

Unexplained, self-reported food hypersensitivity

Explorative studies on mechanisms of abdominal symptom generation

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Conclusions

1. Intolerance to low-digestible carbohydrates is a common problem in patients with unexplained, self-reported food hypersensitivity.
2. Carbohydrate malabsorption tests replicate habitual abdominal symptoms in patients with unexplained, self-reported food hypersensitivity.
3. Abdominal symptoms following carbohydrate malabsorption in patients with unexplained, self-reported food hypersensitivity are not fully explained by symptom anticipation.
4. Abdominal symptoms following carbohydrate malabsorption in patients with unexplained, self-reported food hypersensitivity are not correlated with intestinal gas production as assessed by breath sample measurements.
5. Patients with unexplained, self-reported food hypersensitivity and healthy controls secrete similar amounts of glucagon-like peptide 1 and peptide YY following fructose-sorbitol ingestion.
6. Patients with unexplained, self-reported food hypersensitivity have lower circulating levels of chromogranin A than healthy controls.
7. Rectal levels of prostaglandin E₂ are not significantly different between patients with unexplained, self-reported food hypersensitivity and healthy controls.
8. Abnormal rectal fermentation do not seem to be a cause of symptoms following carbohydrate malabsorption in patients with unexplained, self-reported food hypersensitivity.
9. Non-allergen-specific hypocontractility, increased levels of cytokines IL-4 and IL-6 and high numbers of mast cells were demonstrated in the jejunum of food allergic mice, and may be involved in diarrhoea development.
10. Patients with unexplained, self-reported food hypersensitivity have a different profile of fecal short-chain fatty acids than healthy controls, indicating altered functions of the gut microbial flora that may be involved in abdominal symptom generation.