

Bacterial overgrowth

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The small intestine can become colonised with bacteria normally confined to the colon if there is stasis resulting in delayed bacterial clearance (blind loop syndrome; 74.9). Similar complications may result from chronic small bowel obstruction, jejunal diverticulosis and ileocolic fistulation. Overgrowth in the upper small intestine results in fat malabsorption due to the deconjugation of bile salts, while vitamin B12 deficiency results from overgrowth more distally . There is usually relatively little effect on carbohydrate or protein metabolism. If steatorrhoea occurs, other serious malabsorption features may follow , including glossitis, osteomalacia, paraesthesia and peripheral neuropathy . Eugen (Jeno) Alexander Pólya , 1876–1944, surgeon, St Stephen's Hospital, Budapest, Hungary . Improvement normally follows after intermittent therapy with oral antibiotics; metronidazole, ciprofloxacin, tetracycline and rifaximin are commonly used. Definitive treatment is surgical if the anatomical abnormality can be corrected, but this is not always possible. -

(f) (b) self-emptying: no deficiency occurs; (c) long afferent loop stasis (f) 'stenosis-anastomosis loop' syndrome.

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