

#### Question 4 – Week of January 2

An 85 year old man complains of persistent diarrhea associated with weight loss for 6 months. He is on no medications. Colonoscopy 5 years ago was normal.

Physical exam shows normal vital signs. Abdominal exam is normal. Stool is FOBT negative.

Labs:

Hct-	29%
MCV-	110 fL
PT-	15 seconds
Calcium-	7.5 mg/dl
Carotene-	35 mg/dL (75-300)
Folate-	20ng/MI (1.8-9)
Vitamin B12-	180 pg/MI (200-800)
Sudan Stain-	3+

IgA tTG and Total IgA serology are normal.

Stool studies for pathogens are negative.

SBFT show shows small bowel diverticulosis.

EGD with biopsy is negative.

CT scan of abdomen shows a normal pancreas.

What is the most likely cause of the diarrhea?

- A. Celiac disease
- B. Small bowel bacterial overgrowth
- C. Chronic pancreatitis
- D. Giardiasis

**Answer: B**

Patient with diarrhea and malabsorption as suggested by macrocytic anemia, low carotene and positive sudan stain. The differential includes celiac sprue, bacterial overgrowth, giardiasis, and chronic pancreatitis. Evaluation is negative for celiac disease (EGD with biopsy and celiac serology is negative), chronic pancreatitis (CT scan shows normal pancreas), and giardiasis (stool studies are negative). The patient has small bowel diverticulosis which is associated with bacterial overgrowth. B12 levels may be low due to bacteria consuming B12. Folate levels are high due to folate synthesis by bacteria. Singh VV, Toskes PP. Small bowel bacterial overgrowth: presentation, diagnosis, and treatment. *Curr Gastroenterol Rep.* 2003 Oct;5(5):365-72.