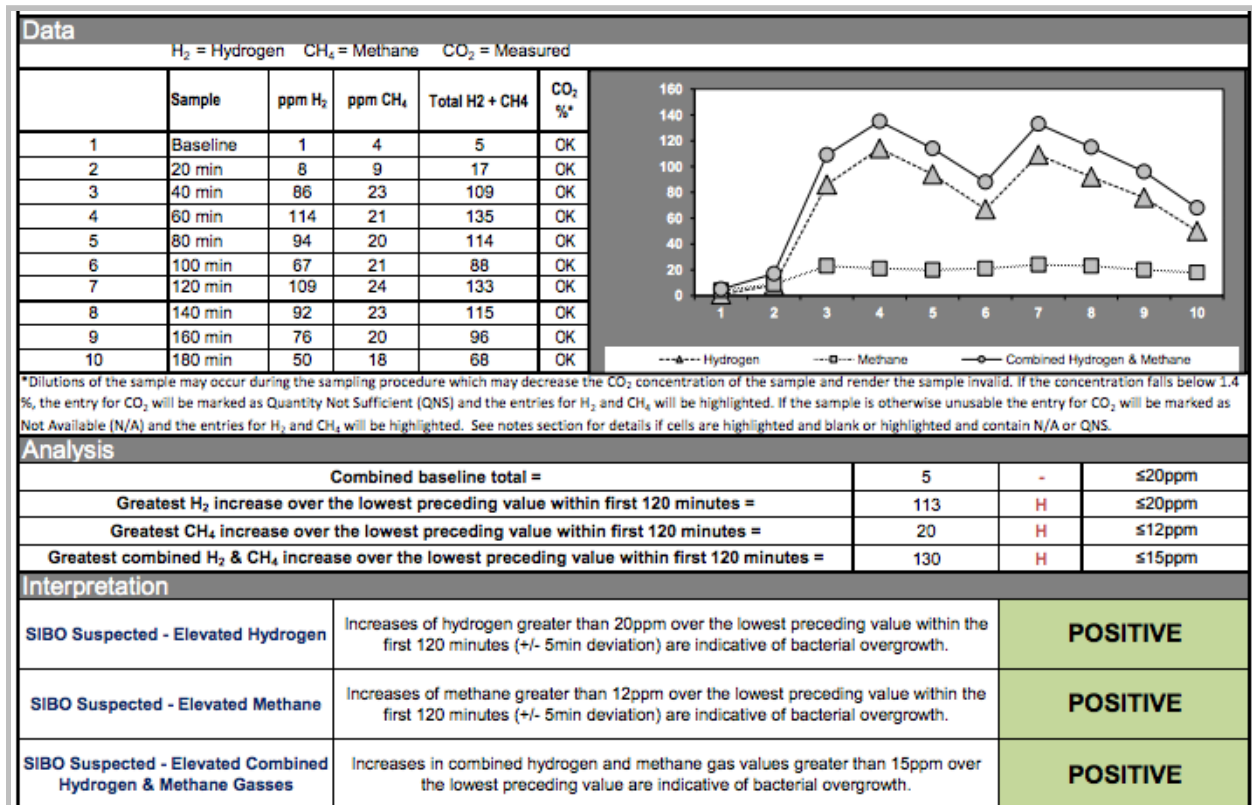


# SIBO Case Assignments

## (Answers)

### CASE 1:



### Answer:

This NUNM SIBO breath test is positive for small intestinal bacterial overgrowth (SIBO) based on both the QuinTron and North American Consensus interpretation criteria. Methane (CH<sub>4</sub>) of 23 ppm at the 40-minute mark meets the positive criteria for intestinal methanogen overgrowth (IMO) based on both the QuinTron and North American Consensus criteria. Hydrogen (H<sub>2</sub>) is also positive. If you are using the North American Consensus criteria, then you can see that she is positive as of the 40-minute mark with a difference of 85 ppm (an increase of greater than or equal to 20 ppm from baseline) and would also be positive based on the QuinTron criteria with an increase of H<sub>2</sub> greater than 20 ppm over the lowest preceding value within the first 120 minutes.

## CASE 2:

CO <sub>2</sub> QC Check		Pass	
Gases	Expected	Observed	Normal/Abnormal
H <sub>2</sub> <sup>†</sup>	<20 ppm	2.25	Normal
CH <sub>4</sub>	<10.00 ppm	0.06	Normal
H <sub>2</sub> S	<5.00 ppm	9.24	Abnormal

<sup>†</sup>Note: The "observed" peak for H<sub>2</sub> is within the first 90 minutes.

Interpretation
Indicative of Excess Hydrogen Sulfide

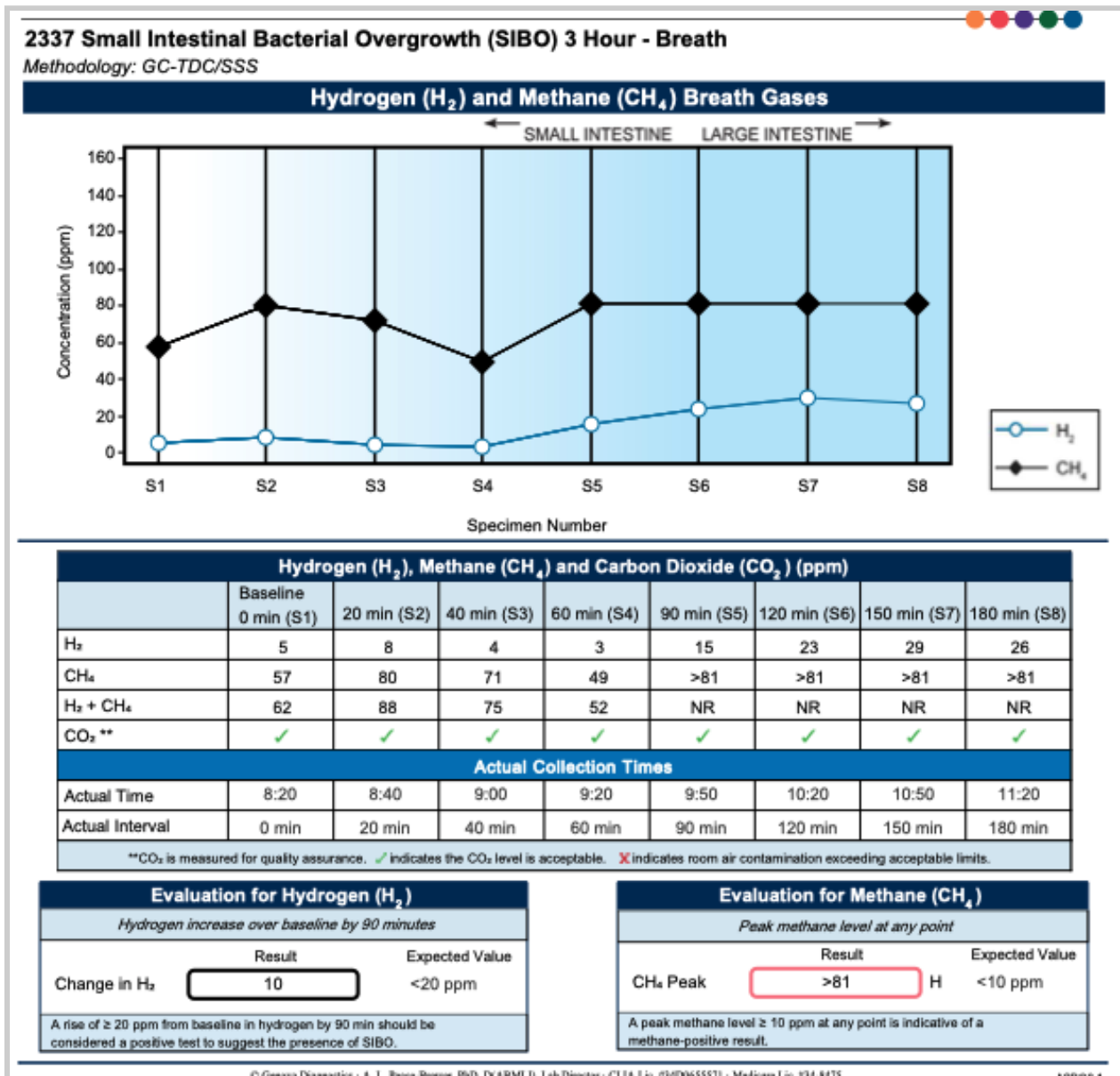
Results									
Samples	T1	T2	T3	T4	T5	T6	T7	T8	T9
Interval (hr:min)	0	17	33	49	65	80	96	111	127
Gases									
H <sub>2</sub> (ppm)	0.00	2.25	0.00	0.00	0.00	0.00	3.37	3.29	11.00
CH <sub>4</sub> (ppm)	0.06	0.00	0.05	0.00	0.00	0.00	0.00	0.00	0.00
H <sub>2</sub> S (ppm)	9.24	6.21	5.81	6.61	6.97	5.43	7.07	8.08	7.25

Suboptimal Sample-Bag Deflated (T1, T6)

### Answer:

This is a trio-smart breath test that is positive for hydrogen sulfide (H<sub>2</sub>S) excess. You can see that a value greater than 5.00 ppm is characteristic of H<sub>2</sub>S production excess. This patient had a value of 9.24 ppm with a very low CH<sub>4</sub> of 0.06 ppm and with mostly zero levels until the 96-minute collection. This is a great example of the competitive hydrogen gas model, where we see CH<sub>4</sub> and H<sub>2</sub>S producers competing for H<sub>2</sub>. You can see that H<sub>2</sub>S producers are the dominant form of overgrowth being represented on this test with little to no CH<sub>4</sub> present and very little H<sub>2</sub> left over.

**CASE 3:**



**Answer:**

This Genova Diagnostics SIBO breath test shows a strong IMO-positive result, maxing out the system with CH<sub>4</sub> levels greater than 81 ppm after the 90-minute mark.

## CASE 4:

Gases		Expected	Observed	Normal/ Abnormal
H <sub>2</sub> †		<20 ppm	7.99	Normal
CH <sub>4</sub>		<10.00 ppm	24.90	Abnormal
H <sub>2</sub> S		<5.00 ppm	10.00	Abnormal

†Note: The "observed" peak for H<sub>2</sub> is within the first 90 minutes.

Interpretation
<b>Indicative of Intestinal Methanogenic Overgrowth and Excess Hydrogen Sulfide</b>

Results									
Samples	T1	T2	T3	T4	T5	T6	T7	T8	T9
Interval (hr:min)	0	15	30	45	60	75	90	105	120
Gases									
H <sub>2</sub> (ppm)	0.00	0.08	0.00	7.99	4.54	1.65	0.50	3.03	1.36
CH <sub>4</sub> (ppm)	3.99	4.70	9.53	5.37	16.33	10.50	24.90	11.91	13.16
H <sub>2</sub> S (ppm)	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00

**Answer:**

This trio-smart breath test is positive for IMO and H<sub>2</sub>S excess. Although we typically see either methanogens or H<sub>2</sub>S producers dominate, there are instances where we see both present on the breath test. In this case, you would correlate symptoms with the test results before deciding what to focus most on with treatment.

**CASE 5:**

CO <sub>2</sub> Check		Pass	
Gases	Expected	Observed	Normal/Abnormal
H <sub>2</sub> <sup>†</sup>	<20.09 ppm	44.23	Abnormal
CH <sub>4</sub>	<10.00 ppm	23.13	Abnormal
H <sub>2</sub> S	<5.00 ppm	10.00	Abnormal

<sup>†</sup>Note: The "observed" peak for H<sub>2</sub> is within the first 90 minutes.

Interpretation	
Indicative of Small Intestinal Bacterial Overgrowth, Intestinal Methanogenic Overgrowth, and Excess Hydrogen Sulfide	

Results									
Samples	T1	T2	T3	T4	T5	T6	T7	T8	T9
Interval (hr:min)	0	17	32	47	62	77	92	107	122
Gases									
H <sub>2</sub> (ppm)	0.09	1.81	1.77	2.21	8.61	44.23	56.45	59.95	45.22
CH <sub>4</sub> (ppm)	23.13	22.78	22.45	20.52	21.47	21.87	21.31	20.23	17.89
H <sub>2</sub> S (ppm)	8.83	10.00	10.00	10.00	9.48	9.01	10.00	10.00	10.00

Suboptimal Sample-Bag Deflated (T1-T3)

RESULTS		
Antibody Detected	Patient Value (OD)	Antibody Levels
Anti-CdtB Ab	0.35	Not Elevated
Anti-Vinculin Ab	2.81	Elevated

ABOUT THE ASSAY		
<p>Diarrhea-predominant irritable bowel syndrome (IBS-D) is a gastrointestinal disorder affecting 10-15% of the population. Host antibodies to CdtB cross-react with vinculin, a protein in the intestinal lining, leading to a small intestinal bacterial overgrowth (SIBO) and IBS-like phenotype. Elevated levels of anti-CdtB and anti-vinculin antibodies have been identified in IBS-D and IBS-M patients compared to patients with inflammatory bowel disease (IBD).<sup>1,2</sup></p> <p>Results were achieved using ELISA test methodology. An elevated result supports the diagnosis of diarrhea-predominant or mixed-typed IBS. A normal result does not preclude the diagnosis of IBS-D or IBS-M due to the low negative predictive value. The <i>ibs.smart</i><sup>™</sup> assay has a specificity of 94% for anti-CdtB and 91% for anti-vinculin and a positive predictive value of 96% for anti-CdtB and 91% for anti-vinculin. An indeterminate result is denoted as (*) and indicates a level beyond the measurable range of the assay.</p>		
	<b>Reference Interval</b>	<b>Reportable Range</b>
Anti-CdtB Ab	0.00 – 1.56	0.00 – 4.00
Anti-Vinculin Ab	0.00 – 1.60	0.00 – 4.00

**Answer:**

This trio-smart breath test is positive for SIBO, IMO, and H<sub>2</sub>S excess. In my experience, this is less common of a result where all 3 are elevated but still possible. Again, correlating symptoms would be important in this case. You can also see an *ibs-smart* test result above. This person

had a significant history of multiple food poisoning episodes, and you can see the pretty high positive anti-vinculin antibody of 2.81. I would diagnose this person with post-infectious IBS and SIBO based on these results.