IRRITABLE BOWEL SYNDROME IN A FEMALE SOCCER PLAYER: A CASE STUDY
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Background: A 20-year old intercollegiate female soccer player, with no personal or family history of any gastrointestinal disorder, presented with abdominal pain. After returning from a trip to Mexico the athlete experienced diarrhea for three weeks, along with periods of constipation, abdominal distension (bloating and lower abdominal pain), gas, cramping, loss of appetite, depression, and anxiety. She is conscious of her diet and very active in weight training, life guarding, and running outside of her sport. Treatment: Upon her return from Mexico in January of 2004, the athlete was examined by a physician who prescribed a course of an antibiotic, Cipro, which fights against infection and diarrhea. This treatment was successful in eliminating the symptoms for a period of time, but they returned along with new symptoms. Based upon the athlete’s history, she was diagnosed with a bacterial infection. The diarrhea and abdominal cramping subsided about 3-4 weeks after the visit. The athlete was examined by a second physician in June 2005 because of a return in symptoms which included periods of constipation, feeling of abdominal distension, bloating and lower abdominal pain, gas, diarrhea, cramping, loss of appetite, depression, and anxiety. The second physician’s physical exam findings were a soft, non-tender, and nondistended abdomen, along with normal bowel sounds. All blood tests were normal. There was no abnormal enlargement of the intestines, and the fecal occult test was negative. The second physician gave the athlete a prescription for NuLev to assist with abdominal cramping, and MiraLax for constipation. Despite the treatments given, the symptoms persisted. The athlete finally consulted a Gastroenterologist in October of 2005. After evaluating the athlete, the Gastroenterologist ordered a fecal occult test which was negative and performed a biopsy and colonoscopy of the colon, in which there was no evidence of colitis, polyps, ulceration or erythema found. A barium x-ray series was performed, which allowed the physician to rule out Crohn’s disease. Because all other related conditions were ruled out, the athlete was finally diagnosed with Irritable Bowel Syndrome (IBS). The Gastroenterologist told the athlete to alter her diet by increasing her fiber intake and was also instructed to consume foods rich in fiber such as whole grains, figs, and cereals. In addition, she was told to eat smaller portions of food, increase fluid intake, and take laxatives when needed. The athlete also used Threelac, a dietary supplement, designed to eliminate yeast from the body and to enhance the digestion and elimination processes. Differential Diagnosis: Crohn’s Disease, Ulcerative Colitis, Polyps, Ulcers, Diverticulosis Uniqueness: Irritable bowel syndrome is a disorder of the gastrointestinal tract causing the muscles of the large intestine to spasmodically contract. It is the most common gastrointestinal disorder in America and affects 10%-20% of the population. About 60%-75% of all persons affected by IBS are women. Conclusion: The athlete continues to modify her diet by including fiber, supplements, avoiding dairy products, and eating smaller meals. Her symptoms seem to fluctuate with different intensities, but bloating and lower abdominal pain are still the most prevalent symptoms. Although the athlete’s symptoms are manageable with supplements, she is still searching for a better method of treatment.

Key Words: Irritable Bowel, Colon, IBS