



## Evaluation of diarrhea

Color index

**Important**

Further explanation

[Editing link](#)

# Overview :

★ Diarrhea is defined as the passage of loose or watery stools, typically at least **three times in a 24-hour period**. It reflects increased water content of the stool, whether due to **impaired water absorption** and/or **active water secretion by the bowel**.

★ You must differentiate between **Acute diarrhea vs chronic diarrhea**

- **Acute diarrhea: <14 days**
- **Chronic diarrhea: >30 days**

## Differential diagnosis :

### ACUTE

#### 1) Infection

Infection is the most common cause of acute diarrhea, and it should be excluded in any patient presented with diarrhea → hx of traveling, fever, chills, nausea and vomiting, colicky abdominal pain

A) Virus: Is the most common cause of gastroenteritis (norovirus, rotavirus and other)

B) Bacteria: (Salmonella, Campylobacter, Shigella, enterotoxigenic Escherichia coli, Clostridium difficile, and others)

C) Protozoa: (*Cryptosporidium*, *Giardia*, *Cyclospora*, *Entamoeba*, and others)

#### 2) Non-infectious

- Medication: Antibiotics (*C difficile* infection), proton pump inhibitors (which can increase the risk of infectious diarrhea), laxatives

★ Acute diarrhea can be seen as an initial presentation of chronic diarrhea, such as seen in inflammatory bowel disease, bowel ischemia

### CHRONIC:

#### Colonic:

Characterized by: Blood and mucus in stool, Cramping lower abdominal pain, low volume but frequent

- **IBD:**  
Ulcerative colitis → Hematochezia and tenesmus  
Crohn's disease
- **Irritable bowel syndrome** → long Hx of diarrhea without night waking, bouts of diarrhea with stress/ anxiety And certain food bloating, flatulence, and crampy abdominal pain, pain may be relieved with defecation, period of diarrhea followed by period of constipation, Fx of IBS
- **Microscopic colitis** → chronic watery (secretory) diarrhea without bleeding.
- **Neoplasia** → left sided colorectal tumors: alternating constipation/diarrhea, hematochezia, pencil stool, >50 age, hx of CRC, weight loss

#### Small bowel:

Characterized by: Large-volume, watery stool, Abdominal bloating, Cramping abdominal pain

- **Crohn's disease involving the small bowel** → Diarrhea without blood, weight loss, RLQ pain)

#### Malabsorption:

Characterized by: Steatorrhea, Undigested food in the stool, Weight loss and nutritional disturbances

##### Pancreatic:

- Chronic pancreatitis → epigastric dull abdominal pain radiated to the back, DM, Hx of alcohol, may lead to jaundice

##### Enteropathy:

- Coeliac disease → abdominal discomfort, bloating, anemia, weight loss, other autoimmune (thyroid or DM1)
- Lactose intolerance → abdominal pain, and flatulence after ingestion of milk or milk-containing products

Personal data

Chief complaint	diarrhea
History of presenting illness	
DURATION	<ul style="list-style-type: none"> <li>→ &lt;14 days: acute (Infection, beginning of chronic disease )</li> <li>→ &gt;30 days: chronic</li> </ul>
Are you having more bowel movement than usual?	<p><b>Large bowel: <u>low volume + increase in the frequency</u></b>  <b>small bowel: <u>large volume + normal or mild inc in the frequency</u></b></p>
do you have sense of incomplete emptying of your rectum ?	Anorectal inflammation: <b>Ulcerative colitis</b> , infectious dysentery
<p>1)has there been passage of mucus?                  2)is it bloody?                  3)is the stool oily or greasy and difficult to flush?</p>	<p>1)IBS, ulcerative colitis                  2)IBD, malignancy, infection(Shigella, Campylobacter, Salmonella) , hemorrhoids                  3)steatorrhea due to malabsorption</p>
has it awaken you from sleep?	if yes ? exclude functional diarrhea (ie: exculde IBS)
Associated symptoms	
Do you have abdominal pain	<p>1)<b>periumbilical</b>: small bowel                  2)<b>lower abdomen</b>: large bowel (ie:Ulcerative colitis, bacterial dysentery)                  3)<b>RLQ</b>: Crohn’s disease                  4)<b>generalized</b>: IBS, celiac disease, Ischemic bowel                  5)<b>Epigastric</b>: chronic pancreatitis</p>
If there is a pain, is it relieved by defecation	IBS
Abdominal bloating	IBS lactose intolerance celiac disease
nausea and vomiting ?	viral gastroenteritis or food poisoning
Do you have any Fever?	infection ( Shigella, Campylobacter, Salmonella) IBD
have you lost weight recently ?	with normal or Inc apatite ? <b>hyperthyroidism, malabsorption</b> weight loss preceded diarrhea: <b>malignancy, DM</b>
do you have joint pain ? redness?	IBD

modifying factor

do milk or dairy product worsen your symptoms ?	lactose intolerance
do your symptoms occur after ingestion of rye, barley, wheat ?	celiac disease
do your symptoms persist when you stop eating ? do your symptoms stop when you stop eating ?	secretory diarrhea osmotic diarrhea
do you have any other medical problems like Hyperthyroidism, AIDS	Hyperthyroidism = INC GI motility Aids = inc risk of infection
have you recently taken any antibiotic ?	clostridium difficile
Have you had any recent travel?	infection
<i>Has anyone else that you shared a meal with developed these symptoms?</i>	food poisoning

Family History

fx of colon cancer ? fx of IBD? fx of IBS? fx of celiac disease?	Colon cancer IBD IBS celiac disease
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Social history

Do you drink alcohol /How much? How long?	pancreatic disease
Do you smoke?	malignancy

- **Acute diarrhoea in adults is most likely to be due to infection.**
- **Do not forget to ask about foreign travel.**
- **It is important to distinguish diarrhoea from steatorrhoea and faecal incontinence**
- **Chronic diarrhoea in association with weight loss suggests serious underlying disease.**

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