


Discussion

Several participants commented on the incidence of the "toxic enteritis syndrome," which varied widely from 1% to 2% up to 25%. Dr. Faloon reported a good clinical response to intermittent metronidazole therapy in these patients. These responses were associated with a change in the pattern of fecal bile acid excretion to a greater fraction of primary bile acids without significant change in total bile acid, neutral sterol, or fat excretion.

Dr. Barry reported that, in their experience, any antibiotic effective against anaerobic bacteria was associated with clinical improvement and that they, too, have found that intermittent antibiotic therapy was the most effective mode of treatment for this syndrome.

Dr. Buchwald suggested that there may be some element of intestinal obstruction in these patients and that the occurrence and severity of the syndrome may be related to the type of bypass procedure.

In summary, Dr. Drenick agreed that this is not a unique syndrome but a spectrum of disease related to differences in surgical techniques, types of anastomoses, and individual susceptibility to intestinal superinfection. This syndrome may show many of the symptoms associated with intestinal inflammatory disease, such as excessive weight loss, anorexia, fever, arthralgias, and various skin manifestations. He also reported good clinical results with intermittent therapy with metronidazole.

W. W. Faloon et al.