gutflix
GI learning, personalised

Summary

Management of clostridioides difficile infection

Christian Lodberg Hvas

UEG Postgraduate Teaching Programme Vienna 2024 | Presentation

Education & Training | Gut Microbiota | Primary Care

October 12, 2024

The speaker emphasizes tailoring C. difficile infection management to individual patient comorbidity and disease severity, with early FMT consideration for refractory disease to reduce high mortality in frail elderly patients.

KEY POINTS

- The speaker reported that in a 2018 Danish cohort of patients with positive C. difficile toxin gene by PCR, 90-day mortality was 39% in patients over 80 years old and approached 50% in those with fulminant disease or severe frailty, highlighting that mortality is higher with first infection than recurrent infections.
- Vancomycin or fidaxomicin are the appropriate first-line antibiotics for severe C. difficile infection; the speaker stated that metronidazole is no longer standard of care and does not appear in current guidelines.
- The speaker recommends assessing treatment response at day five and identifying refractory disease early, defining refractory as escalating infection with fever, confusion, or worsening diarrhea during vancomycin treatment.
- The speaker advocates for early FMT in patients with refractory or fulminant disease as supported by the British Society for Gastroenterology guideline, stating that the ESCMID guideline placement of FMT only for late consideration is unjustified.
- The speaker stated that bezlotoxumab addresses recurrence prevention rather than treatment of active infection, and noted that the initial trial enrolled a highly selective population with only 16% severe disease and no refractory cases.
- Risk stratification should account for liver cirrhosis, inflammatory bowel disease in younger patients, immunosuppression, organ transplantation, and frailty index in the elderly.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/6f7399ee-9130-11ef-baf5-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.