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Malabsorption disorders are a common cause of significant morbidity and mortality in developing countries like India. Often the cause is of an infective etiology like tropical sprue, giardiasis and intestinal tuberculosis. In other cases the cause could be disease of pancreas, gall bladder or even congestive cardiac failure. The presentation of malabsorption syndrome may vary enormously some patients may have classical features of bulky, foamy, greasy offensive loose stool, which float on water. These patients may have multiple vitamin deficiencies, in other patients, the presenting symptoms may be very non specific and protean. In such patients a high clinical suspicion is required to reach the diagnosis.

Some important diseases causes malabsorption include:

a. Pancreatic disease, including chronic pancreatitis, cystic fibrosis and Zolinger ellison syndrome.

b. Billiary tract diseases, include chronic cholecystitis, chronic lithiasis.


d. Blind loop syndrome.
In significant number of patients the cause of malabsorption is not evident even after extensive investigations.

The rational approach to a patient of suspected malabsorption include careful history of abdominal operations, thorough physical examination for detecting evident of vitamins minerals, deficiency and specific investigation. These investigation include routine blood test, haemoglobin, general blood picture, total serum cholesterol, serum proteins, small intestinal barium X-ray, jejunal biopsy and the quantitative test for fecal fat estimation in stool and D-xylose test. The last two test have been found quite sensitive for the malabsorption of fat and carbohydrate respectively.

A large number of patients attending our out patient department of our hospital suffer for symptoms suggestive of malabsorption. No systemic study on malabsorption now ever has been done so far in this region. We thus considered worthwhile to undertake evaluation of malabsorption parameters in this region.