

Infections in IBD

Clostridium difficile and Cytomegalovirus

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Inflammatory bowel diseases (IBDs), comprising Crohn's disease (CD) and ulcerative colitis (UC), are lifelong immunologically mediated disorders affecting the gastrointestinal tract. With an onset often during young adulthood, IBD has a relapsing-remitting course. The majority of relapses relate to the underlying disease, but in a significant proportion of patients, disease flares are triggered by, or are due to, superimposed gastrointestinal infections. The 2 most well recognized among such infections are those due to *Clostridium difficile* and cytomegalovirus (CMV).

CLOSTRIDIUM DIFFICILE INFECTION

The past 2 decades have seen an alarming rise in the incidence of *C difficile* among hospitalized patients.¹⁻³ Initially recognized as the etiologic agent for antibiotic-associated pseudomembranous colitis,⁴ *C difficile* is the most common cause of health care–associated diarrhea. Also concerning is the rising incidence of *C difficile* as a community-acquired infection in populations not previously considered high risk.⁵ One such at-risk cohort that is being increasingly recognized to be susceptible to the adverse impact of *C difficile* infection (CDI) consists of patients with underlying IBD.⁶ It is essential for the clinician to have a high index of suspicion for CDI in IBD patients for the following reasons: (1) the clinical presentation of CDI and IBD flares are similar, but treatment pathways are markedly divergent, (2) there is significant morbidity and mortality associated with CDI in patients with IBD, and (3) early and effective antibiotic therapy often avoids adverse outcomes including the need for hospitalization or colectomy.