Medicine Hx- Gastrointestinal System

History of "DIARRHOEA"

A. Overview:

Definition: frequent stools (more than 3/day per day or a change from previous frequency is abnormal) or a change in the consistency of the stools,which have become loose or watery.

Acute diarrhea (lasting less than 2 weeks) is more likely to be infectious in nature while chronic diarrhoea (lasting at least 4 weeks) has a many causes.

Diarrhea with known structural or biochemical explanation (infection ,IBD,Etc…) has organic cause ,in the other hand, diarrhea without known underlying cause is called functional diarrhea .

1. If the stools are watery and have high volume consider the following:

- ✓ Secretory diarrhoea
  - Persists when the patient fasts
  - Some of the causes include infections (e.g. E. coli,Vibrio cholerae), hormonal conditions (e.g.Zollinger-Ellisonb syndrome, carcinoid syndrome)

- ✓ Osmotic diarrhea (excessive solute drag):
  - Related to the ingestion of food so, it disappears with fasting
  - Causes include lactose intolerance (disaccharidase deficiency), magnesium antacids or gastric surgery.

- ✓ Abnormal intestinal motility
  - If the patient has thyrotoxicosis or the irritable bowel syndrome.

2. If the stools contain blood consider the following:

- ✓ Exudative diarrhoea :
  - There is inflammation in the colon.
  - Typically the stools are of small volume but frequent
  - There may be associated blood or mucus
  - causes (e.g.inflammatory bowel disease, colon cancer).
- ✓ If the stools are fatty consider the following:
  - Malabsorption of nutrients :
  - Here the stools are fatty, pale-coloured, extremely smelly, float in the toilet bowel, difficult to flush away,and bulky .
  - Steatorrhoea: more than 7 gof fat in a 24-hour stool collection.

B. Differential diagnosis:

DDx	
Functional diarrhea	
IBS	Typical Symptoms: Rome II criteria "at least 12 weeks abdominal pain or discomfort that has 2of 3 features : relived by defecation ,onset associated with change frequency of stool, and/or onset associated with change in form of stool "

Infectious diarrhea
IBD
Malabsorption (celiac disease or pancreatic disease)
Laxative use
Medications related diarrhea (includes caffeine and alchol)
Malignancy
Hyperthyroidism
Post-operative diarrhea

C. Questions to Ask the Patient with (history of presenting illness):

Question related to diarrhea	What you think about … !
What was your normal habit	
-When did your problem start(onset, sudden or gradual ,constant or progress, continuous or intermittent)-for how long?	abruptly> infection , gradually >(IBD,IBS) -duration to distinguish between acute &chronic
Tell me about the diarrhea (frequency ,amount)	frequent watery voluminous non bloody stool usually of a small bowel etiology, smaller volume with lower abdominal pain point toward large bowel etiology
what does the stools look like? (color, consistency, pale, greasy, smelly and difficult to flush away ,any blood or mucus ?	- pale biliary cause or obstructive jaundice, dark ,maybe blood (melena=black tarry stool) -loose or watery - steatorrhea -with oil droplet >chronic pancreatitis -Blood or mucus suggest colonic disease e.g. cancer , IBD , invasive infections or hemorrhoid.
Does it change with time or alternate with constipation ?	IBS, colon cancer
Aggravating and reliving factors	-Diary product worsen the symptom :lactose intolerance - Rye wheat or barley worsen the symptom : celiac sprue -does it persist if you stop eating (fasting)? Yes > secretory diarrhea , No > osmotic diarrhea - diarrhea associated with abdominal pain which is relieved by bowel movement : IBS - diarrhea associated with flushing : carcinoid tumor
Associated Symptoms (Review of symptoms related to the system of interest)	
Leakage of stool	Fecal incontinence
Do you have to race to the bathroom to have bowel movement ?	Urgency in colonic disease IBS , ulcerative colitis .
Straining , incomplete evacuation	IBS , ulcerative colitis , proctitis .
Bloating	IBS , lactose intolerance , celiac sprue
Increase amount of flatus	IBS , lactose intolerance, viral enteritis
Nausea and vomiting	Viral gastroenteritis , bowel obstruction
Abdominal pain : If yes : the site	-periumbilical pain : small bowel pathology - lower abdominal pain :large bowel pathology -tenesmus (spasm of anal sphincter associated with cramping

	and ineffective straining at stool) >>anorectal inflammation such as ulcerative colitis or infectious dysentery (passage of bloody stool) -generalized pain : IBS , celiac sprue
Constitutional & alarm symptom	
-Do you have Wight loss? (if yes: how many kg &over what period of time) -what about your appetite ?	-Wight loss precedes diarrhea :neoplasm -Wight loss with normal appetite :hyperthyroidism or malabsorption
Fever rigors or chills	- infections: 1- invasive pathogen (salmonella) 2- cytotoxic (clostridium difficile) pathogen -IBD - lymphoma
Woken from sleep at night by diarrhea	Organic, not a functional cause
Thirst , dizziness , fatigue	May suggest volume depletion an indicate I.V fluid resuscitation
Age above 50	Organic etiology
Travel	Giardia , E. histolytica or campylobacter
Eating contaminated food	Acute history (hours after eating) diarrhea associated with vomiting > food poisoning
Have you recently change your diet ?	
Alcohol , caffeine	
Previous episode	
Medications :	
Antibiotic	C.difficle or antibiotic related diarrhea
Laxative abuse	Patient unhappy with her body image
Statin , PPI , SSRIs	May cause diarrhea
Have you recently begun taking new medication ?	
Past medical & surgical	
IBD , celiac disease	
History of hyperthyroidism	
Gastrointestinal surgery Vagotomy , intestinal resection ,cholecystectomy .	Lack of absorptive surface ,decrease transit time, malabsorption of bile acid
With family history	
Celiac disease ,IBD, colon ca	
Systematic Review.(extra-intestinal symptoms)	
Arthritis	1-reactive arthritis after infection 2-IBD
Arthritis ,urethritis, conjunctivitis	Reiter syndrome (after infection with salmonella ,shigella , Yersinia , campylobacter)
Frequent infections	Immunoglobulin deficiency

432 OSCE Team

DONE BY: Norah AlAjmy

Revised by: Leena AlYahya

OSCE Team Leaders: Shaimaa AlRefaie & Roqaih AlDoueb