

Chronic Refractory Diarrhea

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Q: What is the definition of chronic refractory diarrhea?

A: It usually means diarrhea for more than 2 weeks and not responding to usual treatment. The World Health Organization defines diarrhea as having three or more loose or liquid stool per day, or as having more stools than is normal for that person.

Q: What is the cause of diarrhea?

A: More than several hundred causes of diarrhea have been identified. Common causes of chronic diarrhea are classified as following:

1. Osmotic diarrhea, like lactose intolerance, laxative abuse.
2. Malabsorption, like celiac disease, bowel resection, chronic pancreatitis, small bowel bacterial overgrowth.
3. Secretory diarrhea: hormonal secreting tumor like carcinoid, bile salt and villous adenoma.
4. Inflammatory bowel diseases: Crohn's diseases, radiation enteritis and microscopic colitis.
5. Motility disorders: irritable bowel syndrome, diabetes mellitus.

Some patients might have more than one cause for his diarrhea. All causes should be identified before an effective treatment can be applied.

Q: What is the treatment for chronic refractory diarrhea and do you have any medication which can control all diarrheas?

A: Effective therapy depends on identification of the causes. Different causes require different specific treatments. No medication can treat all types of diarrhea. The common anti-diarrhea medication like Imodium, Pepto-Bismol, Lomotil might slow down diarrhea sometimes but more often delay the diagnosis and the cure.

Q: Can you give several examples to show how to cure chronic refractory diarrhea?

A: Yes, I do have a lot of cases of chronic refractory diarrhea with successful treatment outcome. I just cite a few here.

Case 1. A 38-year-old gentleman had terminal ileal and cecal resection due to abscess. He was diagnosed with Crohn's disease and was treated with anti-inflammatory medication for more than 5 years. His diarrhea did not improve. He has seen several GI specialists but nobody could help him. I carefully reviewed his chart and found that he did not have Crohn's disease. The abscess was caused by perforated diverticulitis. His diarrhea was caused by bile salt which was not absorbed due to resection of terminal ileum. I changed his treatment plan and his diarrhea resolved.

Case 2. A 63-year-old woman had diarrhea for more than 20 years. She was evaluated by GI specialist early in 90's and was diagnosed with irritable bowel syndrome. Her symptoms have been getting worse over the last several years. After review of her history, I suspected that she might have celiac disease. The work-up confirmed my diagnosis. She was put on Gluten-free diet and her diarrhea resolved.

Case 3. A 68-year-old woman had refractory *Clostridium difficile* colitis over a year. She had multiple hospitalizations and diarrhea recurs each time she stopped oral Vancomycin. She told me that she was bankrupt due to this infection. After careful review of her chart, I decided to do fecal transplant. It only costs \$20 dollars and her diarrhea resolved without recurrence for good.

Case 4. A 70-year-old gentleman had chronic diarrhea for 5 years. He was diagnosed with villous adenoma associated diarrhea. He had multiple colonoscopies and removed more than 20 polyps but his diarrhea did not stop. I did colonoscopy and removed several polyps. I also did random biopsy which showed microscopic colitis. The treatment plan changed and diarrhea resolved.