SYMPTOM

Stools - pale or clay-colored

Pale or clay-colored stools are bowel movements that look unusually beige, gray, white, or putty-like.

WHAT IT FEELS LIKE
Stool looks unusually beige, gray, white, or putty-like

WHERE IT IS FELT
Bowel movements; sometimes the upper right belly

MOST COMMON CAUSES
Diet changes, certain medicines or contrast, reduced bile reaching stool

WHEN IT IS URGENT
Pale stool with yellow skin, dark urine, fever, or severe pain

USUALLY LASTS
One bowel movement or longer, depending on bile flow

SEE A DOCTOR IF
Pale stools continue for several days or keep returning

Overview

Normal stool gets its brown color from bile, a yellow-green digestive fluid made by the liver. Bile travels through small tubes called bile ducts into the intestine, where it helps digest fats.

Stool may look pale, gray, white, or clay-colored when little or no bile reaches the intestine. However, an isolated lighter-than-usual bowel movement can also result from food, medicine, or normal color variation.

One pale stool without other symptoms is not usually an emergency. Stool that stays very pale for several days, keeps returning, or occurs with yellow skin or dark urine should be medically assessed.

Pale stool needs particular attention in babies. White, chalky, or light-gray stool in a baby can be an early sign that bile is not draining properly and should be reported the same day.

What it may feel or look like

The change is mainly something you see rather than feel. The stool may be:

Greasy stool can happen when fat is not absorbed normally. It may float, but floating alone does not mean there is a bile problem.

Other symptoms can help identify the cause. These may include yellowing of the eyes or skin, dark urine, itching, nausea, reduced appetite, fever, weight loss, or pain in the upper right or middle part of the belly.

Lighting and toilet water can affect how color appears. If you are uncertain, looking in natural light or taking a photograph to show a healthcare professional may help.

- Light beige, putty-colored, gray, chalky, or nearly white
- Less brown than usual across several bowel movements
- Greasy, bulky, difficult to flush, or unusually strong-smelling

Common causes

An occasional light-brown stool may follow a change in diet, especially if you have eaten mostly pale or low-pigment foods. Some antacids and the barium contrast used for certain imaging tests can also temporarily lighten stool.

Repeated clay-colored stool more often suggests that less bile is entering the intestine. Possible causes include gallstones blocking a bile duct, inflammation or infection of the liver, or a medicine that affects the liver or bile flow. Do not stop a prescribed medicine without medical advice.

Less common causes include narrowing of a bile duct after inflammation or surgery, scarring of the liver, inflammation of the pancreas, and growths affecting the liver, bile ducts, gallbladder, or pancreas. These causes cannot be distinguished by stool color alone.

In newborns and young infants, pale stool may occur when bile ducts are missing, blocked, or damaged. One important cause is biliary atresia, a condition that needs prompt specialist assessment.

When to seek medical care

Arrange a routine appointment if pale stools continue for several days, keep returning, or are accompanied by ongoing itching, poor appetite, unexplained weight loss, or mild belly discomfort. You should also seek advice if the change began after starting a medicine.

Contact a healthcare professional the same day if pale stool occurs with yellow eyes or skin, dark brown urine, fever, repeated vomiting, or significant upper abdominal pain. These features

can occur when bile flow is blocked or the liver or bile ducts are inflamed.

Get emergency help for severe or rapidly worsening abdominal pain, especially with fever, fainting, confusion, marked weakness, or difficulty staying awake. These symptoms require urgent assessment rather than waiting for a routine appointment.

Contact your baby's healthcare professional the same day if the baby passes white, chalky, putty-colored, or very light-gray stool. This remains important even if the baby appears comfortable.

How the cause is found

A healthcare professional will ask when the color change started, whether every stool is pale, and whether you have pain, fever, itching, dark urine, or yellowing. They may ask about medicines, supplements, alcohol use, recent imaging tests, surgery, travel, and past liver or gallbladder problems.

An examination may check your eyes and skin for yellowing and your abdomen for tenderness or swelling.

Blood tests can measure bilirubin, the yellow substance processed into bile, along with liver enzymes that rise when the liver or bile ducts are irritated. Other tests may look for infection, inflammation, or reduced liver function.

An ultrasound is often used to examine the liver, gallbladder, and bile ducts. Depending on the findings, further imaging may include MRI or CT. An endoscopic procedure may sometimes be used to view a bile duct, remove a stone, or take a sample.

Treatment and self-care

Treatment depends on why the stool is pale. A temporary food or contrast-related change may need no treatment. A blocked bile duct may require removal of a gallstone or another procedure to restore bile flow. Liver inflammation, bile duct narrowing, and pancreatic conditions each need treatment directed at their cause.

While monitoring an isolated pale stool, note the color of the next few bowel movements and watch for dark urine, yellowing, fever, or pain. Keep a list of medicines and supplements to discuss at an appointment.

Continue drinking enough fluid for your needs and eat normally if you feel well. Drinking extra water will not correct stool color if bile flow is blocked. Avoid "liver cleanses" or unproven

supplements, which may delay care or harm the liver.

Do not stop prescribed medicines on your own. If a medicine may be involved, the prescriber can decide whether it should be changed safely.

What to expect

If the change is related to food, barium contrast, or another temporary factor, brown color often returns over the next few bowel movements.

If pale stools result from reduced bile flow, they may continue until the underlying problem improves or is treated. Dark urine and yellowing may occur because bile pigment builds up in the blood and leaves through the urine instead of the stool.

The outlook depends on the cause, not on the shade of the stool alone. Prompt assessment is especially important when pale stool is persistent, comes with jaundice, or occurs in a baby.

Common questions

Is one pale stool concerning?

One lighter stool can happen because of food, medicine, contrast material, or normal variation. Monitor the next few bowel movements. Seek advice sooner if you also develop yellowing, dark urine, fever, vomiting, or pain.

Is pale yellow stool the same as clay-colored stool?

Not always. Yellow stool can occur when food moves quickly through the intestine or when fat is poorly absorbed. Clay-colored stool is usually beige, gray, chalky, or white because it contains little bile pigment.

Can constipation make stool pale?

Constipation more often makes stool hard and darker because it remains in the bowel longer. Persistent pale color should not be assumed to come from constipation alone.

Can gallstones cause pale stool without pain?

Yes. A gallstone can sometimes reduce bile flow before severe pain develops. Repeated pale stools, particularly with dark urine or yellowing, need prompt medical assessment.

Sources

- MedlinePlus Medical Encyclopedia. "Stools - pale or clay-colored." U.S. National Library of Medicine
- National Institute of Diabetes and Digestive and Kidney Diseases. "Symptoms & Causes of Gallstones." National Institutes of Health
- National Institute of Diabetes and Digestive and Kidney Diseases. "Biliary Atresia." National Institutes of Health
- American College of Radiology. ACR Appropriateness Criteria: Jaundice . 2023
- Fawaz R, Baumann U, Ekong U, et al. "Guideline for the Evaluation of Cholestatic Jaundice in Infants: Joint Recommendations of NASPGHAN and ESPGHAN." Journal of Pediatric Gastroenterology and Nutrition . 2017;64(1):154-168