

Fecal microbiota tx feasible for recurrent *C. difficile* in HIV

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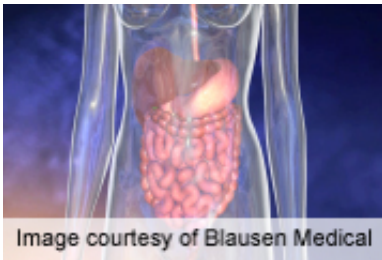


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(HealthDay)—For HIV-infected individuals with recurrent *Clostridium difficile* infection, fecal microbiota therapy is feasible, according to a letter published in the May 21 issue of the *Annals of Internal Medicine*.

Latesha Elope, M.D., and Martin Rodriguez, M.D., from the University of Alabama at Birmingham, describe two cases of fecal microbiota therapy in HIV-infected individuals—a 48-year-old man with AIDS receiving highly-active antiretroviral therapy and a 48-year-old woman with [type 2 diabetes mellitus](#) and AIDS receiving highly-active antiretroviral therapy. The first patient presented with recurrent diarrhea for eight months secondary to *C. difficile* infection and consented to fecal microbiota therapy after five relapses. The second patient was hospitalized for recurrent *C. difficile* infection and consented to fecal

therapy after repeated recurrences following discontinuation of vancomycin therapy.

The researchers found that the day after administration of the [fecal samples](#) the diarrhea and abdominal pain resolved for the first patient, and the diarrhea decreased for the second patient. During five years of follow-up, the first patient experienced no recurrences, while the second patient had no further recurrences during six weeks of follow-up.

"On the basis of our experience, we believe that fecal microbiota therapy should be considered in other HIV-infected patients who have recurrent episodes of *C. difficile* infection that do not respond to standard therapy," the authors write.

One author disclosed [financial ties](#) to Merck.

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