

Bloodless Red Stool due to Drug Interaction

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Case Description

Bloody stool is a common cause of pediatric primary care practice. Hematochezia, the passage of bloody bright red or maroon-colored feces, is caused by distal gastrointestinal bleeding or massive bleeding in a more proximal region of the colon. Although some drugs cause gastrointestinal bleeding, most of the ingested foods or drugs cause red stools. Therefore, it is important for the primary care clinician to distinguish true bloody stools from other red stools and to have a broad differential diagnosis for hematochezia. Bright red blood in the form of an untransmitted stool indicates anorectal hemorrhage. Melena may be associated with both upper and lower GI bleeding [1].

Knowing the shape and amount of bleeding can also provide valuable information about the cause. For example, Meckel's bleeding is sour cherry color and abundant, strawberry jelly bleeding in invagination and painless dropwise bleeding in the rectal polyp is typical. Intake of aspirin, steroids and anti-inflammatory drugs often causes bleeding in the stomach and/or duodenum. It should also be kept in mind that some of the bleeding in the child's gland, which is considered to be rectal bleeding by the family, may be due to hematuria or vaginal pathologies [2].

In our case, a 30-month-old girl was brought by her parents because of the red stool. The general condition of the child is well orientated and cooperative. No pathological findings were detected in the system examinations. We learned that they used montelukast 0.4 mg cefdinir 2 × 1, 50 mg iron 3 hydroxide polyimaltoz complex. The family said there was a slight redness in the diaper the day before and she could not defecate for 24 hours. When they saw today's diapers, they immediately applied to us. The patient's gland was red in tomato paste color. The patient had normal hemogram. Feces; stool hgb: Negative, route antigen: Negative, giardia antigen: Negative, entamoeba antigen: Negative, adenovirus antigen: Negative, *Clostridium diff.* Stool microscopy: No leukocytes and erythrocytes, parasites and parasite eggs were not observed. There was no pathological finding in the abdominal USG. After discontinuation of cefdinir and iron, the patient began to have normal color defecation [3]. The patient's general condition remained stable during follow-

up and the patient was discharged without any change in hemogram and stool follow-up (Figures 1 and 2).

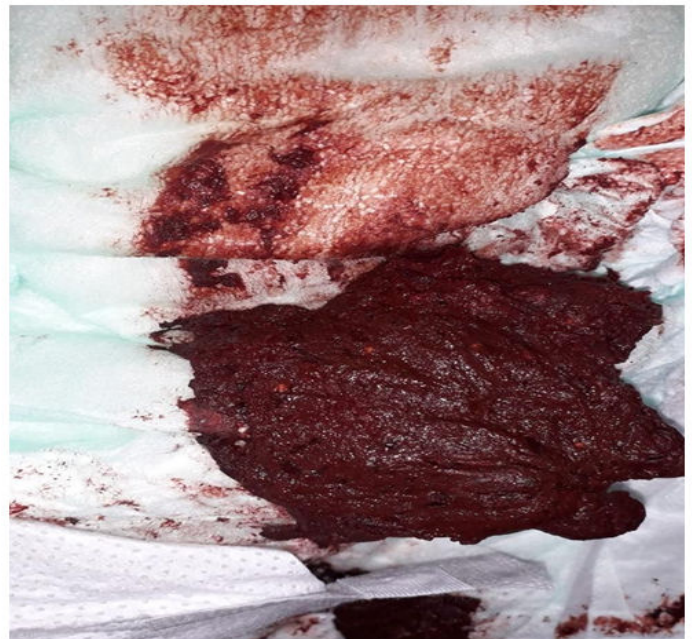


Figure 1. The patient's gland colour.



Figure 2. The color of stool after discontinuation of antibiotics and iron.

According to the package insert, stool color may be red in patients that taking oral cefdinir with iron containing drugs or

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food, and this is considered normal [4]. The reddish color is thought to result from the formation of a non-absorbable complex in the digestive tract between cefdinir and degradation products. In our case, the color of stool returned to normal after discontinuation of antibiotics and iron.

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