CHRONIC OBSTRUCTIVE PULMONARY DISEASE AS A RISK FACTOR OF HIGH MORTALITY IN CLOSTRIDIUM DIFFICILE INFECTION.

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Chronic obstructive pulmonary disease (COPD) is considered as a factor decreasing immunity. Infectious exacerbation of the disease involves antibiotic treatment. One of the most common gastrointestinal complication after antimicrobial agents and immunocompromised individuals is caused by an anaerobic spore *Clostridium difficile*. The aim of the study was to assess the mortality risk of *Clostridium difficile* infection (CDI) after exacerbation of chronic obstructive pulmonary disease (COPD) and pneumonia treatment. A retrospective analysis of 403 patients with CDI included 189 patients treated for pneumonia and 73 with COPD in the Internal Medicine Ward, Medical University of Warsaw was conducted. To verify the influence on CDI mortality Wilcoxon runk sum and Wald tests were performed. Patients' demographics, clinical features and laboratory values were taken under the statistical analysis. The analysis did not revealed significant mortality in pneumonia as well as in COPD exacerbation. However there was a statistically significantly higher severity and mortality rate in patients after pneumonia treatment with coexisting COPD ($p<0.05$). In order to that fact this group of patients should be at once considered as a complicated CDI subjects and be provided with proper treatment.