

### *Vignette 63: Answer*

This is tropical sprue. Tropical sprue mimics celiac sprue because, like celiac disease, it leads to villous blunting with malabsorption. However, it's a different condition altogether.

Tropical sprue is endemic to a unique "sprue belt," including Puerto Rico, Cuba, the Dominican Republic, Haiti, India, and the Middle East. The etiology of tropical sprue remains unknown, although it is suspected to be an infectious disorder. The chronic form of tropical sprue requires 2 years of residence in an endemic region, whereas the acute form does not depend on length of stay.

Chronic tropical sprue has 3 distinct phases. Phase I includes fatigue and abdominal discomfort, but not necessarily diarrhea. Phase II includes diarrhea, dyspepsia, and overt malabsorption (typically described as "oatmeal" consistency of the stool). Phase III yields a macrocytic, megaloblastic anemia. The acute form does not progress through these neat phases, but instead presents with an accelerated clinical course with all phases nearly combined together.

Endoscopy may reveal classic sprue findings, including scalloping of the plicae circularis (as pictured in Figure 63-1), cracked mucosa, and nodularity. Histology reveals shortening of the villi, lengthening of the crypts, and a chronic inflammatory infiltrate, as with celiac sprue. Tropical sprue is usually treated with tetracycline 250 mg QID and folate 5 mg daily for 6 to 12 months.

**Why Might This Be Tested?** To make sure that you can distinguish celiac sprue from tropical sprue. The treatments are quite different, so it's important that you can tell one from the other.

Here's the Point!

**Diarrhea + Tropics + High MCV anemia = Tropical sprue**