

00124 Faecal microbiota transplantation for recurrent *Clostridium difficile* infection: results using lyophilised capsules

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Background: Fecal microbiota transplantation (FMT) is a highly effective therapy for refractory and recurrent *Clostridium difficile* infection (CDI). Despite its excellent efficacy, FMT is still not a routine procedure in most centers. Here we describe our experience with FMT to treat recurrent CDI by lyophilized oral capsules.

Materials/methods: A prospectively recorded single-center case series of patients with recurrent CDI treated with FMT between June 2014 and September 2018 was analyzed. Primary outcome was defined as CDI resolution without CDI recurrence in a two month period. FMT was administered via colonoscopy, nasoyeyunal tube, oral liquid capsules, oral lyophilized capsules. All stool donors were rigorously screened.

Results: FMT was performed in 34 patients with recurrent CDI. Median age was 72.0 and 67.6% were females. Nineteen FMT were performed via lyophilized capsules, 8 via nasoyeyunal tube, 5 were performed via oral frozen liquid capsules and 2 were performed via colonoscopy. There were no procedure-related adverse events, except for bacteriemia in one patient via colonoscopy and via nasojejunal delivery 1 patient experienced a vomiting episode, no complications were observed for lyophilized capsule administration. Primary cure rate was achieved in 83.3% of patients and the overall cure rate of FMT was 85.7%. FMT procedure by lyophilized capsules achieved 89.5% cure, oral liquid capsules 80%, colonoscopy 100% and 75.0% with nasoyeyunal tube.

Conclusions: In our cohort, FMT proved to be safe and effective even in high risk patients. Our initial clinical experience suggests that oral administration of FMT using lyophilized preparations also proved to be safe, well-tolerated and highly effective treatment for recurrent CDI. This administration method seems feasible in the routine of a hospital and will allow FMT to be more widely used.

