Toddler's Diarrhea

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- کودکی سه ساله را با سابقه اسهال از حدود یک سال قبل به درمانگاه اورده اند.
 - مادر کودک اظهار می کند فرزندش در طی این مدت 4 تا 5 باردفع در شبانه روز دارد.
 - قوام مدفوع شل و گاهی اوقات ابکی است.
 - طی این مدت کودک سرحال بوده و سابقه ایی از بیحالی
 - تب و یا کاهش اشتها نمی دهد.
 - وزن كودك 14 كيلوگرم و قد 95 سانتى متر است.

Approach

- Complaint of mother
- Correct diagnosis

Diarrhea

- Non pathologic diarrhea
 - -Normal pattern of defecation
 - -Overfeeding
 - -Toddler diarrhea
- Pathologic diarrhea

Red Flags

- Lethargy
- Poor weight gain
- Poor appetite
- Fever
- Family history
- GI bleeding
- •
- Work up

- Chronic diarrhea of infancy
- In older children as IBS
- The commonest cause of chronic diarrhea without FTT in preschool children
- In developing countries: malnutrition, GI infections and infestations

Rome IV criteria

- Between 6 and 60 months of age
- Recurrent passage of four or more stools per day
- Painless defecation
- Large, unformed stools
- Symptoms last more than four weeks
- No predisposition to dehydration or weight loss
- No FTT (if caloric intake is adequate)

- Previous guidelines :only during waking hours
- No longer diagnostic criterion
- 25 percent pass stools while they are asleep

- Undigested food in the bowel movement
- Progressing in consistency from semisolid in the morning to loose as the day progresses
- Intercurrent illness and stressors (excitement) may be triggers
- Most are better by 4 years of age

- Normal weight, height, without falling off
- No evidence of infection
- Stools are hematest negative

- Excessive intake of osmotically active carbohydrates
- Restriction of fat from the diet
- Trial of restricting juices and liberalizing dietary fat to 35 to 50 percent of total calories

- Severity of the diarrhea is dose-dependent.
- Sometimes continue regardless of dietary restriction.
- Growing well and healthy: no diagnostic testing
- Reassurance of parent

Response to this dietary intervention
supports the diagnosis of functional diarrhea,
and no further intervention is necessary.

