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

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

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

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

Secretory
(Diarrhea continues with fasting)

Neoplastic
(3rd most common)
→ Neuroendocrine tumors (gastrinoma/VIPoma, mastocytosis, carcinoids)
→ Adenocarcinoma
→ Lymphoma

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

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

IBD
(most common)
→ UC and Crohn's

Secretory
(Diarrhea continues with fasting)

Motility
(2nd most common)
No nocturnal diarrhea!
→ IBS
→ Hyperthyroid

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

Based on medical & sexual Hx:
→ Radiation colitis
→ Ischemic colitis
→ STI (esp MSM)

Steatorrhea
(4th most common)
→ Malabsorption of: Mg, PO4, SO4, carbohydrates
→ Lactose intolerance (congenital & acquired)

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

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

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