Results: The majority of GIs reported the prevalence of constipation as a presenting complaint in their practice to be between 15-20%. PCPs had reported it to be 20-25%. Similar to PCPs, the majority of GIs recommended colonoscopy as a first line test only for constipation that was persistent and unresponsive to therapy and if alarm symptoms were present. In contrast to PCPs, the most commonly used laxative was polyethylene glycol (PEG). PCPs used bisacodyl as the most common laxative. Similar to PCPs, the majority of GI counseled about laxative side effects like melanosis coli. The majority of GI modify their prep for patients with chronic constipation. The most common modification was the two day liquid diet prep before a standard PEG lavage.

Conclusion: Patients with chronic conditions like constipation need confidence and reassurance that all members of their medical team are on the same page regarding their plan of care. Primary care physicians and gastroenterologists can better coordinate care if both have a clear understanding of the others plan for diagnosis and therapy. This survey should start that process of improving this aspect of care and hopefully lead to better outcomes.

The Effect of Rifaximin on Staphylococcus Species in the Stool
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Purpose: Rifaximin is an antibiotic (by inhibiting DNA-dependent RNA polymerase) that has gained attention in the treatment of traveler’s diarrhea, hepatic encephalopathy and irritable bowel syndrome. It is considered an ideal antibiotic for conditions related to gut flora since it is non-absorbed and has a low potential for antibiotic resistance in vitro. However, there has been recent concern that rifaximin might produce Staphylococcal resistance to rifampicin in vivo. In this study, we evaluate levels of resistance to rifampicin by Staphylococcus spp in stool of rats before and after the administration of rifaximin.

Methods: Adult male Sprague-Dawley rats had fresh stool collected by anal stimulation. The stool was homogenized and plated by serial dilution on Blood Agar with Phenyethyl Alcohol (PEA). PEA is a selective agar for Staphylococcus spp. Based on serial dilution, the total number of Staphylococcus spp was determined. Rats were then gavaged daily for 10 days with a high dose of 200mg of rifaximin. Stool was collected fresh daily to culture for Staphylococcus spp on PEA. On day 11 stool collection, all Staphylococcus individual colonies were picked from PEA plates, suspended in PBS and spread on PEA agar plates to create a lawn. To this was added a rifampicin E-test strip (bioMérieux, Inc., Durham, NC) to detect rifampicin resistance. Absence of growth at <2ug/mL was considered sensitive, 2-4 ug/mL was considered intermediate and >4ug/mL was considered resistant to rifampicin.

Results: Twenty male Sprague-Dawley rats were assessed. At baseline, rats had a median of 5.50x10^5 cfu/ml (range=0.196 x10^6 cfu/ml) Staphylococcus spp. After 10 days of rifaximin, the median total count dropped significantly to 1.20x10^5 cfu/ml (range=0.86x10^5 cfu/ml) (p<0.01). On a time course, Staphylococcus spp were seen to diminish significantly in stool by day 3. Before rifaximin and at day 10 of rifaximin, 30 random colonies of Staphylococcal species were picked and plated for testing rifampicin resistance. At baseline (before rifaximin) two colonies of Staphylococcus spp were resistant and five intermediate to rifampicin (Table). However, after rifaximin, no colonies were resistant and only one was intermediate. The mean inhibitory concentration (MIC) for rifampicin was 1.1±1.6ug/mL for baseline and 0.91±0.52ug/mL after 10 days of high dose rifaximin (P=0.63).

Conclusion: Rifaximin reduces Staphylococcus spp in stool. Although Staphylococcus spp persist after high dose rifaximin, no resistance to rifampicin is seen despite rare cases of resistance before rifaximin.

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Cecal Involvement on CT Scan in C. difficile Infection (CDI) Is Associated with an Increased Risk of Short-Term Mortality
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Purpose: With an increasing incidence and severity of CDI, identifying predictors of poor-outcome is essential for appropriate treatment. We hypothesize that the distribution of colitis seen on CT is predictive of outcome.

Methods: We identified consecutive pts who had a C. difficile toxin assay at Montefiore Medical Center from 2006 to 2008. Pts charts were reviewed and those with diarrhea, a + toxin and a CT scan performed at the time of diagnosis were further evaluated. For each pt included, we obtained data on CT scan results at the time of CDI diagnosis including the presence and distribution of colitis, as well as patients’ course, complications during admission (e.g., ICU requirement and sepsis) and various short-term outcomes including discharge to nursing home, remaining hospitalized 30-days after diagnosis, readmission within 30-days of discharge, 30-day colectomy and 30-day mortality. Data analysis was performed using SPSS (16.0).

Results: Of 2309 pts who had a toxin assay obtained, 1107 were CDI positive and 44.0% of pts with CDI had a CT. Rates of ICU requirement during admission, sepsis, discharge to nursing home, remaining hospitalized 30-days after diagnosis, readmission within 30-days of discharge, 30-day colectomy and 30-day mortality were 23.6%, 22.2%, 34.3%, 14.4%, 20.9%, 12.8%, and 17.0%, respectively. Isolated right colon involvement on CT was associated with a decreased risk of ICU requirement through multivariate analysis (HR: 0.43 ± 0.40, p =0.04). Individual segments (rectum, sigmoid, descending, transverse, ascending, cecum) and pan-colon involvement were independently predictive of sepsis but none remained significant through multivariate analysis. Involvement of the cecum was the only significant predictor of 30-day mortality (HR: 1.78 ± 0.50, p =0.02). The remainder of the analysis showed that none of the colonic segments (e.g. rectum, sigmoid, descending, transverse, ascending colon, cecum), isolated right sided-disease, isolated left-sided disease or pan-colonic disease were associated with discharge to nursing home, remaining hospitalized 30-days after diagnosis, readmission within 30-days of discharge or 30-day colectomy.

Conclusion: Right sided colitis from CDI is associated with less need for ICU admission and cecal colitis is associated with increased short-term mortality. Patients with CT evidence of cecal involvement of CDI should be aggressively treated and closely watched from the time of diagnosis.

Increased Prevalence of Proximal Diverticulosis in Filipino-Americans Suggests Influence of Racial and/or Cultural Factors in Pathophysiology of Diverticular Disease
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Purpose: Diverticular disease of the colon is a significant cause of morbidity and mortality. Although its frequency increases with age, the pathophysiology of the disease remains largely unknown. Alterations in wall resistance, disorders in bowel motility, fiber deficient diets or inflammation have been postulated as plausible causes. This study seeks to investigate racial and/or cultural factors in the development of diverticulosis.

Methods: A total of 2236 patients were seen for CRC screening from September 1, 2009 to April 30, 2011 at community based practice (Las Vegas