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Chronic diarrhea... what do we think?

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Twenty-six years old man, with no known pharmacological allergies or relevant pathologic antecedents. Does not take medication normally. Father diagnosed with colorectal cancer at 52 years. Patient consulted Primary Health emergency room after 4 days of liquid diarrhea deposits, without pathologic products. No nausea, vomiting, fever, or any other symptoms. It was diagnosed as stomach flu, and he was informed of hygienic-dietetic measures and alarm signs for re-consulting. Three months later, he returned with the same complaint, this time with weight loss and occasional fever up to 37.4°C.

Physical exploration: Cachectic aspect, no fever, hemodynamically stable, with a soft abdomen and no pain when palpated, no masses found, augmented peristaltic and no metallic sounds. No adenopathies found.

Differential diagnosis: Young patient with diarrhea for more than 4 weeks, presumed to be chronic diarrhea. We should consider these: irritable bowel syndrome, celiac disease, lactose intolerance, inflammatory intestinal disease (Crohn disease or ulcerative colitis), hyperthyroidism, immunosuppressed diseases (HIV+), colorectal cancer, or the secondary effects of medicines.

Additional tests: Blood tests showed negative CRP and ESR, a normocytic-normochromic anemia, mild lymphopenia, normal platelets, normal thyroïdal profile, negative anti-transglutaminase antibodies with normal total IgA, positive HIV, negative HBV and HCV, negative syphilis. Stool studies were positive for *Cryptosporidium*. Fibro colonoscopy didn't show any alterations.

Clinical judgement: Given the additional test results, the patient's illness is determined to be chronic diarrhea due to cryptosporidiosis, a common HIV+ side effect. We sent the patient to the Infectious Diseases Unit in the referring hospital for confirmation of the diagnosis, to repeat the stool studies and start treatment.

Final comments: With a young patient with chronic diarrhea, it is important to be aware of signs and symptoms of concern when making a good differential diagnosis, keeping serology in mind, because HIV is an increasing pathology in our society.