

Functional Biliary Disorders: The Rome III Experience

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New criteria developed by the Rome III committees for the diagnosis of functional gastrointestinal disorders have recently been published [1]. These criteria are based on symptoms for a group of gastrointestinal disorders that are not explained by other pathologically based diseases.

The process for developing the criteria for functional gastrointestinal disorders is a major undertaking. A number of individuals with preset criteria in their respective areas of gastrointestinal expertise are assembled for this task and charged with producing a consensus document involving one of six major domains of functional gastrointestinal disorders. One of the major topics is functional gallbladder and sphincter of Oddi disorders.

The most challenging task for the functional biliary committee was addressing the definition of “biliary-type” pain. It was agreed that pain originating from the biliary tract is probably the same whether it involves the gallbladder, common bile duct, or sphincter of Oddi. Although biliary pain includes several key features when present, including pain radiating to the right infra-subscapular region or pain upon awakening in the night, it is not clinically stereotyped to the point that it is diagnostically sensitive or specific. Routine recognition of a dysfunctional visceral organ system based solely on a pain pattern is virtually impossible. Nonetheless, the committee used its extensive clinical experience to further define the pain characteristics of patients with a functional biliary tract disorder (Table 1). This more stratified pain description was thought necessary to avoid the legion of patients with the syndrome of chronic functional abdominal pain who most frequently overlap into the region of the mid-epigastrium or right-upper-quadrant of the abdomen. Patients with biliary dyskinesia are clinically uncommon. However, those with chronic right-upper-quadrant pain are common. Although the

Table 1. Functional gallbladder and sphincter of Oddi disorders: Diagnostic criteria from Rome III

Episodes of abdominal pain located in the epigastrium and/or right upper quadrant must include all of the following

- 1 Episodes lasting >30 minutes
- 2 Recurrent symptoms at different intervals (not daily)
- 3 Pain build-up at steady level
- 4 Pain moderate to severe: interrupts daily activities or prompts emergency room visit
- 5 Pain not relieved by bowel movements
- 6 Pain not relieved by postural change
- 7 Pain not relieved by antacids
- 8 Exclusion of structural diseases

Supportive criteria

Pain may present with one or more of the following

- 1 Pain associated with nausea/vomiting
- 2 Pain radiates to back/or right infra-subscapular area
- 3 Pain awakens from sleep in middle of night

(Adapted from Behar et al. [1]).

description of biliary-type pain by the Rome III committee may be restrictive and exclude a minority of patients with valid functional biliary disorders, it will also discourage the routine use of invasive pancreatobiliary procedures, such as endoscopic retrograde pancreatography and sphincter of Oddi manometry in the majority of patients with atypical abdominal pain symptoms.

Screening patients for possible biliary dyskinesia (Type III Geenen/Hogan classification) based solely on a pain pattern is all clinicians have at present [2]. Until other accurate clinical markers become available to identify the patient with biliary dyskinesia, an imperfect pain description is our best hope.

References

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