Introduction: Bile acid malabsorption (BAM) is an often under-diagnosed cause of chronic diarrhoea, affecting 30 – 60% of patients whose diarrhoea was previously unexplained1. SeHCAT scanning is the investigation of choice and therefore can provide a diagnosis to a large proportion of patients2. We aimed to evaluate the prevalence of BAM in patients undergoing SeHCAT scanning at a district hospital and to identify symptoms and co-morbidities which are associated with a positive diagnosis.

Methods: Retrospective data was collected from 106 consecutive patients referred for SeHCAT scanning over one year. Data on patient age, gender, referral reason, outcome, co-morbidities and number of prior investigations was collected from request forms and computerised records.

Results:
• 44% of the 106 patients were positive for BAM (Figure 1)
• 15% had mild BAM, 11% Moderate BAM and 18% Severe BAM (Figure 1)
• 15% had Type 1 BAM, 55% Type 2 BAM and 30% Type 3 BAM (Figure 2)
• Abnormal results were associated with:
  • Cholecystectomy (OR 4.51(CI 1.66-12.3))
  • Ileal disease/resection (OR 31.1(CI 3.59-268.9)).
• IBS-D was not associated with an abnormal result (odds ratio 2.63(CI 0.54-12.6)).
• The number of previous investigations performed prior to SeHCAT scanning did not correlate with an increased likelihood of a positive BAM diagnosis.

Conclusion: The most common reason for referral to SeHCAT scanning was change in bowel habit. The prevalence of BAM in patients referred for SeHCAT scanning was within the expected range of 30-60%. Previous cholecystectomy and ileal disease/resection were associated with an abnormal SeHCAT result however, IBS-D was not. This supports NICE guidance which suggests there is insufficient evidence to determine whether SeHCAT testing is a cost effective option for diagnosing BAM in patients with IBS-D3.

Recommendations: SeHCAT studies should be considered early on in patients with unexplained chronic diarrhoea and a background of either ileal disease or cholecystectomy.

References: