

Chronic Diarrhoea in Children: A Prospective Analysis of Causes, Clinical Features and Outcome

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Objective: To evaluate the aetiology, clinical features and outcome of chronic diarrhoea in hospitalised children from an Arab Population of the Sultanate of Oman.

Design: Prospective study.

Setting: Tertiary care facility at the Sultan Qaboos University Hospital, Muscat, Oman.

Subjects: All hospitalised patients aged <13 years with chronic diarrhoea (diarrhoea persisting for >4 weeks) from November 1994 to October 1999.

Results: Among the 41 children studied, the major aetiological factors were post gastroenteritis syndrome 20(49%), enteric infections and infestations 11(27%), Coeliac disease 6 (14.4%), immunodeficiency states 2 (4.8%), cystic fibrosis 1 (2.4%), and abetalipoproteinaemia 1(2.4%). Twenty five patients (61%) were malnourished and 12 (29%) were anaemic and 16 (39%) were dehydrated on presentation. The duration of hospital stay ranged from 10 days to 3 months (mean 40 days; median 25 days). Majority of the patients 30 (73%) responded to initial therapy with oral rehydration solution, followed by careful nutritional supplementation. Specific therapy was required only in 11 (27%). Parenteral nutrition was required only in 2 patients. One patient with immunodeficiency died from gram-negative septicaemia.

Conclusion: Post gastroenteritis syndrome was the commonest cause of chronic diarrhoea, unlike some of the studies from other Arabian countries, and could be managed successfully with simple measures. Malnutrition was a major complication but early and energetic nutritional rehabilitation played a pivotal role in management.