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Summary

EFFICACY AND SAFETY OF FECAL MICROBIOTA TRANSPLANTATION FOR THE TREATMENT OF CLOSTRIDIOIDES DIFFICILE INFECTION: A 10-YEAR EXPERIENCE OF A LARGE-VOLUME FMT CENTER

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Colorectal

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A 10-year single-centre experience with 465 fecal microbiota transplantation procedures in 315 patients with recurrent Clostridioides difficile infection demonstrated 96% cure rate at 8 weeks with a favorable safety profile.

KEY POINTS

- Overall cure rate for CDI was 96% at 8-week follow-up, with efficacy rates remaining stable across three time periods from 2013 to 2023 (ranging from 94.6% to 97.6%).
- Serious adverse events occurred in 4.4% of patients, with 2.9% potentially associated with FMT, including bloodstream infections by enteric bacteria, severe diarrhea and delirium, severe hypoalbuminemia, and self-limiting fever; all events were transient and resolved within days.
- No deaths were attributable to FMT; 22 patients (7%) died during 90-day follow-up from causes unrelated to FMT or from overwhelming CDI in non-responders.
- Recent ICU admission and severe CDI were significantly associated with increased risk of death at multiple linear regression analysis.
- FMT procedures were performed by colonoscopy after 3-day vancomycin pre-treatment using at least 50 grams of donor stool, transitioning from fresh to frozen fecal material in 2017.

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