The 9th Biennial Congress of the Anaerobe Society of the Americas

Renaissance Hotel ◆ Long Beach, California USA June 24-27, 2008

SESSION XI—CONTINUING CHALLENGES WITH CLOSTRIDIUM DIFFICILEINFECTION

Continuing Challenges with *Clostridium difficile* Infection *Gorbach, S.L.**

2



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While great advances have been made in our understanding of Clostridium difficile infection (CDI), significant unresolved issues remain. For diagnosis, current methods used in most hospitals have a high rate of false negatives. There is often a delay in reporting the diagnosis from the lab. For these reasons, many patients are started on expectant therapy, which often turns out to be inappropriate when CDI is not found. Treatment remains mired in controversy concerning whether metronidazole or vancomycin is the preferred primary therapy. In fact, both drugs have many disadvantages for first-line therapy. The high rate of relapse, 20% to 30%, continues to cause grief for patients and caregivers. Not only do we lack a strategy to prevent relapse, we do not have agreement on how to treat it. Several approaches have been put forward for CDI prevention, some of which are proven and others hypothesized. The current approach, which has proven successful in some hospitals, involves several prongs, many of which are labor-intensive and expensive. Prevention is often difficult to introduce in hospitals, especially in smaller institutions with limited resources to expend on these measures. We lack a proven and fully accepted severity score of illness, which would help assess the outcome as well as judge effectiveness of new therapies. As the disease is rising in the USA and Europe, especially in communityacquired cases, we cannot seem to stop its inexorable spread. Finally, we are witnessing the advance of the newly introduced Ribotype 027 (NAP1) strain and do not have any approach to control. The good news is that most patients survive an attack of CDI. The bad news is that the cases are rising and methods of control and treatment are lacking.