

Chronic Diarrhoea (chronic enteropathy)

What is chronic enteropathy?

Chronic enteropathy is often characterised by diarrhoea that has occurred for a period of three weeks or more. Diarrhoea occurs when the small or large intestine does not function normally, so fluid is either secreted excessively or not re-absorbed properly. This causes faeces to appear soft or runny and sometimes they can contain fresh blood, black digested blood, or mucus.

Signs and symptoms

There are many different causes of diarrhoea such as foreign bodies, dietary indiscretion, chronic enteropathy, systemic diseases such as liver disease or kidney failure and others. These diseases need to be ruled out before chronic enteropathy can be diagnosed.

Other potential symptoms of chronic enteropathy include weight loss, inappetence, vomiting, regurgitation, and reflux. Chronic enteropathy can have different causes including dietary intolerance, immune system dysregulation or gut bacteria imbalance.

How is chronic enteropathy diagnosed?

As there are many causes of diarrhoea, initially bloods to assess organ function (including pancreatic function), vitamin levels specific to the intestine, faecal analysis (assessing for infectious diseases such as worms or bacterial infections like salmonella) and imaging are necessary. Your local vet may have done some of these tests before referral. Ultrasound imaging can be useful to assess the intestine and organ structure as well as being able to identify blockages such as foreign bodies or tumours.

If chronic enteropathy is suspected, endoscopy (video imaging of inside the gut) may be discussed. Endoscopy of the stomach and guts allows for visualisation of the wall and for small 'grab' biopsies to be obtained with forceps passed inside the endoscope. This can be of the upper gastro-intestinal tract (stomach and first part of the small intestine) and/or lower gastro-intestinal tract (large intestine). Your pet will need to be fasted overnight for endoscopy and will require to take gut cleansing solutions and enema for lower gut endoscopy. Grab biopsies carry a small risk of bleeding but are non-invasive and only obtain the inner layer of the intestine. It may be that surgical abdominal exploration to access areas that cannot be reached via the scope and/or full thickness gut biopsies are recommended. A rare complication of this is wound breakdown which could cause leakage of gut content from the intestine into the abdomen and cause peritonitis. However, this is rare if certain safety measures are respected.

Biopsies will characterise the type of inflammation but may not confirm which treatment will work best and treatment trials may be recommended.

Treatment options

Chronic enteropathy is often treated with or a combination of dietary management, antibiotics or drugs which 'dampen' the immune response such as steroids. Exclusion diets where a novel (never fed before) protein and carbohydrate source or hydrolysed protein diet

may be recommended to be fed for a minimum of four weeks (although improvement is usually seen within two weeks) while no other treats or other foods are given.

What is the prognosis for chronic enteropathy?

Chronic enteropathy is an ongoing disease that usually cannot be cured but we aim to control. In most cases clinical signs can be managed with treatment (which may be lifelong) providing a good quality of life. It may take weeks to months for treatments trials to be completed so that a final treatment plan can be decided on and adjustments might need to be made over time. Some severe cases may not respond to treatment and may carry a poor prognosis.