LETTER TO THE EDITOR

Chemoprophylaxis in the prevention of Clostridium difficile infection: Still a ways to go

Quimioprofilaxis en la prevención de infección por Clostridium difficile, un camino por recorrer

Dear Editors:

Clostridium difficile infection (CDI) in hospitalized patients is an event with a high impact on morbidity and mortality, as well as on healthcare costs. With respect to this, the Revista de Gastroenterología de México consistently publishes important articles written by medical personnel with different degrees of training. As part of ECOS 2016, Icaza-Chávez’s paper “Current Information on Clostridium difficile infection”1 was published.1 It contained notes on interesting developments in the treatment of that pathology, most of which correlated with later publications. However, in the Prevention section, he cited the work of Fischer et al.2 that was presented at an oral session of the 2016 Digestive Disease Week, and somewhat unclearly, concluded that a reduced risk for presenting with CDI could not be demonstrated through antibiotic use. What Fischer et al. had indeed stated was that in patients with successful fecal microbiota transplant, recurrence associated with antibiotic use not directed at CDI treatment was low (6.5% [6/152]); they did not describe antibiotic use directed at CDI treatment (vancomycin and metronidazole), or the use of probiotics, as either a success or failure.

We feel that the reader should not be left with the conclusion expressed by Icaza-Chávez, because by that date, articles had been published that directly related the role of chemoprophylaxis to promising results. Van Hise et al.3 conducted a study using oral vancomycin for the prevention of CDI recurrence in which 113 patients were given a 250 mg or 125 mg dose twice a day, compared with 132 that were not given the drug. They found that CDI recurrence presented in 4% of the patients that received prophylaxis and in 27% of the patients that did not receive prophylaxis. With respect to metronidazole, Rodríguez, et al.4 retrospectively described the efficacy in primary prevention of that medication in high-risk adult patients (defined as those older than 55 years of age, receiving a broad-spectrum antibiotic and a gastric acid suppressant). They found that incidence was 1.4% in the group of patients receiving metronidazole as treatment for causes other than CDI, and it was 6.5% in the group that did not receive the drug. Those authors concluded that receiving metronidazole reduced the incidence of Clostridium difficile-associated hospital diarrhea by 80%.

From the last months of 2016 to the present, articles continue to be published that provide evidence suggesting the use of chemoprophylaxis in both the primary and secondary prevention of CDI recurrence. They show it to be a highly cost-effective measure in centers that have not achieved adequate control, despite applying the prevention recommendations. At present, all of us agree that this measure is still in its beginning stages and that prospective studies with adequate quality methodology are required to allow its future recommendation in selected patients.

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Conflict of interest

The authors declare that there is no conflict of interest.

References


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