

Presentation of Diarrhoea

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