

## Clinical Image

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# Small intestinal bacterial overgrowth

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### Description

A 46-year-old man, with no comorbidity, presented with chronic digestive troubles for around ten years following acute viral gastroenteritis. These consisted of transit disorders with alternating diarrhea and constipation, but above all very significant bloating responsible for abdominal and lower back pain along with debilitating flatulence and belching. The occurrence of major bloating was mainly triggered by meals, including those with small quantities of food (Figures 1 & 2). After the nocturnal fast, there was no more abdominal distension (Figure 3) and the clinical examination was normal. The general condition was well preserved, there was no weight loss or digestive bleeding. The biological test, the abdominal-pelvic CT-scan as well as gastroscopy and colonoscopy were normal. A lactulose breath test found a significant increase in hydrogen levels (up to 46 ppm) in favor of a small intestine bacterial overgrowth (SIBO) explaining particularly the significant bloating, and potentially accessible to antibiotic treatment.



Figure 1: Clinical image.

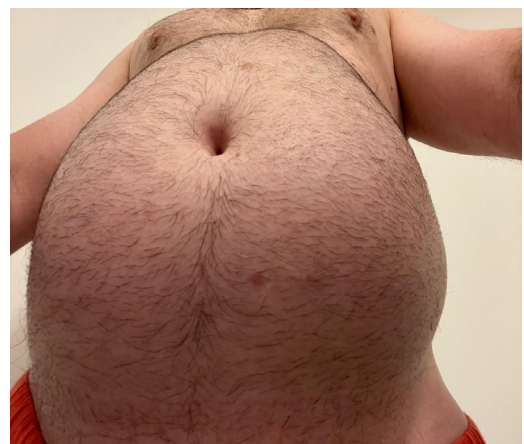


Figure 2: Clinical image.



**Figure 3:** Clinical image.