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## **Clarifying the management of Clostridium difficile infection**

We thank Professors Spector and Knight for highlighting the potential role of faecal microbiota transplantation (FMT) in the management of Clostridium difficile infection (CDI) <sup>1</sup>. We also emphasise that prolonged follow up data are required, given the unknown long-term adverse consequences of FMT.

However, we wish to clarify certain statements made in their article. Firstly, they quote a recurrence rate of 25% following initial mild infection. In fact recurrence occurs after all severity grades of CDI, more commonly following severe infection <sup>2</sup>.

The authors state that the standard of care for CDI treatment is metronidazole or vancomycin, with or without bowel lavage or probiotics. They omit fidaxomicin, which has been demonstrated to be non-inferior to vancomycin, and more effective at preventing recurrent infection <sup>3</sup>. In multi-national guidelines the role of colonic lavage is limited to one component of a surgical option for complicated disease (e.g. colonic perforation) <sup>4</sup>. There is insufficient evidence to support the use of probiotics in the management of CDI <sup>4</sup>.

Finally, whilst Spector and Knight state that FMT is being used 'in people with the whole spectrum of C. difficile infection', the systematic review they quote identified only seven patients who had received FMT as initial therapy <sup>5</sup>. The vast majority of cases were performed in patients with multiple recurrences of CDI. It is only for that indication that the procedure is endorsed by the UK National Institute for Health and Care Excellence and the European Society of Microbiology and Infectious Diseases <sup>4</sup>.

### **References:**

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### **Competing interests:**

Damian Mawer has received consulting fees and grant support from Astellas.

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