Complications of acute gastroenteritis in infancy

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Diarrheal diseases continue to be the leading cause of morbidity and mortality in the world today. Severe fluid and electrolyte loss is the mostimportant cause of death as it leads to dehydration,shock and acidosis. Also electrolyte disturbances such as hypokalemia, hypocalcemia, hyperglycemia and reduced serum zinc are not uncommon in severe diarrheal illness. Gastrointestinal complications include acute gasteric dilation, paralytic ileus, intussusception, rectal prolapse, post-enteritis malabsorption and persistant post-enteritis diarrhea. Persistant post-enteritis diarrhea is usually dueto a transient intolerance to lactose, cow's milk protein or occasionally to gluten or other proteins such as soy bean protein. It may also be due to persisting or unsuspected pathogen such as shigella, Salmonella, adherent EPE Coli, Yersinia enterocolitica and Giardia lamblia. Predisposing factors such as malnutrition, younger age group, delayed hospital admission, the use of antibiotics or antidiarrheal drugs and severe diarrhea during the acute episode also correlated with development of persistant post-enteritis diarrhea. Malnutrition is also an important complicationfollowing recurrent attacks of gastroenteritis. Renal complications following acute gastroenteritisare Acute renal failure, DIC nephropathies including tubular necrosis and cortical necrosis, renal vein thrombosis, hypokalemic nephropathy and urinary tract infections. The most important and frequent complication is acute renal failure resulting from many factorssuch as dehydration, shock, sepsis ,DIC, renal vein thrombosis and hemolyticuremic syndrome associatingacute gastroenteritis. Respiratory disturbances may also be encounteredas a complication of acute gastroenteritis and these include:Shock lung, acute respiratory failure associated with DIC, respiratory infections, acidosis with increasedpulmonary vascular resistance and respiratory distress with or without heart failure and pulmonary oedema whichmay result during management of gastroenteritis due to rapid I.V. infusion or overhydration. C.N.S. complications are also encountered in acute gastroenteritis, the most important of which are convulsions. Convulsions may be febrile. toxic or as a result of hypernatremia, hypocalcemia, hypomagnesaemia , uraemia, hypoglycemia (especially in malnourished) or may be due to phlebothrombosis of cerebral veinswhich occur principally as a result of severe dehydration. There may also be a permenant brain damage and encephalopathy. Dissiminated intravascular coagulation and haematemesis are important haemorrhagiccomplications occuring as a result of acute gastroenteritis. Derangement of the liver, reactive arthritis,erythema no dosum and erythema multiforme are other uncommon complications of acute gastroenteritis. Iatrogenic complications include

iatrogenichypernatremia following oral electrolyte solution and paralyticileus due to misuse of loperamide in treatment of acute childhood diarrhea.