Introduction:
*Clostridium difficile* infection (CDI) is the main cause of hospital acquired diarrhoea [1]. The aim of this study was to compare characteristics of CDI during yr 2011 and 2015.

Methods:
A retrospective observational study was carried out in Lithuanian University of Health Sciences hospital - the largest teaching facility of tertiary care in country. According to Department of infection control records, patients (pt) with (w.) diarrhoea and the first positive stool test for *C. difficile* toxin A/B were included. Age, *Charlson Comorbidity Index* (CCI) score, profile of hospital department (medical (MD), surgical or ICU) where CDI was diagnosed, type of CDI (healthcare-associated (HA), hospital or community-acquired) and rate of risk factors (RF) have been estimated in both 2011 and 2015. IBM SPSS 23.0; Pearson’s Chi-square, Fisher’s exact tests were used for statistics. P < 0.05 was statistically significant.

Results:
In total 7 pt from 2011, 72 from 2015 were enrolled. In 2011 n=4 (57%) pt were ≥65 yr old, in 2015 - n=45 (63%), (p=0.045). In 2011 CCI>5 was estimated in n=6 (86%) pt in comparison of n=46 (64%) in 2015, (p=0.025). In 2011 n=0 (0%) of CDI cases were HA, in 2015 – n=12 (17%), (p=0.01). In 2011 n=5 (71%) of CDI were diagnosed in MD in comparison of n=60 (83%) in 2015, (p=0.01). In 2011 12 weeks prior to CDI n=5 (71%) pt have been admitted to hospitals, n=7 (100%) have been treated w. antibiotics, n=4 (50%) - w. PPIs, n=5 (36%) - w. H2 antagonists, n=3 (43%) - w. immunosupressants in comparison of n=51 (71%), n=69 (96%), n=36 (57%), n=26 (71%) and n=21 (29%) in 2015, respectively, (p>0.05).

Conclusion:
Overall rate of CDI cases among in-hospital patients increased ten-fold by yr 2011 and 2015. In 2015, more elderly patients had CDI and severe comorbidities were less frequent in comparison with 2011. In 2015, more cases of CDI were hospital-acquired and have occured in medical departments. Rate of risk factors of CDI remained unchanged.

References: