Bloody Diarrhea

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Case 1:

A 20 month old boy with no significant PMH is brought to the ER with a two day history of bloody diarrhea. The mother notes that he has been fussy and crying more than usual. He has been afebrile at home and the mother denies any other symptoms. He has no recent travel history and attends daycare. Of note, he was treated for a perianal abscess three weeks ago with I&D and oral clindamycin. All of the following are appropriate initial steps in the evaluation and diagnosis of this patient in the ER except?

- A) An occult blood test to confirm the presence of blood in the stool.
- B) Ultrasound of the abdomen
- C) Stool study for C. difficile toxin
- D) Dietary Oral Elimination Challenge
- E) Examination of perianal region for fissure

ANSWER

- A) An occult blood test to confirm the presence of blood in the stool.
- B) Ultrasound of the abdomen
- C) Stool study for C. difficile toxin
- ***D) Dietary Oral Elimination Challenge***
- E) Complete physical exam

A) An occult blood test to confirm the presence of blood in the stool.

- Important to confirm the presence of blood before starting an expensive work up
- Foods that give stool a bloody appearance include:
  - Flavored gelatin
  - Chocolate
  - Kool-Aid
  - Antibiotics (Amicillin)
  - Bismuth
  - Beets
  - Red Licorice

B) Ultrasound of the abdomen

- Although less common, intussusception should be considered in an afebrile child in this age range with abrupt onset of bloody stools and crying episodes
- Diagnosis depends on visualization of bowel within bowel which can be seen on US
- If the US is positive, the patient can go onto air barium enema for confirmatory diagnosis and treatment

C) Stool study for C. difficile toxin

- Given patient's recent antibiotic use, c. diff should be ruled out
- Typically seen 1-3 weeks after completion of antibiotics
- Presents with diarrhea with blood and mucous, typically without fever
- Antibiotics to watch out for include: Clindamycin, Ampicillin, Penicillin, Tertracycline, Oxacillin, Choramphenicol, Diclocacillin, Cefazolin, Cephalexin, Streptomycin

D) Dietary Oral Elimination Challenge

---Milk-soy induced enterocolitis usually occurs during the first month of life

- Typically chronic: persistent diarrhea with blood in the stools, FTT
- May occur acutely 12-48 hours after induction of formula
- Not appropriate management in emergency room setting
- Most children with sensitivity resolve by 2 years of age

E) Complete Physical Exam

- Anal fissures are the most common cause of lower GI bleeding, although less likely in this case because no history of constipation
- Examine perianal abscess for successful healing
- Sausage shaped mass seen in intussusception
- Febrile? Shift focus to infectious causes of diarrhea
- Skin exam: up to 50% of patients with HSP have guaiac positive stools, look for cutaneous purpura, swelling of feet, and joint pain

Case 2

- A 14 year old girl presents to the ED with three months of crampy abdominal pain and diarrhea. For the past several days, she has had 5-6 episodes of bloody diarrhea a day. She also notes that her clothes have gotten looser. She states she feels fatigued, but has not had any fevers. On exam, her abdomen is diffusely tender to palpation. Her stool is guaiac positive. Her hemoglobin is 10.2. She states her aunt has ulcerative colitis. You suspect IBD. Which of the following is true about your approach to this patient?

- A) Antibody testing is an important diagnostic stool in the initial diagnosis of IBD.
- B) CT scans are useful in identifying extra-intestinal manifestations such as abscess formation, but does not effectively show wall thickening or structural disease
- C) Emergent exploratory surgery with potential curative colectomy with ileal pouch-anal anastomosis
- D) Start patient on IV corticosteroids

- A) Antibody testing is an important diagnostic tool in the initial diagnosis of IBD.
- B)CT scans are useful in identifying extra-intestinal manifestations such as abscess formation, but does not effectively show wall thickening or structuring disease
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- ***D) Start patient on IV corticosteroids***

- A) Antibody testing is an important diagnostic tool in the initial diagnosis of IBD.
  - IBD serologic panels for population screening are not recommended
  - pANCA may be helpful for screening for IBD and discriminating UC from CD
- B) CT scans are useful in identifying extra-intestinal manifestations such as abscess formation, but does not effectively show wall thickening or stricturing disease
  - CT scans are useful in identify intestinal wall thickening and fistulizing disease
  - also sensitive for identifying abscesses

- C) Emergent exploratory surgery with potential curative colectomy with ileal pouch anal anastomosis
  - Obviously not the right answer!
  - Indications for surgery include: uncontrolled GI bleeding, bowel perforation obstruction, and intractable disease.
  - Concern for Colon Cancer in UC
- ***D) Start IV corticosteroids***
  - First line therapy to decrease bowel inflammation
  - Acute response to corticosteriods is excellent ~80%

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