

**GENERAL INTERNAL MEDICINE & HEALTH SERVICES RESEARCH CASE
CONFERENCE TEACHING MODULE**

**Acute Infectious Diarrhea
Dr. Neil Wenger
Reviewed 10/2009**

Case 1

The intern on ward call goes to the hospital cafeteria for dinner and chooses to try the chancy chicken. Just as he's about to dig in, there's an urgent issue to deal with on 7E. After two hours, the intern returns to his meal, which is cold. Driven by hunger, he devours the chicken and potato salad. The next morning he develops voluminous, watery diarrhea. He drags himself into Urgent Care and you see him.

- **What would you want to know on the history and physical?**
- **What studies would you order at this time (assume no evidence of dehydration or fecal leukocytes)?**
- **How would you treat him? Would you use antibiotics? Under what circumstances would you use antibiotics?**
- **What pathogens are screened for at the UCLA labs when you order stool cultures?**

Case 2

In what is turning into a banner clinic day, a senior resident sees you next. He presents complaining of diarrhea, bloating and increased flatulence for about three weeks. He denies any recent foreign travel and has no sick contacts (wife and child, who is in day care have no symptoms). He's distressed because he was so happy after recently returning from a backpacking trip in the remote Sierras, and now he's ill and unable to enjoy his cardiology rotation. He has had no fever, chills, or orthostatic symptoms but has experienced nausea with no vomiting and fatigue. He denies bloody stools. He's rotating through the CCU and has already missed his first two call nights due to his illness. First jeopardy demands a workup. You begin with fecal leukocytes, which are negative.

- **What further information would you seek historically and on PE?**
- **What lab tests would you order?**
- **Would you treat empirically with antibiotics? If so which one?**
- **His O&P is positive for giardia lamblia. With what will you treat him?**
- **What are the risk factors for giardia lamblia?**

Case 3

A 47-year-old female presents to IMS with complications of watery diarrhea with blood streaking, crampy abdominal pain for 1 week. She tells you her daughter-in-law, an R2 at UCLA, prescribed an antibiotic for an upper respiratory infection. When she had a persistent cough, her daughter-in-law prescribed a "really strong antibiotic" to get her better. The patient then developed diarrhea and her daughter-in-law suggested imodium. Now she is taking an antibiotic, imodium, cough syrup. Her relationship with her daughter-in-law is deteriorating.

- **What further information would you seek historically and on PE?**
- **What lab tests would you order?**
- **How would you treat this patient?**