

## Multidisciplinary Approach of the Patient with Enterocolitis with *Clostridium Difficile* – A Necessity

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### Editorial

Enterocolitis with *Clostridium difficile* is now one of the most frequently nosocomial infection and it represents an important public health problem. Patients with colitis with *Clostridium difficile* need to be usually hospitalized in Infectious Diseases Departments for having a correct treatment. According to the medical literature, a big part of patients admitted in hospital with the disease are elderly, with a wide range of associated chronic diseases [1-3]. A part of them come in the Infectious Diseases Department directly from other medical, surgical or neurosurgical services where they were admitted for an update of their chronic disease, for other acute diseases, for different surgical interventions, orthopedic treatments or oncological treatments. In some situations, from epidemiological reasons related to the need to isolate this patients for preventing the spread of infection, the transfer in the Infectious Diseases Department is made before solving (improvement, healing) the main disease. The medical approach for these patients is very complex and may require the intervention of one or more medical specialists:

- The infectious diseases specialist – for the treatment of the infectious diseases (enterocolitis with *Clostridium difficile*) and for recommendations and control of the measures taken for preventing the infection existence.
- The nephrology specialist – for treatment of an exacerbation of chronic kidney disease or an acute kidney failure caused by acute dehydration, frequently associated with disorders of acid-base and electrolyte balance.
- The nutrition and metabolic diseases specialist - to balance unbalanced diabetes in conditions of acute dehydration and acute infection.
- The cardiologist – for various cardio-vascular diseases or which may update over the course, in particular hypertension or cardiac rhythm disorders due to hydro-electrolytic imbalances and for recommendations and observation of the prophylaxis of the thromboembolic accidents at immobilized patients.
- The pulmonologist – for updated respiratory diseases.
- The surgeon or orthopedist – for the control and care from recently post-surgery wounds or for emergency approach of the toxic megacolon, etc.

Usually these patients are immobilized in bed or they move very difficult. They require in addition to the therapeutic approach adapted to every patient both for the colitis and the other medical conditions, a special and constant medical care from the medical nurse team which need to consider the following:

- The correct administration of the drugs for Enterocolitis with *Clostridium difficile* and for the associated chronic disease,
- Rigorous personal hygiene,
- Rigorous food patient support (due to the fact that the majority of patients present hypoproteinemia and a big part of patients do not have a good appetite or they cannot feed themselves properly),
- Properly oral hydration adapted to the degree of dehydration and digestive tolerance,
- Psychological support and eschar care
- The correct management of the urinary and venous catheters. (risk of infection due to land immune suppressed).

For the foregoing arguments we have analyzed, on a retrospective study, some clinical characteristics of the elderly patients admitted with enterocolitis with *Clostridium difficile* in the Infectious Disease Hospital, Brasov, Romania in November 2012 – April 2014. In this period there were admitted 72 patients over 65 years, from which 84.72% have shown recently previous admissions in other medical care units, represented by: Surgical wards (37.70%), internal disease ward (36.06%), urology (11.47%), cardiology (6.55%), hematology (3.28%), neurology, nephrology and gastroenterology (1.64% each). From those 72 admitted patients 87.5% had chronic associated diseases, for which they had specific treatment and they required specialist observation. Over half of them (57.14%) had only one associated chronic disease, 34.92% had to categories of chronic associate diseases and at 7.94% of them there were identified 3 chronic associated diseases. These were represented by: cardiovascular disease (74.60%), oncological diseases (22.22%), respiratory chronic diseases (11.11%), diabetes (12.7%), rheumatoid arthritis in treatment (9.53%), hematological diseases (7.94%), chronic kidney diseases (4.76%). All the patients required complex medical care, provided by infectious diseases specialists from our hospital and specialists from other medical wards, depending on the patients' needs together with our nurse team.

In conclusion we consider that the patients with enterocolitis with *Clostridium difficile* may require a multidisciplinary medical approach, adapted to the clinical particularities of every different case, for providing quality medical care for the full period of the disease, addressed both to the diarrheal disease and the associated diseases.

### References

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