

Content from /en/blog/dgbi-rom-v-nye/

The new frontiers of Rome V: the latest standalone diagnoses



Author: Dr. Bahir Hadi, Consultant Surgeon, PhD · **Date:** June 2026

Abstract

Science never stands still, and neither does our understanding of the human body. With the **Rome V framework**, the global gastroenterology community has not just tweaked old definitions - it has officially validated several newly recognised conditions as independent **Disorders of Gut-Brain Interaction (DGBIs)** [1]. For thousands of patients who previously lacked a clear medical name for their suffering, these additions represent a monumental turning point [1, 2].

1. Inability to Belch Syndrome (Retrograde Cricopharyngeal Dysfunction - RCPD)

For years, people who complained that they literally "**could not burp**" were met with puzzled looks. RCPD is now recognised as a distinct, highly uncomfortable neuromuscular disorder [2].

Normally, when gas builds up in the stomach and travels up the oesophagus, a muscular valve at the top of the throat - the **cricopharyngeus muscle** - relaxes to let the gas escape as a burp. In RCPD this muscle refuses to relax in the retrograde direction. The result is **trapped gas, severe gurgling noises in the throat, painful chest bloating and excessive flatulence** [2].

The medical breakthrough: because it is now a recognised disorder, targeted treatments - such as injecting **botulinum toxin (Botox)** directly into the stubborn throat muscle to temporarily relax it - are becoming accepted clinical standards [2].

2. Adult abdominal migraine

Paediatric abdominal migraine has been recognised for a long time, but historically the medical community assumed children simply "grew out of it" as they developed classic headache migraines in adulthood. Rome V shatters this myth by officially classifying **adult abdominal migraine** [1, 2].

Patients experience sudden, intense episodes of deep abdominal pain, often accompanied by severe nausea, vomiting, headache or acute light sensitivity. Crucially, there is **no structural issue** in the abdomen. The gut pain is essentially a migraine occurring inside the enteric nervous system of the belly [2].

3. Anorectal sensory dysfunction

We know a hypersensitive gut can cause pain. Rome V has now formally isolated its opposite twin: **anorectal sensory dysfunction**. Here the sensory nerves in the rectum are **hyposensitive** - they lack normal feeling [2].

Because the nerves fail to register when the rectum is full, the brain never receives the signal that it is time to find a restroom. This leads to **severe stool impaction, chronic stretching of the bowel wall and paradoxical overflow leakage**, often without the patient realising it is happening [2].

Why these additions matter

By giving these precise symptom clusters their own official diagnoses, the **Rome Foundation** ensures patients can secure targeted, effective therapies right away - rather than spending years undergoing repetitive diagnostic testing for conditions they do not have [1, 2].

Work-up at Kirurgen.dk

We investigate oesophageal, gastric, intestinal and anorectal symptoms with [gastroscopy](#), [colonoscopy](#), functional work-up and referral to relevant specialists. Read the full DGBI series: [Oesophageal DGBIs](#), [Gastroduodenal DGBIs](#), [Bowel DGBIs](#), [Centrally mediated pain](#), [Gallbladder & Oddi disorders](#), [Anorectal DGBIs](#).

References

1. **Rome Foundation. Rome V Diagnostic Criteria for Disorders of Gut-Brain Interaction.** Drossman DA, Tack J, Chang L et al. (eds.), 2026 update. International consensus document formally recognising RCPD, adult abdominal migraine and anorectal sensory dysfunction as standalone DGBI diagnoses.
2. **Bastian RW et al. Retrograde Cricopharyngeus Dysfunction (R-CPD): definition, diagnosis and botulinum-toxin treatment.** Clinical literature on RCPD plus Rome V working-group consensus articles on the new DGBI diagnoses. *Gastroenterology / Otolaryngology*.