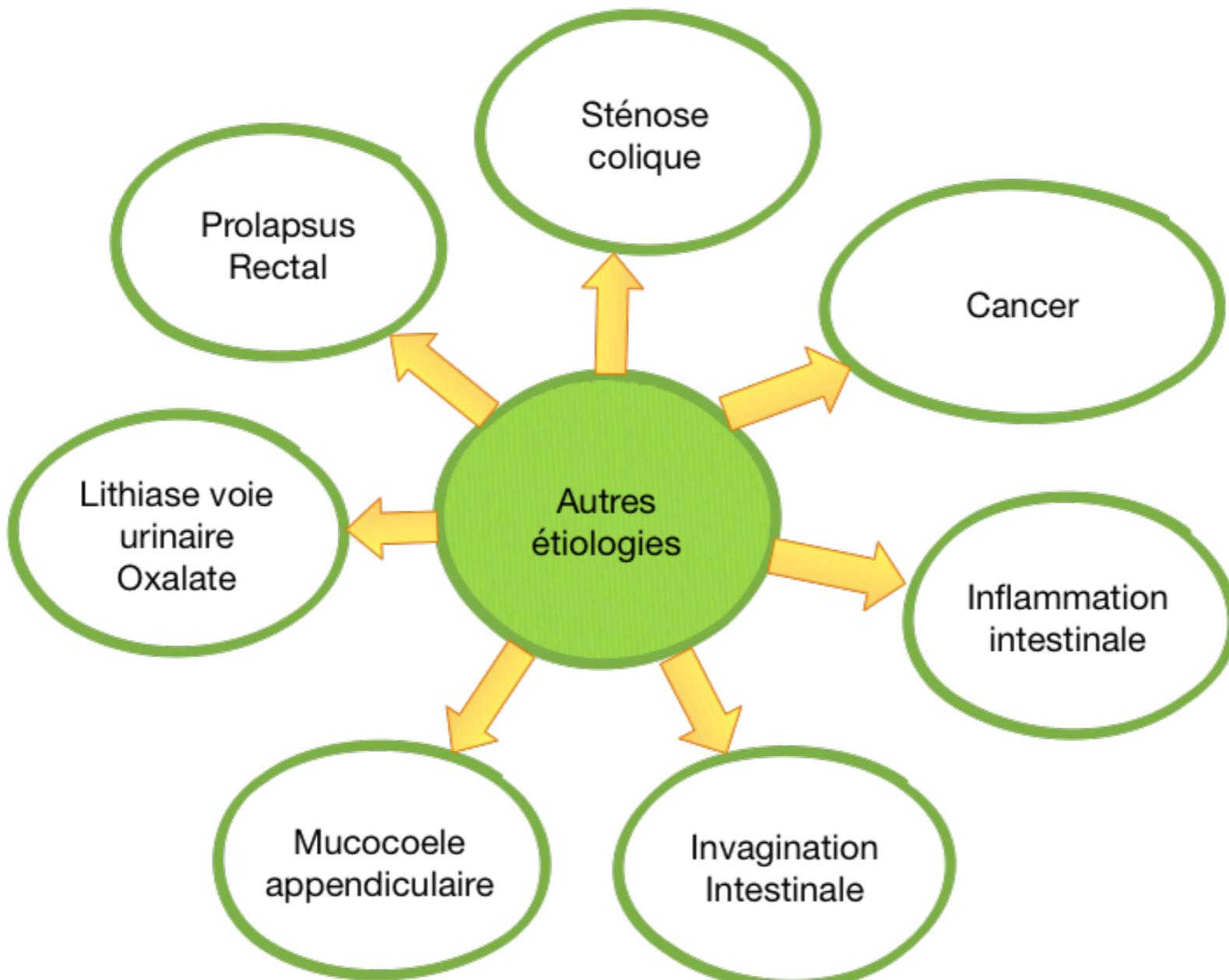
Nursery facility	Carriage rate (%) of <i>C. difficile</i> in infants and children according to age group (years)						Total
	Under 1	1	2	3	4	5	
Day-nursery A	5/5 ^a (100.0)	12/15 (80.0)	4/6 (66.7)	2/8 (25.0)	NS ^b	NS	23/34 (67.6)
Day-nursery B	7/7 (100.0)	3/5 ^c (60.0)	1/3 (33.3)	0/1 (0)	NS	NS	11/16 (68.8)
Kindergarten C	NS	NS	0/2 (0)	4/16 (25.0)	5/13 (38.5)	4/17 (23.5)	13/48 (27.1)
Total	12/12 (100.0)	15/20 (75.0)	5/11 (45.5)	6/25 (24.0)	5/13 (38.5)	4/17 (23.5)	47/98 (48.0)

^aNumber of *C. difficile*-positive subjects/number of subjects tested.

^bThere were no subjects in this age group.

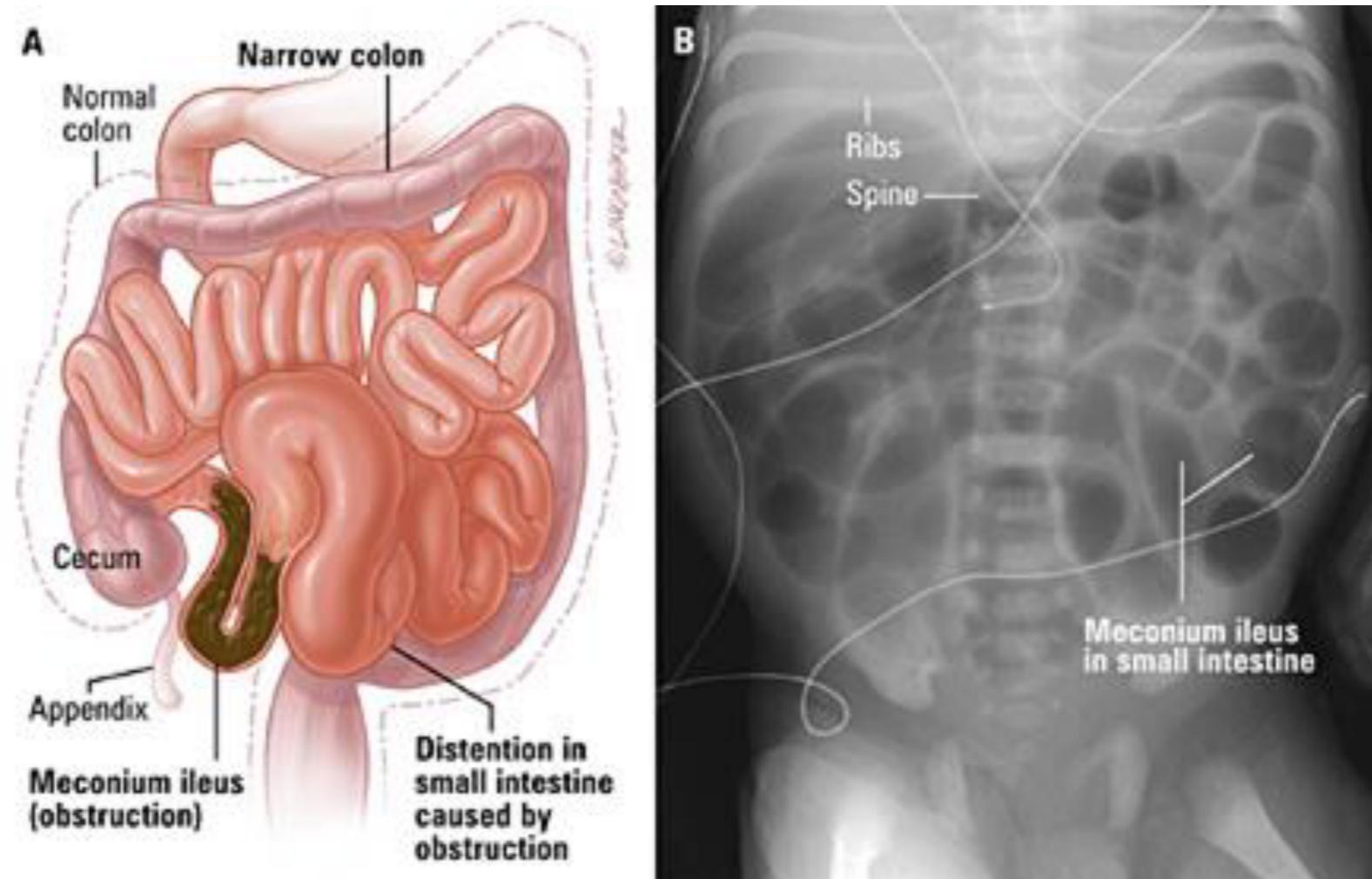
^cTwo *C. difficile* colonies differing in toxin gene type and PCR ribotype were isolated from subject k11.

INTERNATIONAL MICROBIOLOGY (2005) 8:43-48



Occlusion

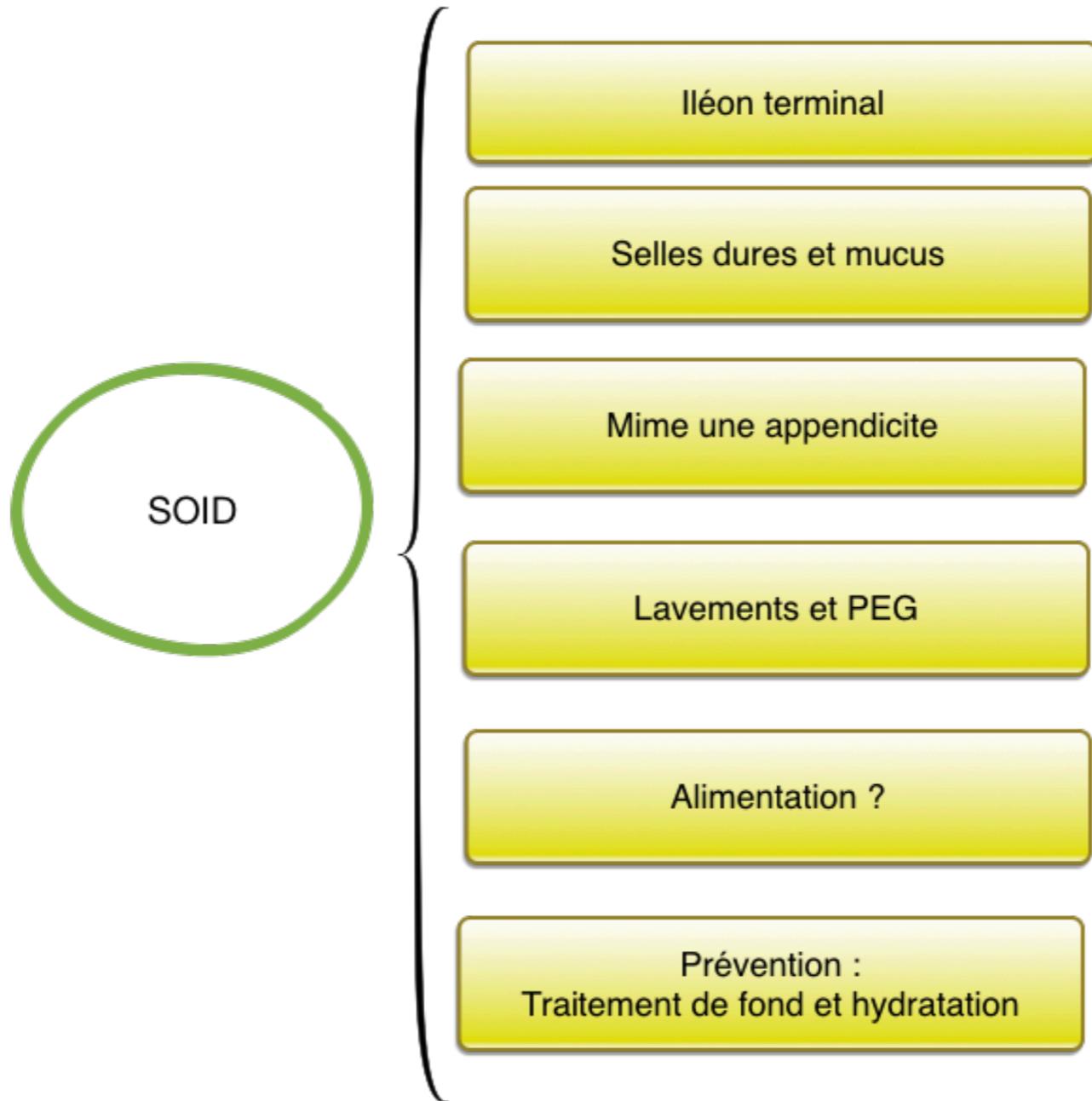


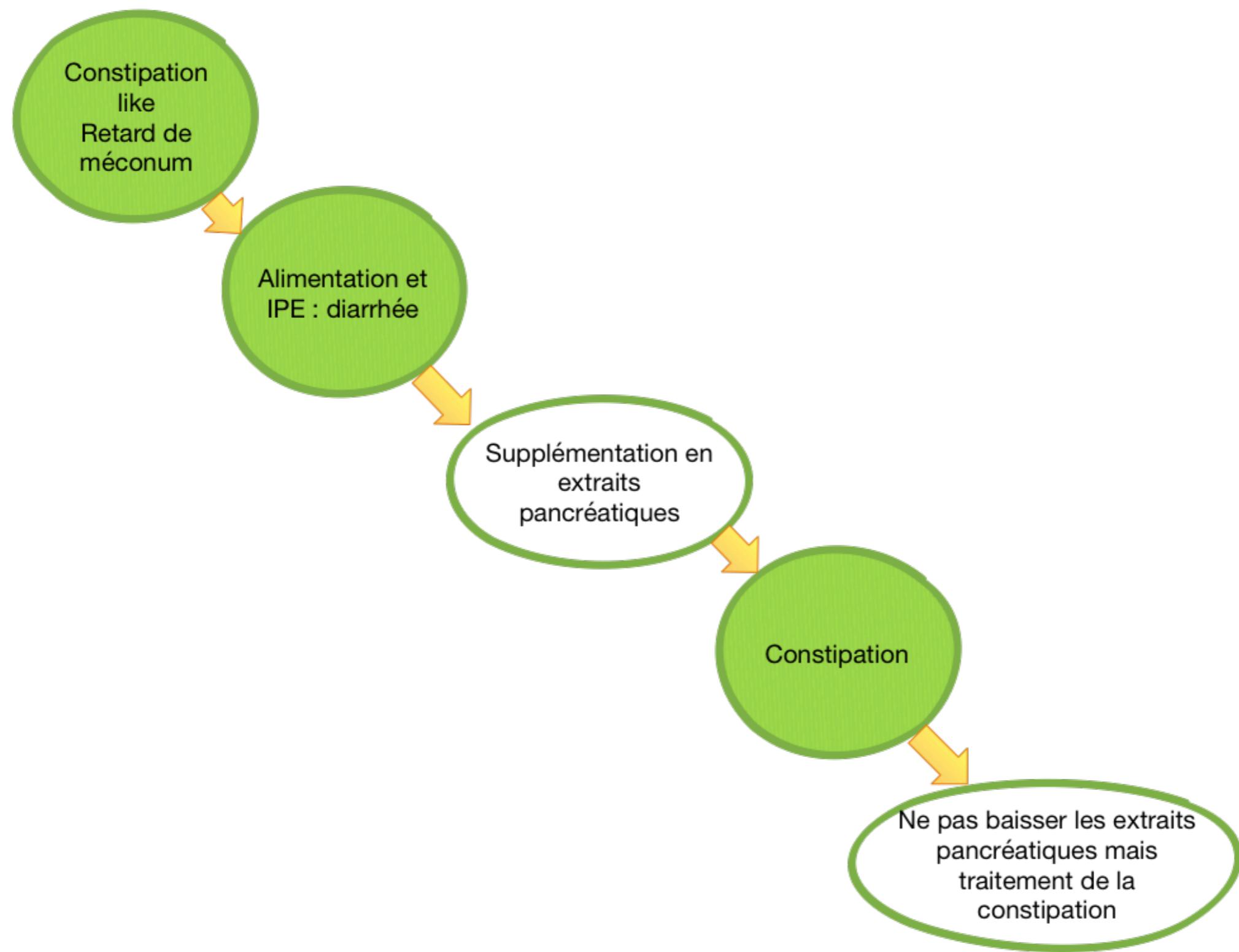


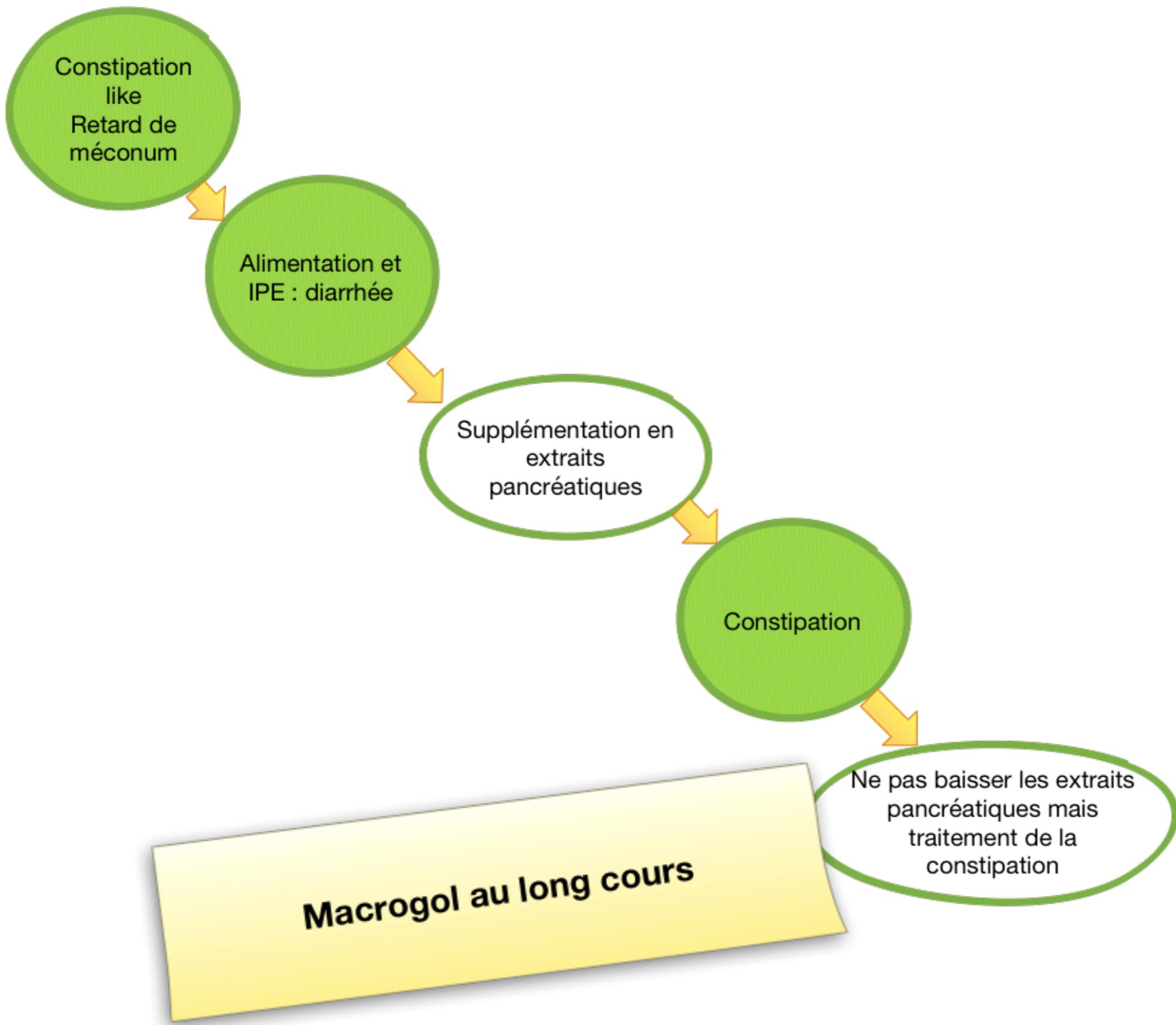
SOID....l'iléus méconial de l'enfant et de l'adulte

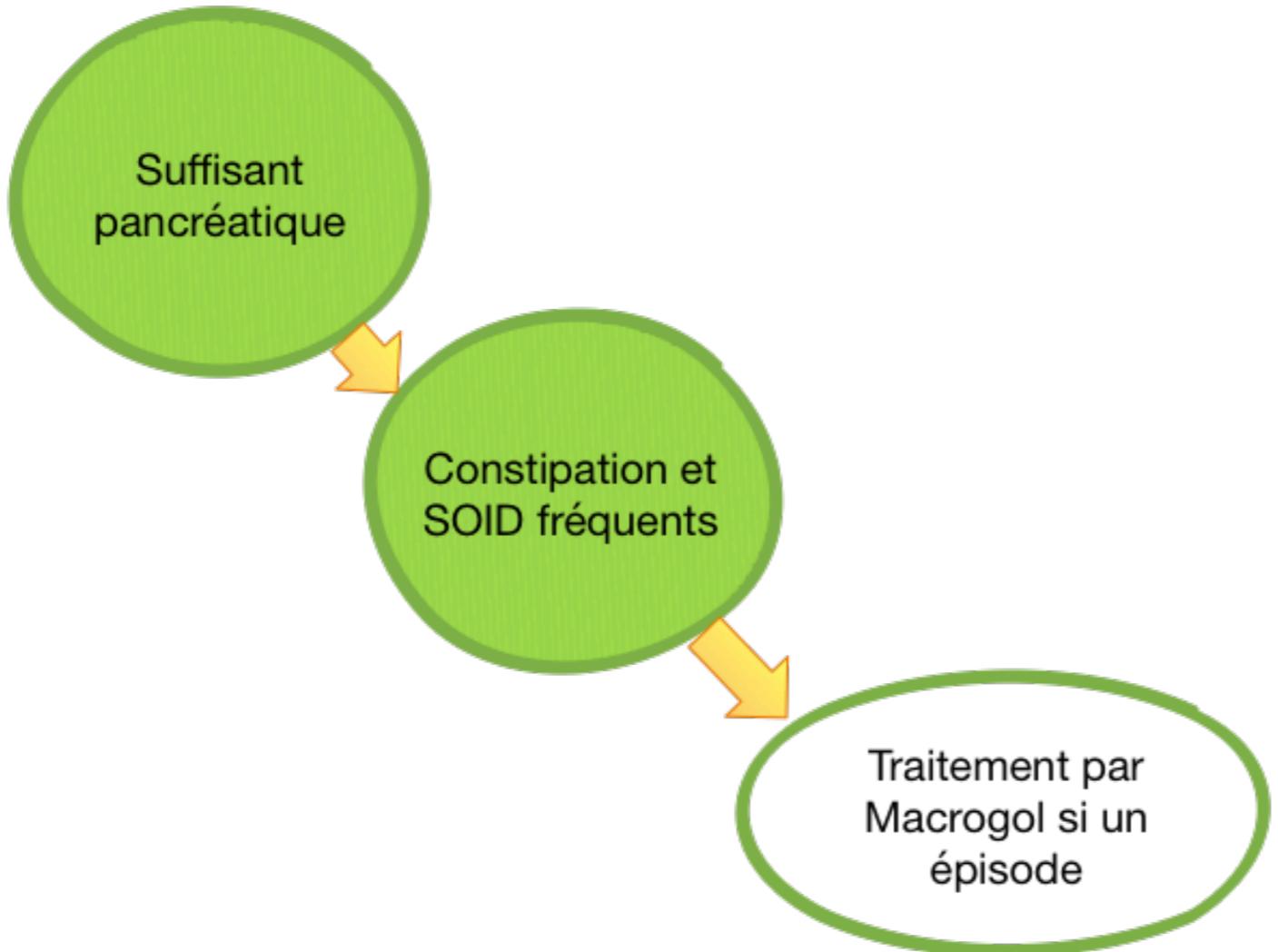
Cochrane Database Syst Rev. 2018. Interventions for treating distal intestinal obstruction syndrome (DIOS) in cystic fibrosis. [Green J1, Carroll W, Gilchrist FJ.](#)

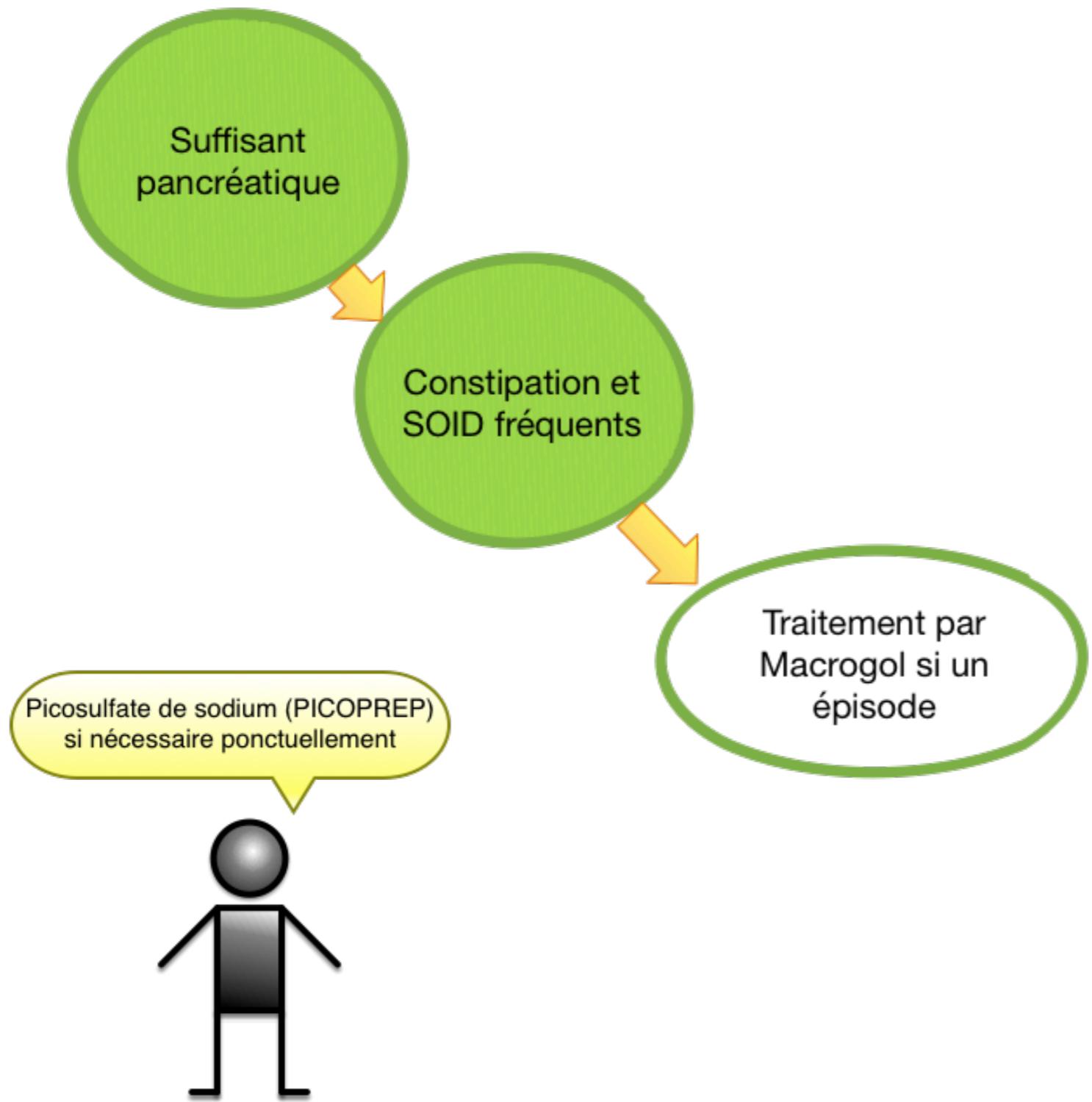








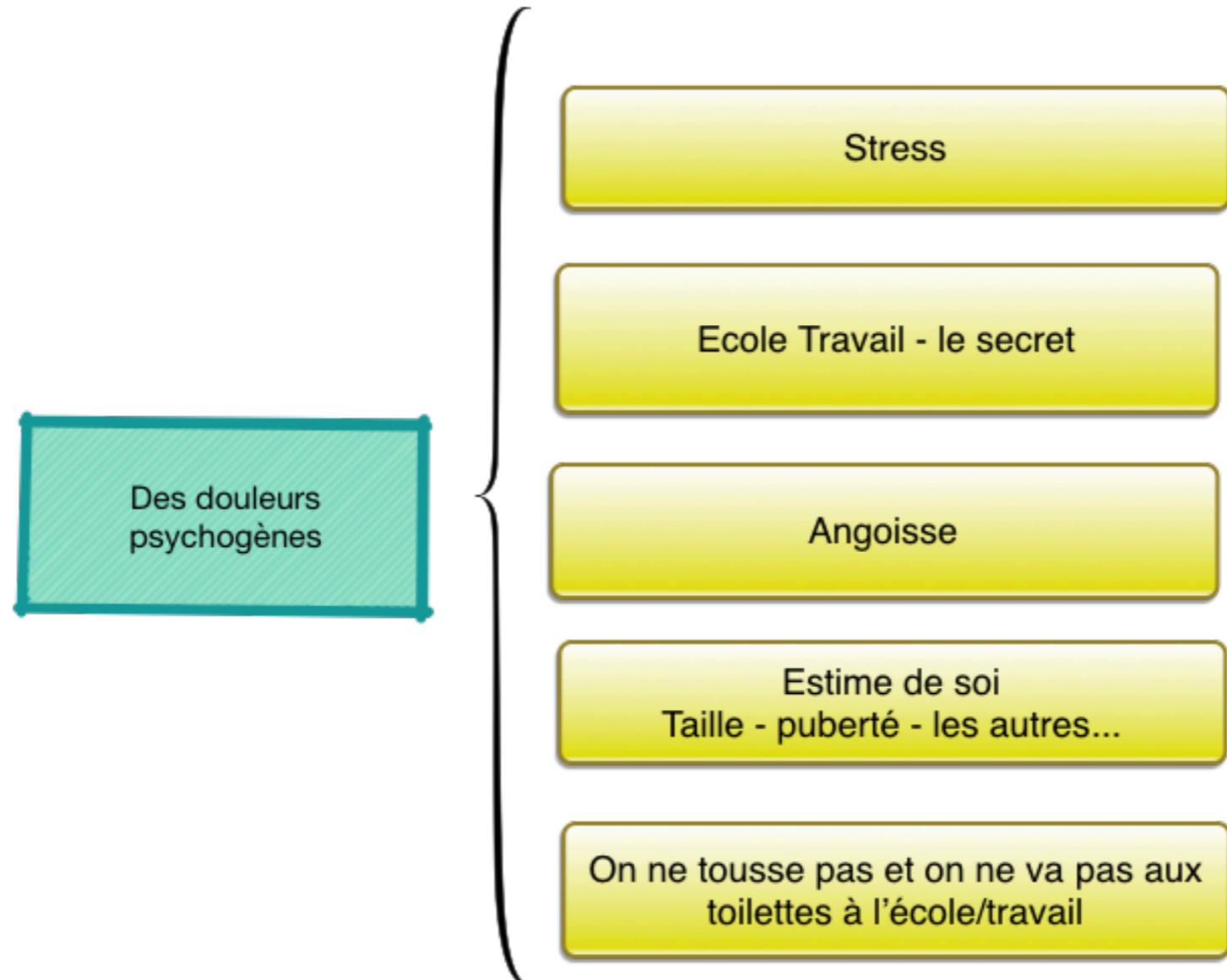




Douleurs et stomies

Gastrostomie :
Transit OK ?
Hypercalorique ? Fibres ?
Extraits pancréatiques

Iléostomie : Souffrance intestinale
(obstacle = iléus méconial)
Motricité et fonctionnalité intestinale ?



Merci de votre attention !
Questions ?

