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Summary

Sprue tropical: Puerto Rico's forgotten contribution to gastroenterology

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Tropical sprue is a post-infective chronic small bowel enteropathy causing malabsorption in residents of the tropics, characterized by chronic diarrhoea, steatorrhoea, folate and B12 deficiency, and megaloblastic anaemia, now increasingly underdiagnosed due to widespread folate fortification and empiric antibiotic use masking classic presentations.

KEY POINTS

- The speaker stated that diagnosis requires a compatible clinical picture, travel or residence in an endemic region (Caribbean, India, Southeast Asia, northern South America, West Africa), evidence of small bowel malabsorption, and exclusion of other causes; key features include partial villous blunting, prominent eosinophilia, and ileal involvement, distinguishing it from coeliac disease which shows complete villous blunting and negative serology.
- Treatment consists of tetracycline for 3 to 6 months, folic acid supplementation at 5 milligrams per day, vitamin B12 replacement, and dietary modification to reduce long chain fats with medium chain triglyceride substitution; the speaker reported response is usually rapid and dramatic, though relapses can occur.
- The speaker explained that pathogenesis involves an acute infectious trigger leading to small intestinal bacterial overgrowth, bile acid deconjugation, fat malabsorption perpetuating the ileal brake mechanism, and folate/B12 deficiency producing megaloblastic enterocyte changes and villous blunting in a self-perpetuating cycle.
- Modern diagnostic challenges include widespread folate fortification and over-the-counter supplementation partially correcting the anaemia that is a key diagnostic clue, frequent empiric antibiotic courses in travellers aborting or confusing the disease presentation, and loss of classic diagnostic tools like faecal fat quantification.

- The speaker emphasized considering tropical sprue in anyone with chronic diarrhoea and malabsorption with a history of living in or visiting the tropics even years earlier, avoiding anchoring on coeliac disease or IBS, and noted that a therapeutic trial of tetracycline and folate with careful follow-up can be both diagnostic and curative.
- The speaker disclosed having been in practice 30 years and diagnosing approximately four cases, and in the discussion recommended stopping folate supplementation and waiting 2 to 4 weeks before performing upper endoscopy with small bowel and terminal ileal biopsies to identify characteristic histologic features.

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