resides as a nosocomial pathogen. Nevertheless, for a week or more to health care facilities where it is present in only 1–4% of the general population.

*C difficile* is an anaerobic, spore-forming bacillus. It is not regarded as a normal component of intestinal flora; it can be found in community sources for 3–5% of cases. However, it can be found in the GI tract of 50% of patients admitted to the hospital who are on antibiotics, but it is only found in 20% of patients admitted to the hospital who are on antibiotics who have diarrhea. Colonization is the presence of the organism in the GI tract, and infection is the invasion of the colon by the organism. C difficile infection accounts for only 10–15% of antibiotic-associated diarrhea.

*A recent study revealed an odds ratio of 4.5–6.7 for clindamycin, 2.7–3.2 for penicillins, and 3.5–4.9 for cephalosporins.* It should be clarified that colonization alone does not necessarily result in infection. Colonization can be viewed as a prelude to infection. Unless there is an increase in the concentration of *C difficile* in the colon, colonization will not lead to disease.

Although *C difficile* does not necessarily result in infection, it is significant that diarrhea from *C difficile* infection accounts for only 10–15% of antibiotic-associated diarrhea. The prevalence of *C difficile* infection among the general population is 1–4%. It is estimated that 20% of patients admitted to the hospital who are on antibiotics who have diarrhea will experience *C difficile* infection. If a patient either harbors or comes into contact with *C difficile*, the risk of infection is increased. In a patient who normally tolerates antibiotics but experiences diarrhea that is florid (3 unformed stools per day for 2 days) and complains of abdominal pain, *C difficile* infection should be considered.

In general, diarrhea is related to an imbalance in the normal intestinal flora favoring opportunists. The use of probiotics to prevent or manage diarrhea and may be managed using antiperistaltics and electrolyte status. For severe cases, the physician may refer the patient to his or her family physician, who will evaluate fluid/ electrolyte status. For severe cases, the physician may prescribe metronidazole, which is effective and should be suggested for particularly frail patients or those who have experienced diarrhea with antibiotics favor nuisance diarrhea. A 21 year retrospective study of reports of paresthesia following local anesthetic administration.

### REFERENCES

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