

## Travel Diarrhea in Childhood “First Part; what do we know?”

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Travel-related diseases such as diarrhea, malaria, cutaneous larva migraines and respiratory infections, are common in children and adults. Diarrhea is one of the most common and mortal diseases among childhood particularly in those who travel to developing countries [1, 2]. Although its pathogen depends on the country which is visited, there is a similarity between pathogens which affect adults and children [3]. Among bacterial pathogen, Enterotoxigenic E-Coli is most common in pediatrics. Traveler's Diarrhea (TD) is commonly self-limited and does not need specific aggressive treatment but supportive care for limiting dehydration and other complication is mandatory. “The attack rate is highest for travelers from a developed country who visit a developing country”[1]. Also, traveling in the summer season to tropical developing countries with endemic infectious diarrhea increases the risk of TD.

There are many conflicts in pediatrics TD managements. Antiemetic and anti-motility medications are not routinely recommended except in cases with severe and uncontrolled symptoms. Loperimide (in cases older than 6 years old without dysentery, febrile and toxic symptoms) among anti motility medications and ondansetron, metoclopramide, or dimenhydrinate among antiemetic medications are suggested for children with considerably refractive symptoms [4]. Anti-motility drugs might also be able to decrease the risk of transmission by reducing the amount of fecal materials. Moreover, Antibiotics selection depends on the age groups and characterized pathogens. More important than treatment, the prevention of it by providing pre-travel medical advice and information about endemic diseases in target countries is more effective [5].

As Sheila Mackell demonstrated in the Journal of Clinical Infectious Disease; “Most of the data available today describe travelers' diarrhea in adults. Children traveling to distant destinations from their home country have not been well studied, yet treatment parameters exist in practice and will be reviewed here”[6]. On the other hand, because TD occurs in developing countries there is a lack of information about pathogenesis, accuracy of treatment and management. Therefore, almost the most common pathogen in developing countries e.g. in Asia and Africa is non-identified pathogen. This means more studies are needed to be conducted on pathogenesis, pathogen frequency, prevention, management especially in specific conditions such as children with immunodeficiency. In the second part, we will discuss about future aspects of TD in pediatrics.

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