

Wat wil de gastroenteroloog nu echt weten over uw stoelgang?

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Dienst gastroenterologie

IBD-kliniek

Imelda ziekenhuis Bonheiden



Alternative Stool Chart

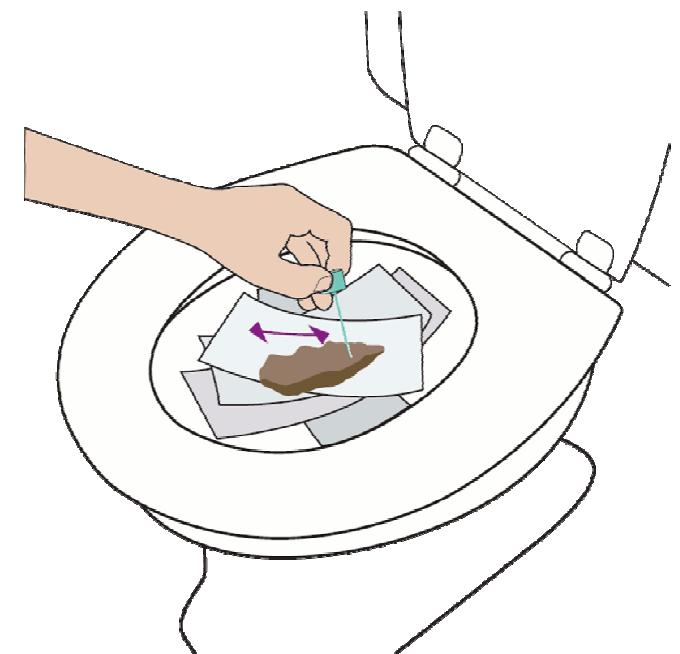
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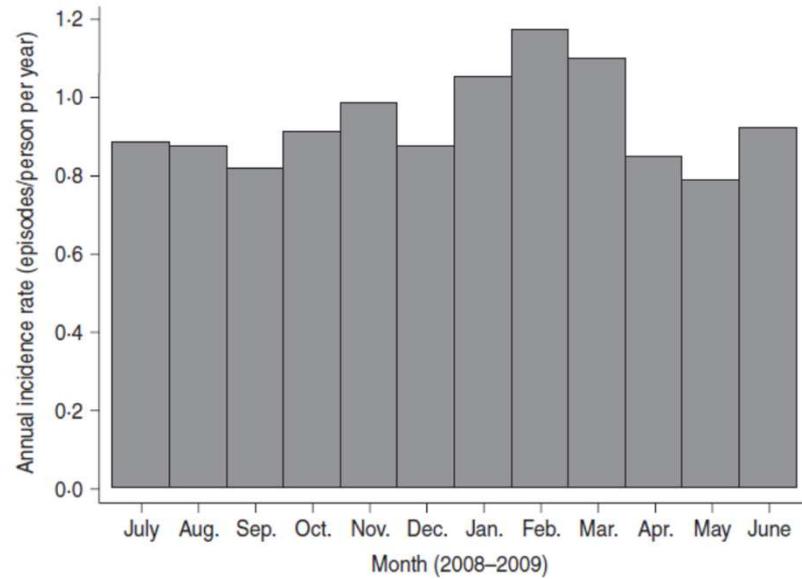
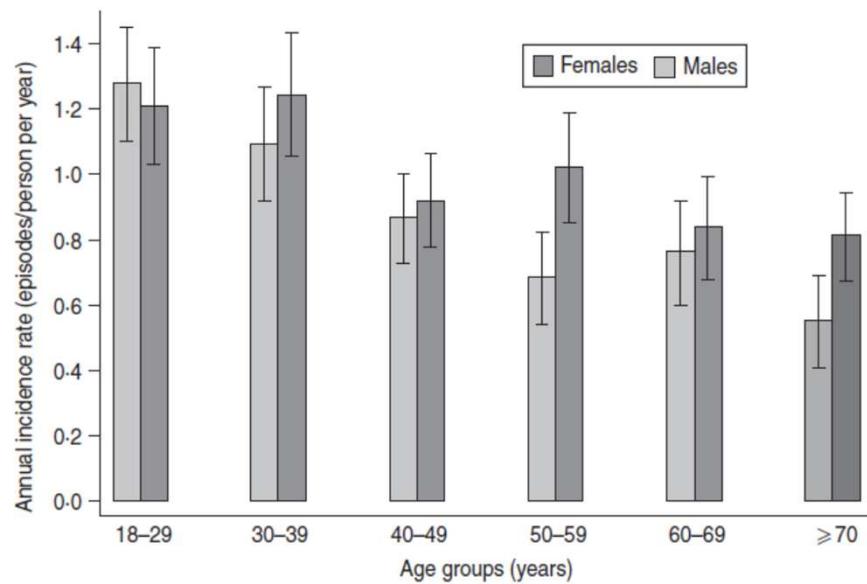
Het stoelgangsstaal



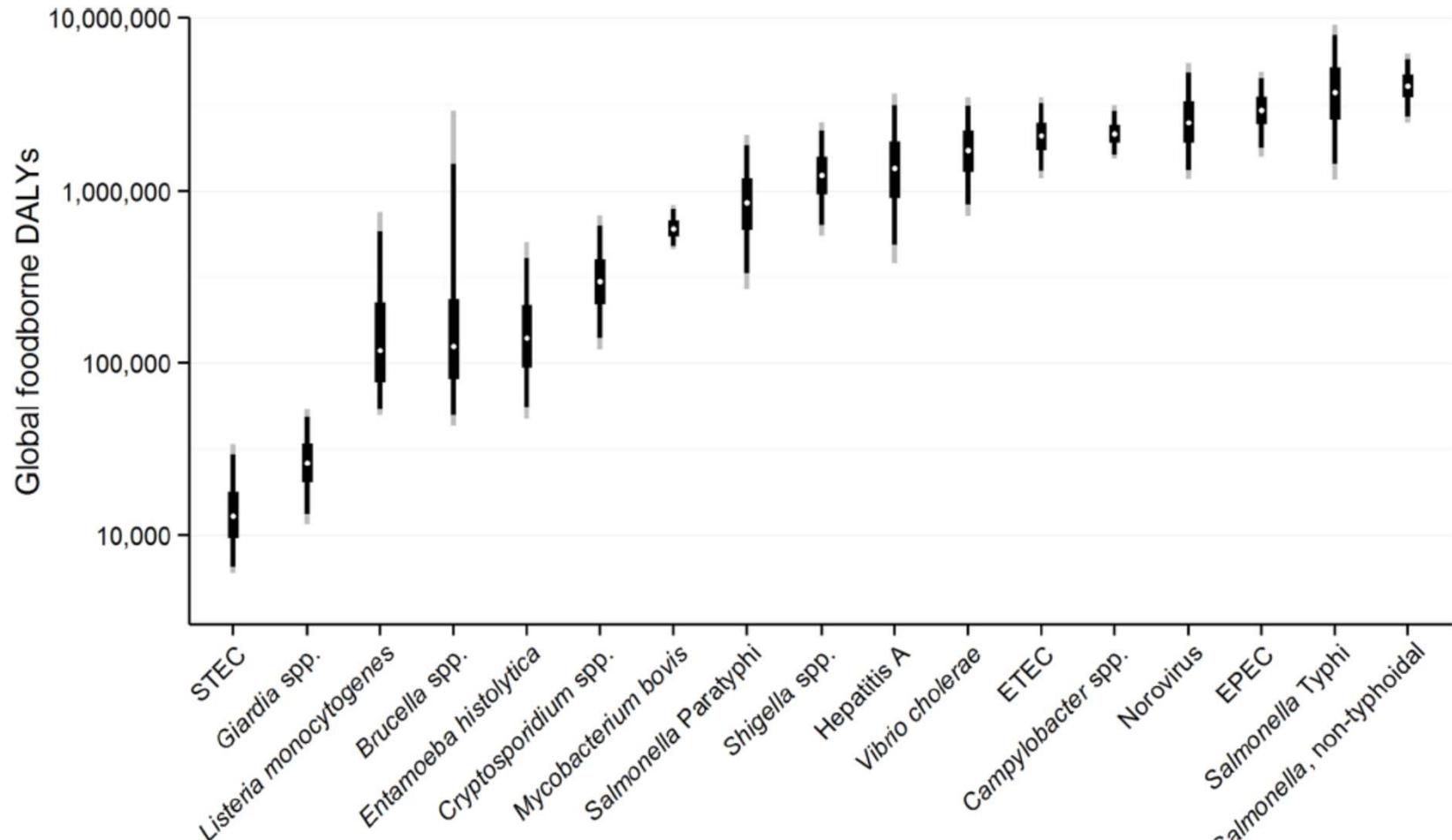
Het stoelgangsstaal

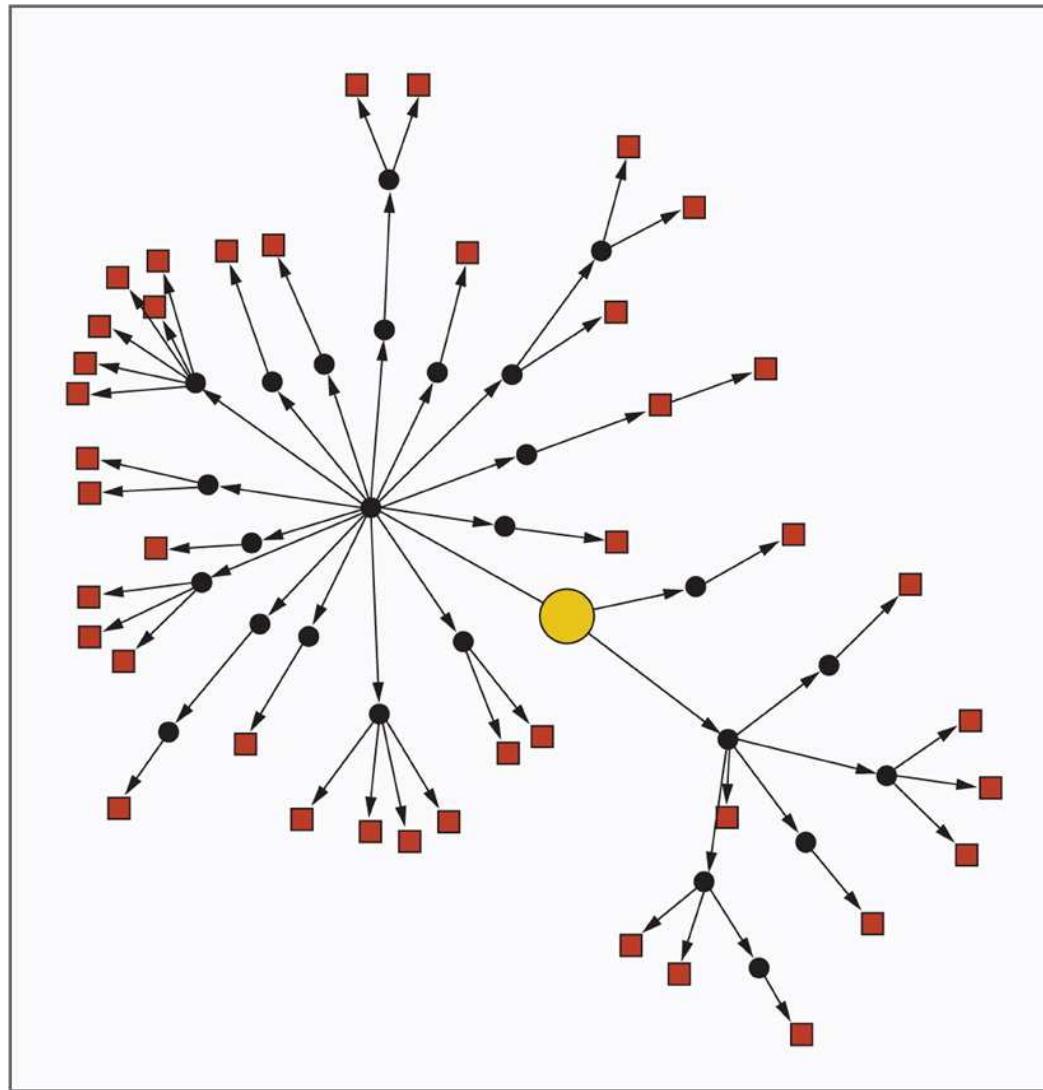


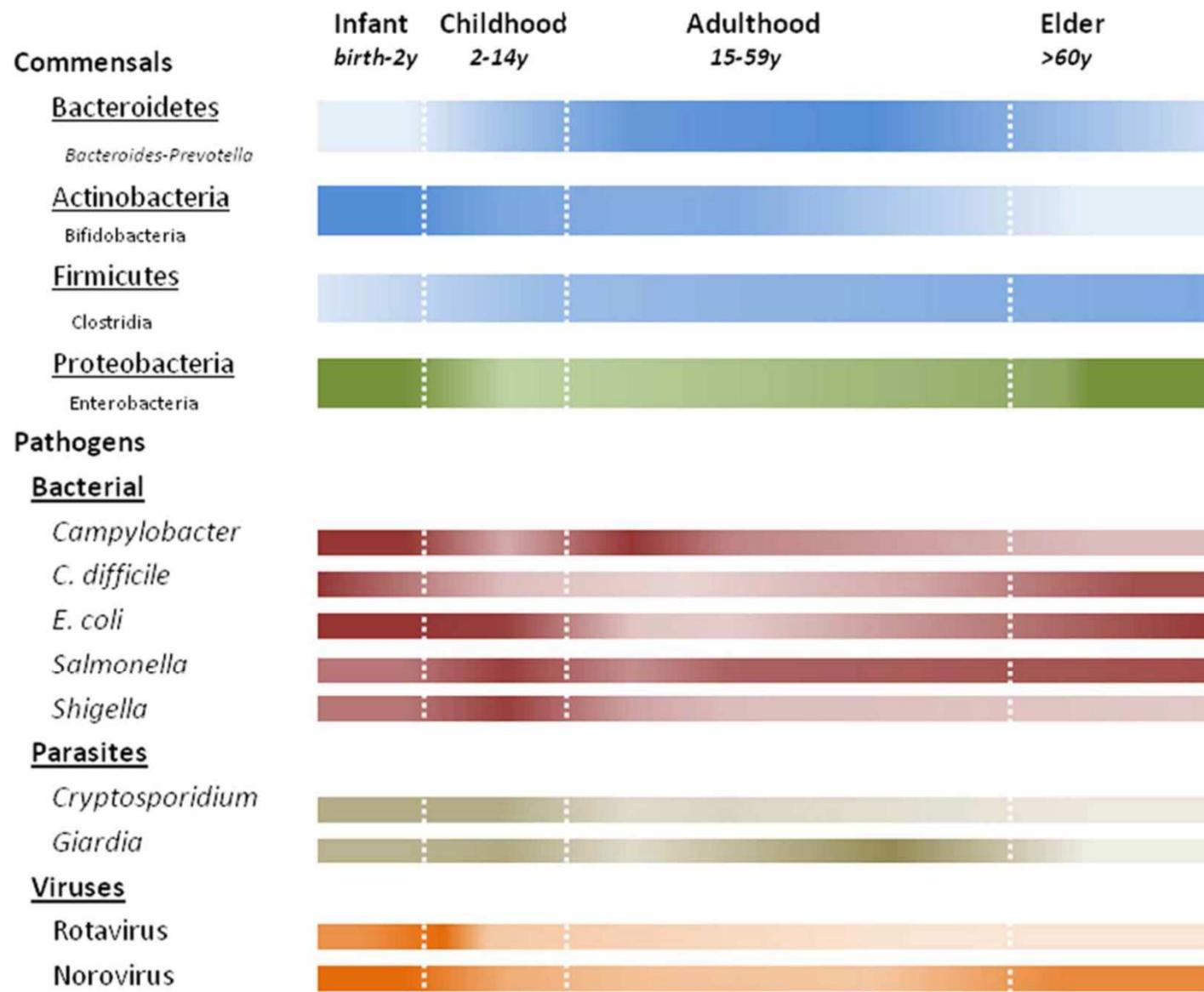
Waar spreken we over?

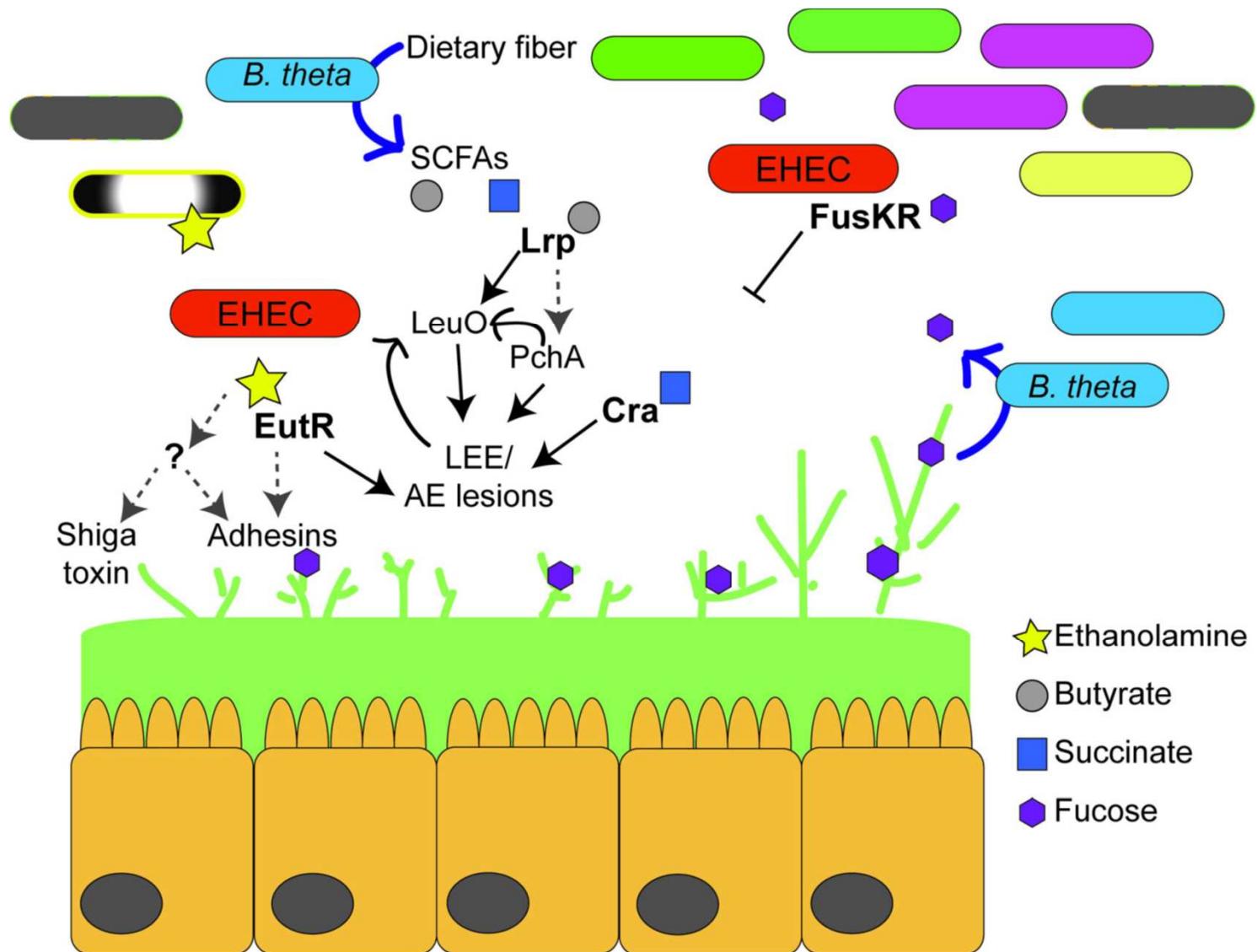


Waar spreken we over?









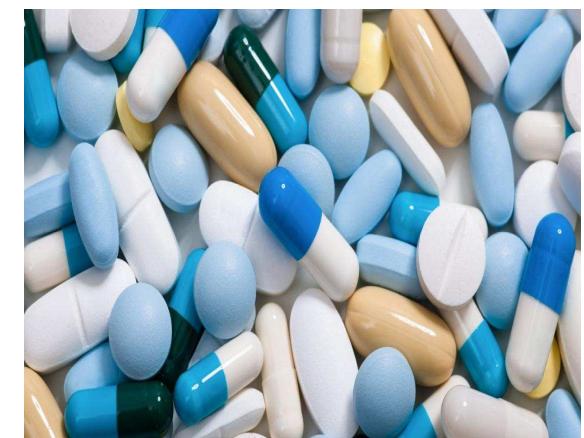
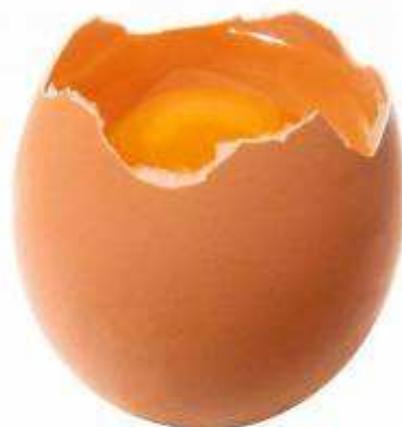
De kliniek

Diarree

Buikpijn

Systemische
tekenen

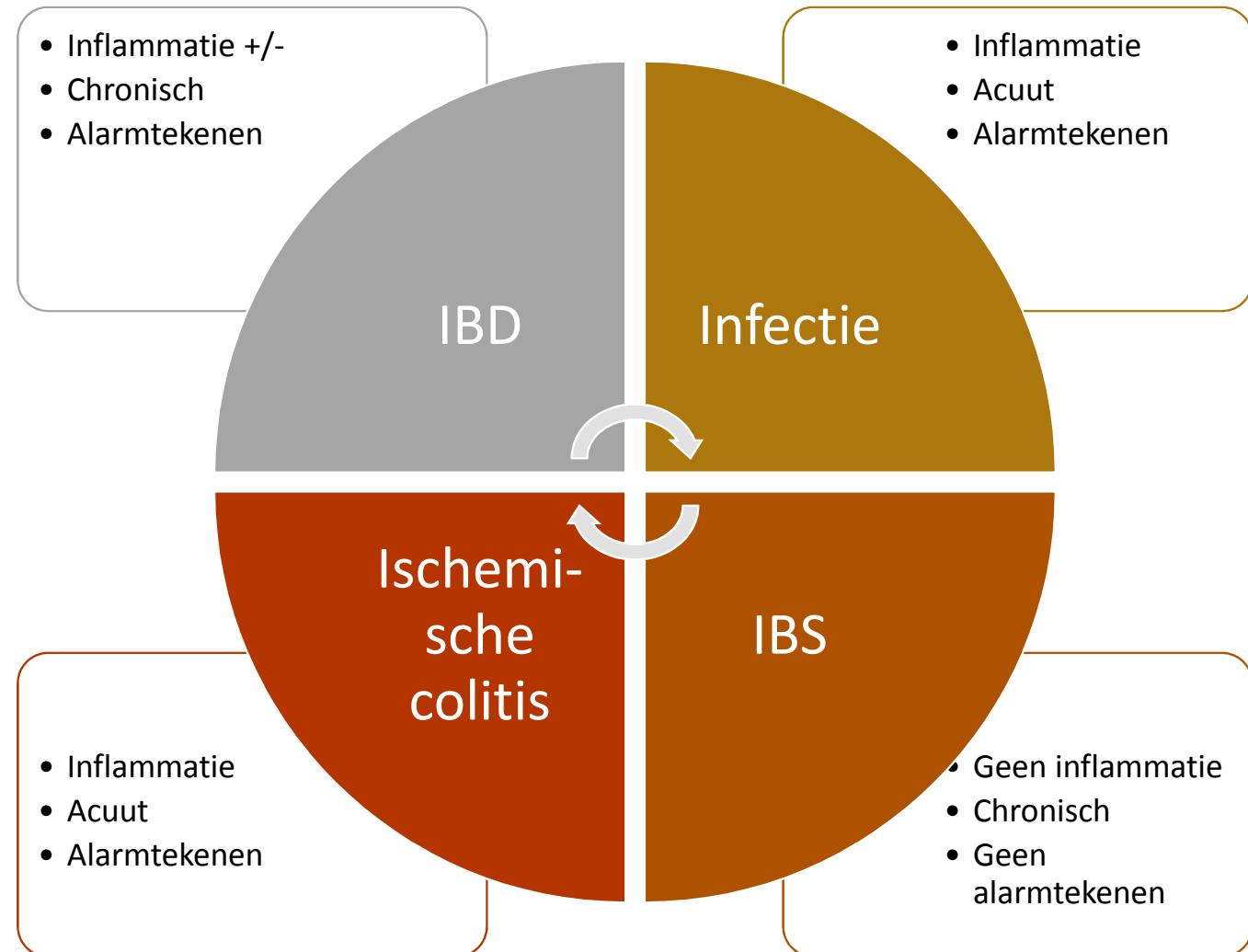
De anamnese

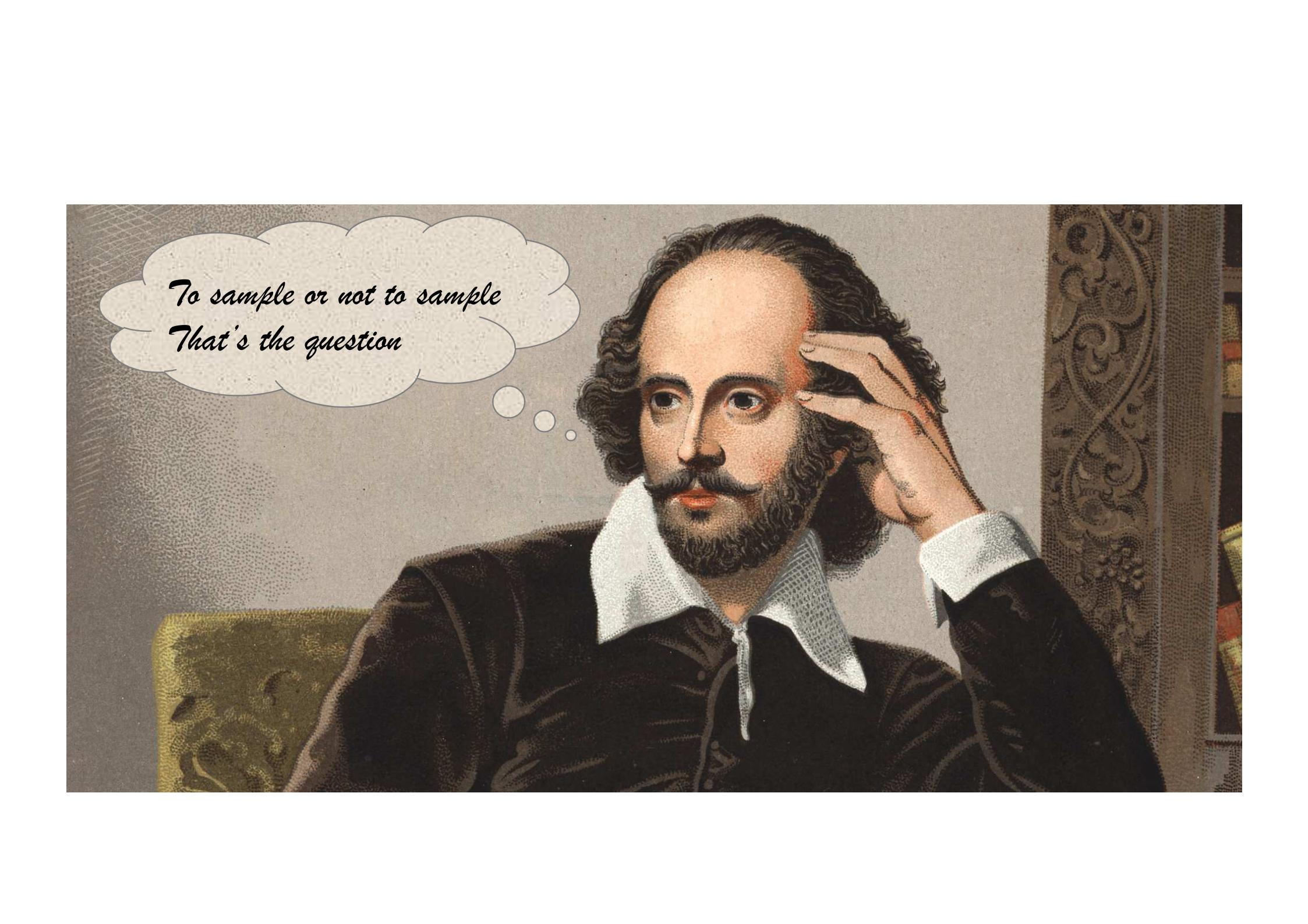


Germ	Incubation time	Food source
<u>Campylobacter</u>	2 to 5 days	<ul style="list-style-type: none"> • Raw or undercooked poultry • Raw (unpasteurized) milk • Contaminated water
<u>Clostridium botulinum</u>	18 to 36 hours	<ul style="list-style-type: none"> • Improperly canned or fermented foods, usually homemade • Prison-made illicit alcohol
<u>Clostridium perfringens</u>	6 to 24 hours (typically 8 to 12). The illness usually begins suddenly and lasts for less than 24 hours	<ul style="list-style-type: none"> • Beef • Poultry • Gravies • Dried or precooked foods
<u>Escherichia coli</u> , Shiga toxin-producing, such as O157	3 to 4 days after exposure, but may be as short as 1 day or long as 10 days	<ul style="list-style-type: none"> • Raw or undercooked ground beef • Unpasteurized (raw) milk and juice • Raw vegetables, such as lettuce and sprouts • Contaminated water
<u>Listeria</u>	1 to 4 weeks	<ul style="list-style-type: none"> • Raw (unpasteurized) milk • Soft cheeses made with unpasteurized milk, • Raw sprouts, Melons • Hot dogs, pâtés, lunch meats, and cold cuts • Smoked seafood
<u>Salmonella</u>	12 to 72 hours	<ul style="list-style-type: none"> • Eggs • Raw or undercooked poultry, meat • Unpasteurized milk or juice • Cheese • Raw fruits and vegetables
<u>Vibrio</u>	24 hours	<ul style="list-style-type: none"> • Raw or undercooked shellfish, particularly oysters

Adapted from <https://www.cdc.gov/foodsafety>

De kliniek





To sample or not to sample
That's the question



- Profuse watery diarrhea with signs of hypovolemia
- Passage of ≥6 unformed stools per 24
- Severe abdominal pain
- Need for hospitalization
- Bloody diarrhea
- Passage of many small volume stools containing blood and mucus
- Temperature ≥38.5°C
- Age ≥70
- Comorbidities, such as cardiac disease, which may be exacerbated by hypovolemia or rapid infusion of fluid
- Immunocompromising condition (including advanced HIV infection)
- Inflammatory bowel disease
- Pregnancy
- Symptoms persisting for more than one week
- Public health concerns (eg, diarrheal illness in food handlers, healthcare workers, and individuals in day care centers)

Anamnese

Klinisch onderzoek

Start vochttherapie

Ernstige ziekte: >6 ongevormde stoelgangen/dag; koorts; bloederige stoelgang >1 week; immuungecompromiteerd

Ja

Nee

Empirische therapie :
Azithromycine
500 mg 1*/d 3 d

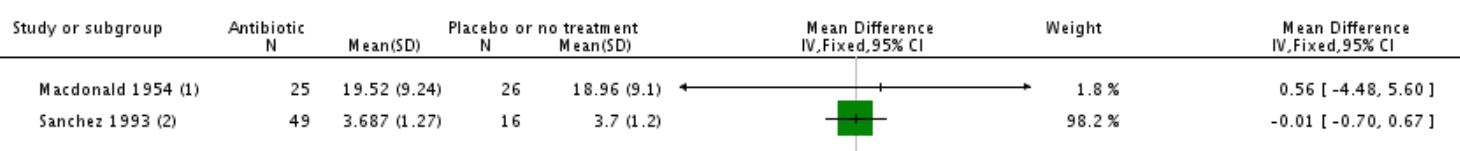
Ciprofloxacine
500 mg 2*/d 3-5 d

Trimethoprim
sulphamethoxazole 160/800 mg
2*/d 3-5 d

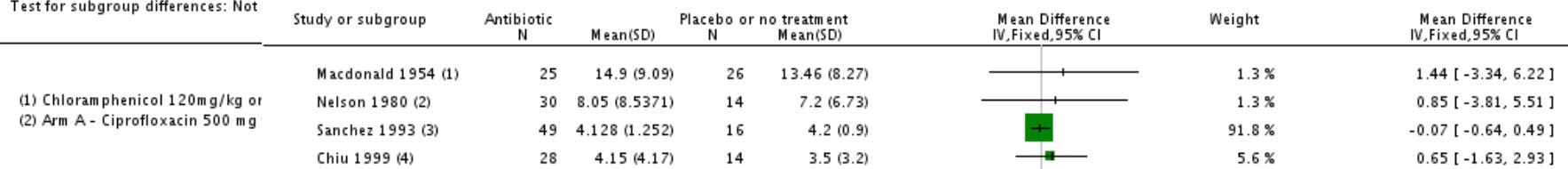
Symptomatische therapie

Gerichte AB therapie bij persisterende klachten

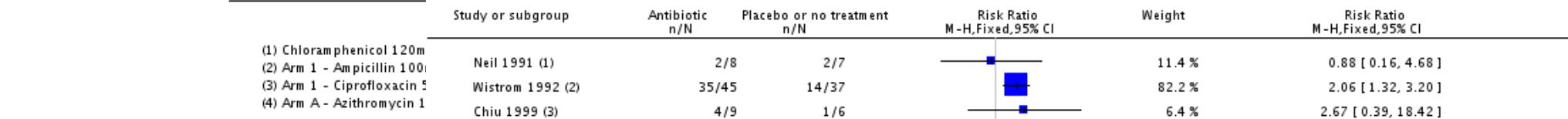
Review: Antimicrobials for treating symptomatic non-typhoidal *Salmonella* infection
 Comparison: 1 Antibiotics versus placebo or no treatment
 Outcome: 6 Duration of illness



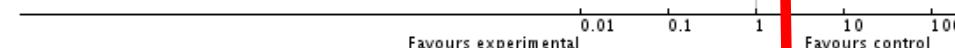
Total (95% CI) 7
 Heterogeneity: Chi² = 0.05, df = 1
 Test for overall effect: Z = 0.01 (P = 0.99)
 Test for subgroup differences: Not applicable



Total (95% CI) 132
 Heterogeneity: Chi² = 0.85, df = 3
 Test for overall effect: Z = 0.00 (P = 0.99)
 Test for subgroup differences: Not applicable



Total (95% CI) 62
 Total events: 41 (Antibiotic), 17 (Placebo or no treatment)
 Heterogeneity: Chi² = 1.03, df = 2 (P = 0.60); I² = 0.0%
 Test for overall effect: Z = 3.15 (P = 0.0016)
 Test for subgroup differences: Not applicable

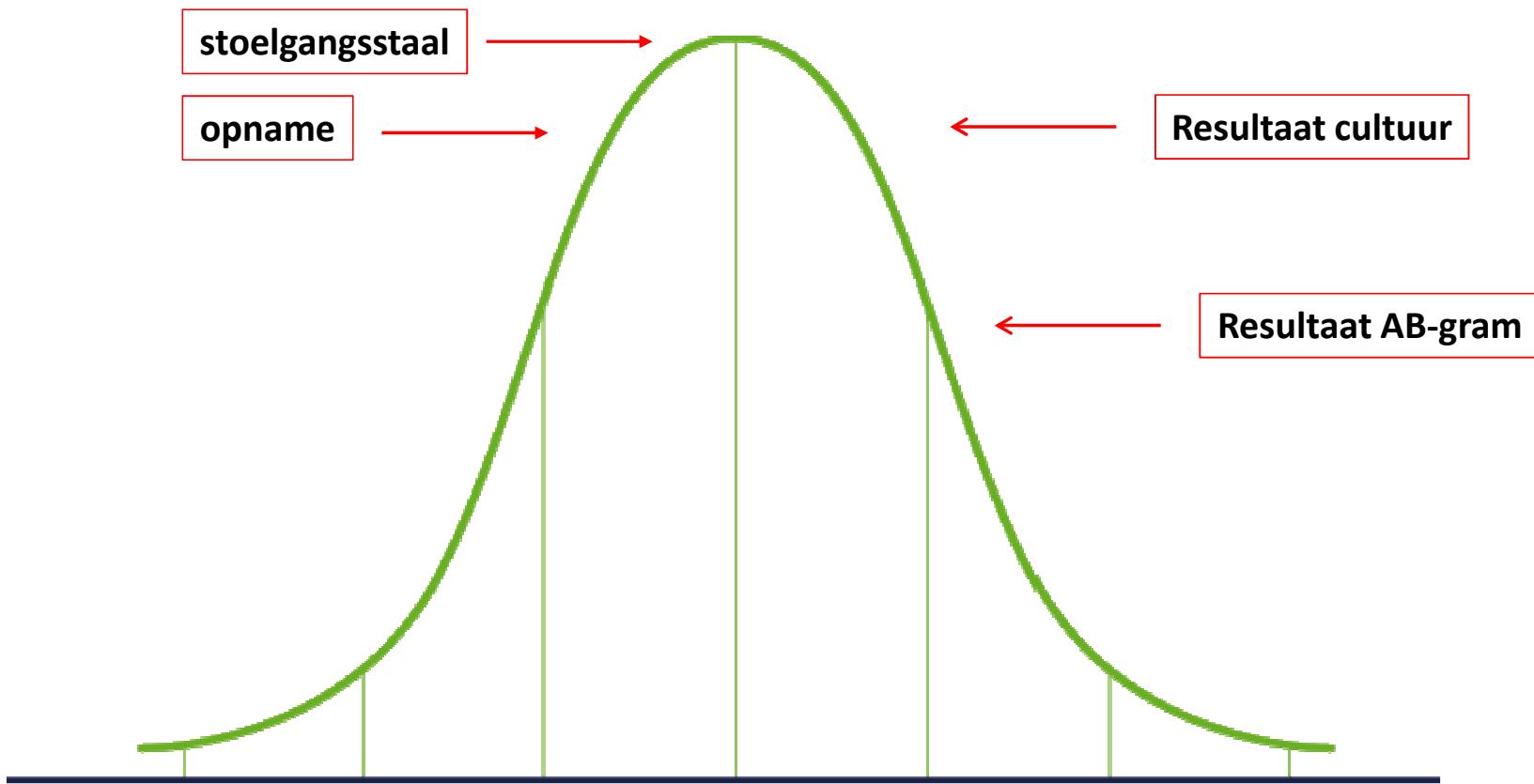


- (1) Oral Ciprofloxacin 750 mg twice daily for 14 days
- (2) 400 mg of norfloxacin for 5 days
- (3) Arm A - Azithromycin 10mg/kg per day once daily, Arm B - Cefixime 10mg/kg per day in 2 divided doses

TABLE 3. RELATIVE RISK OF THE HEMOLYTIC-UREMIC SYNDROME AMONG CHILDREN INFECTED WITH *ESCHERICHIA COLI* O157:H7.

COVARIATE*	UNIVARIATE RELATIVE RISK (95% CI)†	P VALUE	ADJUSTED RELATIVE RISK (95% CI)‡	P VALUE
Age (continuous)	1.0 (0.8 to 1.3)	0.95	1.1 (0.8 to 1.5)	0.43
0 to 5 yr§	1.0		1.0	
>5 yr	0.7 (0.2 to 2.8)	0.57	1.1 (0.2 to 5.7)	0.93
Sex				
Male§	1.0		1.0	
Female	1.0 (0.3 to 4.0)	0.96	1.1 (0.2 to 5.0)	0.95
Presence of bloody diarrhea	0.4 (0.1 to 2.2)	0.26	0.4 (0.1 to 3.0)	0.36
Presence of vomiting	2.6 (0.5 to 13.3)	0.25	3.2 (0.5 to 20.6)	0.21
Presence of fever¶	5.0 (0.4 to 66.0)	0.22	6.2 (0.2 to 169)	0.23
Temperature (continuous)	1.9 (0.5 to 7.4)	0.37	14.1 (0.5 to 419)	0.13
Initial serum urea nitrogen (continuous)**	1.0 (0.9 to 1.1)	0.73	1.1 (0.9 to 1.3)	0.53
2–10 mg/dl§	1.0		1.0	
≥11 mg/dl	2.2 (0.6 to 8.6)	0.25	2.8 (0.5 to 14.4)	0.23
Initial serum creatinine (continuous)††	0.7 (0.01 to 91.5)	0.89	4.7 (0.01 to >500)	0.62
0.1–0.5 mg/dl§	1.0		1.0	
≥0.6 mg/dl	1.2 (0.1 to 11.9)	0.85	3.0 (0.1 to 69.4)	0.50
Initial white-cell count (continuous)	1.3 (1.1 to 1.5)	0.005	1.5 (1.1 to 2.1)	0.02
3200–12,900/mm³§	1.0		1.0	
≥13,000/mm³	3.9 (1.0 to 15.5)	0.06	6.0 (1.2 to 29.8)	0.03
Day initial white-cell count obtained	0.5 (0.3 to 0.8)	0.009	0.7 (0.4 to 1.5)	0.38
Day stool culture obtained	0.3 (0.2 to 0.8)	0.01	0.3 (0.1 to 0.7)	0.008
Day stool culture positive	0.5 (0.3 to 1.0)	0.04	1.0 (0.5 to 2.1)	1.00
Acetaminophen given	3.9 (0.8 to 19.3)	0.09	2.0 (0.3 to 12.9)	0.46
Antimotility drugs given	2.8 (0.6 to 13.3)	0.19	3.0 (0.5 to 19.4)	0.25
Antibiotics given				
Within first 7 days after onset of illness	14.3 (2.9 to 70.7)	0.001	17.3 (2.2 to 137)	0.007
Within first 3 days after onset of illness	15.0 (1.3 to 174)	0.03	32.3 (1.4 to 737)	0.03

Timing



Timing



Conclusie

- Anamnese en kliniek
- Selectief stoelgangsstaal
- Restrictief in AB therapie
- Timing resultaten

