pachydermatis in an intensive care nursery associated with colonization of health care workers' pet dogs. *N Engl J Med* 1998;338:706-711.

Clostridium difficile on a Surgical Service

A study to evaluate the epidemiology of *Clostridium difficile* colitis in a subset of patients admitted specifically to a surgical service was conducted by investigators from Beth Israel Deaconess Medical Center and Harvard Medical School in Boston, Massachusetts. *C difficile* colitis is an increasingly prevalent nosocomial infection that can prolong hospitalization and affect patient outcome adversely. Although this disease has been investigated extensively in patients admitted to medical services, the incidence and risk factors for the development of this disease in patients admitted to a surgical service have not been studied.

Over a 5-month period, 21 (5.6%) of 374 patients admitted to the general, vascular, thoracic, and urologic surgery services developed symptomatic *C difficile* colitis (defined as more than three bowel movements per 24 hours and a positive cytotoxin assay or culture). Factors that independently predisposed to infection included admission from a skilled-care facility, use of the antibiotic cefoxitin, and an operative procedure for bowel obstruction. Other factors associated with *C difficile* colitis included colectomy, treatment with any antibiotic, nasogastric tube suction, advanced age, and prior antibiotic treatment. Abdominal pain and fever also were more common in patients with *C difficile* colitis. Morbidity included prolonged hospitalization in all patients and urgent colectomy in one.

It was concluded that *C difficile* colitis frequently affects surgical patients, producing morbidity ranging from mild diarrhea to life-threatening illness. A variety of factors, many of which are associated with intestinal stasis, predispose to the development of *C difficile* colitis.

FROM: Kent KC, Rubin MS, Wroblewski L, Hanff PA, Silen W. The impact of *Clostridium difficile* on a surgical service: a prospective study of 374 patients. *Ann Surg* 1998;227:296-301.

Risk of Helicobacter pylori Transmission by Upper Gastrointestinal Endoscopy

Upper gastrointestinal endoscopy has been reported as a risk factor for the transmission of *Helicobacter pylori.* Investigators from San Paulo, Brazil, conducted a study to evaluate the possibility of transmission of *H pylori* infection by upper gastrointestinal endoscopy.

The study included 1,082 patients. Patients who had undergone upper gastrointestinal endoscopy or were treated with antibiotics 15 days before the index endoscopy were excluded. *H pylori* infection was diagnosed by ultrarapid urease test. Variables analyzed were age, gender, type of dyspepsia (organic or functional), and the number of previous upper gastrointestinal endoscopies.

Patients ranged in age from 13 to 94 years (mean, 45.8; standard deviation [SD], 15.7), and the number of previous upper gastrointestinal endoscopies ranged from 0 to 20 (mean, 1.5; SD, 2.4). The overall prevalence of *H pylori* infection was 60%. There was no statistically significant difference in the mean number of upper gastrointestinal endoscopies in patients with and without *H pylori* infection.

The authors concluded that there was no association between history of upper gastrointestinal endoscopy and current *H pylori* infection in this study population.

FROM: Rohr MR, Castro R, Morais M, Brant CQ, Castelo Filho A, Ferrari AP Jr. Risk of *Helicobacter pylori* transmission by upper gastrointestinal endoscopy. *Am J Infect Control* 1998;26:12-15.

Additional news item in this issue: Community-Acquired Methicillin-Resistant Staphylococcus aureus, 322.

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