### Differential diagnosis of diarrhoea

- **Infectious:**
  - Viral
    - Norovirus; Rotavirus
  - Bacterial
    - E.coli; Salmonella; Shigella; Campylobacter
    - Vibrio cholerae
    - C. difficile
  - Protozoal/parasites
    - Giardia lamblia
    - Amoebic dysentery
- **Inflammatory bowel disease (IBD)**
- **Irritable bowel syndrome (IBS)**
- **Colorectal carcinoma**
- **Coeliac disease**
- **Drugs**
  - Antibiotics; Cytotoxics; Laxatives; PPIs; Digoxin; NSAIDs; Propranolol
- **Thyrotoxicosis**
- **Bacterial overgrowth**
- **Pancreatic insufficiency**
- **Short bowel syndrome**
- **Ischaemic colitis**

### History in diarrhoea

- **Presenting complaint**
  - Increased stool frequency and volume
- **History of presenting complaint**
  - Acute or chronic
  - Recent foods/contacts
  - Number of bowel motions/day
  - Incontinence and/or urgency
  - Tenesmus
  - Bloody diarrhoea
    - Shigella; Salmonella; Campylobacter; IBD; Colorectal carcinoma
  - Fresh PR bleeding
  - Mucus
  - Weight loss
  - Fevers
  - Fatigue
  - Steatorrhea
  - Joint pains/aches
  - Rashes
- **Past medical history**
  - Previous bowel surgery
- **Medications**
  - Antibiotics; Cytotoxics; Laxatives; PPIs; Digoxin; NSAIDs; Propranolol
- **Family history**
  - Colorectal carcinoma
  - Autoimmune disease
- IBD
  - Social history
    - Travel history
    - Alcohol consumption

**Examination in diarrhoea**
- Abdominal tenderness/masses
- Anaemia
- DRE – blood, masses
- Lymphadenopathy
- Goitre
- Erythema nodosum
- Cachexia
- Abdominal scars

**Initial investigation and management of diarrhoea**
- Stool sample
  - Microscopy, sensitivities and culture
  - C. diff toxin
  - Ova, cysts and parasites
- Blood tests
  - Full blood count
  - Inflammatory markers
  - Urea and electrolytes
  - Venous blood gas
  - Liver function tests
  - Thyroid function tests
  - Autoimmune screen
- Abdominal X-ray
- Fluid resuscitation
- Antibiotics if not responding to fluid resuscitation or if suspecting an infectious exacerbation of IBD e.g. Metronidazole 400mg three times daily (check local guidelines)
- If C. diff then give Metronidazole po 400mg three times daily and/or Vancomycin 500mg orally four times daily
  - See local guidelines for grading severity of C.Diff and subsequent treatment strategy

**Further management of diarrhoea**
- Flexible sigmoidoscopy and/or Colonoscopy with biopsies
- Abdominal ultrasound
- CT abdomen/pelvis
- Faecal elastase
- TTG antibodies + OGD if suspecting coeliac disease
- Loperamide 2-4mg up to four times daily if refractory diarrhoea with no treatable cause found – MUST exclude obstruction before prescribing.
Common questions concerning diarrhoea

- What are the causes of bloody diarrhoea?
  - Infection: Shigella, Salmonella, Campylobacter
  - IBD
  - Colorectal carcinoma