

**Title:**  
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DOI: 10.17235/reed.2024.10883/2024

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Manjate Percilio, Langa Teresa, Ismail Muhammad, Loforte Michella. Facing Clostridioides difficile infection in a resource – Limiting setting. Rev Esp Enferm Dig 2024. doi: 10.17235/reed.2024.10883/2024.

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## Facing *Clostridioides difficile* infection in a resource – Limiting setting

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Keywords: *Clostridioides difficile*. Diarrhea. Antibiotic therapy. Chemotherapy.

### CASE REPORT

An HIV- positive patient with Kaposi's sarcoma and undergoing chemotherapy, had been on antibiotic therapy for around 14 days with ceftriaxone and imipenem. He was admitted with a 5-day evolution of watery diarrhea followed by rectorrhagia. His CD4 level was 226 cells/ mm<sup>3</sup>.

Colonoscopy was done with visualization of scattered pseudomembranes separated by areas of healthy mucosa, covering the entire intestine. (Figures 1A and 1B)

Due to low resources the diagnosis of *Clostridioides difficile* (C.D) infection was proposed and treatment with oral metronidazole were made. Diarrhea improved after 5 days of treatment.

### DISCUSSION

Endoscopic findings were suggestive of CD infection. Other less common causes of pseudomembranous colitis, were unlikely according to clinical history.

The probability of CD infection increased due the combination of risk factors such as HIV immunosuppression, chemotherapy, antibiotic therapy and endoscopic findings (1). The lack of

Polymerase chain reaction, enzyme immunoassay for CD glutamate dehydrogenase antigen and toxins A and B was a diagnosis limitation. All these diagnostic tools were not available in the hospital.

Oral vancomycin is the treatment of choice (2)(3), however it was not available in the hospital, so treatment with oral metronidazole was made and the previous antibiotics used were discontinued. The patient progressed with clinical improvement.

## REFERENCES

1. Revolinski SL, Munoz-price LS. Clostridium difficile in Immunocompromised Hosts : A Review of Epidemiology , Risk Factors , Treatment , and Prevention. Clin Infect Dis. 2019 May 30;68(12):2144-2153. doi: 10.1093/cid/ciy845. PMID: 30281082.
2. Loo VG, Davis I, Embil J, Evans GA, Hota S, Lee C, et al. Association of Medical Microbiology and Infectious Disease Canada treatment practice guidelines for Clostridium difficile infection. 2018;71 - 92. doi: 10.3138/Jammi.2018.02.13
3. Patel P, Robinson PD, Fisher BT, Phillips R, Morgan JE, Lehrnbecher T, et al. Review Guideline for the management of Clostridioides difficile infection in pediatric patients with cancer and hematopoietic cell transplantation recipients : 2024 update. eClinicalMedicine [Internet]. 2024;72:102604. Available from: <https://doi.org/10.1016/j.eclinm.2024.102604>

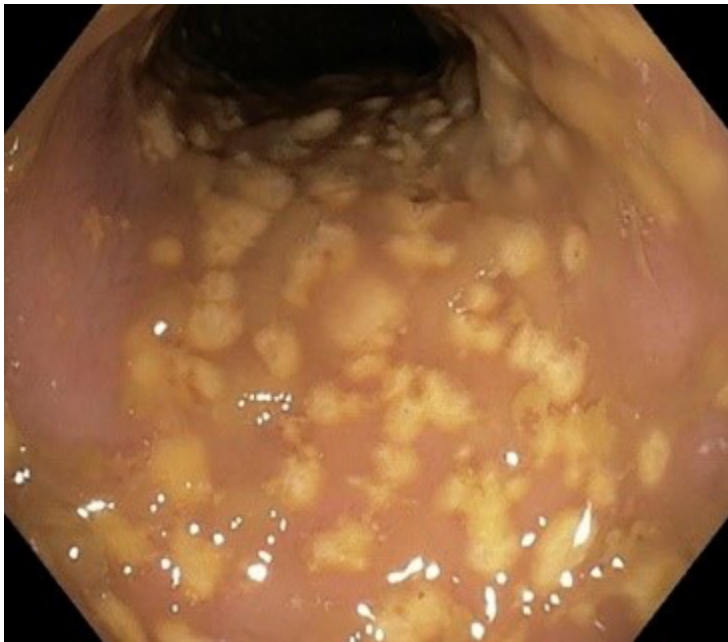


Figure 1A: Colonoscopy showing transverse colon image with scattered pseudomembranes separated by areas of healthy mucosa. (Better demonstrating the involvement of the entire intestine). Figure 1B: Colonoscopy showing transverse colon image with scattered pseudomembranes separated by areas of healthy mucosa. (Showing better the healthy mucosal areas).