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## INTERNAL MEDICINE BOARD REVIEW MANUAL

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## Evaluation of Chronic Diarrhea: Case Studies; Dizziness: Four Case Studies

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### Chapter 1—Evaluation of Chronic Diarrhea: Case Studies

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#### I. INTRODUCTION

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Diarrhea is a common cause of patient visits to their internist. Although definitions vary, diarrhea is often defined as more than 200 g of stool production per day with higher than normal water content. Normal stool weight is 100 to 200 g per day with a water content of 60% to 80%.<sup>1</sup> Although definitions vary, acute diarrhea is typically characterized as lasting less than 2 weeks, whereas chronic diarrhea lasts more than 2 to 3 weeks.<sup>2-6</sup> Chronic diarrhea is often recurrent and has a much broader differential diagnosis.<sup>2</sup> This review will discuss the clinical presentation and appropriate diagnostic evaluation for patients presenting with chronic diarrhea. Three case patients are presented to highlight features of evaluation for patients with chronic diarrhea.

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#### II. CASE PATIENT I

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##### PRESENTATION

Patient 1 is a 35-year-old woman with a 6-month history of diarrhea. She reports having soft bowel movements approximately 7 times a day and notes she has abdominal pain that is relieved with defecation. She is taking no medication and has no medical history except for 2 uncomplicated vaginal deliveries.

- **The most appropriate next step in evaluating patient 1 is which of the following?**
  - A) Complete blood count, measurement of serum electrolyte levels, and stool culture
  - B) Empiric treatment with antibiotics
  - C) Further questioning and measuring the amount of stool
  - D) Referral to a psychiatrist
- **Which of the following additional findings is most indicative of the need for further testing?**
  - A) History of blood in her stool
  - B) Weight loss
  - C) Fever
  - D) All of the above

##### HISTORY AND PHYSICAL EXAMINATION

**The correct answers for the 2 previous questions are C and D, respectively.** The first step in the evaluation of diarrhea is quantifying the stool in addition to obtaining a detailed history. Diarrhea can be broadly classified as inflammatory, osmotic, or secretory or resulting from altered intestinal motility (ie, rapid transit). **Table 1** shows clinical features that are helpful in narrowing the differential diagnosis. Motility-related diarrhea, primarily caused by irritable bowel syndrome, is often manifested by increased stool frequency out of proportion to the daily stool weight and can be accompanied by abdominal pain that is relieved by bowel movements. Patients with this condition rarely have a change in weight or evidence