



Introduction:

Welcome to CUGH's bi-weekly clinical case-series, "Reasoning without Resources," by Prof. Gerald Paccione of the Albert Einstein College of Medicine. These teaching cases are based on Prof. Paccione's decades of teaching experience on the medical wards of Kisoro District Hospital in Uganda. They are designed for those practicing in low resource settings, Medicine and Family Medicine residents, and senior medical students interested in clinical global health. Each case is presented in two parts. First comes a case vignette (presenting symptoms, history, basic lab and physical exam findings) along with 6-10 discussion questions that direct clinical reasoning and/or highlight diagnostic issues. Two weeks later CUGH will post detailed instructors notes for the case along with a new case vignette. For a more detailed overview to this case-series and the teaching philosophy behind it, see [Introduction to "Reasoning without Resources"](#). Comments or question may be sent to Prof. Paccione at: gpaccion@montefiore.org

Note: If you would like to be notified when a new case is posted (along with instructor notes for the previous one), send your e-mail to Jillian Morgan at jmorgan@CUGH.org.

About the Author:

Dr. Gerald Paccione is a Professor of Clinical Medicine at the Albert Einstein College of Medicine in the Bronx, New York. His career has centered on medical education for the past 35 years – as a residency Program Director in Primary Care and Social Internal Medicine at Montefiore Hospital, and director of the Global Health Education Alliance at the school. He has served on the Boards of Directors of Doctors for Global Health, Doctors of the World USA, and the Global Health Education Consortium. Dr. Paccione spends about 3 months a year in Uganda working on the Medicine wards of Kisoro District Hospital where he draws examples for the case studies.

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CASE 25 – PERSISTENT DIARRHEA

Please read the following brief vignettes and answer the questions that follow:

- A. A 10 year old girl presents with 3 months of fluctuating diarrhea and loose stools which began abruptly with cramps and flatulence, and has waxed and waned in intensity over that time. She has 3-8 bowel movements (BM) per day, accompanied by malaise, nausea, and belching; her stools (to the best of her knowledge) are non-bloody and feel watery, but she usually uses a latrine and rarely sees them. She's lost weight, has only occasional pain with cramps, and hasn't had fever.

PE: afebrile, abdomen benign, without tenderness or hepato-splenomegaly

- **What is the “frame” of this case (i.e. the key clinical features the final diagnosis must be consistent with), and the clinical implications of the features selected?**

 - **What is the differential diagnosis?**
- B. A 30 year old man presents with gradual onset of lower abdominal pain and loose stools which have gradually gotten worse over the past 2 weeks to the point that he is now passing 10-15 small volume stools/day with tenesmus, mucous (“strings of sticky liquid like after a goat gives birth”) and blood. He's had no fever or chills.

PE: afebrile, BP 110/70; HR 82; no orthostasis;

Abdomen: mild-moderate tenderness to deep palpation in lower quadrants without masses palpable;

perianal skin ulcer, tender, 1cm diameter.

- **What is the “frame” in this case (the key clinical features the final diagnosis must be consistent with)?**
What do the features of the frame imply about the *type of organism* causing the diarrhea?

- **What is the most likely etiology, its epidemiology, the limitations of diagnostic tests, the complications of this disease, its differential diagnosis, and its treatment?**

C. A 32 year old man presents with a 6 month history of alternating small-volume diarrhea and constipation and stools occasionally with mucous. He thinks he may have lost weight but isn't sure and has had no fever. For the past 2-3 weeks he's had increasing right lower quadrant abdominal pain with a tender persistent lump felt, and last night he had the sudden onset of lower abdominal severe cramping, without passing stool or flatus.

PE: tender RLQ mass, distention and intermittent high-pitched bowel sounds.

- **What is the "frame" of this case (key clinical features the final diagnosis must be consistent with)?**
- **What diagnosis is suggested, and what is the differential?**

D. A 42 year old woman presents with 2-3 month history of gradually worsening diarrhea and loose, non-bloody stools, 4-8x/day. She has lost weight, complains of cramping abdominal pain which often prevents sleep, feels "hot and cold", and has little appetite. She's taken no antibiotics.

PE: notable for T⁰ 101, normal BP and HR of 92, diffuse mild abdominal tenderness without masses or hepato-splenomegaly; no guarding. Guaiac negative, soft brown stool.

- **What is the clinical "frame" of this case?**

- **What is the most important initial diagnostic test?**

- **What is the differential diagnosis?**

- **What diagnostic approach is available in most district hospitals?**

- **What therapy is reasonable?**