

Persistent diarrhea: 15 years experience at a tertiary care hospital

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Background and Aims:

Persistent diarrhea is an episode of diarrhea of presumed infectious etiology which starts acutely but lasts for more than 14 days. Risk factors include very young age, lack of breast feeding, previous infection, prior usage of antibiotics and micronutrient deficiencies. Malnutrition can act as a risk factor and/or an outcome of persistent diarrhea.

Aims: To determine the risk factors, causative enteric pathogens, final diagnosis and treatment outcomes.

Methods:

A retrospective study of the patients who were diagnosed as persistent diarrhea (PD) and were admitted at QSNICH during January 1997 to December 2011. Demographic data, risk factors, causative enteric pathogens, management and outcome were reviewed.

Results:

The review included 79 patients who had diarrheal symptoms for at least 14 days. Excluded were patients who were HIV seropositive, had GI anomalies and/or other underlying immune deficiencies. The demographic data showed mean age 11.42 months and male:female 56:23 (2.43:1). Feeding with infant formula before admission was 43% comparing to breast feeding which was only 10%. Normal nutritional status was found in half of the cases (52.1%) and protein energy malnutrition (PEM) was present in 42.3%. Positive stool culture for enteropathogens was only 37% and the most common finding was mixed enteropathogens. The final diagnosis for the causes of PD was secondary lactase deficiency in half (50%) of the patients. Management consisted of rehydration, antibiotics (intravenous) 53%, and other adjuvant therapies such as cholestyramine, zinc and probiotics. Along with rehydration, all patients received aggressive nutritional management upon admission. The diarrhea subsided in less than 7 days in about 70% of the patients.

Conclusion:

Exclusive breast feeding in the first 6 months of life can reduce the incidence of PD. Aggressive stepwise nutritional management is the most important management of PD.

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