

## Fecal Microbiota Transplant (FMT) in a patient with Multi-Drug Resistant Clostridium difficile (MDR C. Diff)

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**Introduction:** Studies have shown MDR C. diff is the most common bacterial cause of diarrhea in resource rich settings. One of the most feared outcome of MDR C. diff infection is pseudomembranous colitis. Multiple studies indicate FMT is the most effective yet underutilized in treating recurrent C. diff.

**Case report:** A 73 year old man presented with complaints of diarrhea and fever of 3 days duration. The diarrhea was watery, voluminous, and up to 10 times per day with associated abdominal discomfort. Patient was hospitalized twice in the last 2 months for similar complaints which were treated with oral antibiotics. On physical examination: Temperature 99.5 B/P 161/86 HR 114 and RR 20. Abdominal distention, mild tenderness and hyperactive bowel sounds. Cardiac and chest exams were unremarkable. Laboratory were significant for hypokalemia, elevated BUN and creatinine, lactic acidosis and leukocytosis. C. diff enzyme immune assay was positive for C. diff antigen and C. diff toxins A+B. Upon admission to the floor, IV fluid and electrolyte replacement began. A 10 day antibiotics regimen showed no clinical improvement. The patient's son donated stool, and two rounds of FMT were administered via colonoscopy; improving patient's clinical condition. Resolving leukocytosis and electrolyte abnormalities.

**Conclusion:** FMT is strongly suggested in patients with MDR C. diff as it decreases fatal complications and hospital readmission.