

EVALUATION OF CLOSTRIDIUM DIFFICILE INFECTION MANAGEMENT PRIOR TO IMPLEMENTATION OF A PROTOCOL FOR IMPROVEMENT



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OBJECTIVES

Clostridium difficile disease (CDD) is the leading cause of infectious diarrhoea in the hospital environment. **Objective:** to evaluate the characteristics of patients with CDD prior to the implementation of a checklist for the diagnosis and treatment of CDD.

MATERIAL AND METHODS

Retrospective observational study of CDD cases in a third level hospital during 2019.

Positive cases were evaluated according to the checklist:

- Vulnerability [cancer, neutropenic, transplant, inflammatory bowel disease (IBD) or prolonged antibiotic treatment]
- Severity (according to leukocytosis, renal function or presence of hypotension, shock or ileus)
- Risk of recurrence (according to age, CDD the previous year, positive toxin or persistence of diarrhoea on the fifth day of treatment)
- Treatment and antibiotics intake the previous 3 months.

RESULTS

126 cases of CDD were identified in 100 patients, with a median age of 76 (1 - 96) and 59% women.

VULNERABILITY	19,8% of the cases were vulnerable	
		n
	Transplants	5
	IBD	3
	Oncological	8
Immunosuppressed	1	

SEVERITY	It was possible to assess in 116 cases	
		% (n)
	Non-Serious	62.9 (73)
	Serious	31.9 (37)
Fulminant	5.2 (6)	

Hypotension/shock	4
Megacolon	2

RISK OF RECURRENCE		%
	High	10.8
	Intermediate	55.0
	Low	34.2

- Of the 100 patients diagnosed, 21% (21) presented at least one recurrence and with multiple recurrences 4% (4).
- In addition, 7% had some episodes in previous years.

TREATMENT	Scheme	%
	Metronidazole	20.6
	Vancomycin	58.7
	Metronidazole + vancomycin	7.2
	Fidaxomicin	3.9
	Metronidazole + vancomycin + fidaxomicin	3.2
	Metronidazole + fidaxomicin	0.8
	Vancomycin + fidaxomicin	0.8

- 8.7% followed by vancomycin taper.
- 4.8% were not treated as they were considered to be self-limited processes.
- In 82.5% the patient received at least one antibiotic in the previous 3 months.

CONCLUSION

- Patients with CDD are older (76 years).
- Despite the low vulnerability of the population, severe and fulminant cases reached almost 40%.
- Treatment is very heterogeneous, but metronidazole and vancomycin remain as the standard of care.
- In 82% of cases, patients would have received prior antibiotic treatment, an aspect of particular relevance to the future management of CDD, as 21% of patients presented recurrence.

