

MEETING ABSTRACT

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# EHMTI-0067. Chronic headaches in female patients with irritable bowel syndrome: just another functional condition?

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## Introduction

Among comorbidities associated to irritable bowel syndrome (IBS) there are headaches including migraine attacks, frequently reported in female gender.

## Aim

Assessment of vascular involvement of migraine without aura in female patients with IBS.

## Methods

30 female patients, mean age= 47,47±8,38 years, previously diagnosed with IBS (Rome II criteria), 15 predominant constipation(IBS-C) and 15 predominant diarrhea(IBS-D), complaining of mild to moderate migraine without aura (according to International Headache Society criteria), with no records of cigarettes smoking, hypertension, diabetes mellitus, obesity or treatment requiring dyslipidemia, undertook Duplex carotidian examination with a linear 12 MHz transducer, GE Loqic 5 Expert high resolution ultrasound device. We assessed intima-media thickness (IMT) at 1cm before right and left common carotid artery (CCA) bifurcation at the posterior wall and presence and severity of atherosclerotic plaques.

## Results

12 patients(40%) exhibited no vascular issues, IMT normal (6: IBS-D and 6: IBS-C); 18 patients (60%) showed various aspects of endothelial dysfunction: abnormal IMT in 15 patients (8: IBS-D,7: IBS-C) and small nonstenotic, stable plaques in 3 patients (1:IBS-D, 2 :IBS-C) with fibrolipidic features. There was no statistically difference between the two groups neither having vs not having vascular issues

( $p=0,8974$ ), nor between abnormal IMT vs presence of atherosclerotic plaques ( $p=0,5549$ ).

## Conclusions

More than half of IBS female patients complaining of migraine without aura presented features of endothelial dysfunction: either increased IMT or patent signs of early atherosclerotic plaques. No statistically significant differences concerning vascular issues were set between the two groups: IBS-C vs IBS-D patients.

No conflict of interest.

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