

A new treatment option for *Clostridium difficile*: Fecal transplantation

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Fecal transplantation through colonoscopy is an effective treatment for recurrent *Clostridium difficile* infection (CDI), according to a new study in *Gastroenterology*, the official journal of the American Gastroenterological Association. Additionally, the mortality rate in this study does not appear to be greater than in some previously reported series, suggesting that fecal transplantation itself seems to be a rather safe procedure. CDI is a common cause of both community- and hospital-acquired diarrhea, usually occurring after exposure to antibiotics.

"Our results suggest that fecal transplantation is clearly better than any other treatment for recurrent *Clostridium difficile* infection," said Eero Mattila, MD, of Helsinki University Central Hospital, [Finland](#), and lead author of this study. "Although fecal transplantation is not simple to perform and it has potential risks, it is an effective option."

A team of researchers reviewed records from 70 patients — across five hospitals — with recurrent CDI who had undergone fecal transplantation through colonoscopy. Donor stool was manually homogenized before transplantation, and fecal transplantation was performed at [colonoscopy](#) by infusing fresh donor feces into the cecum. During the first 12 weeks after fecal transplantation, symptoms were alleviated in all patients who did not have the dangerous *Clostridium difficile* 027 strain. Of the 36 patients with this strain, 89 percent had a favorable response. After the initial 12 weeks of follow-up, no serious adverse events related to fecal transplantation could be observed during a one-year period. This is an

outstanding result in a patient group unresponsive to other treatment methods.

During the past few years, CDI has become more frequent, more severe, more resistant to standard treatment, and more likely to relapse. Current treatment with [antibiotics](#) is suboptimal and has limited efficacy, leading to recurrences in up to 50 percent of patients. However, a number of new approaches have been used to treat multiple CDI recurrences, and currently, there are a few attractive treatment options for relapsing disease.

More information: www.gastrojournal.org/

Provided by American Gastroenterological Association

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