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# Chronic Diarrhea in Cats

micro drip study guide

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# Most Common Causes of Chronic Diarrhea

## CE

- Food-responsive
- Fiber-responsive
- Antimicrobial-responsive
- Steroid-responsive

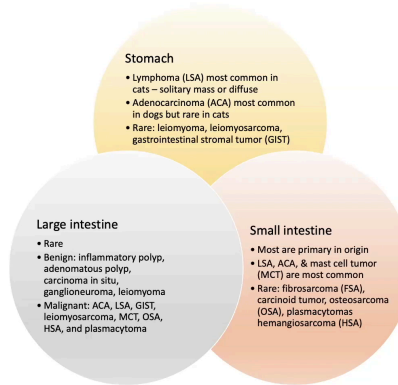
## Neoplasia

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Let's transition to treating, and I'm going to focus on the most common causes of chronic diarrhea at this point. We've talked about all the primary GI causes. We've looked at a list of the common secondary GI causes of dysfunction and chronic diarrhea. But in the literature, the two most common causes are neoplasia and chronic enteropathy. And that chronic enteropathy is further subcategorized as being steroid, antibiotic, fiber, or food responsive.

# GIT Neoplasia



When we're talking about neoplasia, we have to think about the individual segments of the GI tract, because what one finds in the stomach is a little bit different than what one finds in the small intestine or large intestine. But if you had to put a gun to my head and say, what are the two most common neoplastic conditions of the GI tract in a cat, it is lymphoma, adenocarcinoma, and a close third is mast cell disease.

## IBD vs. EATL



IBD = immune-mediated common chronic enteropathy

Lymphoma = malignant transformation of lymphocytes

- EATL type I = intermediate to large, high grade, T-cell (aka: large cell)
- EATL type II = small-cell, low-grade, T-cell (aka: small cell)
- Recently renamed monomorphic epitheliotropic T-cell lymphoma (MEITL)

Challenging to differentiate due to overlapping clinical signs

- Weight loss, chronic vomiting, small/large/mixed diarrhea, hypo/anorexia

Growing evidence of link between chronic inflammation & LSA

Differentiating, as we've talked about, is really, really challenging. Figuring out from a clinical perspective, from a lot of diagnostic perspectives, whether a patient is living with inflammatory bowel disease or intestinal lymphoma is really, really challenging.

And when you add the fact that there's growing evidence that these two conditions actually live on a spectrum with chronic inflammation at one end and neoplasia at the other, we probably want to intervene with definitive therapies as soon as possible to potentially prevent an inflammatory condition from progressing to a neoplastic one.