Pseudomembranous colitis with Clostridium difficile during treatment by moxifloxacin (quinolone).

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**Pathogenic capacity of C. difficile (CD):**
- Responsible for 15-25% of the clinical diarrheas post-AB.
- Signs regress in 25% of the cases after stop of the responsible AB.
- Many AB are accused especially those with large spectrum having an activity on the anaerobic flora.

**Factors which facilitate C. difficile transmission:**
- Resistance of spores.
- Antibiotic pressure in hospitalized patients.
- Prolifericity of patients.
- Unrecognized CDAD or readmission of patients with CD.

**Frequently**
- Amoxicillin
- Ampicillin
- Cephalosporin
- Clindamycin

**Unfrequently**
- Quinolones
- Sulfamides
- Tetracyclines
- Metronidazole

**Rarely**
- Aminoglycosides
- Vancomycin

**C. difficile**

**Reservoirs**
- Patients with CDAD (Clostridium Difficile Associated Diarrhoea).
- Asymptomatic carriers of CD.
- Environment: persistence of spores on surfaces.

**Transmission**
- Oro-fecal.
- From patient to patient via hands.
- Via contaminated material.

**Confirmation of the diagnosis**

**Stop causal AB**
- Vancomycin
- Metronidazole

**Relapse prevention**
- Association of probiotic agents (e.g., Saccharomyces boulardii) with AB.

**Prevention of nosocomial infections**
- Hygiene + isolation of the patient + room decontamination.

**CONCLUSION:**
- C. difficile is a major nosocomial pathogen.
- C. difficile transmission from patient to patient is frequent but often remains asymptomatic.
- Environment can act as a reservoir.
- Microbiological diagnosis is easy.
- Surveillance should be instituted in order to detect relapses.