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Clinical Cases:

1. A 26 year old has a 3 day history of about 10 large volume watery stools per day without fever or passage of blood in stools. Her vital signs are normal and she is not orthostatic although her pulse is 105 seated.

Likely mechanism of diarrhea:

Potential complications:

Potential therapy:

2. A 3 month old child is brought in with a 2 day history of 10-15 watery stools per day. The parents have seen no blood in the stools, but have recorded temperatures of 100-100.5 degrees F. The child is orthostatic and tachycardic.

Likely mechanism of diarrhea:

Potential complications:

Potential therapy:

3. A 75 year old man with 6 months of 3 small to moderate volume very loose stools per day and 1-2 at night comes to see you for evaluation. He has not noted blood per rectum or fevers. He doesn't feel well in general and has a poor appetite and has lost about 7 pounds over this period. His vital signs are normal. Gram stain of the stool shows the presence of many WBC and a few RBC. The stool volume is about 600 g per day.

Likely mechanism of diarrhea:

Approach to evaluation:

Potential complications:

4. An 80 year old woman reports diarrhea (4-6 loose stools per day) ever since she had a partial colectomy last year for bowel obstruction from a benign tumor that was successfully resected. Her vital signs are normal and stool exam/gram stain is normal except that the stool is loose, consistent with her history of diarrhea.

Likely mechanism of diarrhea:

Potential therapies:

5. A 17 year old boy comes to see you with a history of anxiety and diarrhea. He experiences 3-4 loose stools per day that usually occur within 45 minutes of eating. He also has a fine tremor. The stool examination is normal aside from a loose consistency.

Approach to evaluation/possible mechanisms of diarrhea:

Potential therapies:

6. A 45 year old man comes to you because of increasingly soft/liquid stools 3-4 times per day over the past several months. He also has severe heartburn for which he takes large amounts of Maalox. His physical examination and vital signs are normal. His stool gram stain is normal. His other medications include atenolol for hypertension and occasional acetaminophen for headaches.

Approach to evaluation:

Potential therapies:

7. A 52 year old woman reports a 60 pound weight loss over the past year. She has 2-3 soft stools per day and reports an increase in flatus that is very embarrassing. The stool examination shows large fat globules on fat staining. Her laboratory studies include:

Hematocrit 30 (normal 35-45) with an MCV of 79 (normal ~85-100)

Serum albumin level of 3.0 (normal 3.5-5.0 g/dl)

What are likely mechanisms of this patient's symptoms:

Approach to evaluation:

Differential diagnosis:

8. A 79 year old man with a past history of peptic ulcers and an operation for ulcer disease in the 1960's comes to see you with a history of weight loss of 30 pounds in the last 6-12 months. He notes several soft stools per day, perhaps as many as 3-4. He

thinks the operation he had was a Billroth II or gastrojejunostomy. Laboratory studies show:

Serum albumin of 3.2 g/dl (normal 3.5-5.0)

Serum carotene and cholesterol levels are low

Stool examination: many fat globules
fecal osmotic gap >100 mosm/liter

What are likely mechanisms of this patient's symptoms:

Approach to evaluation:

Differential diagnosis:

9. A 49 year old man complains of frequent flatus and watery stools as often as 3-4 days per week for the past year or so. He has not seen any blood and has not had any fevers. He was told he has mild diabetes about two years ago and has been trying several different ways to diet and lose weight to control his diabetes. His physical examination is normal as is simple blood work, aside from a mildly elevated blood glucose. The stool gram stain is negative.

What are likely mechanisms of this patient's symptoms:

Approach to evaluation:

Differential diagnosis: