Fecal microbiota transplantation aids resolution of recurrent C. difficile

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For immunocompetent adults with recurrent *Clostridioides difficile*

infection (rCDI), fecal microbiota transplantation (FMT) yields a significant increase in resolution compared with alternative treatments, according to a review published online April 25 in the *Cochrane Library*.

Nathan Zev Minkoff, M.D., from Valley Children's Hospital in Madera, California, and colleagues examined the benefits and harms of donor-based FMT for treatment of rCDI in immunocompetent adults versus placebo, autologous FMT, no intervention, or antibiotics. Data were pooled from six studies with 320 adult participants.

The researchers found that use of FMT in immunocompetent participants with rCDI likely leads to a large increase in resolution of rCDI compared with control (risk ratio, 1.92; 95 percent confidence interval, 1.36 to 2.71; P = 0.02). FMT probably yields a slight reduction in serious adverse events, but the investigators did not find a significant association (risk ratio, 0.73; 95 percent confidence interval, 0.38 to 1.41; P = 0.24). FMT may reduce the risk for all-cause mortality, but the number of events was small and confidence intervals were wide (risk ratio, 0.57; 95 percent confidence interval, 0.22 to 1.45; P = 0.48).

"The risk of recurrence increases to about 40 percent with the second episode and to nearly 60 percent with the third episode. So, once you are in this cycle, it gets more and more difficult to break out of it," a co-author said in a statement. "Stool transplants can reverse the dysbiosis and thus decrease the risk of recurrence of the disease."

More information: et al, Fecal microbiota transplantation for the treatment of recurrent Clostridioides difficile (Clostridium difficile), *Cochrane Database of Systematic Reviews* (2023). DOI: 10.1002/14651858.CD013871.pub2