

Chronic Diarrhea (>2-4 weeks, >3x/day, >175-200g/day)

All chronic diarrhea cases go through an acute phase! (i.e. can be infectious)

Steatorrhea

(oily, foul-smelling, hard to flush, floats)

Malabsorption/Maldigestion

- Pancreatic insufficiency
- Celiac
- Ileal Crohn's (↓ bile reabsorption)
- short-bowel/resection
- Bile salt defect (liver cholestasis, cirrhosis, etc)
- Bacterial overgrowth
- Mesenteric ischemia

Mucosal

- Crohn's (most common)
- Celiac
- Chronic inflammation
- Whipple's Disease

Small Bowel

(large volume, watery, no blood, no/diffuse pain, weight loss, malnourished)

Secretory

(Diarrhea continues with fasting)

Neoplastic

- (3rd most common)
- Neuroendocrine tumors (gastrinoma/VIPoma, mastocytosis, **carcinoids**)
- adenocarcinoma,
- lymphoma

Disordered Motility

- (2nd most common)
- No nocturnal diarrhea!
- IBS
- Hyperthyroid (↑ T4, ↑ metabolism, ↑ bowel movements)
- Diabetic neuropathy

Osmotic

- (diarrhea stops with fasting)
- (4th most common)
- Malabsorption of: Mg, PO4, SO4, carbohydrates
- Lactose intolerance (congenital & acquired)

Large Bowel

(small volume, bloody, localized abdo pain, tenesmus, urgency)

IBD

- (most common)
- UC and Crohn's

Motility

- (2nd most common)
- No nocturnal diarrhea!
- IBS
- hyperthyroid

Secretory

- (Diarrhea continues with fasting)
- Villous adenoma (polyps)
- Colon Cancer
- Microscopic colitis

Based on medical & sexual Hx:

- Radiation colitis
- Ischemic colitis
- STI (esp MSM)

Drugs:

- Antibiotics
- Colchicine
- (basically anything...ask about medication changes!)