

CLOSTRIDIUM DIFFICILE IN A TERTIARY PEDIATRIC HOSPITAL



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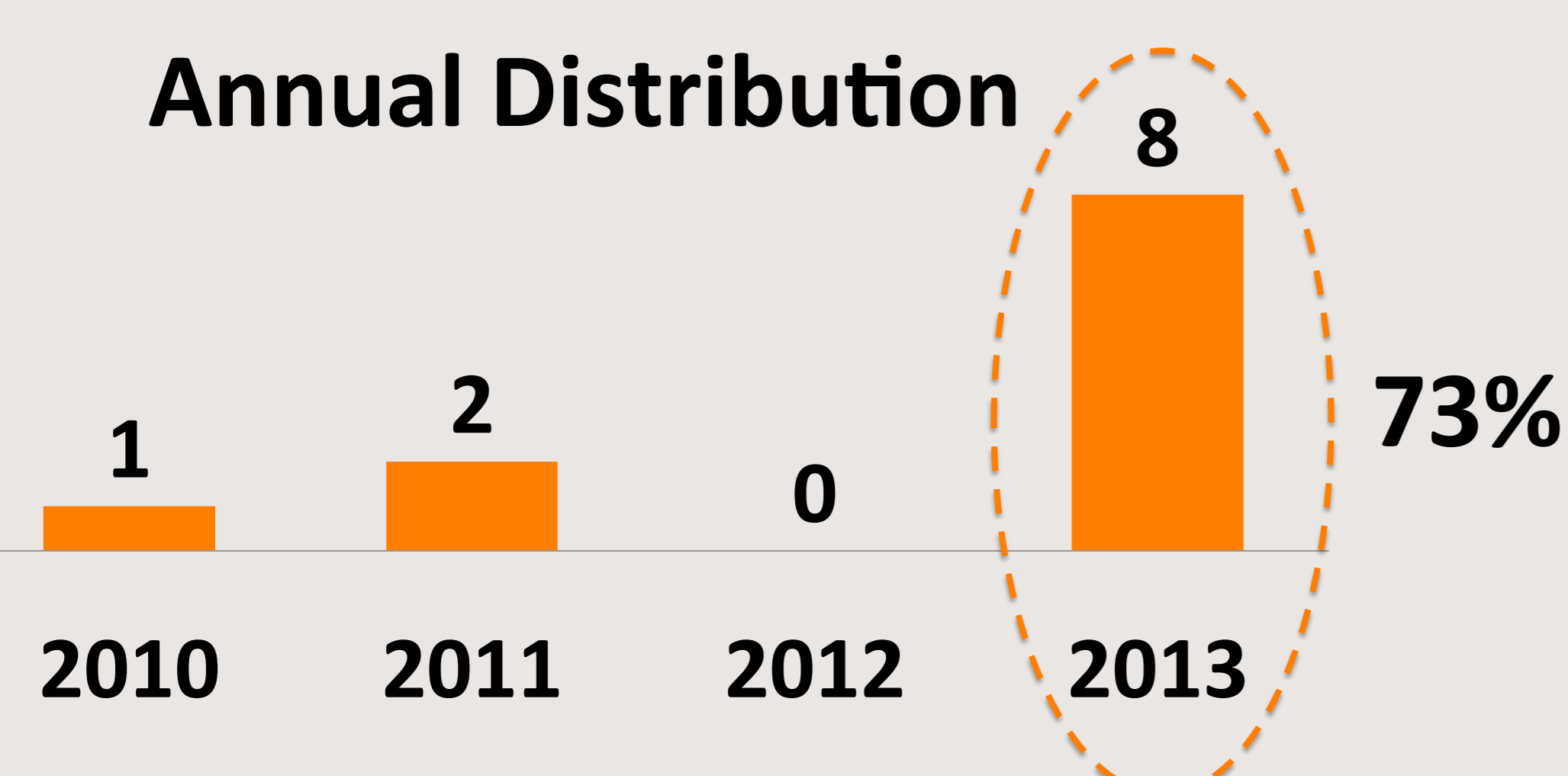
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Background and aims: An increase in paediatric *Clostridium difficile* (CD) infection incidence has been reported. Yet, its epidemiology and treatment schedules are not certain. We aim to describe the CD incidence, clinical presentation, treatment and outcomes in a children tertiary hospital.

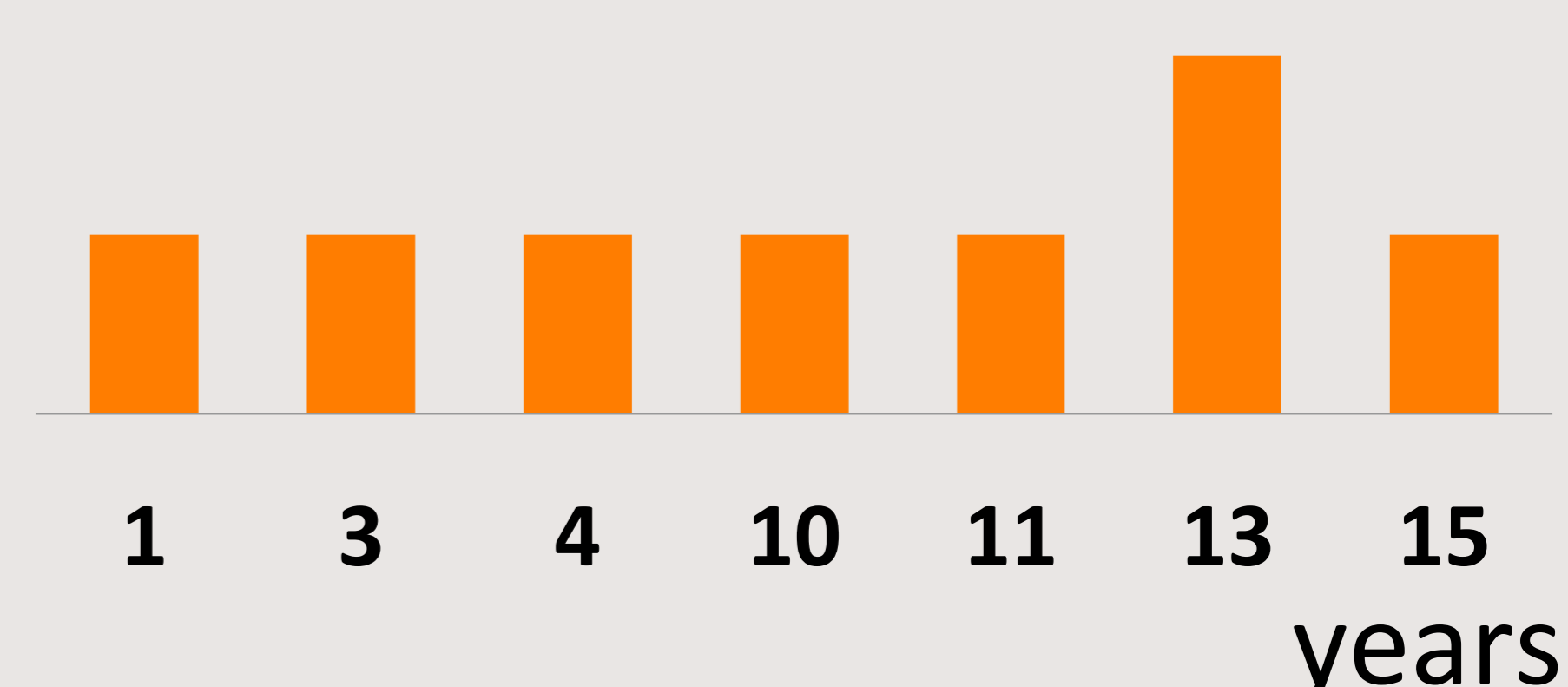
Methods: Data from *Clostridium difficile* identified cases by enzyme immunoassay (EIA), during 2010 and 2013, in Hospital Dona Estefânia (Portugal).

RESULTS



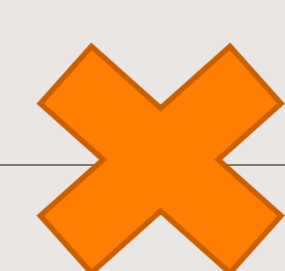
2010 - 2013
11 EIA positive cases

Age distribution
(Median age: 8,7 years)



Colonization

3 children
< 12 months-old



8 patients

6 community-onset infections

Symptoms	Nº
Fever	1 (12%)
Diarrhea	7 (87%)
Blood in stools	3 (37%)
Abdominal pain	3 (37%)
Vomits	1 (12%)
Clinical toxicity	0

Risk factors	Nº
Antibiotic exposure	5 (62%)
Gastrointestinal disease	3 (37%)
- Chron's disease	
- Celiac disease	
- Allergic colitis	
Immunosuppression	3 (37%)
Recent surgery	3 (37%)
Gastric acid suppression	1 (12%)
Gastrointestinal feeding devices	0

6/8 received treatment
All with Metronidazol

2 Asymptomatic
carriages?

Laboratory findings	Nº
White cell count >15x10 ⁹ /L	1 (12%)
Elevated C-reactive protein	5 (62%)
Rise in serum creatinine concentration	1 (12%)

Most part were mild gravity infections

Complications: 0
Recurrence: 2

CONCLUSIONS

- ✓ In our study, the majority of children was not hospitalized, which is in agreement with the recent epidemiologic trends in *Clostridium difficile* infection.
- ✓ Antibiotic exposure remains the most common and modifiable risk factor, emphasizing the importance of searching CD in this group of children.
- ✓ To distinguish children who are colonized remains difficult.