Recurrences in *Clostridium difficile* infection (CDI) involve increased morbidity and high costs for the healthcare system.

**METHODS AND MATERIALS**

Hospitalized patients with CDI were selected from February 1, 2019 to April 30, 2020. The collected data were: sex, age, antibiotics in the previous 3 months and concomitantly with vancomycin or fidaxomicin, immunosuppression, severity (leukocytes > 15000/mm³ or creatinine > 1.5 mg/dl), duration of diarrhea, inflammatory bowel disease (IBD), liver cirrhosis and neoplasia. Recurrence was defined as a new episode of CDI 2-8 weeks after the first episode. The risk of recurrence was calculated using the scale:

- 1 POINT
  - > 65 years
  - Immunosuppression
  - Severity
  - Concomitant antibiotics
  - Diarrhea > 5 days

- 2 POINTS
  - CDI during previous year
  - Neoplasia
  - IBD
  - Liver cirrhosis

- 3 POINTS
  - Recurrent episode

A score ≥ 3 is considered high risk of recurrence.

**RESULTS**

- Of the 69 patients identified, 20 recurrences were observed, 9 of them with a score ≥ 3, which represents a degree of coincidence between the scale and the patients studied of 45%.

- Of the total sample, 36 patients had a score ≥ 3, 9 of them had a recurrence (25%).

- Of the patients with recurrences, the following risk factors were identified: 50% presented immunosuppression, 40% neoplasia, 30% concomitant antibiotics; 40% of the subjects had neoplasia and immunosuppression.

**CONCLUSION**

The calculated risk of recurrence does not correspond to the results obtained in the analyzed sample. The choice of treatment should be guided by the patient's individual risk factors. Immunosuppression and neoplasia are the main risk factors for recurrence, increasing the risk when both situations coexist.