澳大利亚 John Murtagh 全科病案研究（九）
——两个儿童腹泻的案例

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案例 A:

一例 12 个月男孩 12 h 持续腹泻和呕吐

1 病史

JC 是一例 12 个月的健康男童，居住于农村。12 h 以来，他有 8 次水样便，便中没有血和黏液，腹泻状况没有改善的现象；呕吐了 4 次，而且不想喝水和药物。最近 2 h 内，排过一次尿。一周前测量体重为 11 kg。JC 的父母最近把他送到儿童保健中心（托儿所），因为父母想让他和其他孩子一起玩。

2 体检

痛苦面容，营养状况尚好，没有脱水的迹象。

生命体重：脉搏 110 次/min，呼吸 40 次/min，体温 38℃，血压 90/60 mm Hg （1 mm Hg = 0.133 kPa）。

3 需要考虑的问题

可能的诊断是什么？主要涉及那些病原体？

是否属于威胁生命的疾病？哪种病原体感染会造成为这种症状？

体重降低 6% ~ 9% 持续腹泻和呕吐，这是什么疾病的典型症状？

4 回答

可能的诊断是病毒性胃肠炎，可以由轮状病毒（rotavirus）或诺罗病毒（norovirus）感染引起。引起急性胃肠炎的常见细菌包括沙门氏菌、志贺氏菌、空肠弯曲菌、致病性大肠杆菌。金黄色葡萄球菌可以引起食物中毒。针对这些病原体所致疾病的治疗方法很相似。

急性胃肠炎是威胁生命的疾病，特别是婴儿，因此需要给予足够的重视和详细观察。脱水，特别是对于肥胖的婴儿，往往是致死的主要原因。

应该特别注意的是病症，如肠道出血型大肠杆菌（0157：H7，0111：H8）。这种特定的感染可能导致坏死性肠炎或血栓性小板减少性紫癜，有些表现为非典型性胃肠炎或便血、腹泻。

另外，还需要想到腹泻是由一些严重的感染引起的，如霍乱、伤寒、副伤寒。

5 中度脱水的体征

对脱水的临床评估，是医学管理中非常重要的一个方面。中度脱水（体重减轻 4% ~ 5%）的儿童会感到口渴和烦躁不安，这时就需要足够的注意，并检查一些体征，如皮肤松弛度适宜，体重减轻 6% ~ 9% 的体征：口渴；焦躁不安，容易怒怒；昏睡；脱水干裂，眼泪少；皮肤松驰度试验显示皮肤回复正常较慢（1 ~ 2 s）；排尿量减少。如果儿童出现明显的皮肤变薄和加快、不排尿、皮肤松弛度试验显示皮肤回复正常较慢（超过 2 s），则表明进入严重脱水阶段。

6 应该进一步考虑的问题

最好采用哪些治疗原则？

患儿是否可以回家治疗？

收住院的标准是什么？

患儿是否需要与其他儿童隔离？

7 讨论

具体的治疗方案要根据对体液和电解质损失的评估结果来确定。中度脱水最准确的评估就是测量体重。中度时儿童要脱掉衣服，而且每次称重要使用同一个体重计。如果病情持续，并且越来越严重，应该考虑及早的化验和病毒学检测。

一般治疗方法：（1）通常给予少量口服液体，比较理想的是抗腹泻药，如电解质替代液 Gastrolyte 或者 New Peptolite。其他比较适合的口服抗腹泻药是世界卫生组织推荐的，如 Electrolyte。对于病情较轻的患儿，最恰当的饮用热的开水，可以在 120 ml 的水中加上一勺葡萄糖或食糖。（2）24 h 后开始食用固态食物。（3）24 h 后恢复母乳喂养或配方奶喂养。

如果家属有能力照顾，而且患儿没有持续性呕吐或脱水情况，可以在家进行治疗。

如果出现脱水情况，而且持续呕吐，或者家属没有能力照顾患儿，或者是在 6 个月的患儿，最好收入住院治疗。

案例 B：一例 4 岁女孩 5 周持续腹泻

1 病史

MC 是一例 4 岁女孩，现在读幼儿园，连续 5 周持续腹泻，
TWO CASES OF CHILDREN PRESENTING WITH DIARRHOEA

John Murtagh

Case A: A 12 MONTH OLD CHILD PRESENTS WITH 12 HOURS OF DIARRHOEA AND VOMITING

Case history

Master JC is a healthy 12 month old boy who lives with his parents in a village. He presents with a 12 hour history of 8 watery stools without blood or mucus and there is no sign of improvement. He has vomited four times and shows a disinterest in taking his drinks. He is fed by milk formula. He was last weighed a week ago and was 11 kilograms. He has passed urine in the last 2 hours. JC has just started attending a child care centre as his parents are keen for him to mix with other children.

Physical examination

Inspection reveals a very miserable child but he is well nourished and shows no signs of dehydration.

The vital signs are pulse 110/minute, respiratory rate 40/min, temperature 38°C, blood pressure 90/60 mm Hg.

Questions to consider

What is the probability diagnosis and the responsible organism?

Should this be considered a life threatening condition and what particular infective organisms make this more likely?

What are the classic signs of moderate weight loss of 6~9% in the presence of continuing diarrhoea and vomiting?

Answers

The probability diagnosis is viral gastroenteritis caused by viruses such as rotavirus and norovirus. More common bacterial causes of acute gastroenteritis are Salmonella species, Shigella species, Campylobacter jejuni and enteropathogenic Escherichia coli. Staphylococcus aureus can cause food poisoning. For all these organisms the management of the condition is similar.

Acute gastroenteritis is certainly a life threatening illness especially in infants and needs to be treated with respect and careful monitoring. Dehydration is an important cause of death particularly in obese infants.

Of particular concern is infection with mutant strains of bacteria such as enterohaemorrhagic strains of E. coli (e. g. 0157; H7, O111; HB). This particular infection may lead to haemolytic uraemic syndrome or thrombotic thrombocytopenia purpura. Although very rare think of these strains with atypical gastroenteritis and bloody diarrhoea.

Other serious infections to always keep in mind are cholera and typhoid or paratyphoid fever

Signs of moderate dehydration

Clinical assessment of hydration is a very important aspect of medical management. With mild dehydration (classified as 4% ~ 5% of body weight loss) the child is thirsty and restless but quite alert and exhibits normal signs including a normal skin pinch test and normal urine output. The following are signs of moderate dehydration (6% ~9% body weight loss): Thirsty; Restless and irritable; Lethargic; Dry mucous membranes, absent tears; Skin pinch test shows slow retraction (1~2 s); Decreased urine output. This stage precedes severe dehydration when the child becomes obviously very ill with a rapid feeble pulse, no urine output and very slow skin retraction (over 2 s).

Further questions to consider

What are the best principles of management?

Can the child be treated at home?

What are the criteria for treatment in hospital?
Should the child be isolated from other children?

Discussion

Management is based on the assessment and correction of fluid and electrolyte loss. The most accurate way to monitor dehydration is to weigh the child, preferably without clothes on the same scales each time. Consider stool culture and viral tests especially for symptoms that persist and worsen.

General rules: (1) Give small amounts of oral fluids often. The ideal fluid is Gastrolyte or New Replyte. Other suitable oral rehydration preparations are WHO recommended solutions such as Electrolyte. Cooled boiled water especially for milder cases is most appropriate and a teaspoon of glucose or sucrose (table sugar) can be dissolved in 120 ml of water. (2) Start solids after 24 hours. (3) Continue breastfeeding or continue formula feeding (if tolerated) or resume it after 24 hours.

The child can be managed at home if the family can cope, vomiting is not an ongoing problem and there is no dehydration.

It is appropriate to admit the child to hospital if there is dehydration or persisting vomiting or the family cannot cope; also infants under six months.

The child should be kept away from other children as the condition is very infections.

Case B; A 4 YEAR OLD GIRL WITH A 5 WEEK HISTORY OF PERSISTENT OFFENSIVE DIARRHOEA

Case history

MC, aged 5 years, presents with diarrhoea that has been persisting for the past 5 weeks despite food restriction and increased fluid intake. She has been a healthy child and has been immunised against the usual childhood diseases.

She has about 5 stools daily. The stools are pale yellow-brown in colour, profuse, very smelly and sometimes bubbly and watery but do not contain blood, mucous or undigested food. Excessive offensive flatulence has been noted by the family. She has not vomited or had a fever or lost weight and appears to have a good appetite. She attends a child minding group.

Physical examination

The examination is normal with a soft non-tender abdomen and no distension. Vital signs are normal.

Questions to consider

What is the provisional diagnosis?

How would you confirm the diagnosis?

What is the treatment for your provisional diagnosis?

Discussion

The pattern of several weeks of diarrhoea in a healthy child who has contact with other children and is not losing weight suggests that the most likely cause in Giardia lamblia which is a protozoal infection. Symptoms of this vary widely and are usually mild with simply persistent diarrhoea in children. It occasionally may present with an acute gastroenteritis pattern. We should recognise the infective nature of the presenting problem rather than considering it as being a malabsorption syndrome.

The diagnosis is mostly made by stool microscopy but negative results can occur. It is recommended to take 3 specimens of faeces for analysis. Sometimes we use an empirical course of a nitroimidazole antiprotozoal agent which is the recommended treatment. Typical examples are tinidazole and metronidazole.

全科医生小词典

——慢性疲劳综合征、社区干预

慢性疲劳综合征 所谓疲劳，是指持续或过度劳动后引起机体不适和工作效率降低。一般的疲劳，仅需安睡一夜即可完全恢复。然而，有相当一部分患者，他们的疲劳不能通过休息得到缓解，并伴有头痛、咽喉痛、肌肉关节痛、记忆力下降、注意力不集中等症状，检查却未发现什么异常情况，无法归入已知的任何疾病。1988 年，一种新的疾病——慢性疲劳综合征，进入人类的疾病谱。

主要标准：①半年以上持续性或间断发作性疲劳和衰弱，卧床休息后不能缓解；②根据病史、体征和化验结果排除其他各种疾病可能引起的症状。次要标准：③低热；④咽痛；⑤颈部和腋下淋巴结肿大；④不能解释的肌力衰弱；⑤肌痛；⑥体力活动后，经 24 h 疲劳仍不消失；⑦头痛或无红肿的游走性关节痛；⑧神经或精神症状；⑨嗜睡或失眠。体征标准：①低热；②非感染性咽炎；③颈部、腋下及腹股沟淋巴结肿大。具备 2 项主要标准、6 项以上次级标准以及 2 项以上体征标准，或者单纯症状标准超过 8 项以上者，可初步确诊为慢性疲劳综合征。

社区干预 （1）针对具有地理、社会和文化特征的局部人群或群体（而不是个体）；（2）试图改变影响健康的社会、文化和环境因素；（3）雇用专业人员，但同时让社区参与影响他们健康的决策。
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