



Clostridioides difficile Colitis

Pseudomembranous Colitis

Clinical Presentation



Profuse, watery diarrhea
Usually no blood or mucus



Leukocytosis



Recent antibiotic use
Clindamycin, ampicillin, cephalosporins
Symptoms present 1-6 weeks following therapy



Crampy abdominal pain

RISK:
toxic megacolon and perforation



Diagnosis & Workup



Toxins in stool
By PCR or antigen detection



Abdominal radiograph
Rule out toxic megacolon and perforation



Therapy

Initial

Oral vancomycin
Oral fidaxomicin

Recurrent

Repeat prior regimen
Or switch to **oral vancomycin/long-term vancomycin taper**
Fecal microbiota transplant

Contagious: ensure proper hand hygiene in health care facilities



Pathology

- A Toxin A** (enterotoxin): binds to brush border of the gut and alters fluid secretion
- B Toxin B** (cytotoxin): disrupts cytoskeleton via **actin** depolymerization

