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Diarrhea ... or something else?

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Background & Aim: Diarrhea is defined as stool consistency decrease, increase of the frequency of fecal dejection and stool weight>200g/day. The differential diagnosis becomes more complex in chronic diarrhea. Non-infectious causes are the most common in developed countries, such as: irritable bowel syndrome, inflammatory bowel disease and malabsorption syndromes.
Aim: describe a clinical case of chronic diarrhea.
Method: The patient was interviewed and the authors consulted his medical file for additional information. The patient gave his written consent for the presentation of this clinical case.
Results: 20 year old caucasian male, student. Family history: maternal aunt 51 years old with colitis (not sure which group). Irrelevant personal background. In a routine medical appointment (MA) with his general practitioner (GP), the patient refers 3 watery fecal dejections/day (without blood, mucus or pus), during the past month. No other complaints were referred. Denied changes in the usual diet, toxicological consumption, recent travels or contact with animals. Physical examination (PE) showed no significant changes. The GP gave dietary advice and requested blood tests. He returned for a MA, already without complaints, to show the blood test, which revealed no changes. A month later, he returns to his GP MA and refers the maintenance of five daily fecal dejections with loose stools, fecal urgency and two episodes of rectorrhagia since his last visit. PE unchanged. GP requested a colonoscopy, which revealed extensive ulcerative colitis, being the user referenced to the hospital gastroenterology appointment.
Conclusions: Ulcerative colitis is part of the differential diagnosis of chronic diarrhea, and rectorrhagia is the most common initial symptom. This case illustrates the importance of the GP's role in the accessibility and following of the complaints of its patients, as well as the proper diagnosis and reference to secondary healthcare.
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