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Chronic diarrhoea

R Spiller

This is an introduction to the Gut tutorial “Chronic diarrhoea” hosted on BMJ Learning—the best available learning website for medical professionals from the BMJ Group.

Diarrhoea predominant irritable bowel syndrome is by far the most common cause of abdominal pain and diarrhoea in patients aged 20 to 40 years. Irritable bowel syndrome as a whole affects around 10% of the UK population. The female to male ratio is 1.5:1. Between 6 and 17% of patients with irritable bowel syndrome report that their symptoms began after an attack of acute bacterial gastroenteritis. Indeed, bacterial gastroenteritis in the previous year proved to be the strongest predictor of the development of irritable bowel syndrome. Around 3% of patients meeting the Rome criteria for irritable bowel syndrome have been shown to suffer from unrecognised coeliac disease. Although initially asymptomatic, many patients, when put on a gluten free diet, recognise that they have been tolerating low grade symptoms for many years. The yield from further investigations is small but occasionally of value. In patients with an established diagnosis of irritable bowel syndrome, 2% of stool samples were abnormal and around 2% of colonoscopies show occult or microscopic inflammatory bowel disease. Lactose intolerance is commonly diagnosed, but may be unhelpful in management in the UK because many patients with lactose intolerance have learnt to avoid foods that contain lactose. Unlike irritable bowel syndrome, Crohn’s disease is marked by characteristic weight loss, abdominal tenderness or mass with perianal soreness and discolouration. Anaemia and raised inflammatory markers, such as C reactive protein and erythrocyte

sedimentation, are tests that discriminate irritable bowel syndrome from patients with other illnesses.

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Gut 2007;**56**:1756–1757.

doi: 10.1136/gut.2007.138867

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Competing interests: None.

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Crohn's disease or abdominal tuberculosis?

A Forbes

This is an introduction to the Gut tutorial "Crohn's disease or abdominal tuberculosis?" hosted on BMJ Learning—the best available learning website for medical professionals from the BMJ Group.

A case-based discussion highlights recent trends in the investigation of patients suspected to have Crohn's disease and their management. The phenotype of Crohn's disease can be more accurately described using Vienna classification and formal assessment of disease activity can be performed using Crohn's Disease Activity Index or Harvey Bradshaw index, although their application in routine practice remains limited. Conventional tests, such as

barium follow through, are still useful in the investigation of patients with symptoms and signs suggestive of small bowel disease, whereas non-invasive tests, such as ultrasound, may assist in decision making, such as indication and timing of surgery in Crohn's disease. Ileocaectomy with removal of all macroscopic disease is followed by sustained remission for up to 10 years in roughly 30% of Crohn's disease patients who receive no further treatment. However, meta-analysis demonstrates a small but statistically significant benefit from the use of mesalazine in prolonging remission in patients in whom the remission has been obtained surgically. Limited data

available suggest that azathioprine provides benefit in the post-operative Crohn's patient. Stopping smoking is effective in prolonging remission in Crohn's disease.

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Gut 2007;**56**:1757-1758.
doi: 10.1136/gut.2007.138875

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Competing interests: None.