

Abnormalities of the small bowel in chronic infective and non-infective diarrhea

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Abstrak

The abnormality or disease of the small intestine may cause chronic diarrhea. The tests required to investigate the abnormality of the small intestine are difficult and expensive. In this study we studied the small intestine in chronic diarrhea cases, to discover any abnormality.

The chronic diarrhea patients presenting from 1996 to 2000 (5 years) at Cipto Mangunkusumo General Central National Hospital were included in the study. Patients were excluded if unable to co-operate. All of the patients were given blood and stool tests in addition to colonoscopy, ileoscopy and duodeno-jejunoscopy with biopsy.

Small intestinal examination could only be performed on 78 patients with chronic diarrhea. The most frequent characteristics were: aged 30-39 or 50-59 years (25.6% of all cases in the study), male (57.7%), non-bloody non-steatorrheic type of diarrhea (74.4%), and 4 to 48 weeks-duration of diarrhea (68.0%). Small intestine abnormalities were endoscopically and/or histopathologically found in 65 cases (84.6%), while the rest of the patients were found to have normal small intestine. The abnormalities were found to be infective non-tuberculosis ileitis (in 20 patients, or 26% of all cases), Infective non-tuberculosis duodenitis (20 or 26%), non-infective jejunitis 14, or 18.2%), villous atrophy of the jejunum (3, or 3.9%), lymphoid nodular/follicle hyperplasia of the terminal Ileum (12, or 15.6%) etc. Small intestinal abnormalities were found in 67 or 86.0% of the chronic diarrhea cases.

The frequent small intestinal abnormalities were infective ileitis, duodenitis and lymphoid nodular/follicle hyperplasia of the terminal ileum. The small intestinal abnormalities were found less than the large intestinal abnormalities.