



Chronic diarrhoea

GASTROENTEROLOGY

PATIENT INFORMATION



Disease pattern

If diarrhoea lasts more than 3 weeks, it is referred to as chronic diarrhoea.

Many circumstances may cause chronic diarrhoea such as travel infections, consumption of antibiotics, inflammatory bowel disease, food intolerance, cancer, etc.

If diarrhoea is accompanied by fever, bloody expulsion, progressive abdominal pain or weight loss, a medical professional should be consulted. Due to the multitude of possible causes for these symptoms, a systematic test work-up is applied.

Tests and diagnostic options

First, a blood count is performed to search for inflammatory or anaemia markers. Additional biomarkers with diagnostic or prognostic value are determined. Inadequate intake or general deficiency of essential components such as electrolytes (calcium, magnesium), iron, amino acids or vitamins are searched for. Also, kidney and thyroid function are tested.

The detection of circulating antibodies in blood may indicate gluten allergy or other food intolerance, for example.

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THE MEASUREMENT OF THE FAECAL CALPROTECTIN IN A STOOL SAMPLE

Calprotectin is a biomarker that points to inflammatory bowel disease. A small amount of stool (size of a walnut) is sufficient to perform the analysis..

If calprotectin is normal further investigations are necessary to exclude food intolerance. Lactose intolerance, for example, can be detected by a breath test.

MEASUREMENT OF THE FAECAL ELASTASE

This marker reflects digestive function by the pancreatic excretion.

INFECTIOUS CAUSES OF DIARRHOEA

Acute diarrhoea caused by bacteria or viruses usually is self-limited, lasts only for a few days and does not require antibiotic therapy. However, specific bacteria (e.g., a pathogenic strain of E.coli) and intestinal parasites, such as protozoon or worms, can be the cause persistent diarrhoea. Also, abdominal cramps, fatigue and mild fever may be present. As it is impossible to deduce the causing pathogen from the clinical symp-

toms, a stool examination for pathogens is indicated.

Gastrointestinal Diarrhoea PCR Panel may be performed for rapid diagnosis of causing agent out of more than 20 bacteria, viruses and parasites.

An infection with protozoa or worms may occur, in particular after travelling to high-risk areas. For representative diagnostics, at least 3 stool samples need to be examined.

THE DETECTION OF OCCULT BLOOD

Infections with certain bacteria can cause blood to be excreted in the stool. However, the detection of invisible blood stains in stool (occult blood) is also one of the most frequent sign for colorectal cancer. In this case, it may be necessary to perform complete endoscopic examinations, such as colonoscopy and/or gastroscopy, which allows diagnosis based on the tissue analysis of mucosal fragments (biopsies).

CLOSTRIDIUM DIFFICILE TOXINS

The treatment with antibiotics may destroy naturally colonising bacteria of the intestine. This favours overgrow by Clostridium difficile which produce toxins. The toxin causes mild to severe bloody diarrhoea and can be detected in stool sample of affected patients.

HELICOBACTER PYLORI ANTIGEN TEST

(For more detailed information about Helicobacter pylori, please refer to our brochure «Pain in the upper abdomen»)

Helicobacter pylori (H.p.) is the main cause of gastritis and peptic ulcer. The diagnosis is based on the detection of the H.p. antigen in the stool.

Conclusion

Diarrhoea is considered chronic if it lasts for more than 3 weeks and may be caused by many causes. Clinical symptoms do not allow conclusive diagnosis.

Precise description of the symptoms and assessment by a specialist may allow swift diagnosis and specific therapy.