ARS TOSCANA
agenzia regionale di sanità

Regione Toscana

SST Servizio Sanitario della Toscana

sconfiggiamola insie

Convegno

Antimicrobico-resistenza: cure e ambiente

Firenze, 6 -7 giugno 2019

Istituto Stensen, viale Don Minzoni n. 25/C, Firenze

Megacolon tossico e colite pseudomembranosa

Francesco Di Marzo
Ospedale Versilia (Lu)

ioni Obiettivo Zero
del Corist

universitätbonn

universitäts klinikumbonn
Institut für Patientensicherhe

9th International Workshop on Behavioural Sciences Applied to Surgery and Acute Care Settings

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Title: A Research Collaborative for Embodying SSI Prevention Strategies in the Surgical Workflow

Authors: Giulio Toccafondi[1], Silvia Forni[2], Sara Albolino[1], Francesco di Marzo[3], Giovanna Paggi[4], Riccardo Tartaglia[1], Andrea Vannucci[2] , Giorgio Tulli[2]

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GIONE TOSCANA
GRC Gestione Rischio Clinico
UREZZA DEL PAZIENTE

ARS TOSCANA Regione Toscana GRC Gestione Rischio Clinico

COSA FARE PER RIDURRE LE INFEZIONI DEL SITO CHIRURGICO: CINQUE EQUIPE CHIRURGICHE FANNO IL PUNTO SU FATTORI CHIAVE E BARRIERE

Firenze, 1 luglio 2015, ARS

RESEARCH ARTICLE Open Access

The *Global Alliance for Infections in Surgery*: defining a model for antimicrobial stewardship—results from an international cross-sectional survey

Massimo Sartelli[1*], Francesco M. Labricciosa[2], Pamela Barbadoro[2], Leonardo Pagani[3], Luca Ansaloni[4], Adrian J. Brink[5,6], Jean Carlet[7], Ashish Khanna[8], Alain Chichom-Mefire[9], Federico Coccolini[10], Salomone Di Saverio[11], Addison K. May[12], Pierluigi Viale[13], Richard R. Watkins[14,15], Luigia Scudeller[16], Lilian M. Abbo[17], Fikri M. Abu-Zidan[18], Abdulrashid K. Adesunkanmi[19], Sara Al-Dahir[20], Majdi N. Al-Hasan[21], Halil Alis[22], Carlos Alves[23], André R. Araujo da Silva[24], Goran Augustin[25], Miklosh Bala[26], Philip S. Barie[27], Marcelo A. Beltrán[28], Aneel Bhangu[29], Belefquih Bouchra[30], Stephen M. Brecher[31,32], Miguel A. Caínzos[33], Adrian Camacho-Ortiz[34], Marco Catani[35], Sujith J. Chandy[36], Asri Che Jusoh[37], Jill R. Cherry-Bukowiec[38], Osvaldo Chiara[39], Elif Colak[40], Oliver A. Cornely[41], Yunfeng Cui[42], Zaza Demetrashvili[43], Belinda De Simone[44], Jan J. De Waele[45], Sameer Dhingra[46,47], Francesco Di Marzo[48],

Consulting/speaker for Acelity, J&J, Medtronic, NestlèHealthscience, ThermoFisher sc., Smith&Nephew

Hindawi
Gastroenterology Research and Practice
Volume 2019, Article ID 2824073, 8 pages
https://doi.org/10.1155/2019/2824073

Research Article

Prognostic Factors Influencing Infectious Complications after Cytoreductive Surgery and HIPEC: Results from a Tertiary Referral Center

Maurizio Cardi,[1] **Simone Sibio**,[1] **Francesco Di Marzo**,[2] **Francesco Lefoche**,[3] **Claudia d'Agostino**,[3] **Giovanni Battista Fonsi**,[1] **Giuseppe La Torre**,[4] **Ludovica Carbonari**,[1] **and Paolo Sammartino**[1]

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UNIVERSITÀ DEGLI STUDI DI PADOVA

ETICA E MONDO DEL LAVORO, VOL.
Controllo delle infezioni in Chirurgia, da
best practice alla daily practice

Azienda USL Toscana nord ovest
ervizio Sanitario della Toscana

FAD
La prevenzione delle ISC attraverso
l'innovazione del dispositivo medico chiru

Sant'Anna
Scuola Universitaria Superiore Pisa

CORSO DI ALTA FORMAZIONE
Identificare e gestire la sepsi e le infezio
Area Chirurgica

Regione Toscana

GRC
Centro Regionale Gestione Rischio Clinico e Sicurezza del Paziente

ARS TOSCANA

LOTTA ALLA SEPSI >

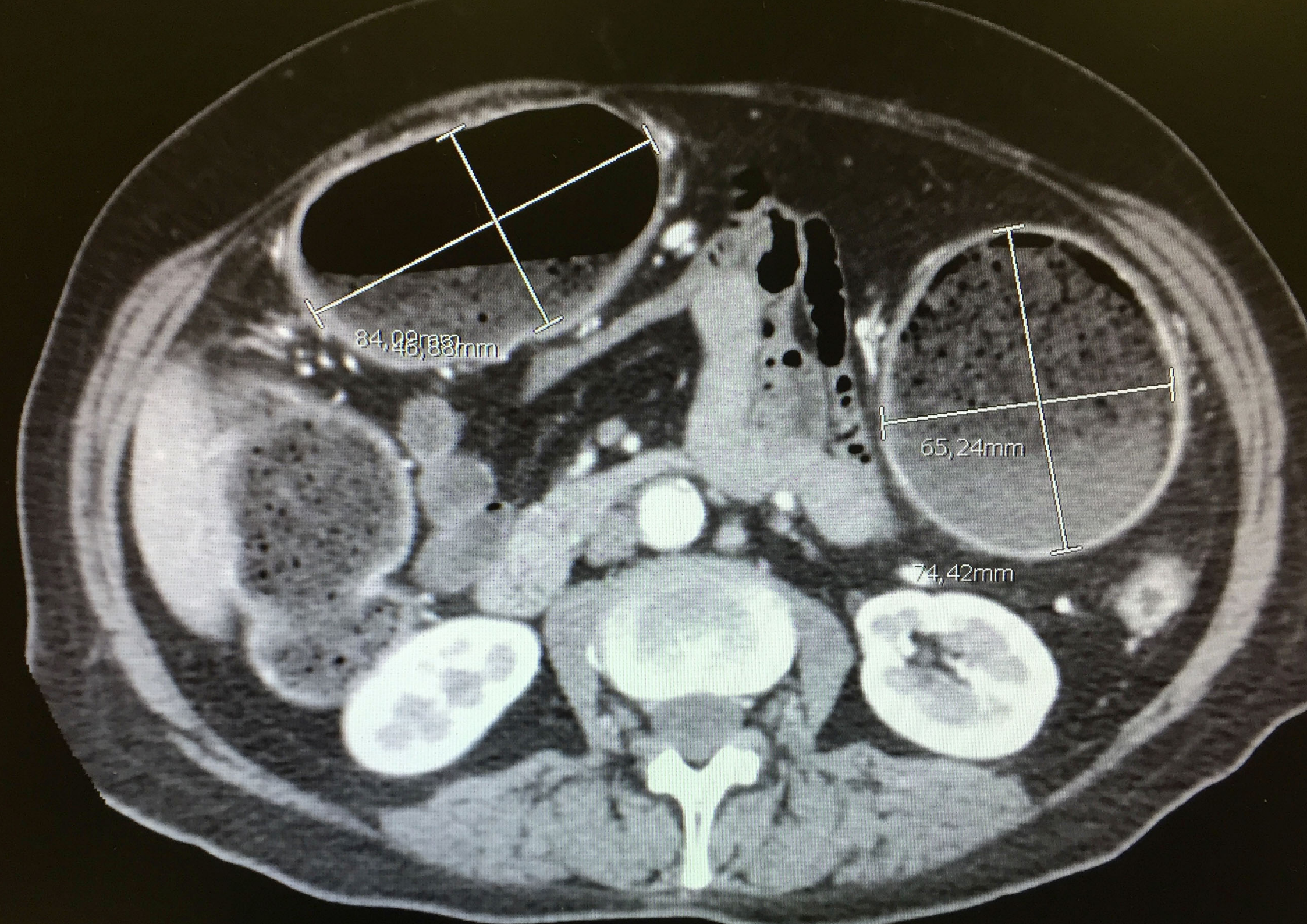
Call to Action

SCOPO >

Questo documento si basa sulle linee guida della Surviving Sepsis Campaign e sulle evidenze riportate nella letteratura di ambito microbiologico, clinico-assistenziale, dei fattori umani, della qualità e della sicurezza delle cure. Propone una visione delle criticità che la sepsi porta nel sistema sanitario non riconducibile ad un punto di vista disciplinare ma espressione della pluralità di prospettive dei componenti del gruppo di lavoro. Il documento suggerisce e indica approcci che trovano un'integrazione sia sul piano strategico-organizzativo che nella pratica clinico-assistenziale.

SCARICA IL PDF

https://www.ars.toscana.it/lotta-alla-sepsi/toscana-agenzia-sani
microbiologia-rischio-clinico-call-to-action-infezioni-pdta-linee-
indirizzo.php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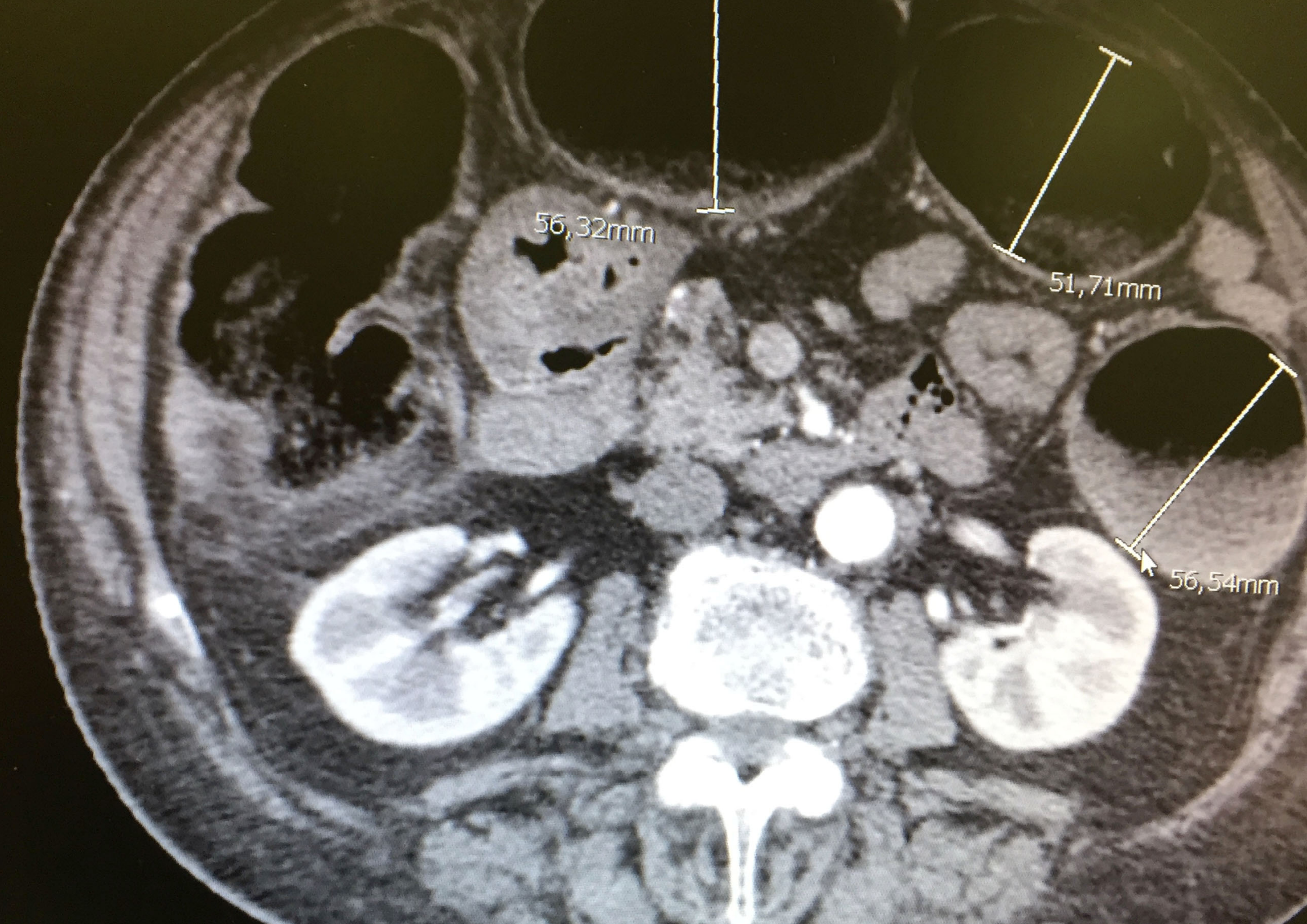
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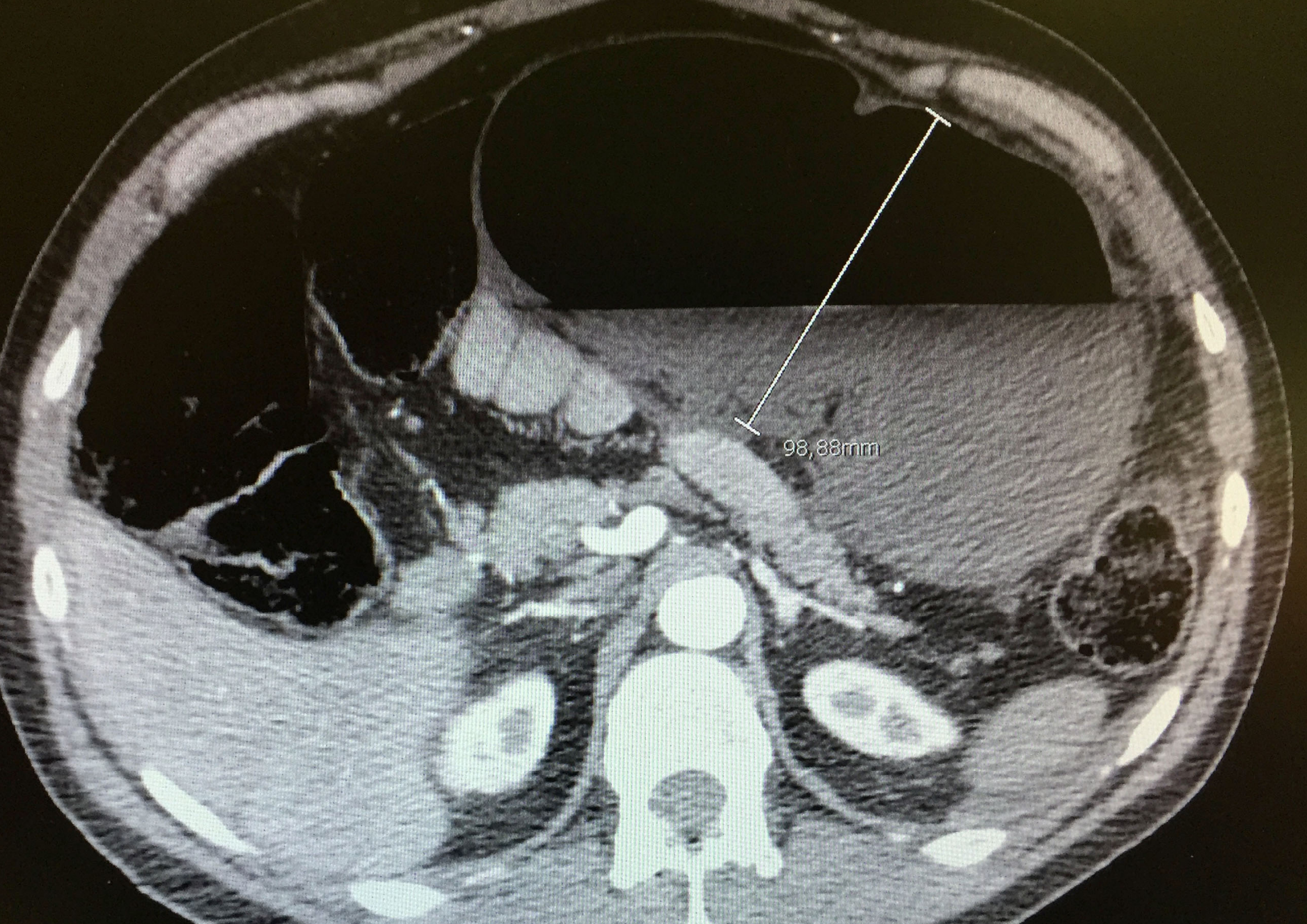
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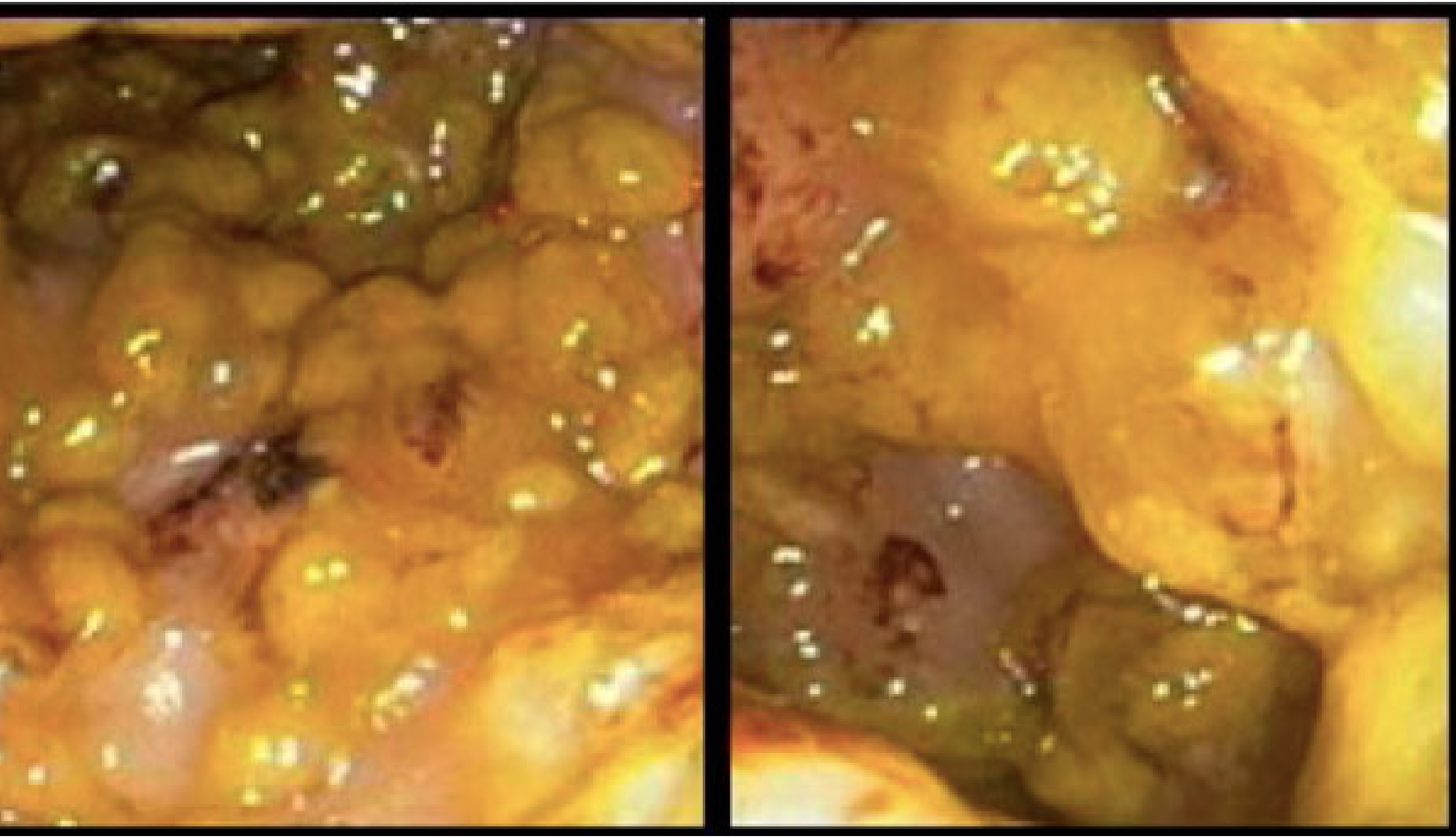

Journal of Crohn's and Colitis, 2017, 769–784
doi:10.1093/ecco-jcc/jjx009
Advance Access publication January 28, 2017
ECCO Guideline/Consensus Paper

CCO Guideline/Consensus Paper

Third European Evidence-based Consensus on Diagnosis and Management of Ulcerative Colitis. Part 2: Current Management

Marcus Harbord,[a,†,#] Rami Eliakim,[b,#] Dominik Bettenworth,[c] Konstantinos Karmiris,[d] Konstantinos Katsanos,[e] Uri Kopylov,[f] Torsten Kucharzik,[g] Tamás Molnár,[h] Tim Raine,[i] Shaji Sebastian,[j] Helena Tavares de Sousa,[k] Axel Dignass,[l,†] Franck Carbonnel;[m,†] for the European Crohn's and Colitis Organisation [ECCO]

Toxic megacolon

otal or segmental non-obstructive dilatation of the
lon ≥ 5.5 cm

stemic toxicity

Risk factors

- Hypokalaemia
- Hypomagnesaemia
- Bowel preparation
- Use of antidiarrhoeal therapy.

Worst scenario

erforation is the most serious complication of acute sever
olitis and can be associated with toxic dilatation where
olectomy has been inappropriately delayed.

Mortality > 50%.
Massive ***haemorrhage***
hromboembolism

Risk Factors for Infection

Hospitalization or long-term care facility
Antibiotics (some more than others)
Increasing age (>65, >>>80)
Co-morbidity
Surgery
Proton-pump inhibitors

Most CDI were mild

- Diarrhea was main symptom
- Pseudomembranous colitis and toxic megacolon were rare (< 2%)

Symptoms (?) of CDI

Asymptomatic colonization

Diarrhea

mild → moderate → severe

Abdominal pain and distension

Fever

Pseudomembranous colitis

Toxic megacolon

Perforated colon → sepsis → death

Markers of Severe Disease

Leukocytosis
- Prominent feature of severe disease
- Rapidly elevating WBC
- Up to >100 K

>10 BM/day

Albumin < 2.5

Creatinine 2x baseline

BP modification / Lactate

Pseudomembranous colitis

Toxic megacolon

Severe distension and abdominal pain

Treatment of Severe Disease

Follow definition of severe disease

– >10 BM/day, high WBC, low albumin

This is a life-threatening infection

Surgical consultation recommended as patient may require a colectomy

Score

6 days

Specific Therapy

- antibiotics according to severity (See below)
- early surgical referral if severe as colectomy may be needed
- relapsing disease can be a problem – a variety of different antibiotics may be used
- stool transplant aka fecal bacteriotherapy in resistant cases
- a polymer called tolevamer was developed to bind enterotoxin directly, but is inferior to antibiotics in studies and is not used

Treat underlying cause

- isolation
- stop offending drugs
- avoid antidiarrheal drugs and narcotics
- toxic megacolon -> surgery

Prevention

- avoid excessive antibiotic use; antibiotic stewardship
- isolation

Colon-sparing surgery for *Clostridium difficile*: Translatable lessons for the international humanitarian surgeon?

David N. Naumann, MB BChir, Aneel Bhangu, PhD, *and* **Douglas M. Bowley, FRCS**, *Birmingham, UK*

DE GRUYTER OPEN

The Journal of Critical Care Medicine 2017;3(1):39-44

CASE REPORT

DOI: 10.1515/jccm-2017-0008

Toxic Megacolon – A Three Case Presentation

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Case Rep Surg. 2016; 2016: 5909248.

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Blowhole Colostomy for *Clostridium difficile*-Associated Toxic Megacolon

Thank you, keep in touch

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