

- in addition to the fat vitamins and Ca deficiencies we also get decreased Iron and Folate absorption hence **anemias**

Chronic Pancreatitis:

- we have a history of **Pancreatitis**
- in the past we tested with D xylose to check if bowel wall was normal as here or abnormal as in Celiac.
 - we don't use it anymore
- can be diagnosed with Xrays and CT scans but only 50% show the calcifications
- it is diagnosed by repeated history of pancreatitis with addition to fat malabsorption
- BY THE TIME WE DEVELOP **CHRONIC PANCREATITIS** THE AMYLASE AND LIPASE ARE NORMAL since the pancreas has been juiced off the amylase and lipase
- Secretin stimulation test is the most accurate test since it makes the pancreas release HCO₃. in this case HCO₃ won't be produced
- Treat: take lipase, amylase, trypsin pills.

Tropical sprue:

- better than **Celiac** since it can be diagnosed with Endoscopy
- and treated with *Bactrin* or *Doxycycline*
- unlike **Celiac** that can't be cured

Secretory diarrhea is usually the result of some medication use or hormonal disturbances. means that there is an increase in the active secretion, or there is an inhibition of absorption. There is little to no structural damage

Osmotic diarrhea is caused by the ingestion of osmotically active, poorly absorbable substances.

Lactose intolerance is a classic example. occurs when too much water is drawn into the bowels.

Motor diarrhea is exemplified by hyperthyroidism.

Factitial diarrhea is typically associated with psychiatric disturbances.

Chronic inflammatory diarrhea is typically associated with inflammatory changes in the blood (anemia, elevated ESR, acute phase reactants, reactive thrombocytosis). Blood/leukocyte-positive stool is another important finding