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Summary

Faecal microbiota transplantation for clostridioides difficile infection: Ecology and clinical

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Education & Training | Gut Microbiota | Primary Care

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This educational presentation reviewed the ecological basis, clinical indications, and procedural optimization of fecal microbiota transplantation for Clostridioides difficile infection, emphasizing that antibiotic priming and proper patient selection improve clinical outcomes.

KEY POINTS

- The speaker stated FMT is indicated for recurrent CDI beginning with the second recurrence and can be considered earlier in refractory or severe CDI, with antibiotics as first-line in severe/fulminant cases and multidisciplinary decisions on FMT timing.
- Antibiotic priming with vancomycin for at least four days (sometimes ten days) followed by at least 24-hour washout is described as a key element that reduces C. difficile load and favors donor strain engraftment.
- The speaker reported that successful FMT restores microbial diversity to donor-like levels, with rapid donor strain engraftment as early as 36 hours and persistence over five years, approximately 70 percent of final strains from donors.
- Functional restoration after FMT includes increased conversion to secondary bile acids that inhibit C. difficile germination and growth, and increased short-chain fatty acid production.
- The speaker stated capsulized and colonoscopic routes have higher cure rates than nasogastric or nasojejunal routes, with the best route being the locally available one considering patient preference.
- Safety data presented showed mostly mild transient adverse events in at most 19 percent of procedures and less than 1 percent severe adverse events, with emerging evidence supporting safe use in mild to moderate immunosuppression.

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