



Dr Test Doctor NutriPath. 16 Harker Street, Burwood VIC 3125

Lab ID  
Patient ID PAT-100009  
Ext ID 25015-0001

## Test Patient

Sex: Female • 45yrs • 01-Jan-80  
123 Home Street, Test Suburb Vic 3125

RECEIVED  
15-Jan-25

## CLOSTRIDIODES DIFFICILE

Specimen type - Stool, Spot

Collected

12-Jan-25

SERVICE	RESULT	H/L
Clostridium difficile Toxin A	DETECTED	
Clostridium difficile Toxin B	Not Detected	

CLOSTRIDIUM DIFFICILE TOXIN A/B- ELEVATED:

PHYLUM: Firmicutes

DESCRIPTION:

Clostridium difficile is a Gram-positive, anaerobic, spore-forming, toxin-producing bacillus, commonly the cause from antibiotic-associated diarrhoea. Clostridium difficile infection has significant clinical impact especially on the elderly and/or immunocompromised patients. The pathogenicity of Clostridium difficile is mainly mediated by two exotoxins: toxin A and toxin B. Clostridium difficile can present as mild to severe infection with abdominal pain, cramping, diarrhoea, fever, abdominal distention, sepsis, and acute abdominal obstruction and raised inflammatory markers.

TREATMENT SUGGESTIONS:

Stop the offending antibiotic. Asymptomatic patients may not need treatment. Close monitoring is essential with warning signs of deterioration. Repeat faecal toxin testing advised only after 28 days or worsening symptoms, as toxins may still be circulating in the system for up-to 28 days. Use of probiotics may be beneficial.

Mild infections: Oral Metronidazole 500 mg three times daily for 2 weeks.

### Methodology

Polymerase Chain Reaction (PCR)