



Toddler's Diarrhea is also referred to as **Functional Diarrhea of Infancy** or **Osmotic Diarrhea**. It is characterized as **benign chronic diarrhea** in a **well-appearing toddler or preschool child** without evidence of illness, infection, malabsorption, or failure to thrive.

EPIDEMIOLOGY	PATHOPHYSIOLOGY
<ul style="list-style-type: none"> Typically occurs in ages 1 to 3 years, but ranges from onset as early as 6 months until 5 years Prevalence 6-7% 	<ul style="list-style-type: none"> Often due to excessive consumption of fruit juice or high carbohydrate, low-fat, low-fibre diet May be a variant of irritable bowel syndrome

PRESENTATION	
<ul style="list-style-type: none"> Consistency of stools progresses from semi-solid in the morning to looser throughout the day Stools may contain undigested food-particles There may be a family history of gastrointestinal disorders <p>Rome III Diagnostic Criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Daily, painless, recurrent passage of ≥ 3 large unformed stools <input type="checkbox"/> Symptoms lasting > 4 weeks <input type="checkbox"/> Onset of symptoms begin between 6 and 60 months of age <input type="checkbox"/> No failure to thrive if caloric intake is adequate 	<p style="text-align: center;">PHYSICAL EXAM</p> <ul style="list-style-type: none"> Well-appearing child Tracking along their growth curves for weight, height, and head circumference Normal abdominal and perianal examinations (besides possible skin irritation) No evidence of dehydration

Features suggesting another diagnosis:

- Stools that contain blood, fat, or mucous
- Nocturnal stooling
- Fevers
- Weight loss or poor growth



DIAGNOSIS

CLINICAL DIAGNOSIS – no investigations required for a thriving child!

Investigations to rule out alternate diagnoses should be directed by findings on history and physical examination.

MANAGEMENT

- **Parental reassurance**
- **Dietary modifications**

(4Fs: **F**ruit juices, **F**luid, **F**ibre, and **F**at)

- Reduce fruit-juice and sweet beverages
- Normalize fluid consumption (to about 100 mL/kg/day)
- Increase dietary fibre and fat
- Reduce dietary sorbitol and free-fructose

Other:

- Psyllium (2 to 3 g twice daily for 2 weeks) may help improve stool consistency
- Do not prescribe antispasmodic or antidiarrheal agents (e.g., loperamide)
- Keep a diet and stool diary!