

16

Faecal bacteriotherapy (FB) for chronic *C. difficile* (*Cd*) syndromes

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Background Use of human enteric flora for implantation into the GI tract was first described in 1958¹ as a therapy of last resort for chronic, severe *Cd* infection.

Aim To review a single centre experience in FB for *Cd* infection, addressing safety, efficacy and methodology.

Methods Patients Twenty-four patients (11 M, 13 F; 19–59 y) presented with a 6-month to lifelong history of symptoms including fatigue, diarrhoea, bloating, flatulence, nausea, vomiting, reflux, mind ‘fogginess’ abdominal pain and cramping. Seven (29%) patients had associated diagnoses such as IBS. All were *Cd* positive and had failed previous *Cd* therapies. Preparation included 5 days of rifampicin (150 mg bd) and vancomycin (500 mg bd) or metronidazole (400 mg bd). One day pre-infusion, 3L polyethylene glycol lavage was taken orally. **Faecal Donors** Donors were screened using blood analyses for contractable blood disorders and diseases; and faecal testing for pathogenic bacteria, parasites, cysts and ova. Donors were either relatives or unrelated healthy individuals from the PTRC Donor Bank. **Preparation and Administration** 200–300g donor stool was suspended in 200–300ml saline. The suspension was infused into the colon via colonoscope and/or rectal enema and/or nasojejunal tube. Combination of colonoscopy and rectal enema was the most common (46%) delivery method. Infusions were administered daily for 1 (3/24, 13%), 5 (11/24, 46%) or 10 days (10/24, 42%). Patients were advised to retain enema for 2–6 hours and maintain a high fibre diet for the duration of and following therapy.

Results Eradication of *Cd* was confirmed by negative *Cd* toxin and culture results in 20/24 patients (83%, $p < 0.0001$) post-treatment. Adverse effects were generally transient and included sore throat (3/8, 38%), flatulence (7/24, 29%), rectal discomfort (4/24, 17%), nausea (3/24, 13%), abdominal cramping (2/24, 8%), bloating (3/24, 13%), headache (3/24, 13%) and abdominal pain (3/24, 13%). Nasojejunal insertion was unsuccessful in 2/8 (25%) patients. Of pre-treatment symptoms: in 6/13 (46%) diarrhoea resolved to 1–2 motions/day, 2/3 (67%) PR bleeding, 4/9 (56%) abdominal pain, 1/3 (33%) urgency and 3/10 (30%) nausea resolved. At follow-up (4–69 weeks), 16/24 (67%) patients reported between 50 and 100% improvement in symptoms while 2/24 (8%) reported no change in symptoms, including a case of recurrent infection. In those patients with associated diagnoses, four (57%, all *Cd* negative post-FB) experienced at least minimal improvement in symptoms.

Conclusions (a) The use of FB provides an efficacious method for eradication of *Cd* (83%); (b) Adverse effects of FB are minor and transient, and complications minimal.

References

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17

Frequency and distribution of colorectal polyps and cancers in a single teaching hospital

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Introduction Endoscopic examination of the colon is being investigated as an effective screening tool for colorectal polyps (CRPs) and colorectal cancer (CRC). In view of the high reported incidence of left sided disease in patients with right sided CRPs/CRCs, flexible sigmoidoscopy has been considered as an initial screening modality. We assessed the incidence and colonic distribution of CRPs and CRCs in patients referred for colonoscopy to our hospital.

Methods A retrospective analysis of all colonoscopies performed from October 1998 to March 2003, and recorded on the ‘Endoscribe’ reporting system, was carried out. Where ‘polyp’, ‘mass’ ‘cancer’ or ‘tumour’ was picked up on a computerized search, patient details were analyzed, as well as the number, site and histological type of all lesions found on colonoscopy.

Results A total of 4277 colonoscopies were performed, with one or more polyps identified in 1501 patients (35.1%). The histological types included: tubular adenomas 755 (47.7% of all lesions), hyperplastic polyps 553 (34.9%), tubulovillous adenomas 148 (9.3%), carcinomas 118 (7.4%). In 152 cases no histological material was available, and histology was reported as normal in 137 others (8.0%). Fifteen percent of adenomatous polyps, and 7.6% of carcinomas, were identified in patients < 50 years of age, and 61.2% of all lesions were found in the left colon. Of 467 right sided adenomatous polyps or carcinomas, 287 (61.5%) occurred in the absence of any left sided lesion.

Discussion A high frequency of CRPs and CRCs was found in this hospital referral group. A considerable number of pre-malignant/malignant lesions might have been missed if colonoscopy for screening was commenced at the age of 50 years. The particularly high frequency of right sided lesions, in the absence of left sided pathology, casts doubt on the efficacy of flexible sigmoidoscopy as a screening tool in this population.