

# Symptoms, Causes and Treatment of Gastroenteritis

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## Perspective

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### DESCRIPTION

In most of the developed countries the gastroenteritis is caused by viruses where *rotavirus* is the most common infectious agent in addition to less common adenovirus or norovirus. In European countries the most common Bacterial pathogenesis can be observed are *Campylobacter* or *Salmonella*. Children affected with diarrhea, rotavirus, norovirus, astrovirus, *Escherichia coli* are the main pathogenic forms. Among parasites *Cryptosporidium*, *Giardia* and *Entamoeba histolytica* are the major pathogenic agents. Clinically malnourishment is the major cause of volume reduction among paediatric cases even if the dehydration is well managed. Some of the most concern symptoms of viral infection are occurrence of high fever, over faecal blood loss. Bacterial gastroenteritis symptoms includes the loss of appetite, fever, vomiting, mucous in the stools, Clinically the disease managed by rehydration therapy along with complementary or alternative medicine, nutritional supplementation, feeding are critical among paediatric cases. Oral rehydration therapy by the usage of physiological electrolyte maintaining fluids is the first line of treatment. If vomiting persists a single dose of *ondansetron* was found to be beneficial for reducing the vomiting which also enables the administration of oral rehydration therapy. The study suggested that anti-motility or anti-diarrhoeal drugs should be avoided among children. Antibiotics were recommended only upon clinical indication.

Among pediatric clinical cases acute gastroenteritis is the most common form of the disease that requires emergency treatment. The mode of the treatment is determined by the age that includes the oral or intravenous rehydration therapy. Since vomiting is the major limiting factor for the oral rehydration therapy most of the physicians preferred intravenous rehydration. Clinical trials have evaluated the efficacy of *ondansetron hydrochloride* among children with failure of oral rehydration therapy or with higher incidence of vomiting. However,

more than fifty percent of the children are administered *ondansetron* with acute gastroenteritis. Increased usage of this drug was associated with hospital revisits, misdiagnosis, and concurrent health care cost. The clinical effectiveness was assessed only in few centers but a recent multicenter study whether the use of this drug could reduce the rehydration use. The study revealed that ondansetron use increased during which the intravenous rehydration remained unchanged and further suggested that use of odansetron to children at greater risk for oral rehydration failure.

When people exchange personal items or drink polluted water, transmission may occur. During the rainy season, water quality often decreases and infections are more frequent. In regions with four distinct seasons, illnesses tend to be more prevalent in the winter. Infants getting feed from bottles that have not been adequately cleaned are a big cause all around the world. Poor cleanliness (particularly among youngsters), crowded families, and those with poor nutritional condition are also associated with higher transmission rates. Even after developing immunity, some organisms may still be carried by adults who don't show any symptoms. Adults may so develop into unavoidable disease reservoirs. While certain pathogens, like *Shigella*, only affect primates, others like *Giardia*, can affect a wide range of animals.

### CONCLUSION

Recently, a retrospective cohort study was conducted comprising of nearly two thousand prescriptions for nearly thousand putative pediatric gastroenteritis cases in Japan. The research was aimed to interpret the trends in prescription for treatment of pediatric gastroenteritis over past one decade. The study outcomes revealed that the most frequently used drug was the probiotics followed by emetics. Interestingly most of the cases could be treated using probiotics rather than any other type of drugs. The trend of the antiemetic and antipyretic drugs remained almost stable over the past ten years and the use of antibiotics has indeed decreased slightly over this time. Antiemetics were mostly used in the hospital settings. This study is very useful for the deriving evidence based guidelines for improving the quality of treatment of pediatric gastroenteritis.