260. CLINICAL ASPECTS OF CLOSTRIDIOIDES DIFFICILE ENTEROCOLITIS IN THE CONTEXT OF THE COVID-19 PANDEMIC

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Introduction. The COVID-19 pandemic has indirectly influenced the frequency and clinical manifestations of healthcare-associated infections. The widespread use of antibiotics has promoted the development of intestinal dysbiosis, adversely affecting the course of Clostridioides difficile infection (CDI). In this context, a history of SARS-CoV-2 infection may contribute to a more severe clinical presentation and prolonged gastrointestinal symptoms of Clostridioides difficile enterocolitis.

Aim of study. The objective was to characterize the clinical profile of Clostridioides difficile infection during the COVID-19 pandemic and to assess the impact of a history of SARS-CoV-2 infection on disease severity and clinical course.

Methods and materials. This retrospective study included 50 hospitalized patients with a confirmed diagnosis of Clostridioides difficile enterocolitis admitted to the "Toma Ciorbă" Clinical Hospital of Infectious Diseases, Chișinău, between March 2020 and August 2024. The analysis included demographic characteristics, gastrointestinal clinical manifestations, severity of prior SARS-CoV-2 infection and previous antibiotic treatment. The diagnosis of CDI was established based on clinical criteria and confirmed by paraclinical investigations, including immunoenzymatic methods for the detection of toxins A and B and microbiological tests performed according to institutional protocols. Data were collected from patients' medical records, and statistical analysis was performed using descriptive methods with Microsoft Excel.

Results. Data analysis revealed a demographic profile dominated by elderly patients, with a mean age of 63.5 years. Sex distribution showed that 70% of patients were female, while 30% were male. A history of COVID-19 infection was identified in n=28/50 patients (56.0%). Among these, n=21/28 (75.0%) required hospitalization, with n=12/28 (42.9%) presenting moderate forms and n=9/28 (32.1%) severe forms. The clinical presentation of Clostridioides difficile enterocolitis was heterogeneous. Assessment of disease severity based on stool frequency showed that n=19/50 patients (38.0%) had 7–10 stools/day, n=18/50 (36.0%) had 3–6 stools/day, n=7/50 (14.0%) had 11–15 stools/day, n=3/50 (6.0%) had 16–20 stools/day, and n=1/50 patient (2.0%) had more than 20 stools/day. The clinical course of the disease was influenced by prior exposure to antibiotics, particularly broad-spectrum agents, favoring intestinal dysbiosis and the development of complications.

Conclusions. The COVID-19 pandemic has influenced both the incidence and the clinical course of Clostridioides difficile infection. Alterations of the intestinal microbiota associated with antibiotic exposure, particularly broad-spectrum antibiotics, were frequently present in patients with more severe clinical forms and may contribute to disease severity.

Keywords. Clostridioides difficile, COVID-19.

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