

M. Tobar-Marcillo*, M. Guerrero-Durán, R. Basante-Díaz

Servicio de Medicina Interna, Hospital Regional Licenciado Adolfo López Mateos, ISSSTE, Mexico City, Mexico

*Corresponding author at: Avenida Universidad 1321, Delegación Álvaro Obregón, Mexico City, Mexico. Tel.: +521 5566540252.

E-mail address: marcotobar1@hotmail.com

(M. Tobar-Marcillo).

2255-534X/

© 2017 Asociación Mexicana de Gastroenterología. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Response to Dr. Tobar-Marcillo and his coauthors: "Chemoprophylaxis in the prevention of *Clostridium difficile* infection: Still a ways to go"[☆]



Respuesta al Dr. Tobar-Marcillo y a sus coautores: «Quimioprofilaxis en la prevención de infección por *Clostridium difficile*, un camino por recorrer»

Dear Editor:

I appreciate the interesting comments made by Tobar-Marcillo et al. in their Letter to the Editor "Chemoprophylaxis in the prevention of *Clostridium difficile* infection: Still a ways to go".¹ As Dr. Tobar correctly states, the retrospective study by Rodríguez et al.² showed that primary anti-*Clostridium difficile* (CD) prophylaxis prevented CD infection (CDI) in individuals at high risk for said infection that took antibiotics, and the retrospective study by Van Hise et al.³ demonstrated that antibiotics used as anti-CD prophylaxis in individuals that already presented with CDI and that required antibiotic treatment for a different indication, prevented a subsequent CDI attack.

Fischer et al.⁴ considered the work presented at the 2016 DDW relevant, because the long-term risk for CDI recurrence after successful fecal microbiota transplant (FMT), with or without exposure to an antibiotic nonspecific for CDI, is unknown. They also stated that the prophylactic use of anti-CDI antibiotics (vancomycin, metronidazole, or fidaxomicin) or probiotics in patients with those characteristics is not known, making the administration of those antibiotics or probiotics for that indication a subject of debate. By means of a personal communication, Allegretti, a coauthor of the Fischer study, commented to me that the work

presented in the poster session (Tu1914) at the 2017 DDW in Chicago is the continuation of the study mentioned by Dr. Tobar.

Fischer et al.⁵ conducted a multinational, retrospective study in the United States and Canada on 426 patients that received successful FMT for CDI. The overall reinfection rate was 10.3%, and it was 18.3% after the use of non-anti-CD antibiotics. Specifically, the reinfection rate was 31% with fluoroquinolones, 19% with cephalosporins, and 15% with amoxicillin/amoxicillin-clavulanate. Interestingly, CD reinfection with the prophylactic use of anti-CD antibiotics, together with non-anti-CD antibiotics, was 27.8%, versus 14.3% without their use ($p=0.12$). Reinfection was 27.5% with the use of probiotics versus 13.8% without their use ($p=0.08$). The risk was significant and greater with the use of probiotics plus anti-CD antibiotics than without their use, at 46.7% versus 14.3%, respectively ($p=0.007$). Therefore, the authors concluded that prophylactic anti-CD antibiotics or probiotic use in patients with previous FMT did not reduce the risk for CDI recurrence. Those results are surprising, and as the authors suggest, a prospective study is necessary to demonstrate their data.

Financial disclosure

No financial support was received in relation to this study/article.

Conflict of interest

The authors declare that there is no conflict of interest.

References

1. Icaza-Chávez ME. Actualidades en cuanto a la infección por *Clostridium difficile*. *Revista de Gastroenterología de México*. 2016;81 Supl 1:16–8.
2. Rodríguez S, Hernández M, Tarchini G, et al. Risk of *Clostridium difficile* infection in hospitalized patients receiving metronidazole for a non-*C. difficile* infection. *Clin Gastroenterol Hepatol*. 2014;12:1856–61.

[☆] Please cite this article as: Icaza-Chávez ME. Respuesta al Dr. Tobar-Marcillo y a sus coautores: «Quimioprofilaxis en la prevención de infección por *Clostridium difficile*, un camino por recorrer». *Revista de Gastroenterología de México*. 2017;82:362–363.

3. Van Hise N, Bryant A, Hennessey E, et al. Efficacy of oral vancomycin in preventing recurrent *Clostridium difficile* infection in patients treated with systemic antimicrobial agents. *Clin Infect Dis*. 2016;63:651–3.
4. Fischer M, Phelps E, Bolla R, et al. 93 Long-term risk of *Clostridium difficile* infection recurrence with or without antibiotic exposure following successful fecal microbiota transplant. *Gastroenterology*. 2016;150 Suppl 1:S23.
5. Fischer M, Kao DH, Phelps EL, et al. Should we recommend anti-*Clostridium difficile* antibiotic or probiotic prophylaxis?: Risk of *Clostridium difficile* infection with systemic antimicrobial therapy following successful fecal microbiota transplant. Poster session presented at: DDW; 6-9 May 2017, Chicago IL. Tu1914.

M.E. Icaza-Chávez*

Star Médica, Mérida, Yucatán, Mexico

*Corresponding author at: Calle 26 No. 199, Int. 430, Fracc. Altabrisa, C.P. 97133 Mérida, Yucatán, Mexico. Tel.: +9992006947.

E-mail address: maruicaza@gmail.com

2255-534X/

© 2017 Asociación Mexicana de Gastroenterología. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).