

Presence of *Abdominal Cutaneous Nerve Entrapment Syndrome* (ACNES) in *Irritable Bowel Syndrome* (IBS)-patients.

Published: 15-07-2011

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Zie boven

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON36000

Source

ToetsingOnline

Brief title

ACNES in IBS-patients

Condition

- Other condition

Synonym

Abdominal intercostal neuralgia, Pain of the nerves which supply the abdominal skin

Health condition

Beklemming buikhuidzenuw

Research involving

Human

Sponsors and support

Primary sponsor: Maxima Medisch Centrum

Source(s) of monetary or material Support: Niet gefinancierd

Intervention

Keyword: ACNES, IBS, Questionnaire, Screening

Outcome measures

Primary outcome

Zie boven

Secondary outcome

Zie boven

Study description

Background summary

Entrapment of an intercostal nerve (Th8 - Th12) in the abdominal wall can lead to an abdominal pain syndrome, known as Abdominal Cutaneous Nerve Entrapment Syndrome (ACNES) [1-4]. A survey among 1400 Dutch senior surgeons and senior house officers in surgery resulted in surprisingly little knowledge about the problem. From the responders (N=507), more than 85% never heard of ACNES. Further, of all experienced surgeons (> 10 year clinical experience) 18% was confronted with this problem during their career. The physicians pre-occupation with *visceral thinking* is another important drive for the ongoing neglect of ACNES. In order to improve the recognition of ACNES, an exploration of typical complaints of ACNES is indicated.

Observations of surgeons in the Máxima Medical Centre shows that the diagnosis ACNES is often preceded with a long diagnostic process along different specialists. Some of these patients are (wrongly) diagnosed with functional disorders like the Irritable Bowel Syndrome (IBS). IBS is a diagnosis per exclusionem for abdominal complaints, so it is plausible that the generally unknown ACNES-syndrome is sometimes misinterpreted as IBS.

Quantification of the number of ACNES-patients within a IBS-diagnosed patient population, can lead to more alertness in among medical professionals. The validated questionnaire can cause better recognition of the syndrome.

1. Carnett, J.B., The Simulation of Gall-Bladder Disease by Intercostal

Neuralgia of the Abdominal Wall. Annals of surgery, 1927. 86(5): p. 747-57.
2. Applegate, W.V., Abdominal cutaneous nerve entrapment syndrome. Surgery, 1972. 71(1): p. 118-24.
3. Hershfield, N.B., The abdominal wall. A frequently overlooked source of abdominal pain. Journal of clinical gastroenterology, 1992. 14(3): p. 199-202.
4. Roumen, R.M. and M.R. Scheltinga, [Abdominal intercostal neuralgia: a forgotten cause of abdominal pain]. Nederlands tijdschrift voor geneeskunde, 2006. 150(35): p. 1909-15.

Study objective

Zie boven

Study design

Zie boven

Study burden and risks

Zie boven

Contacts

Public

Maxima Medisch Centrum

Postbus 7777

5500 MB

NL

Scientific

Maxima Medisch Centrum

Postbus 7777

5500 MB

NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

Registered at participating general practitioners

Minimum age of 18 year.

Diagnosed with irritable bowel disease

Exclusion criteria

No specific exclusion criteria

Study design

Design

Study type: Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 16-07-2011

Enrollment: 480

Type: Actual

Ethics review

Approved WMO

Date: 15-07-2011
Application type: First submission
Review commission: METC Maxima Medisch Centrum (Veldhoven)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL36256.015.11