Streptococcus galloyticus Subspecies pasteurianus Septicemia Associated with Colon Carcinoma

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In 1951, an association between enterococcal endocarditis and sigmoid colonic carcinoma was first documented. The association between Streptococcus bovis (Streptococcus bovis biotype I referred to Streptococcus galloyticus subspecies galloyticus and Streptococcus bovis biotype II/2 referred to Streptococcus galloyticus subspecies pasteurianus) infective endocarditis and colonic carcinoma has been the subject of numerous case reports for more than 5 decades. Streptococcus bovis is a part of the normal flora of the gastrointestinal system, but can also be an opportunistic pathogen in immunocompromised individuals. There are also numerous reports of Streptococcus bovis septicemia in patients with chronic liver disease and cirrhosis. This well-documented association has changed clinical practice that a diagnosis of Streptococcus galloyticus subspecies galloyticus endocarditis or Streptococcus galloyticus subspecies pasteurianus septicemia often results in immediate referral of the patients for colonoscopy before discharging from the hospital. Several previous reports suggested that there was associated entity of Streptococcus galloyticus subspecies pasteurianus septicemia and infective endocarditis with subsequent detection of a tubulovillous adenoma with high-grade dysplasia of the colon. The association of Streptococcus galloyticus subspecies galloyticus septicemia was around 94 % and 71 % with clinical infective endocarditis and underlying colonic malignancy. Streptococcus galloyticus subspecies galloyticus has much greater association than Streptococcus galloyticus subspecies pasteurianus with colonic malignancies. Nevertheless, Streptococcus galloyticus subspecies pasteurianus septicemia is less commonly associated with infective endocarditis and occult colonic malignancies at the rates of 18 % and 17 %, respectively.

In conclusions, current guidelines for managing patients with Streptococcus galloyticus subspecies pasteurianus septicemia, a screening colonoscopy should be considered as a part of the assessment when no definitive source is identifiable.

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