

## Duodenal intubation in protracted diarrhea

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### RESUMEN

Infant diarrhea in its protracted form, is an important factor in the morbidity and mortality rate in our patients. A group of infants with protracted diarrhea were investigated in order to: establish the quantity and quality of the duodenal microflora; compare cultures obtained from duodenal and fecal samples; determine if the duodenal contamination was the main etiologic factor of the diarrhea. In 88 infants suffering from protracted diarrhea, duodenal samples were obtained by performing duodenal intubation in order to identify aerobic bacteria, fungus and parasites. 52 of the 88 patients were considered to have an abnormal duodenal microflora. We found a predominance of a fecal type microflora: 19 samples showed *E. coli* O111:K58 (B4), 2 samples *Salmonella typhimurium*, 13 samples non enteropathogenic serotypes of *E. coli*, and *Klebsiella* in 5 samples. There were 8 samples with pure or predominant cultures for *Staphylococcus aureus*. *Giardia lamblia* was isolated in 9 patients, in 5 cases as the only contaminant and in 4 cases in combination with other bacteria. Duodenal and fecal cultures obtained simultaneously were compared. *E. coli* was isolated more frequently from the duodenal fluid and not in the fecal culture. On the contrary, *Salmonella typhimurium* was isolated more frequently from the feces and in very few cases from the duodenal sample. *Giardia lamblia* was cultured predominantly from the duodenal fluid. The presence of duodenal contamination was correlated with the clinical condition of our patients. In most of the cases we could not find other pathologies except the presence of the abnormal duodenal microflora.

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