A great masquerader learns a new trick

In this issue,[1] Sunenshine and McDonald from the US Centers for Disease Control and Prevention provide an update on *Clostridium difficile*-associated disease. They discuss the implications of the new strain of "C *diff*" recently described by McDonald and colleagues[2] and provide some extremely useful clinical advice.

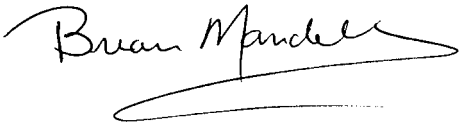
It was long ago that I first acquired considerable respect for the many faces of C *difficile*. I had recently joined an academic multispecialty group, and every third month I worked on the internal medicine consultation service. We spent considerable time on the surgical floors.

In medical school I had learned about clindamycin-associated pseudomembranous colitis, which was later found to be due to infection with C *difficile*. Where I had previously trained and practiced, C *difficile* was rarely diagnosed, but in my new hospital it was seemingly ubiquitous.

Different generations of physicians have proposed various contenders for the title of "great masquerader." Syphilis, endocarditis, lupus, HIV, and Lyme disease among others have vied for a spot on this list. But I well remember my initial experiences with this nemesis of prompt hospital discharge and firmly believe that C *difficile* infection deserves a shot at the title.

The typical presentation is antibiotic-associated nonbloody diarrhea. But the diarrhea may occur weeks after antibiotic exposure, and C *difficile* may be unsuspected. I have seen infected patients with isolated postoperative fever, isolated abdominal pain with ileus, and isolated postoperative leukocytosis—all in the absence of diarrhea. We had a medical resident become dehydrated from the infection, without any history of antibiotic use. C *difficile* infection can be associated with reactive arthritis. It can be a deceptive infection, and more frequently now a deadly one.

The beast has changed. A new strain is emerging that may be more likely than prior ones to cause disease after colonization, with a toxin more likely to cause severe complications, including toxic megacolon and death. McDonald and others have sounded the alert. We need to respond with appropriate measures to limit this antibiotic-associated disease and its nosocomial dissemination.



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REFERENCES

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2. **McDonald LC, Killgore GE, Thompson A, et al.** An epidemic, toxin gene-variant strain of *Clostridium difficile*. N Engl J Med 2005; 353:2433–2441.