A 76-year-old male with a history of diabetes mellitus, coronary artery disease, and chronic obstructive pulmonary artery disease presents to the emergency room with copious watery diarrhea for the last 2 days. One week prior, the patient had been treated for a case of community-acquired pneumonia with a course of amoxicillin/clavulanate. The patient has an elevated white blood cell count to 12 x 10^3/mcL but his labs are otherwise unremarkable. The patient is started on metronidazole and discharged home, but in 2 days the patient returns with worsening symptoms, a diffusely tender and tense abdomen, altered mental status, fever to 102.4° F, blood pressure of 80/40, a white count of 55 x 10^3/mcL, and an elevated lactate to 5.3 mmol/L. What is the best management option for this patient?

A. Repeat course of oral metronidazole
B. Course of oral vancomycin 125mg QID
C. Admission to the general medicine wards with oral vancomycin 125mg QID and intravenous metronidazole
D. Admission to the ICU with oral vancomycin 500mg QID, vancomycin PR, and intravenous metronidazole
E. Admission to the ICU with oral vancomycin 500mg QID, vancomycin PR, and intravenous metronidazole, and consult to general surgery for consideration of urgent colectomy

Answer: E

The patient is presenting with severe, complicated c. difficile colitis and their clinical status to include hypotension, altered mental status, peritoneal signs, elevated lactate, and WBC > 50 x 10^3/mcL would all be indications for surgical consultation and possible emergent colectomy as these patients have better outcomes with surgical management when disease is this severe, though their mortality is still high.