



## LETTER TO THE EDITOR

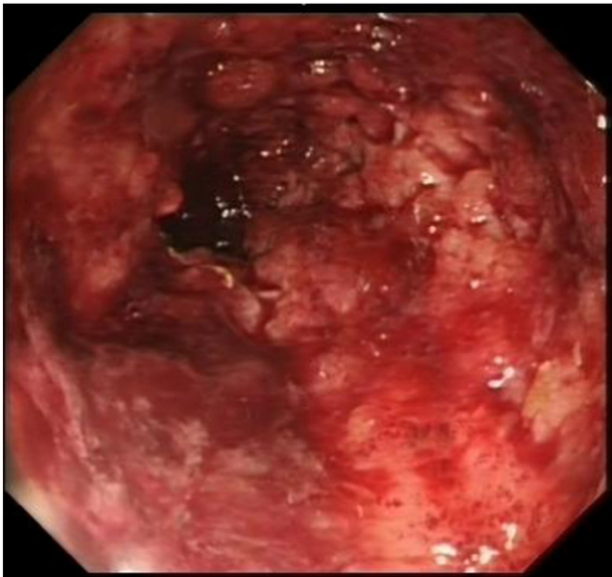
### A patient with severe Crohn's colitis responds to Faecal Microbiota Transplantation



Dear Sir,

We describe a case of a 35 year old gentleman with Crohn's colitis who responded to Faecal Microbiota Transplantation (FMT).

A 35 year old gentleman with previously well controlled Crohn's Disease (CD) was referred for urgent lower GI endoscopy and review, having developed bloody diarrhoea 2 weeks previously. His Harvey Bradshaw Index was 23. His primary care physician had attributed his symptoms, which started following a course of penicillin, to a CD flare and prescribed oral corticosteroids. Flexible sigmoidoscopy demonstrated severe colitis:



He was admitted for management of severe Crohn's colitis and empirically prescribed metronidazole. *C. difficile* was subsequently confirmed by toxin and PCR. He initially improved; as such he was discharged with dual therapy (vancomycin and metronidazole) and reducing steroids.

He relapsed two weeks later. Repeat *C. difficile* toxin was negative. Endoscopy demonstrated severe proctitis and multiple pseudo polyps with histology that favoured severe infectious colitis. As such vancomycin was continued. After a further 2 weeks his Harvey Bradshaw Score was 30. Another stool *C. difficile* toxin test was negative. Repeat flexible sigmoidoscopy and biopsies was then most consistent with Crohn's colitis. Thus we believe the *C. difficile* infection was cleared with medical therapy.

After 8 weeks of illness patient himself requested FMT prior to starting more profound immunosuppression. The patient's partner was the donor and FMT was administered following the local hospital protocol. Daily infusions of fresh stool were administered with prokinetics.

At three month review his bowel frequency had decreased to 6 stools per day with blood in 10% motions (Harvey Bradshaw 7). Regression models estimate this to correlate with a CDAI decrease from 810 to 189,<sup>1</sup> in keeping with treatment response as defined by ECCO.<sup>2</sup> Six months following FMT his disease relapsed. He was commenced on azathioprine and responded well for a further eighteen months.

FMT has gained recent attention following the first randomised control trial showing it to be more successful than second line antibiotics in eradication of *C. difficile* diarrhoea.<sup>3</sup> Faecal biotherapy with view to treat IBD has shown promise in treating patients with Ulcerative Colitis (UC)<sup>4</sup>; however there is little evidence of improvement in patients with Crohn's in the absence of ongoing *C. difficile*.<sup>4,5</sup> Hence the response experienced by our patient is notable.

There are still many unanswered questions regarding use of FMT for treatment of IBD, including optimum method of delivery, its future place (if any) in IBD treatment algorithms, and whether there are merits of further transplantation after disease relapse.

#### Conflict of interest

The authors have no conflicts of interest.

#### References

1. Best WR. Predicting Crohn's Disease Activity Index from the Harvey-Bradshaw Index. *Inflamm Bowel Dis* 2006 Apr;12(4): 304–10.
2. Van Assche G, Diagnass A, Panes J, Beaugerie L, Karagiannis J, Allez M, et al. The second European evidence based consensus

- on the diagnosis and management of Crohn's disease. *J Crohns Colitis* 2010;4:7–27.
3. van Nood Els, Vrieze Anne, Nieuwdorp Max, Fuentes Susana, Zoetendal Erwin G, de Vos Willem M, et al. Duodenal infusion of donor feces for recurrent *Clostridium difficile*. *N Engl J Med* 2013;368:407–15.
  4. Anderson JL, Edney RJ, Whelan K. Systematic review: faecal microbiota transplantation in the management of inflammatory bowel disease. *Aliment Pharmacol Ther* JUL 2012;25.
  5. Vermeire S, Joossens M, Verbeke K, et al. Pilot study on the safety and efficacy of faecal microbiota transplantation in refractory Crohn's disease. *Gastroenterology* 2012;142: S360.

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