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Summary

EFFICACY AND SAFETY OF FECAL MICROBIOTA TRANSPLANTANTION (FMT) IN RECURRENT C.DIFFICILE INFECTION– RESULTS OF THE ONE-CENTER RETROSPECTIVE STUDY

Grazyna Rydzewska Wyszkowska

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Colorectal

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A retrospective single-center study of 75 patients with recurrent Clostridioides difficile infection treated with fecal microbiota transplantation between 2015 and 2022 found 69.3% clinical improvement after one procedure, with cardiovascular disease, diabetes, inflammatory bowel disease, and prior metronidazole use associated with need for repeat FMT.

KEY POINTS

- Clinical improvement after first FMT occurred in 52 of 75 patients (69.3%); 23 of 30 initial non-responders improved after a second FMT, while 6 required three procedures and 1 required five.
- Patients requiring more than one FMT had comorbidities including cardiovascular disease (cardiac insufficiency), diabetes mellitus, or inflammatory bowel disease.
- Prior use of metronidazole (versus vancomycin or fidaxomicin) was associated with suboptimal treatment response.
- Safety profile showed only one adverse event (abdominal pain) and no deaths attributed to CDI.
- This retrospective analysis may interest clinicians managing recurrent CDI, particularly when assessing patient-specific factors that may influence FMT response.

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