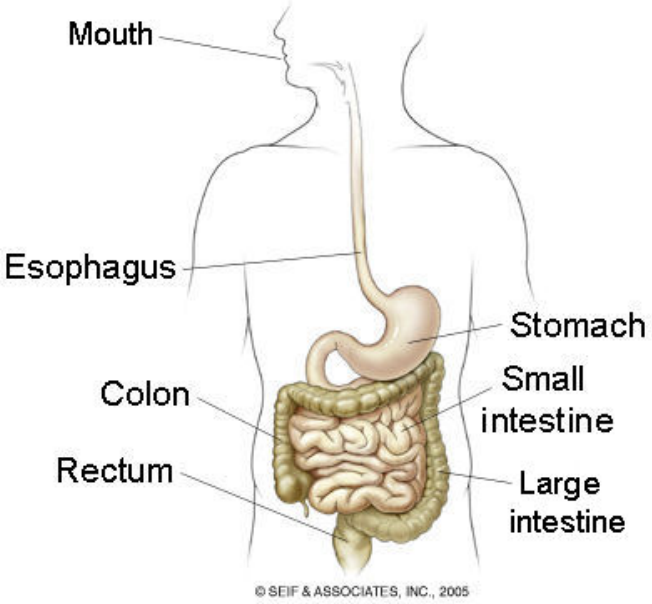
Pseudomembranous Colitis

Pseudomembranous colitis is a complication of using *antibiotics* (medicine that kills germs). Many antibiotics change the balance of germs (*bacteria*) in the intestine. Almost any antibiotic can cause this condition. When antibiotics are given, disease-causing bacteria may multiply. They can replace other bacteria. The type of bacteria that most often overgrows and causes infection is Clostridium difficile. It may also be called "C diff". This germ releases powerful toxins. They then cause the lining of the colon to become sore. This may damage the lining of the colon. This infection is most common when an antibiotic is taken by mouth. It also occurs when antibiotics are:

- Injected.
- Given into a vein (*intravenously*).

Risks are greatest with patients who:

- Use antibiotics.
- Are having *chemotherapy* (medicines used to fight cancer).
- Are older.
- Have had recent surgery.
- Have a history of this problem.



CAUSES

The antibiotic most connected to this problem is clindamycin. But any antibiotic can cause it.

SYMPTOMS

Symptoms usually begin while the person is taking antibiotics. Sometimes people get sick several days after treatment has stopped. It may occur up to 6 weeks following treatment. Symptoms vary. But they include:

- Abdominal pain or cramping.
- Diarrhea.
- Fever.
- Fatigue.
- Low blood pressure.
- Bloody diarrhea.
- Dilated colon. (*toxic megacolon*).
- A hole develops in the large intestine.
- Too much fluid is lost from the body. (*Dehydration*).

DIAGNOSIS

Your caregiver knows you have this problem if toxins are found in a stool sample. Sometimes two or three stool samples must be examined. Your caregiver can also diagnose the problem by looking at the lower part of the sore large bowel. He/she will look through a rigid or flexible viewing tube. It is like a telescope (*sigmoidoscope*). Sometimes a longer flexible viewing tube (*colonoscope*) is used to examine the entire large bowel. The presence of “pseudomembranes” during a scope procedure confirms the diagnosis.

TREATMENT

- If a person with antibiotic-associated colitis has diarrhea while taking antibiotics, the drugs are stopped right away unless they are needed.
- Drugs that slow the movement of the intestine are usually not used. They may prolong the disorder. They do this by keeping the disease-causing toxin in contact longer in the large intestine. These drugs include:
  - Pepto-Bismol.
  - Imodium.
  - Lomotil.
- Antibiotic-associated diarrhea caused by C. diff must be treated with an antibiotic that specifically treats that bacteria. These medicines include:

- Oral metronidazole (Flagyl).
- Oral vancomycin.

- Problems return in up to 20% of people with this disorder. When this happens, a different antibiotic might be started. Prolonged antibiotic therapy may be needed.
- Sometimes, C. diff is so severe that the person must be hospitalized. They receive intravenous fluids there.
- Surgical removal of the large intestine is rarely needed in severe cases as a lifesaving measure.

Document Released: 11/15/2005 Document Re-Released: 03/14/2011
ExitCare® Patient Information ©2011 ExitCare, LLC.