

Community-onset *Clostridium difficile* linked to higher risk of surgery

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Patients whose symptoms of *Clostridium difficile* infection (CDI) start outside of the hospital setting have a higher risk of colectomy due to severe infection, according to a large multicenter study funded by the Centers for Disease Control and Prevention (CDC) and published in *Infection Control and Hospital Epidemiology*, the journal of the Society for Healthcare Epidemiology of America.

Infection from *C. difficile* is associated with [antibiotic use](#) and results in colitis and diarrhea. Severe cases can be life-threatening. Colectomy, or surgical removal of most or all of the [large intestine](#), is the treatment of choice for patients who have life-threatening CDI that does not respond to [medical therapy](#). However, it is associated with a high risk of death in these very sick patients.

To assess rates of colectomy due to CDI, a team of researchers at 5 tertiary-care hospitals in the US collected data on CDI cases over a six year period from 2000 and 2006. They identified 8,569 cases of CDI, and 75 patients of this group underwent a colectomy due to severe CDI, a rate of 8.7 colectomies per 1000 CDI cases. Patients with community-onset CDI had colectomy rates four times higher than patients who developed symptoms while hospitalized. Individuals who were 65 years old or older were also more likely to have a CDI-related colectomy.

Patients in the community were previously considered to be at low risk for CDI. A recent CDC Vital Signs reported that 75 percent of CDI symptoms first show in community settings like nursing home patients or

in people recently cared for in doctor's offices and clinics. Together these findings illustrate the increasing trend and severity of community-onset CDI.

Future prospective surveillance studies using standardize case definitions are needed to better characterize severe complications from CDI and to help healthcare providers decide which patients would potentially benefit from surgical intervention.

More information: Amelia M. Kasper, Humaa A. Nyazee, Deborah S. Yokoe, Jeanmarie Mayer, Julie E. Mangino, Yosef M. Khan, Bala Hota, Victoria J. Fraser, Erik R. Dubberke, "A Multicenter Study of Clostridium difficile Infection–Related Colectomy, 2000-2006." *Infection Control and Hospital Epidemiology* 33:5 (May 2012).

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