**QUESTION 69 Infectious Diseases**

The most common cause of diarrhoea in an adult traveller to a developing country is:

A. *Shigella* species.
B. *Salmonella* species.
C. *Campylobacter* species.
D. enterotoxigenic *Escherichia coli*.
E. *Giardia lamblia*.

**Traveller’s diarrhoea**

Acute

- most traveller’s diarrhoea is self-limited and typically noninflammatory in type
- Mean duration of Sx: 4 days, fever and bloody diarrhoea in 10-20%
- Enterotoxigenic *Escherichia coli* (ETEC) is the most frequent (40-70%)

Chronic

- If diarrhoea persists beyond 10-20 days, wider spectrum of possible causes
- *Giardia lamblia* is the most common single agent causing chronic diarrhoea
- Every patient with chronic post-travel diarrhoea deserves therapy for giardiasis whether *Giardia* is demonstrated to be present or not.

**Management of chronic diarrhoea in travellers and immigrants**

**Initial Ix**

1) Stool examination X 3
   - microscopy for ova, cysts and parasites (including acid fast stain for coccidian parasites) and culture

2) Full blood examination
   - film, differential and ESR

3) UEC, LFT,

4) Relevant serology (for strongyloidiasis, schistosomiasis)

**Further management**

1) Empiric therapy for giardiasis
   - preferably tinidazole 2g single dose)
   - consider therapy for common helminths (preferably albendazole 400mg/ d for 3/7)

2) Colonoscopy, gastroscopy
   - Ix for malabsorption, depending upon severity or persistence of diarrhoea

3) Review
   - post infective irritable bowel syndrome typically improves after time
   - dx of exclusion and should not be made in pt older than 50years without colonoscopy

Answer: D

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1. *Infectious Diseases, A clinical approach* 2nd edition Chapter 38 Infections in returned travellers and immigrants pg 454