

# Acute Diarrhea

(<2 weeks, >3x/day, >175-200g/day)

Could be start of chronic diarrhea!

## Ischemic

(Smoking, high BP/cholesterol, diabetes, hyperlipidemia, male, prior Hx of CVA, CAD, PVD, Bruits on abdominal artery auscultation)

### Small Bowel

→ Acute mesenteric ischemia (deadly! Need CT angiogram!)

### Large bowel

→ Ischemic Colitis (benign, lots of anastomoses in large bowel)

Duodenum less likely to get ischemia b/c of lots of anastomoses

## Infectious

(travel? Antibiotic use? Bad water? Bad food?)

### Most common

### Diarrhea-predominant

#### Small Bowel

(USUALLY: watery diarrhea due to toxin release, larger volumes, cramps and diffuse periumbilical pain that doesn't go away after pooping, possible steatorrhea)

- Viruses (rotavirus, norovirus)
- Bacteria (C. perfringens, E. coli (ETEC and EHEC), Yersinia (large-bowel picture), Cholera, salmonella)
- drugs/toxins

#### Large Bowel

(USUALLY: bloody diarrhea due to tissue infiltration, tenesmus, LLQ or LRQ pain, goes away after defecation, urgency, incontinence, nocturnal diarrhea)

- Bacteria : Campylobacter, Shigella, Salmonella, E. coli (EIEC and EHEC), C diff (small-bowel picture)
- Parasites (E. histolytica)

### Nausea + vomiting predominant

#### Classic "Food Poisoning"

- 2 bacterial causes: *Bacillus cereus* and *S. aureus*
- Happens w/in 2 hrs
- 2 Sx: diarrhea & n/v
- Benign, no Tx

## Inflammatory

(Hx of autoimmune disease, fam Hx of celiac, IBD, CRC)

### Non-Bloody

- Crohn's ileitis
- Crohn's colitis

### Bloody

- Ulcerative colitis
- Crohn's colitis

## Dietary (osmotic diarrhea)

- Excess fiber ingestion
- Excess fat ingestion
- Non-absorbed sugars (i.e. from gum)