

Infectious Diarrhea – organisms associated with reactive arthritis

Shigella sonnei (watery diarrhea), *Shigella dysenteriae*, *Shigella flexneri* (bloody diarrhea)

- Person-person spread OR through contaminated food/water
- Colonic infection (particularly rectosigmoid)
 - Volume depletion is *uncommon*
- Present with: high fever, abdominal cramps, and diarrhea (watery v bloody)
- **Tenesmus** is a common complaint
- Usually self-limited in immunocompetent hosts, **FQ or azithromycin** for severe sx's or + stool culture (reduce transmission)
- Hyponatremia 2/2 SIADH **NOT** hypovolemia

C. Diff

- Non-severe: WBC <15k, Cr <1.5 | Severe: WBC >15k, Cr >1.5
- Fulminant colitis = hypotension/shock/ileus/megacolon

Frequently associated	Occasionally associated	Rarely associated
<ul style="list-style-type: none"> ▪ Fluoroquinolones ▪ Clindamycin ▪ Penicillins and combinations (broad spectrum) ▪ Cephalosporins (2nd/3rd/4th generation)* ▪ Carbapenems 	<ul style="list-style-type: none"> ▪ Macrolides ▪ Penicillins (narrow spectrum) ▪ Cephalosporins (1st generation) ▪ Trimethoprim-sulfamethoxazole ▪ Sulfonamides 	<ul style="list-style-type: none"> ▪ Aminoglycosides ▪ Tetracyclines ▪ Tigecycline ▪ Chloramphenicol ▪ Metronidazole ▪ Vancomycin

Nonfulminant disease

Initial episode (nonsevere or severe disease)	Management of an initial CDI episode consists of treatment with an antibiotic regimen.
<p>Nonsevere disease is supported by the following clinical data: White blood cell count ≤15,000 cells/mL and/or serum creatinine level <1.5 mg/dL</p> <p>Severe disease* is supported by the following clinical data: White blood cell count >15,000 cells/mL and/or serum creatinine level ≥1.5 mg/dL</p>	<p>Antibiotic regimens:</p> <ul style="list-style-type: none"> ▪ Fidaxomicin[¶] 200 mg orally twice daily for 10 days ▪ Vancomycin^Δ 125 mg orally 4 times daily for 10 days ▪ For nonsevere disease, alternative regimen if above agents are unavailable: <ul style="list-style-type: none"> • Metronidazole[◇] 500 mg orally 3 times daily for 10 to 14 days

Chlamydia trachomatis Proctitis

- Lymphogranuloma venereum testing: Serovars L1-3
- Simple Proctitis: Doxycycline 100mg q12h x 1 week
- LGV: Treated with Doxycycline 100 mg q12h x3 weeks