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**Introduction & Objectives:** In Romania, the continuous and sometimes unjustified use of Antibiotics has led to an increased rate of *Clostridium Difficile* enterocolitis within the hospital environment. The purpose of this study is to analyze the association between exposure to broad spectrum antibiotics and the development of *Clostridium Difficile* Infection (CDI) in urologic patients.

**Materials & Methods:** We conducted a retrospective , observational study from January 2016 to March 2018 in which we analysed 134 patients who developed an infection with *C.Difficile* in the Clinical Hospital “Prof . Dr. Theodor Burghel” from Bucharest , Romania in the Urology Ward. From this patients we collected the following factors: age, sex, urological pathology, the antibiotic treatment administrated, the number of days until the diagnosis of the infection with *C.difficile*. To assess the presence of the infection with *Clostridium difficile* we used the immunological tests for *C. Difficile* namely Toxine A, Toxine B and Glutamatedehydrogenase (GDH).

**Results:** The mean age of the patients was 66,85. The gender distribution was 100 men (74,6%) and 34 women( 25,4%). Regarding the urological pathology, the most frequent were benign prostatic hyperplasia( 26 cases-19,4%) and Inazive bladder cancer (17,16%) followed by prostatic cancer and ureteral lithiasis- each with 11,19%. The most common antibiotics involved in the development of CDI were third generation cephalosporines ( 77 cases- 57,5%) followed by carbapenems (21 cases- 15,7%) and aminoglycosides (12,69%). The median duration of administration until the onset of manifestations was  $4.77 \pm 3.02$  days with a minimum of 1 day and a maximum of 18 days. The majority of the patients developed symptoms of CDI in the first 5 days from administration of the antibiotic. The presence of all CDI markers were present in 84 cases( 62,7%), and the presence of GDH alone was identified in 24 cases (17,9%).

**Conclusions:** We recommend rational use of antibiotics in treatment of patients with urological pathology and not only in an attempt to limit the incidence of CDI.