



diarrhea, *Campylobacter* infection, and *C. difficile* infection. In uncomplicated salmonellosis, antibiotics may prolong the shedding of salmonella. The choice and dose of antimicrobials for specific pathogens are described in [Table 96-2](#). For traveler's diarrhea in adults, empiric therapy with ciprofloxacin 500 mg twice a day, or trimethoprim-sulfamethoxazole (TMP-SMZ) 160/800 mg twice a day, for 3 to 5 days is adequate. For antibiotic-associated *C. difficile* colitis, broad-spectrum antibiotics should be discontinued, if possible. The first-line therapy is metronidazole 500 mg three times a day orally for 10 to 14 days. For severely ill patients, oral vancomycin 125 mg four times a day for 10 to 14 days should be initiated. Persistently recurrent *C. difficile* disease has been treated successfully with replacement of bowel flora.

Symptomatic Therapy

Antidiarrheal agents such as loperamide and bismuth subsalicylate can be used in some instances for symptomatic relief. Loperamide inhibits intestinal peristalsis and has some antisecretory properties. When used with or without antibiotics in cases of traveler's diarrhea, it may reduce the duration of diarrhea by about 1 day. Antimotility agents should be avoided in patients with bloody or suspected inflammatory diarrhea. The use of these agents has been implicated in prolonging the duration of fever in shigellosis, development of toxic megacolon in *C. difficile* colitis, and development of HUS in children with STEC infection. Bismuth subsalicylate can alleviate stool output in children as

well as the symptoms of abdominal pain, diarrhea, and nausea in patients with traveler's diarrhea.

PROGNOSIS

The prognosis is generally good but is variable depending on the etiology and the severity of illness. Most patients recover completely within 3 to 5 days. However, serious complications including death, can occur. Serious disease and death is usually seen in individuals who become severely dehydrated, infants, elderly patients, and those with underlying medical conditions or immunosuppression (e.g., AIDS). Untreated severe dehydration may lead to shock, renal failure, and death. Postinfectious reactive polyarthritis and Reiter's syndrome can complicate cases due to *Yersinia*, *Campylobacter*, *Shigella*, and Guillain-Barré syndrome may occur after diarrhea caused by *Campylobacter*.

SUGGESTED READINGS

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