

ACUTE DIARRHEA
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Week 13

Educational Objectives:

1. Understand how to triage patients with acute diarrhea in the outpatient or emergency room setting depending upon symptoms and co-morbidities
2. Recognize the role for antimicrobial therapy and anti-motility therapy
3. Describe the utility of stool studies – which ones to order and in what situations

CASE ONE:

Mrs. W.D., a 43-year-old Caucasian woman, presents to your office with a one day history of loose, non-bloody BMs. She also has mild lower abdominal cramping without tenesmus. The patient denies any sick contacts, recent travel, or fever. On further questioning, she reports that she has had watery diarrhea, often without food intake, occurring roughly 6-7 times last night with fewer episodes this morning. The patient otherwise has no significant past medical history.

Her vital signs: T 98.9 HR: 85 BP: 135/72 RR 20 100% RA

Medications:

MVI

EC-ASA 81 mg qd

Questions:

1. What is the most likely cause for this patient's diarrhea?
2. How would you treat this patient?
3. The patient asks you if she should take Pepto-Bismol or Imodium (loperamide) for symptom relief. What do you tell her?

CASE THREE:

Mr. C.B., a 39-year-old man, with a history of HTN arrives at your office with complaints of watery diarrhea that started abruptly three days ago and has persisted. The patient returned from Thailand two days ago; the diarrhea began on the last day of his trip. He reports having a low-grade fever, at least six loose BMs daily with associated blood and mucus. The patient also complains of mild lower abdominal cramping.

His vital signs: T: 100.4 HR: 92 BP: 130/85 RR 17 100% RA

Home Medications:

HCTZ 25 mg qd

7. How should this patient be evaluated and treated?

Primary Reference:

1. Thielman NM and Guerrant RL. Acute Infectious Diarrhea. *New England Journal of Medicine*. 2004; 350:38-47.

Additional References:

2. Freedman DO et al. Spectrum of Disease and Relation to Place of Exposure among Ill-Returned Travelers. *New England Journal of Medicine*. 2006; 354: 119-130.
3. Infectious Diseases Society of America. www.idsociety.org
4. Bartlett JG. Antibiotic-Associated Diarrhea. *New England Journal of Medicine*. 2002; 346:334-339.