Letters and comments

Contributors to this section are asked to make their comments brief and to the point. Letters should comply with the instructions to authors at <http://www.rcseng.ac.uk/publications/annals/authorinstructions.html>. Tables and figures should only be included if absolutely essential and no more than five references should be given. The editor reserves the right to shorten letters and subedit contributions to ensure clarity.

Caution should be taken before operating on patients with *Clostridium difficile* colitis

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COMMENT ON

Gash K, Brown E, Pullybank A. Emergency subtotal colectomy for fulminant *Clostridium difficile* colitis – is a surgical solution considered for all patients? *Ann R Coll Surg Engl* 2010; **92**: 56–60

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This retrospective case series makes several important observations about the causes and clinical outcomes of patients who undergo a colectomy for *Clostridium difficile* colitis. However, the suggestion that this study demonstrates the benefit of surgery for fulminant *C. difficile* cannot be backed up by the data given in this article. As the article states, the death rate for subtotal colectomy in the face of *C. difficile* colitis is around 50% (in this series 53%) and in patients who have not undergone surgery previously (mostly medical patients) the death rate is much higher (69% in this study). As the article correctly states, no-one can know what would have happened to these patients if a colectomy had not been undertaken, such is the weakness of any case series. However, comparisons to the published literature can be made. There are no randomised, controlled trials investigating the use of colectomy in fulminant *C. difficile* colitis; however, several retrospective studies^{1,2} demonstrate a death rate of between 34–40% for all cases of

fulminant *C. difficile* colitis. Other case series^{3,4} demonstrate a higher (> 50%) death rate after colectomy, commenting that care should be taken before undertaking surgery in these sickest of patients. Although the patient populations will almost certainly be different and separate clinicians will define fulminant disease differently, surgery for patients with the severest disease should not be undertaken lightly given an outcome that may be worse than further conservative therapy.

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AUTHOR'S RESPONSE

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We agree with the suggestion that one should not undertake a colectomy for *Clostridium difficile* colitis lightly; it is indeed difficult to predict the clinical outcome should conservative management be continued and surgery carries a significant mortality rate. Nevertheless, the patients in our series were all extremely unwell, with ASA grade 4 or 5 and, in the opinion of consultant colorectal surgeons, would not survive without having their toxic colon removed.