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LETTERS TO THE EDITOR

Fecal microbiota transplantation against irritable bowel syndrome? Rigorous randomized clinical trials are required

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Abstract

Halkjær *et al* searched systematically nine articles including 48 patients, and concluded that fecal microbiota transplantation (FMT) can be an ideal treatment option for irritable bowel syndrome (IBS) subjects. Regardless of the few successes in current traditional therapies (change in diet, herbal medicine and antibiotics) in IBS, a sharp increase in interests in the FMT option has been reported in the current century. However, there is a long list of unclear issues concerning the application of FMT for the treatment of IBS. Route of delivery and optimum dosage are the major concerns to consider before using in clinical practice.

Key words: Fecal microbiota transplantation; Irritable bowel syndrome; Microbiota; Dysbiosis

Core tip: Apart from the interesting report by Halkjær *et al*, there is a long list of tasks concerning the application of fecal microbiota transplantation for the treatment of irritable bowel syndrome. Route of delivery and optimum dosage are the major concerns to consider before using in clinical practice.

Abadi ATB. Fecal microbiota transplantation against irritable bowel syndrome? Rigorous randomized clinical trials are required. *World J Gastrointest Pharmacol Therap* 2017; 8(4): 208-209 Available from: URL: http://www.wjgnet.com/2150-5349/full/v8/i4/208.htm DOI: http://dx.doi.org/10.4292/wjgpt.v8.i4.208

TO THE EDITOR

I read with interest the article, "Can fecal microbiota transplantation cure irritable bowel syndrome?"[1]. Halkjær *et al*[1] searched systematically nine articles including 48 patients, and concluded that fecal microbiota transplantation (FMT) can be an ideal treatment option

for irritable bowel syndrome (IBS) subjects. Regardless of the few successes in current traditional therapies (change in diet, herbal medicine and antibiotics) in IBS, a sharp increase in interests in FMT option has been reported in the current century. The authors mentioned most of the important findings, but I have some concerns on their interesting paper.

First, the etiology of IBS cannot be elucidated by a unique mechanism, thus many of these unknown involved items are acting without examination by the clinicians and microbiologists. However, in order to provide a better therapeutic approach, we need to determine the actual impact on those uninvestigated factors[2,3]. Second, although Halkjær *et al*[1] found no adverse effects of all of the included studies, statistically it may be a result of weak sampling (48 patients). This lack can be compensated by further research using larger sample size to present statistically significant results. Third, the current data is not sufficient for recommending FMT as the cure of IBS, at least based on the available evidence provided by this review[1]. In the near future, more research, including controlled and randomized trials, are necessary, which can likely answer those questions.

According to the current study, FMT is able to affect therapy of IBS, at least based on the 48 subjects investigated. As a note, we are still unaware of the exact mechanistic collaboration occurring between host cells and the microbiota. Of course, new evidence describing this question can shed promising light on the better application of FMT, not only against IBS but also for other important gastric clinical disorders (*Clostridium difficile* and *Helicobacter pylori*)[4,5]. Once again, I should appreciate the paper by Halkjær *et al* since it invites the attentions to using FMT as a new approach to treating any of the gastroduodenal disorders.

Indeed, there is a long list of unclear subjects concerning the application of FMT for the treatment of IBS. Route of delivery and optimum dosage are the major concerns to consider before using in clinical practice.

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