

## A research Article on Gastroenteritis

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### ABSTRACT

Acute gastroenteritis is a very common disease. It causes significant mortality in developing countries, significant economic burden to developed countries. Gastroenteritis is inflammation of intestines and stomach which present with vomiting, fever, abdominal pain and diarrhea. It could be persistent acute and chronic and also be classified as infectious or non-infectious. Despite improvement in management mortality can reach upto 17,000. In this study our aim was to understand the various etiologies that cause gastroenteritis in adults and also discuss methods of management. We conducted this and following search terms were used acute gastroenteritis, diarrheal disease, viral gastroenteritis, bacterial gastroenteritis and diagnosis of gastroenteritis. The largest portion of gastroenteritis cases is due to viral infection. Therefore, the use of antibiotics is usually not recommended. However, in selected patients empiric antibiotics therapy is indicated and is associated with significant improvement and decrease in mortality. The primary goal of management of gastroenteritis is treating dehydration. Our objective was to study the causes and characteristics of community acquired, acute gastroenteritis in adult hospitalized patients to support the clinical management of these patients. To estimate the incidents and risk factors for gastroenteritis related hospitalizations in older adults.

**KEYWORDS:** Gastroenteritis, Infectious, Vomiting, Diarrhea, Abdominal pain.

### I. INTRODUCTION

Gastroenteritis is defined as inflammation of the stomach and intestines that may result in a wide range of symptoms from asymptomatic infections through mild complaints to life-threatening conditions that lead to death. Gastroenteritis is an infection of the digestive tract that leads to vomiting and diarrhea. It is most often caused by a virus, and much less often by bacteria. Acute infectious

gastroenteritis is a common illness seen around the world, and most cases are caused by viral pathogens. The acute diarrheal disease is generally self-limited. In underdeveloped countries, viral diarrheal diseases are a significant cause of death, especially in infants. Viral gastroenteritis is a known cause of nausea, vomiting, diarrhea, anorexia, weight loss, and dehydration. Isolated cases can occur, but viral gastroenteritis more commonly occurs in outbreaks within close communities such as daycare centers, nursing facilities, and cruise ships. Many different viruses can lead to symptomatology, though in routine clinical practice the true causative virus is generally not identified. Regardless of the viral cause, treatment is generally uniform and directed toward symptomatic.

There are two primary mechanisms responsible for acute gastroenteritis which are:

- **Damages to the villous brush border of the intestine, which result in mal-absorption of the intestinal contents leading to osmotic diarrhea and**  
The release of toxins that bind to specific enterocyte receptors thereby causing the release of chloride ions.

### The primary mechanism for bacterial gastroenteritis is:

- Excessive secretion of fluids in the proximal small intestine induced by the action of the luminal toxin expressed by enteropathogens or minimally invasive bacteria.
- Inflammatory or cytotoxic damage of the ileal or colonic mucosa which may produce blood.
- Penetration of the bacterium through the mucosa into the reticuloendothelial system, as is the case of typhoid fever movement with a focus on hydration status.

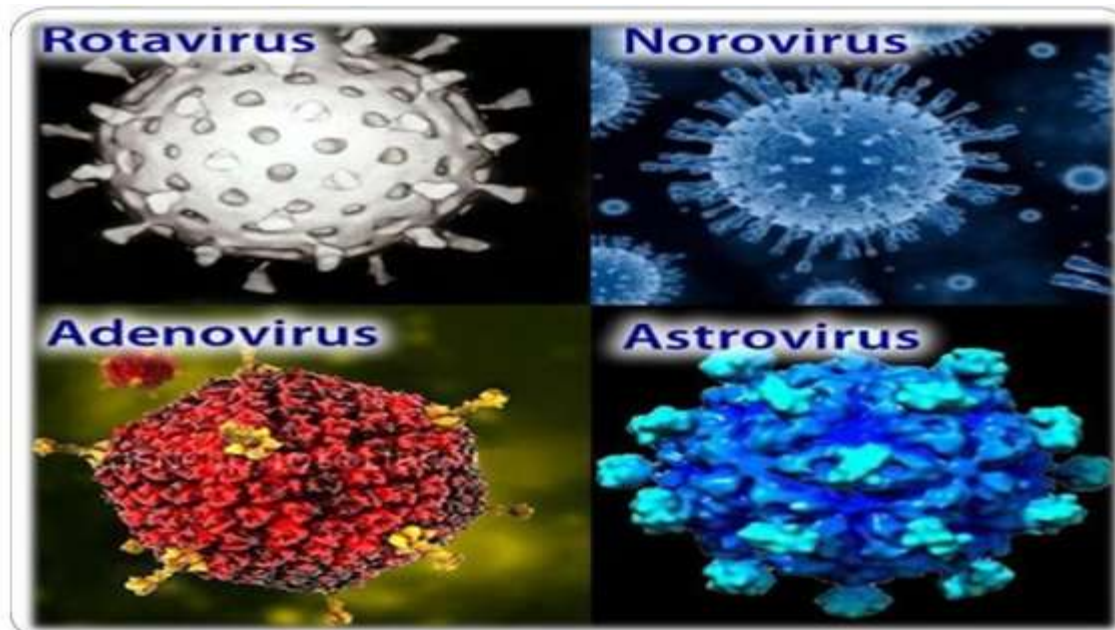
Over 1.7 billion global cases of diarrheal disease are reported annually which result in an estimated 2.2 million deaths. The burden of diarrheal disease is quite critical in developing

countries as a result of unsafe water supplies, nutritional deficiencies and very poor sanitation.

Gastroenteritis is a very common condition that causes diarrhea and vomiting and most cases in children are caused by a virus called Rotavirus. Cases in adults are usually caused by Norovirus which is usually associated with vomiting during winter or bacterial food poisoning. Diarrhea is defined by the Infectious Diseases Society of America (IDSA) and the American College of Gastroenteritis (ACG) as the passage of 3 or more loose or liquid stools per day. Duration of symptoms is also used to classify diarrhea: for >14 days but ≤ 1 month are said to have persistent diarrhea, those experiencing diarrhea for longer than 30 days are said to have chronic diarrhea. Diarrhea may be infectious i.e., caused by bacteria, viruses or parasites but with increasing frequency in high income countries, the etiology of diarrhea is non-infectious. In developed countries, diarrhea is caused by food intolerance, reaction to medication, intestinal disorders like irritable bowel syndrome or intestinal disorders including Crohn's disease, ulcerative colitis and celiac disease. In the above instance, laboratory tests for infectious etiology, including a bacterial stool culture, are useful for reliable diagnosis for definitive diagnosis of both infectious and non-infectious gastroenteritis. Clinical diagnosis of gastroenteritis is often based on several

symptoms. People with gastroenteritis usually have pain in the abdomen, belching, diarrhea, flatulence, gagging, indigestion, nausea, stomach cramps or vomiting. The general whole-body symptoms include dehydration, fatigue, fever, chills, lethargy, lightheadedness or loss of appetite.

The most common causes of gastroenteritis are a viral or bacterial infection but less commonly of parasitic etiology. The most common causes of bacterial gastroenteritis are *Escherichia coli*, *Salmonella*, *Shigella*, *Yersinia enterocolitica*, *Aeromonas* species and *Campylobacter* while most viral causes are Norovirus, Adenovirus, Coronavirus, Astroviruses, Enteroviruses and Rotavirus. Parasites implicated in gastroenteritis include *Cryptosporidium* which infection is contracted in contaminated swimming pools and accidentally swallowing water or surfaces if hands are not properly washed after going to the toilet. Giardiasis, a parasitic infection is caused by eating contaminated water, handling infected animals or changing the nappy of an infected baby without washing hands afterwards. Certain chemicals like lead can trigger gastroenteritis and certain medication such as antibiotics, can cause gastroenteritis in susceptible people. Although infectious gastroenteritis usually resolves in its own, i.e., it is self-limiting in some cases.



### SYMPTOMS OF GASTROENTERITIS

Most of the stomach infection are spread through contamination food and water cause pain and diarrhea.

- Nausea and vomiting
- diarrhea
- loss of appetite
- fever
- headache
- abdominal pain
- abdominal cramps
- bloody stools
- dehydration

If symptoms do not resolve within a week, an infection or disorder more serious than gastroenteritis may be involved. These symptoms require prompt medical treatment.

### TYPES OF GASTROENTERITIS

- viral gastroenteritis
- bacterial gastroenteritis
- amoebic dysentery
- bacillary dysentery
- Viral gastroenteritis is an intestinal infection that includes signs and symptoms such as watery diarrhea, stomach cramps, nausea or vomiting, and sometimes bacterial gastroenteritis is a digestive problem caused by bacteria. Symptoms include nausea, vomiting, fever, diarrhea, abdominal cramping, and pain. In severe cases, you may become dehydrated and have an electrolyte imbalance. Bacterial gastroenteritis is sometimes treated with antibiotics.
- Bacterial gastroenteritis is a digestive problem caused by bacteria. Symptoms include nausea, vomiting, fever, diarrhea, abdominal cramping, and pain. In severe cases, you may become dehydrated and have an electrolyte imbalance. Bacterial gastroenteritis is sometimes treated with antibiotics.
- Amoebiasis infection is most common in tropical areas with untreated water. It spreads through drinking or eating uncooked food, such as fruit, that may have been washed in contaminated local water.
- Bacillary dysentery is an intestinal infection caused by a group of *Shigella* bacteria which can be found in the human gut. Clinical features. Infection by *Shigella* may be asymptomatic or only

cause mild illness.

The treatment of gastroenteritis depends on the cause and the severity of symptoms and may include antibiotics or simply supportive care. Adults tend to have milder cases of the illness than do children and the very old, who run the risk of dehydration due to diarrhea and vomiting.

### DIAGNOSIS

Gastroenteritis is usually diagnosed by the symptoms that it produces, primarily diarrhea. However, if the symptoms are severe or persistent, your doctor may take a stool (feces) sample to identify the cause of the gastroenteritis. Stool samples may be taken during outbreaks of gastroenteritis, such as those occurring on cruise ships and in hospitals and nursing homes, to identify the virus or bacteria that has caused the outbreak. Also, identifying patients with similar histories of food or drink they have recently consumed often helps to determine the source of the outbreak.

### TREATMENT

- Most people with gastroenteritis recover within a few days without the need for medical treatment, as long as they stay properly hydrated.
- To help keep yourself comfortable and prevent dehydration while you recover, try the following: Avoid dairy products, caffeine, alcohol, and nicotine. Avoid sugary, fatty, or highly seasoned (spicy) foods.
- Drink plenty of liquid every day, taking small, frequent sips, including clear thin broths or soups, diluted non-caffeinated sports drinks (e.g., Powerade or Gatorade), and rehydration formulas (e.g., Gastrolyte) that are available without prescription from a pharmacy. Make sure that you get plenty of rest.
- Avoid taking non-steroidal anti-inflammatory drugs (NSAIDs), such as aspirin, ibuprofen, and diclofenac, for pain relief as they can make your stomach more upset. Paracetamol (e.g., Panadol) can be taken for fever and pain, but it should be used cautiously.
- Anti-diarrheal medications, such as Imodium, can be taken to slow the diarrhea. In most cases, however, it is better for the body to clear itself of the virus or bacteria causing the gastroenteritis. Use of antibiotics is usually avoided because they are not effective against viruses, and their overuse contributes to the development of antibiotic-resistant strains of bacteria.
- **Medical Treatment:** If the patient is not able to take fluids by mouth because of vomiting,

an IV may be inserted to restore fluids back into the body for rehydration. A surgeon, toxicologist, gastroenterologist, or other specialist's evaluation may be required for severe symptoms.

- Antibiotics are generally not given until a specific bacterium has been identified as using wrong antibiotics can worsen some of the infections or prolong their life.

### PREVENTION

The following actions can be taken to avoid getting and spreading gastroenteritis:

- Frequent and thorough hand washing, especially before eating or preparing food, and after going to the toilet or contact with an infected person.
- Ensure that children wash their hands frequently and thoroughly avoid direct contact with infected individuals, if possible stay home from work and keep children away from day care or school until symptoms have gone.
- Cleaning and disinfecting kitchen surfaces, especially after working with raw meat or chicken, or eggs
- Avoid eating undercooked foods, especially meat, chicken, and fish.
- Avoid drinking untreated water

Each year in the United States, millions of people develop gastroenteritis by eating contaminated food, while millions more suffer from mild bouts of viral gastroenteritis.

In otherwise healthy adults, both forms of gastroenteritis tend to be mild and brief, and many episodes are never reported to a doctor. However, in the elderly and people with weakened immune defenses, gastroenteritis sometimes can produce dehydration and other dangerous complications. Even in robust adults, certain types of aggressive bacteria occasionally cause more serious forms of food poisoning that can cause high fever and severe gastrointestinal symptoms, such as bloody diarrhea.

The severity of gastroenteritis mainly depends on an individual's immune system's ability to fight with the infection. Electrolytes and fluids may be lost due to vomiting and diarrhea. Many people recover easily by drinking fluids and going back to a normal diet, but recovery may not be easy in infants and elderly people sometimes leading to

life-threatening illness unless fluids are restored, and condition is treated.

### PATHOPHYSIOLOGY OF GASTROENTERITIS

There are different bacterial species that cause gastroenteritis, and they will act on the gastrointestinal system in different ways.

There are bacteria, which enter the gastrointestinal tract and attach themselves to the intestinal mucosa or lining where they begin to secrete toxins. These bacteria do not attack intestinal mucosal cells. The toxins secreted by them have an impact on nutrient absorption leading to mal-absorption and cause the mucosal cells to secrete electrolytes and water. This will be seen as profuse watery diarrhea with vomiting that generally starts within 12 to 48 hours of ingestion.

There are other bacteria that attack the mucosal cells causing bleeding and ulceration. This leads to inflammatory diarrhea, which is coupled with bloody diarrhea sometimes and the patient also has significant abdominal pain. This gastrointestinal inflammation and irritation causes the typical signs and symptoms like fever, nausea, vomiting, abdominal pain, and diarrhea that are seen in cases of bacterial gastroenteritis.

### II. METHODOLOGY

**AIM:** To Assess the study of Gastroenteritis in tertiary care hospitals.

**OBJECTIVES:** To investigate the presenting clinical features of acute bacterial gastroenteritis in adult patients treated as outpatients in the emergency department and the pathogens responsible in this setting and populations and to identify the frequency with positive stool culture result changes management.

**STUDY SITE:** Vijay Marie hospital, Khairatabad, Hyderabad.

#### INCLUSION CRITERIA:

- The patients with confirmed PUD diagnosis.
- The patients above 18 years.

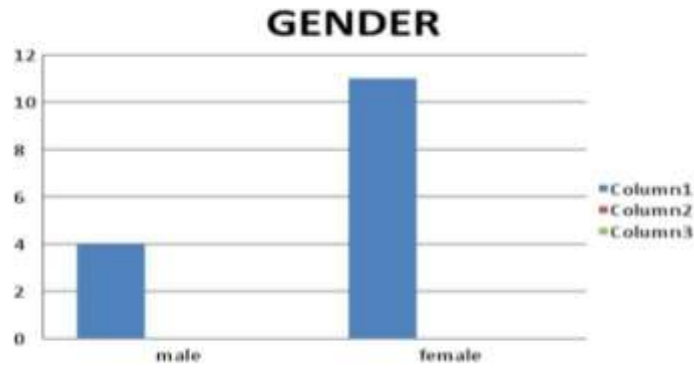
#### EXCLUSION CRITERIA:

- The patient with previous GIT surgeries.
- Pregnant ladies.

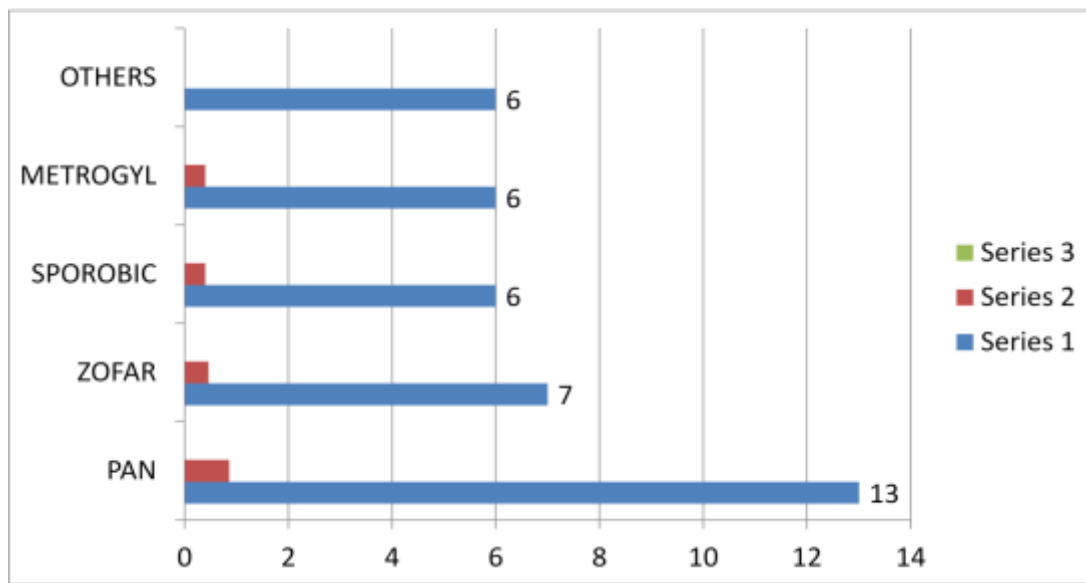
**SAMPLE SIZE:** 15

**STUDY DESIGN:** Prospective study.

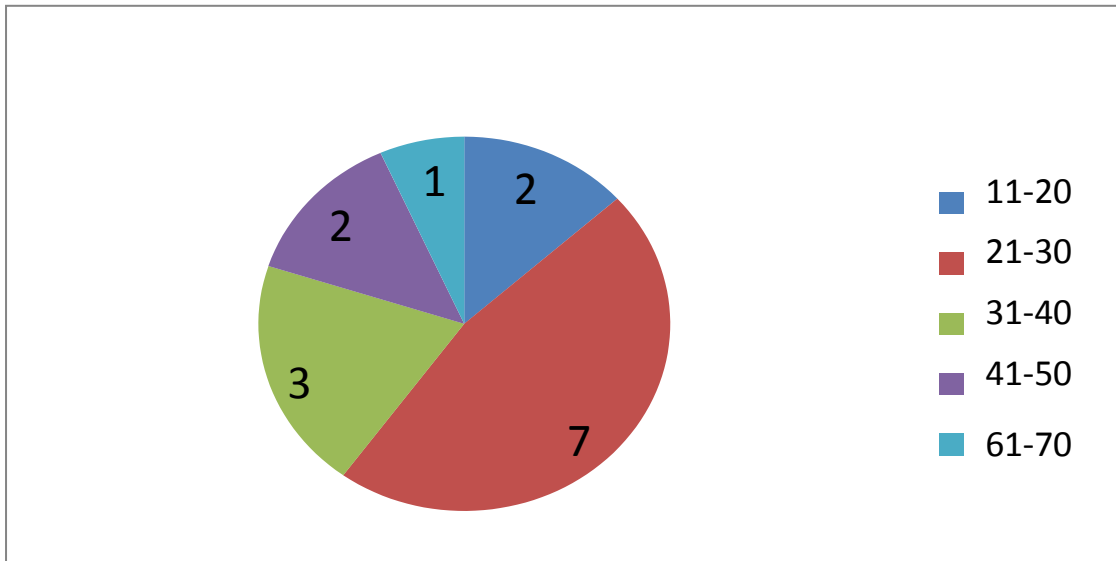
### III. RESULTS



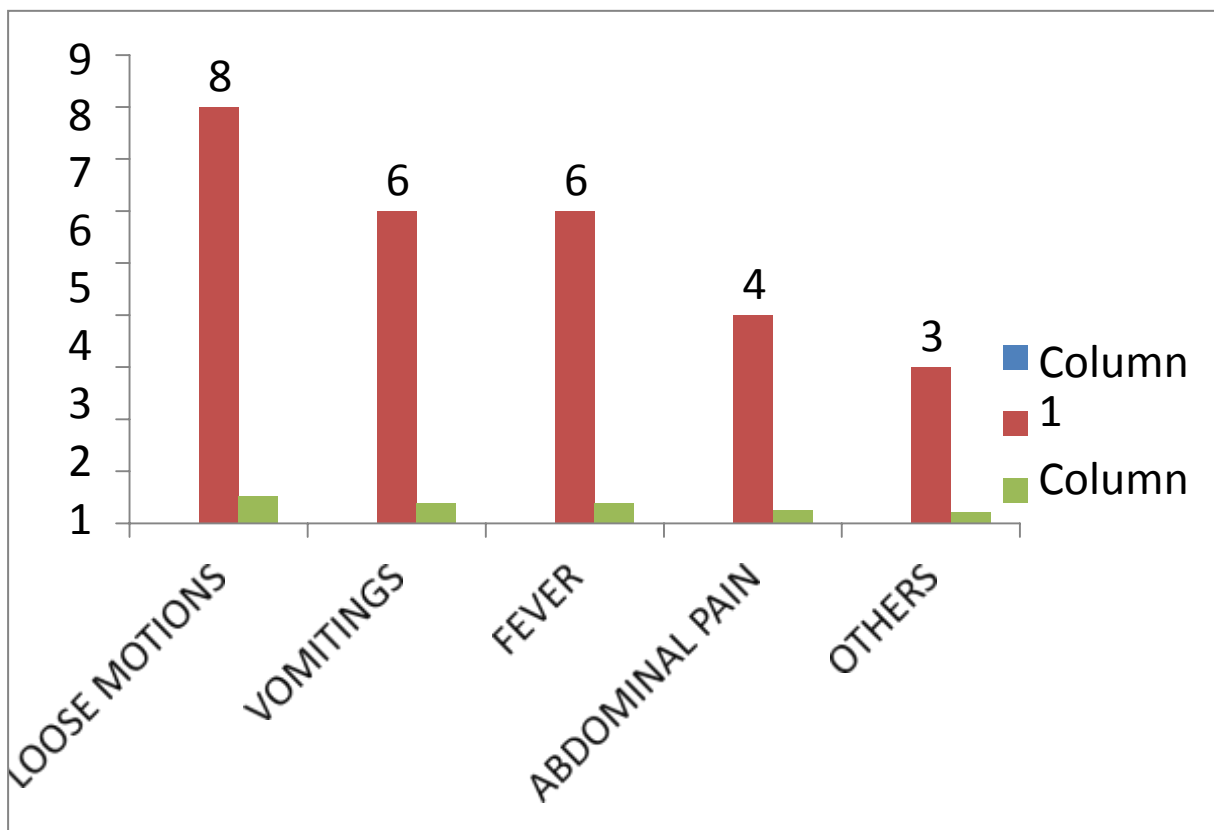
### MEDICATION



### AGE GAP



**SYMPTOMS**



**IV. DISCUSSION**

People with different ages were affected with gastroenteritis, the median age of the study patient was found to be 35(11-70). In which features are 73% and 27% effected with

gastroenteritis. The different agegroups such as 11-20(13%), 21-30(47%), 31-40(20%), 41-50(13%) and 61-70(16%) are affected. Thepatients have shown different symptoms like loose motions (53%), vomiting's (40%), fever(40%),abdominal

pain(26%) and also other symptoms like headache, palpitations (22%). Most commonly the people have suffered from loose motions, vomiting's. This is performed on adults the medications and doses given are same based on their condition.

Among the sample size considered, Pantoprazole (86%), zofer(40%), Ondansetron(40%), Metrogyl (40%), Other drugs (40%) includes Redofil, Taxmin, Ofloxacin, Rantac, etc.

The most commonly used drugs by almost all the patients are Pantoprazole and Zofer. There are few co-morbidities observed like hypothyroidism in very few cases.

## V. CONCLUSION

It is concluded that most of the patients effected with gastroenteritis have used pantoprazole and Zofer. Most widely to treat in controlling symptoms like loose motions and vomiting's.

## REFERENCE

- [1]. Dupont HL, and The Practice Parameters Committee of the American College of Gastroenterology. Guidelines on acute infectious diarrhea in adults. *Am J Gastroenterol* 1997;92:1962-75. [PubMed](#) [Web of Science](#) [Google Scholar](#).
- [2]. Shane AL, Mody RK, Crump JA, Tarr PI, Steiner TS, Kotloff K, Langley JM, Wanke C, Warren CA, Cheng AC, Cantey J, Pickering LK. 2017 Infectious Diseases Society of America Clinical Practice Guidelines for the Diagnosis and Management of Infectious Diarrhea. *Clin Infect Dis*. 2017 Nov 29;65(12):1963-1973. [PMC free article] [PubMed]
- [3]. King CK, Glass R, Bresee JS, Duggan C., Centers for Disease Control and Prevention. Managing acute gastroenteritis among children: oral rehydration, maintenance, and nutritional therapy. *MMWR Recomm Rep*. 2003 Nov 21;52(RR-16):1-16. [PubMed]
- [4]. Guerrant RL, Van Gilder T, Steiner TS, Thielman NM, Slutsker L, Tauxe RV, Hennessy T, Griffin PM, DuPont H, Sack RB, Tarr P, Neill M, Nachamkin I, Reller LB, Osterholm MT, Bennish ML, Pickering LK., Infectious Diseases Society of America. Practice guidelines for the management of infectious diarrhea. *Clin Infect Dis*. 2001 Feb 01;32(3):331-51. [PubMed]
- [5]. Mavromichalis J, Evans N, McNeish AS, Bryden AS, Davies HA, Flewett TH. Intestinal damage in rotavirus and adenovirus gastroenteritis assessed by d-xylose malabsorption. *Arch Dis Child*. 1977 Jul;52(7):589-91. [PMC free article] [PubMed]
- [6]. Craig S, Zich DK. Gastroenteritis. In: Marx JA, editor. *Rosen's emergency medicine*. 7th edition. 2009; p. 1200.
- [7]. CDC Division of News and Electronic Media. Deaths from gastroenteritis double. Available at: [www.cdc.gov](http://www.cdc.gov). Accessed March 14, 2012.
- [8]. Getto L., Zeserson E., Breyer M. Vomiting, diarrhea, constipation, and gastroenteritis. *Emerg Med Clin North Am*. 2011;29:224. [PMC free article] [PubMed] [Google Scholar]
- [9]. Glass RI, Parashar UD, Estes MK. Norovirus gastroenteritis. *N Engl J Med*. 2009 Oct 29;361(18):1776-85. [PMC free article] [PubMed].
- [10]. Dupont HL, and The Practice Parameters Committee of the American College of Gastroenterology. Guidelines on acute infectious diarrhea in adults. *Am J Gastroenterol* 1997;92:1962-75. [PubMed](#) [Web of Science](#) [Google Scholar](#).
- [11]. Bitterman RA. Acute gastroenteritis and constipation. In: Rosen P, ed. *Emergency medicine: concepts and clinical practice*. 4th edn. St Louis, MO: Mosby-Year Books, 1998:1917-58. [Google scholar](#).