In the last decade, the incidence and severity of colitis by *Clostridium difficile* (*C. difficile*) has increased significantly.\(^1\) The clinical manifestations spectrum can range from an asymptomatic colonization to toxic megacolon, associated to a considerable mortality.\(^2\)

We present the case of an 88 years old patient with Alzheimer’s disease and hypertension admitted to hospital with a condition evolving for 3 days, featured by pain and abdominal distension, high fever (>39°C) and profuse watery diarrhea. In the week preceding the symptoms, she had therapy with amoxicillin and clavulanic acid for a cystitis caused by *Escherichia coli*.

The objective exam showed a prostrated patient, dehydrated mucosa, febrile and polyneic. The blood pressure was 88/54mmHg and heart rate of 122bpm. The abdomen was distended, tympanic tone, painful to deep palpation, with kept bowel sounds and without signs of peritoneal irritation. Laboratory values showed leukocytosis of 25,000 cells/mm\(^3\), with 90% neutrophils, hemoglobin 15g/dL, hematocrit 49%, sodium 153mmol/L, potassium 5.2mmol/L, urea 78mg/dL and creatinine 2.1mg/dL. Gasometry showed metabolic acidosis: pH=7.01, paCO\(_2\)=29mmHg, paO\(_2\)=72mmHg, bicarbonate of 12mmol/L and lactates of 35mmol/L. Abdomen radiography in dorsal decubitus (Fig. 1) was complemented with abdomen and pelvis CT scan showing a parietal thickening of the entire colon and marked dilation (86mm in the transverse colon, Fig. 2 and 3). A research of the *C. difficile* toxin was positive. In spite of aggressive medical treatment, she died 8 hours after admission. Since most cases of *C. difficile* are both iatrogenic and nosocomial, every effort should be made to avoid indiscriminate use of antibiotics.

**Key words:** toxic megacolon, *Clostridium difficile*, antibiotics, diarrhea, vancomycin, metronidazole.
**difficile** toxin in the stool was positive. Therapy of vascular resuscitation and hemodynamics was started (with strong iv hydration and dopamine) and antibiotherapy was started with metronidazole iv 500mg every 6 hours, vancomycin oral route 250mg every 6 hours and vancomycin enema 500 mg. The patient died 8 hours after admission.

Toxic megacolon is a rare complication, which might become more prevalent before the increase of cases infected by *C. difficile*. It is characterized by a colon marked dilation (> 6cm) associated with systemic toxicity signs. It is important to start an early therapy including intravenous metronidazole and oral vancomycin (even in cases of ileum and megacolon) and in enema. The best strategy before *C. difficile* infection is on first hand its prevention, namely through the careful use of antibiotics.

**References**