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Successful Therapy of Severe Pseudomembranous Colitis using Combination of Oral Vancomycin and Intracolonic Vancomycin**H S Bozkurt**

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Background: *Clostridium difficile* is a major cause of intestinal infection and diarrhoea in individuals following antibiotic treatment. Disease associated with *C. difficile* infection (CDI) ranges from mild diarrhoea to pseudomembranous colitis (PMC). Severe CDI unresponsive to intravenous (IV) metronidazole therapy requires more aggressive medical management and possible surgical intervention. In the case of ileus, intracolonic and oral vancomycin presented a promising alternative method for administering the antibiotic.

Methods: We reported a 5 year old boy had non bloody diarrhea with unresponding metronidazole treatment for 10 days. The stool CDI cytotoxin assay was negative. The patient had no antibiotic exposure in the six weeks prior to diarrhoea. Abdominal pain, ileus, fever, leukocytosis were occurred (Figure-1). Decompressive flexible sigmoidoscopy revealed inflamed mucosa and yellow plaque like lesions in sigmoid and descending colon (Figure-2). Stool cultures and analysis for rotavirus, staphylococcus, shigella, salmonella and candida were negative.

Results: Intraluminal vancomycin (1 gr in 250 ml serum physiologic) was performed during flexible sigmoidoscopy. Oral vancomycin was started (40 mg/kg) four times a day. The patient's condition improved after treatment and three days later soft diet started (Figure-3)

Conclusion: Pediatric CDI cases found 87% reported only diarrhea, 9% had severe CDI and 4% had severe CDI with complications (Toxic megacolon, ileus, intestinal perforation). In the case of ileus, intracolonic and oral vancomycin presented a promising alternative method for administering the antibiotic in clinical suspect of CDI associated PMC.

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