Revenge
Spring! Vacation! Beach! Mexico! Montezuma’s Revenge!

Face it, shit happens. And sometimes it happens a lot.

Diarrhea microbes are everywhere. You can get Salmonella from your pet turtle or from eating poorly-prepared beef jerky or from raw or rare beef or from Thanksgiving dinner. You can get drug-resistant Campylobacter from raw milk from your herdshare. You can get \textit{C difficile} from simply being a carrier (about 10\% are carriers) and taking an antibiotic. In the developing world, you can get travelers’ diarrhea from the best restaurants. Even weird bugs like Cyclospora can occasionally infect you. You can get Vibrio from eating Gulfcoast oysters, though the 2010 Gulf oil spill temporarily fixed this by making Gulfcoast seafood inedible.

\textit{Cryptosporidium} is in the water, and even if you don’t have HIV, you can get Crypto diarrhea from a water park like SandCastle. Good news, though: there were cases that sounded like infectious diarrhea from being out skiing and eating “watermelon snow” (snow red from the algae \textit{Chlamydomonas nivalis}). But then some people volunteered for a scientific study where they ate watermelon snow and nobody got sick. Really.

When thinking about diarrhea, divide it into “not sick,” “sick” and “sick-sick.” Ate at Primante’s and have one loose bowel movement after? Not sick. Had take-out hot wings and have two loose BMs? Have some diarrhea with your influenza? Not sick (at least as far as the diarrhea). For not-sick diarrhea, either do nothing, or maybe take a bit of Imodium (loperamide) which is safe and effective and over-the-counter and cheap.


If you’re had risks for, or signs and symptoms of, \textit{C diff} (recent antibiotics, exposure to someone with \textit{C diff}, classic \textit{C diff} smell of the poop, markedly elevated WBC if you check it) then you need one antibiotic. As of last month, with the new IDSA guidelines, that antibiotic is no longer Flagyl (metronidazole) but vancomycin 125 PO TID x 10 D.

If it’s \textbf{not} likely \textit{C diff}, then the antibiotic of choice is now rifaximin (Xifaxan): it’s new, it’s expensive, but it’s basically not absorbed so no side effects or drug interactions, it kills most bad bacteria and few good bacteria. My prescription for it reads “may substitute half a 550-mg pill twice a day for 3 days if do not have the 200 mg pills.” I also give a prescription for 750 mg of Cipro PO stat that says “fill and take only if the rifaximin is too expensive.”

Immunosuppressed? Frankly bloody diarrhea? You need stool studies, and probably an antibiotic, and close follow-up.

Sick-sick is beyond the scope of this article.

What if you’ve got Norovirus? Microbiologists, now that they’ve IDed it and given it a name, insist that we quit calling it “24-hour stomach flu.” Well, Imodium’s still OK, and a you could take a prescription
nausea medicine such as Zofran ODT (ondansetron), or, if you’re on medicines that interact with it, maybe some Compazine (prochlorperazine).

What if you’re over your stomach flu Norovirus, but you still have no appetite and feel like you’re going to pass out when you stand up? I prescribe nausea medication and tell patients, “Simply drinking water won’t rehydrate you. Unless you increase your salt intake to hold the water in your body, water you drink will just pass right through you. Most of the salt we take in is from the food we eat.” I recommend Gatorade, chicken-rice soup, and salty snacks like pretzels, but mostly generously using a salt shaker on your food.

Finally, the aphorism by diarrhea maven Dr. David Shlim: *Physicians are remarkably tolerant of others’ diarrhea.*

You can find more (entirely too much more) about diarrhea at http://www.conovers.org/ftp/Diarrhea.pdf.