

Gastro-Intestinal Tract

Practical Class 2

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Case 1

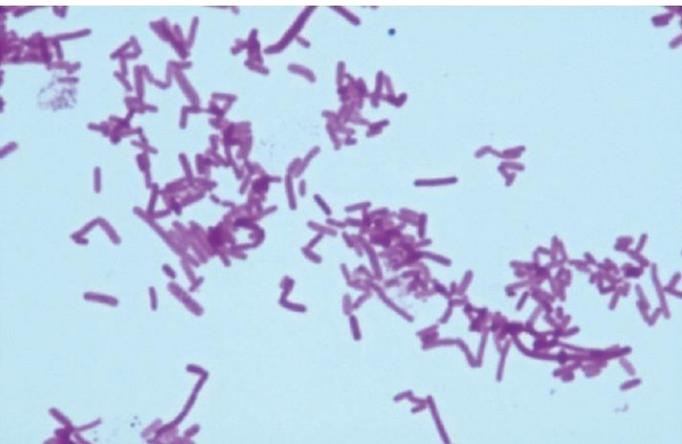
- History:

63 years old women admitted to the hospital 2 weeks after she returned home after a visit to Spain. For one week she had intermittent fever and shivers followed by profuse diarrhea for 8-10 times daily. The diarrhea was watery and over the last 72 hours she had noticed fresh blood in the stool. She also complained from colicky abdominal pain relieved by defecation. Her partner had loose stool for 3-4 days on return from holiday, but is now better.

- Examination:
 - T: 38.1 °C Pulse: 82/min RR: 15/min BP: 100/67 mmHg
 - Abdomen: mid tenderness in the infra-umbilical region with active bowel sound
- Investigations:
 - CBC: leukocytosis
 - Stool analysis : increase WBCs, RBCs, with mucus
 - Culture and Gram stain are attached

■ Tasks:

- What are the differential diagnosis based on history
- What is the main finding of stool analysis and culture
- What other investigation you would like to order
- Treatment



Gram stain



MacConkey agar



SS agar

Case 2

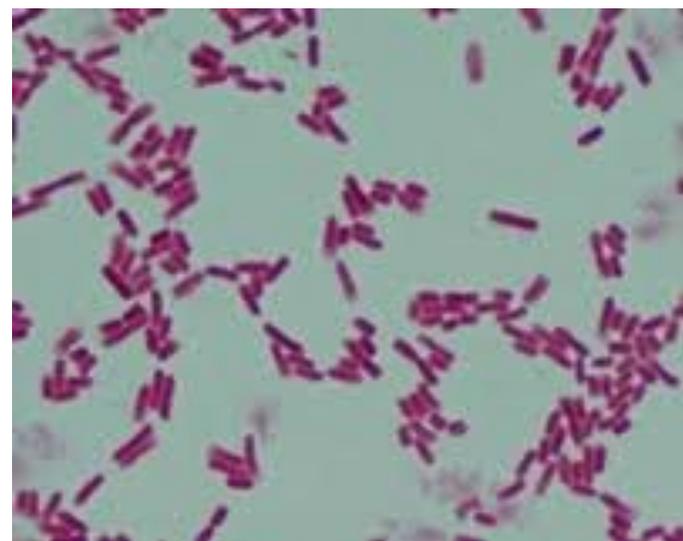
- History:

A 4-year old girl presents at the emergency room with bloody diarrhea, fever and vomiting. The child's mother reports that the child has had these symptoms for about 24 hours and she has not passed any urine for about 12 hours. The child is enrolled in a day care center and the group had recently made a field trip to a fast food place to learn about different jobs. The children had a lunch of ground beef, fries and cola after meeting with different workers. This field trip was 4 days earlier on Friday.

- Examination:
 - T: 39.1 °C Pulse: 109/min RR: 15/min BP: 95/62 mmHg
 - Physical signs of dehydration
 - Abdominal examination was within normal limits
- Investigations:
 - CBC: Leukocytosis
 - Blood samples drawn showed evidence of greatly reduced kidney function and lysed red blood cells.
 - Stool analysis and culture are attached

■ Tasks:

- What is the differential diagnosis based on history
- What were the critical features to your diagnosis
- Other investigation that you would like to order
- Complications



Case 3

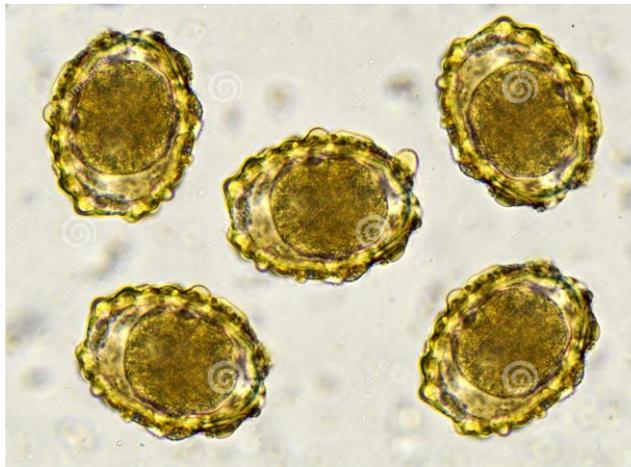
- History:

A 16 years old boy from village presented to the outpatient department complaining from diarrhea for the last 9 months. He passes 4-5 large volume stools daily which are frothy, greasy and foul smelling. His parents mentioned that he not growing well. Past medical history indicated an attack of fever, bloody stained cough, and generalized itching few months ago.

- Examination:
 - T: 37.4 °C Pulse: 95/min RR: 15/min BP: 110/85 mmHg Looks tired, thin, short stature, and pale
 - Abdominal exam is not significant
- Investigations:
 - CBC: low hemoglobin level with mild eosinophilia
 - Stool analysis and culture are attached

■ Tasks:

- What are the differential diagnosis based on history
- What is the main finding of stool analysis and culture
- What other investigation you would like to order
- Treatment



Case 4

- History:

A previously healthy 10-month-old female infant presented to the hospital emergency room with two brief (5 min) and consecutive episodes of generalized tonic clonic convulsions after having bouts of vomiting, watery diarrhea and low-grade fever for the last 2 days.

- Examination:
 - T: 37.8 °C Pulse: 108/min RR: 18/min BP: 102/54 mmHg
 - Signs of severe dehydration
 - Abdomen examination show mild tenderness
- Investigations:
 - CBC: mild lymphocytosis
 - Stool analysis negative
 - Stool culture negative
 - Toxin assay negative
 - Stool antigen ...

■ **Tasks:**

- What are the differential diagnosis based on history**
- What is the main finding of stool analysis and culture**
- What other investigation you would like to order**
- Treatment**

Case 5

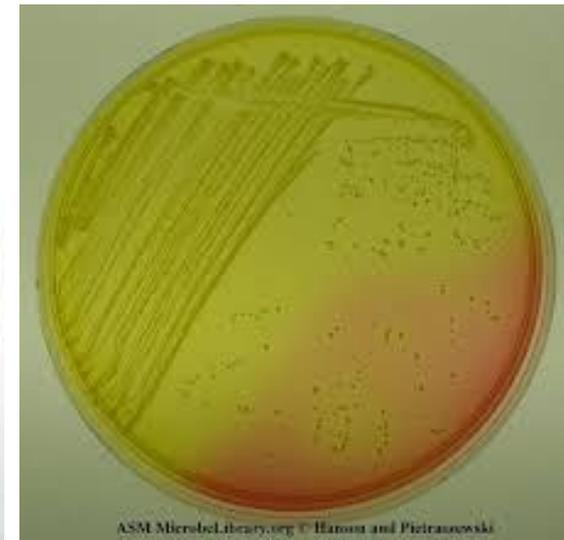
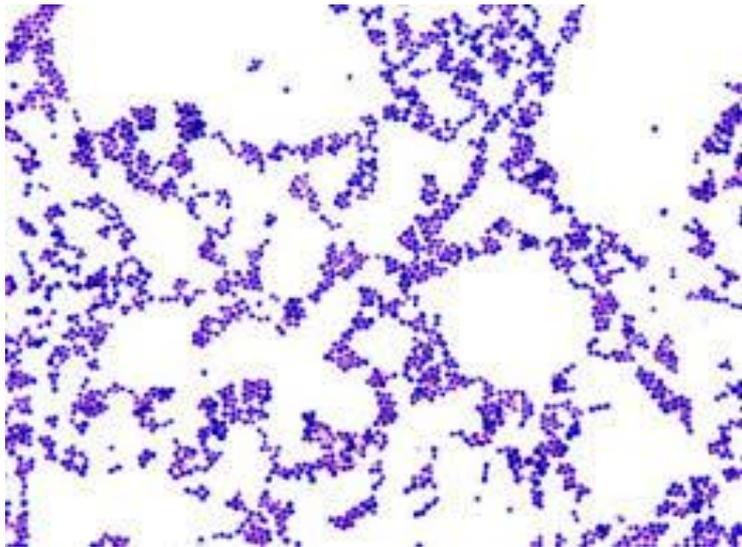
- History:

A 24 years old male presented with 3 attacks of severe vomiting containing undigested food with central colicky abdominal pain few hours after eating at a local restaurant. 2 hours later he developed watery diarrhea and reported feeling hot and fatigued.

- Examination:
 - T: 39.0 °C Pulse: 125/min RR: 18/min BP: 110/80 mmHg
 - Looks ill, mildly dehydrated, abdominal examination indicated mild central abdominal tenderness, no rebound, with increased bowel sounds.
- Investigations:
 - CBC: sever leukocytosis
 - Stool analysis and culture are attached

■ Tasks:

- What are the differential diagnosis based on history
- What is the main finding of stool analysis and culture
- What other investigation you would like to order
- Treatment



Case 6

- History:

The patient was a 74-year-old male with a history of borderline diabetes, hernia repair, and prostate surgery. He weighed 99.8 kg (220 lbs), well developed and well nourished. He developed abdominal cramping and intractable diarrhea 6 hours after ingesting a fish dinner. Later on he presented to the ER with severe generalized abdominal pain and signs of early dehydration. He was admitted to the hospital for treatment. The next day, the patient looked severely ill and on transferring to X-ray, he became unresponsive and CPR was started. Code blue was called however the patient died immediately.

- Examination:
 - T: 38.8 °C Pulse: 130/min RR: 30/min BP: 60/35 mmHg
 - Very ill looking, sever signs of dehydration with shallow breathing
 - Abdomen show sever tenderness, rigidity and poor bowel sounds
- Investigations:
 - CBC: sever leukocytosis
 - Stool analysis negative
 - Stool culture negative
 - Toxin assay negative
 - Antigen assays negative
 - KFT and LFT are elevated

■ Tasks:

- What are the differential diagnosis based on history
- What is the main finding of stool analysis and culture
- What other investigation you would like to order
- Treatment

