

Question 19 – Week of April 16

A 30 year old female with a history of multiple small bowel resections due to Crohn's disease presents with worsening diarrhea and mild abdominal cramps. She had 300cm of her small bowel resected in the past. She denies fevers or blood in the stool. Her colon is intact. She is taking no medications.

Physical exam shows normal vital signs. Abdominal exam is normal.

Hct-30%,
ESR and CRP are normal,
Stool studies are negative.
Fecal leukocytes are negative. FOBT is negative.
CT scan of the abdomen shows a normal pancreas

What treatment is the best choice?

- A. Cholestyramine
- B. Flagyl
- C. Medium chain triglyceride diet
- D. Prednisone

Answer: C

Patients who have had >100cm of small bowel resected may develop fatty acid diarrhea in which there is a deficiency of bile acids. The best treatment would be with a medium chain triglyceride diet which can be absorbed without bile acids. Cholestyramine would make diarrhea worse in the clinical situation as it would worsen the bile acid deficiency. There is no evidence for an infectious process or an active inflammatory reaction.

Reference:

Buchman A, Scolapio J, Fryer J. American Gastroenterological Association medical position statement: short bowel syndrome and intestinal transplantation
Gastroenterology. 2003;124(4):1105-10.