

Clostridium difficile Toxin

General:

Disorders triggered by *C. difficile* are enterotoxin intoxications, which frequently appear after antibiotic and cytostatic therapy or post-op of the GIT. Clinical signs are diarrheas or colitis. Toxic and non-toxic strains of *C. difficile* are found in healthy persons as well. The carrier rate reaches up to 5% within the normal adult population. In hospitalized patients the percentage increases up to 30%. Endemically appearing strains are difficult to be eliminated by hygienic measures, as spore-forming bacteria *C. difficile* are not affected by normal disinfection measures. Patients in oncological and intensive care units have to be considered more vulnerable.

The dangerous pseudomembraneous enterocolitis by antiobiotic selection of *C. difficile* occurs relatively often after therapy with clindamycin, ampicillin, tetracyclines or other broad spectrum antibiotics (also cytostatic drugs) and results in profuse diarrheas, vomiting, collapse and in severe cases with circulatory failure. The serious, chronic or lethal clinical outcome resembles colitis ulcerosa and is based on the formation of cytotoxin and enterotoxin by *C. difficile*. Suspicious antibiotics must be stopped immediately; the preferred therapy is metronidazole or vancomycin per os.

Indication: Suspicion of pseudomembraneous enterocolitis, e.g. during or after antibiotics- (clindamycin) or cytostatic therapy.

Material: 5 g stool, **Frozen**

TAT: 5-7 days*

Method: EIA

Ref.- range: see report

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit <http://www.fml-dubai.com/parameter-listings/>