

<p>Classifications</p> <p>1. Infectious diarrhea: viral, bacterial organism. Campylobacter, Shigella, Salmonella, Yersinia, Cholera & E.coli.</p> <p>2. Food poisoning: Staphylococcus, Clostridium perfringens, Bacillus.</p> <p>3. Traveler diarrhea: Enterotoxigenic E-coli IP >1 day last 3.</p> <p>4. Antibiotic associated diarrhea: Clostridium difficile.</p>		<p>GIT Normal Flora</p> <p>Ecology: Birth → sterile Breast-fed → Bifidobacteria species Cow's milk → Enteric, bacteroides, enterococci, lactobacilli & clostridia. Solid food → Microflora similar to parents. ✓ Colon has the maximum number of bacteria. ✓ Diarrhea Seasonal peak in the winter.</p>		<p>Clinical presentation</p>	
		<p>Risk Factors</p> <p>Restaurant, family member, travel, drugs → ↓ Stomach acidity, abnormal peristalsis, ↓ IGA, antibiotics.</p>		<p>Non-invasive : Enterotoxin (rapid onset) → no fever, no pus, blood in stool. Vomiting, abd cramps. v.cholera, Staphylococcus aureus, Clostridium perfringens & Bacillus cereus, viral or parasitic.</p>	<p>Invasive: Pus, blood in stool, fever (inflammation). Extension to LN → IP 1-3 days (Dysentery syndrome- gross blood & mucous). Shigella, Salmonella, Campylobacter, some E-coli & Entamoeba histolytica.</p>
<p>Shigella & Salmonella</p> <p>Salmonella enterica → common cause of food poisoning in Saudi Arabia.</p> <p>Salmonella typhi transmitted through human faeces.</p> <p>Shigella causes local Gastrointestinal invasion & bacteremia less common in normal host.</p>		<p>E.coli</p> <p>1. Enterotoxigenic E.coli: major cause of traveler diarrhea, cause accumulation of CGMP, which lead to hyper secretion. Symptoms: watery diarrhea, abdominal cramps & some time vomiting.</p> <p>2. Enteroinvasive E-coli: Similar to Shigella spp (Non motile). Fever, severe abd. cramp, malaise and watery diarrhea. Diagnosis: <u>Sereny</u> test & DNA probes.</p> <p>3-Enteropathogenic E-coli: Infantile diarrhea, Low grade fever, malaise, vomiting & diarrhea, stool mucous but no blood.</p> <p>4-Enterohemorrhagic E-coli: Hemorrhagic diarrhea, colitis & hemolytic uremic syndrome (HUS) → ↓ Platelet count, hemolytic anemia & kidney failure. Bloody diarrhea, low grade fever & stool has no leucocytes. Diagnosis by culture, detection by immunological test or PCR.</p> <p>5. Enteroadherent E-coli: Pediatric Diarrheal Disease, Adhering to the surface of the intestinal mucosa, Watery diarrhea, vomiting, dehydration and abdominal pain, two or more weeks.</p>		<p>Yersinia enterocolitica</p> <p>Mesenteric lymphadenitis in children. mimic appendicitis. Growth at media Cefsulodin-Igrasan-Novobiocin.</p>	
<p>Campylobacter</p> <p>Source: dog, cat, birds, water, milk, meat, person to person can occurs, Gram (-). IP 2-6 days, Abdominal cramp, bloody diarrhea, N & V are rare. Self limiting 2-6 Day. GB and Reactive arthritis. Transport media Cary Blair. Treatment: R) Ciprofloxacin S) Erythromycin or Tetracycline</p>				<p>Clostridium difficile</p> <p>From antibiotic use. Fever, leukocytosis, abdominal pain & diarrhea. Pseudomembrane can result (neutrophils, fibrin, & cellular debris in the colonic mucosa) & toxic megacolon. Diagnosis, toxin detection by EIA. Treatment: Metronidazole + Vancomycin.</p>	