

Women's Medicine Collaborative examines safety of fecal transplant to treat *C. difficile*

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Researchers have found that fecal transplantation is effective and safe for treating *C. difficile* in immunocompromised patients. This is the result of a study led by Colleen Kelly, M.D., a gastroenterologist in the Center for Women's Gastrointestinal Medicine at The Women's Medicine Collaborative. The study and its findings have been published online in advance of print in the *American Journal of Gastroenterology*.

Clostridium difficile, or *C. diff*, has increased to epidemic proportions over the past decade. It is an infection that is often difficult to treat and leaves sufferers with frequent diarrhea, abdominal pain, nausea, and fever and can lead to dehydration, loss of appetite and weight loss. Patients who are immunocompromised, or considered high-risk, are more susceptible, and historically, there has been concern that these [patients](#) may be at increased risk of infections related to [fecal transplant](#). However, this study found fecal transplant to be effective for the treatment of *C. diff* infection among immunocompromised patients.

"To date, no study has consistently investigated the safety and efficacy of fecal transplant in immunocompromised patients," Kelly said. "These patients have previously been excluded from clinical trials of fecal transplant because of the fear that they are at high risk of infection related to the procedure. As a result, doctors might be cautious about treating patients with compromised immune systems using fecal transplant."

Increased lengths of stay in hospitals and extended-care facilities, in

addition to broad-spectrum antibiotics, increase *C. diff* infection risk among immunocompromised patients. The infection is responsible for 15 to 25 percent of hospital acquired antibiotic-associated diarrhea and has increased rapidly over the past 10 years to an incidence of 10.4 cases per 1,000 patient admissions. Recurrence is common and occurs in up to 20 percent of patients after initial treatment for *C. diff* infection.

Kelly and her colleagues have treated a number of immunocompromised patients with fecal transplant, and sought to use this collective experience to describe *C. diff* infection cure rates among [immunocompromised individuals](#), as well as adverse events, such as death or hospitalization, experienced by immunocompromised patients after fecal transplant. Researchers reviewed the records of 75 adult and five pediatric patients with fecal transplant for *C. diff* infection. Reasons for being immunocompromised included: HIV/AIDS, solid organ transplant, an oncologic condition, immunosuppressive therapy for [inflammatory bowel disease](#), and other medical conditions/medications, such as cirrhosis and end stage kidney disease.

Analysis found an overall cure rate of 89 percent. While not directly related to fecal transplant, 12 patients had serious adverse effects (such as hospitalization) within 12 weeks of the procedure. Among these were two deaths – one resulted from aspiration during sedation for the colonoscopy used to administer fecal transplant; the other was unrelated to fecal transplant. Some patients with inflammatory bowel disease experienced disease flares after transplant, but no patient suffered infections related to fecal transplant.

"Our study demonstrated the effective use of fecal transplant for *C. diff* infection in immunocompromised patients with few undesired harmful effects, and, importantly, there were no related infectious complications in these high-risk patients," Kelly said. "The key message here is that physicians do not need to be afraid to use fecal transplant in patients who

are immunocompromised. Our findings show fecal transplant is both safe and effective in [immunocompromised patients](#)."

Provided by Lifespan

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