



Causes and Evaluation of Noninfectious Diarrhea

Disorder	Notes
Ulcerative colitis	Bloody diarrhea, tenesmus. Obtain colonoscopy and biopsies.
Crohn's disease	Weight loss, anemia, and hypoalbuminemia. Obtain small bowel imaging and/or ileocolonoscopy with biopsy.
Microscopic colitis (collagenous colitis, lymphocytic colitis)	Diarrhea unrelated to food intake (e.g., nocturnal diarrhea). Colonoscopy or sigmoidoscopy with biopsy.
Ischemia	Vascular disease, history of hematochezia, pain, abdominal bruit or atrial fibrillation (embolic). Colonoscopy and biopsy or small bowel imaging.
Irritable bowel syndrome	Bloating, abdominal discomfort relieved by a bowel movement; no weight loss or alarm features.
Celiac sprue	Dermatitis herpetiformis, iron deficiency anemia. Obtain anti-tissue transglutaminase antibody and (if positive) small bowel biopsy.
Whipple's disease	Arthralgias, neurologic or ophthalmologic symptoms. Polymerase chain reaction for <i>T. whippleii</i> ; small bowel biopsy.
Carbohydrate intolerance	Excess lactose – use of artificial sweeteners (sorbitol, mannitol), or fructose. Attempt dietary exclusion or breath hydrogen test.
Pancreatic Insufficiency	Chronic pancreatitis, hyperglycemia, history of pancreatic resection. Obtain tests for excess fecal fat, x-ray for pancreatic calcifications, and pancreatic function tests (e.g., secretin stimulation test).
Small bowel bacterial overgrowth	Intestinal dysmotility (e.g., diabetes mellitus, systemic sclerosis), jejunal diverticula. Response to empiric antibiotics, duodenal aspirate.
Common variable immunodeficiency	Pulmonary diseases, recurrent <i>Giardia</i> infection. Obtain tests for hypogammaglobulinemia (multiple subclasses).
Medications	History. Review a drug database.
Enteral feedings	History. Classic osmotic diarrhea.
Bile acid malabsorption	History of resection of <100 cm of distal small bowel. Diagnosis of exclusion, empiric response to cholestyramine.
Bile acid deficiency	Cholestasis, history of resection of >100 cm of small bowel. Diagnosis of exclusion, test for excess fecal fat.
Dumping syndrome	Postprandial flushing, tachycardia, diaphoresis. History of previous gastrectomy or gastric bypass surgery.
Self-induced diarrhea	Somatization or other psychiatric syndromes. Obtain tests for stool pH, sodium, potassium, and magnesium, history of excess laxative use.

Adapted from MKSAP 14, *Gastroenterology and Hepatology*.