

Fecal transplant feasible for recurrent *C. difficile* infection

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(HealthDay) -- Recurrent *Clostridium difficile* (*C. difficile*) infection (CDI) can successfully be treated in the vast majority of patients through a fecal transplantation procedure via colonoscopy, according to research published in the March issue of *Gastroenterology*.

Eero Mattila, M.D., of the Helsinki University Central Hospital, and colleagues reviewed [medical records](#) for 70 patients with recurrent CDI who had undergone a fecal transplantation procedure in which fresh donor feces were infused into the cecum via [colonoscopy](#) after whole-bowel lavage with [polyethylene glycol](#).

The researchers found that, during the first 12 weeks post-transplantation, all patients without infection with strain 027 *C. difficile*, and 89 percent of the 36 patients infected with the 027 strain, had symptom resolution. All non-responders had a pre-existing serious

condition and subsequently died of colitis. By one year after transplantation, four patients relapsed after taking antibiotics for unrelated causes; two of these were treated with a second fecal transplantation procedure and two with antibiotics for CDI. There were no immediate complications of fecal transplantation found in the cohort.

"The results of fecal transplantation appear to be clearly better than any other treatment for recurrent CDI. Fortunately, refractory recurrent cases of CDI are quite rare compared with all of CDI cases. Even though fecal transplantation is not simple to perform and it has potential risks, fecal transplantation is an effective option for the treatment of recurrent CDI," the authors write.

More information: [Abstract](#)
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