

# Refractory *Clostridium difficile* Colitis and Fecal Transplant

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A woman in her early 70s developed diarrhea one month after being discharged from hospital, where she was treated with antibiotics for COPD flare-up. She was diagnosed with *Clostridium difficile* colitis (*C. Diff* colitis) and was treated with standard therapy. Her symptoms improved while she was on the therapy, but similar symptoms came back several days after stopping the treatment. She was admitted to hospital several times for severe episodes and was put on prolonged outpatient treatment, yet there were no signs that her *C. Diff* colitis could be cured.

She and her family were getting more and more frustrated and puzzled with the refractory diarrhea caused by this bacterium. They came to me for help. It was obvious that standard treatment could not cure the disease but can only control the infection. I made a recommendation to them that fecal transplant might be the most effective and least expensive procedure to cure the disease and resolve the diarrhea. I explained to them all the details of this procedure. They did fecal transplant as instructed.

The patient came back to my clinic one month later with resolution of her diarrhea. She told me that her diarrhea actually stopped 3 days after the transplant and did not reoccur afterwards. She has been followed for one and half year since then and has been free from diarrhea despite multiple admissions to hospital for COPD flare-up and treatment with steroids and antibiotics. This case has been submitted for publication in professional gastroenterology journal.

*Clostridium difficile* colitis has become a very common and difficult GI infection among patients in hospital and nursing homes. Most patients are normal responders with elevated white cell count and specific antibodies against the bacteria. They can be treated with traditional therapy and cured. They may have recurrent infection but not refractory infection, i.e. infection that is resistant to treatment. The patient above belongs to a group of patients who are hypo-responders or non-responders. They do not develop immune reactions to the infection; there is no white cell elevation, no antibody formation or, not even colitis. They are not able to clean the residual bacteria after repeated and prolonged traditional treatment. They develop what is called refractory *C. Diff* colitis. The current treatment is transfusion of *C. Diff*. specific antibody. This treatment is very expensive and may not eradicate the infection. Fecal transplant is the least expensive and most effective treatment in this case, which might induce specific or non-specific immune reaction in the patient, therefore enabling them to clean the bacteria and prevent recurrence. If you have any questions about *C. Diff* colitis or refractory diarrhea, please contact Dr. Jeff Ye, North Atlanta Medical & Digestive Care at 770-346-0900. We can help!