Association of bacteremias of *Streptococcus gallolyticus* with the development of colorectal cancer in people 65 years of age

**Abstract**

**Objective:** To establish the etiological mechanisms of *Streptococcus gallolyticus* bacteremia in the development of colorectal cancer in 65-year-olds.

**Methods:** A review of articles published in PubMed, BioMed Central, Scielo, Elsevier, Springer, among others, was carried out using the following keywords: *Streptococcus bovis* and colorectal cancer, *Streptococcus gallolyticus* and colorectal cancer, *Streptococcus gallolyticus* *Streptococcus bovis* and Association between *Streptococcus bovis* and colorectal cancer ".

**Results:** A total of 568 patients with colorectal cancer and a total of 362 patients with colorectal adenomas presenting with *S. gallolyticus* bacteremia were determined from a total of 15 case reports from the 1974 to 2017 period. Patient age was reported in the 15 reports with an average of 65 years.

**Conclusions:** It was concluded that the association between colorectal tumors with *S. gallolyticus* appears to be of etiological nature. Evidence presented through 15 case reports retrospectively assessed from the period 1974 to 2017 shows that there is a fundamental relationship between *S. bovis* bacteremia and colorectal cancer.

**Keywords:** streptococcus gallolyticus, streptococcus bovis, bacteremia, colorectal cancer

**Introduction**

In Mexico, colorectal cancer ranks fourth in incidence in both men and women, and is the sixth cause of cancer mortality. Those over 50 years old are the most vulnerable according to the International Agency for Research on Cancer. *S. gallolyticus* (ex bovis) is a commensal microorganism of the human intestine in 2.5 to 15% of population.1,2 however, in 1974 Klein first observed the direct association it has with colorectal neoplasms. It is estimated that around 25 to 80% of patients with bacteremia of *S. gallolyticus* have concomitant colon tumors and an incidence of 18-62% of cases of infective endocarditis, which orders a screening colonoscopy in a minimum period of 2 days at 4 years in patients with bacteremia of *Streptococcus gallolyticus* since the infection could be a silent sign of pre-malignant or malignant neoplasms. *S. gallolyticus* belongs to the family Streptococaceae and is an facultative anaerobic Gram+bacterium, in the form of cocci or diplococci, also belonging to group D of Lancefield, which gives it the ability to hydrolyze esculin and grow in the presence of bile.3,4 Initially *S. gallolyticus* received the name of Streptococcus “bovis” however the taxonomy changed in 2003 by Schlegel in the following way: *Streptococcus bovis* biotype I is now known as *S. gallolyticus* subspecies (mannitol positive); *S. bovis* biotype II/1 that are now known as *S. infantarius* subspecies infantarius (negative mannitol and negative β-glucuronidase) and *S. infantarius* subspecies coli (negative mannitol and negative β-glucuronidase) and *S. bovis* biotype II/2 a *S. gallolyticus* subsp. *Pasteurianus* (negative mannitol and positive β-glucuronidase).5,6 The literature analyzed suggests that the age of prevalence in patients with *S. gallolyticus* bacteremia is 65 years (± 12 years) on average, and a predominance of male patients.7,8 Multiple factors can lead to the transformation of healthy intestinal mucosa to cancer, both inheritance and environmental factors such as personal and/or family history of colorectal cancer and adenomatous polyps, hereditary syndromes, diet (fat consumption) and obesity, physical inactivity, alcoholism, smoking, inflammatory bowel disease (such as ulcerative colitis) and pot agents Essentially infectious.9,10 Specifically in patients with bacteremia due to *S. gallolyticus*, according to statistics, the most associated factors are obesity, alcohol abuse, smoking, diabetes mellitus, gastrointestinal surgery and cancer present or ancient.11

*S. gallolyticus* was first associated with colorectal cancer and infective endocarditis in 1951 by McCoy and Mason, however it was not until 1977 that *S. gallolyticus* was recognized by Robert Klein as the pathogen specifically related to the concomitant development of cancer. of colon through a report in which he made a complete evaluation of 15 patients with bacteremia due to *S. gallolyticus*.1,2,6,10,11-13 With the report of Klein, a barrier that prevented directly related to *Streptococcus* was overcome gallolyticus with colorectal cancer, since through this study it was possible to formally establish the association that *S. gallolyticus* bacteremia has with the concomitant development of colorectal cancer, malignant or pre-malignant colorectal neoplasms and even with gastrointestinal neoplasms. This additionally suggests with certainty the performance of colonoscopy exams in infected patients, since the performance of colonoscopy after *S. gallolyticus* bacteremia could allow the detection of colorectal neoplasms in early or precancerous stages in affected patients, and thus, its clinical evolution would be beneficial for the reduction of morbidity and general mortality.13 The process by which an adenomatous polyp is transformed into carcinoma is not yet clear. However, the evidence suggests that oncogenes could be activated by mutations that promote the altered mucosal proliferation of the colon, accompanied by the inhibition of genes that suppress tumor
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Bartolomé, 2009
Nemoto, 2014
Boleij, 1974-2010
Shanan, 2011
Amado, 2003-2014
Ferrari, 2008

Table 1 Report of cases of bacteremia due to Streptococcus gallolyticus in patients with colorectal cancer and adenomas

<table>
<thead>
<tr>
<th>Reference</th>
<th>Author - year</th>
<th>Age promedio</th>
<th>Patients with colorectal cancer and bacteremia due to Streptococcus gallolyticus</th>
<th>Patients with adenomas colorectales and bacteremia Streptococcus gallolyticus</th>
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<td>[15]</td>
<td>Ferrari, 2008</td>
<td>46</td>
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<td>[5]</td>
<td>Bartolomé, 2009</td>
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<td>[28]</td>
<td>Shanan, 2011</td>
<td>58</td>
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<td>[23]</td>
<td>Paritsky, 2012-2013</td>
<td>62.53</td>
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<td>[27]</td>
<td>Abeni, 2013</td>
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<td>[25]</td>
<td>Nemoto, 2014</td>
<td>79</td>
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<td>[18]</td>
<td>Pérez, 2014</td>
<td>57</td>
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</tbody>
</table>

Methods

Design of retrospective and descriptive study in which a bibliographic review of the scientific literature is presented on the association that exists between Streptococcus gallolyticus (ex bovis) and its relevance at a medical level, before the possible measures that should be taken to make a timely diagnosis. We performed a search for review articles published on sites such as PubMed, BioMed Central, Scielo, Elsevier, Springer, among others, using the keywords: “Streptococcus bovis and colorectal cancer”, “Streptococcus gallolyticus and colorectal cancer”, “Streptococcus gallolyticus”, “Streptococcus bovis” and “Association between Streptococcus bovis and colorectal cancer”

Results

From a total of 15 case reports retrospectively evaluated from the period of 1974 to 2017, a total of 568 patients reported with colorectal cancer and a total of 362 patients with colorectal adenomas who had bacteremia due to Streptococcus gallolyticus were determined. The age of the patients was reported in the 15 reports with an average of 65 years (64.99%). Therefore, these reports constitute a clear association between patients with S. gallolyticus bacteremia and the concomitance that it has with the development of colorectal cancer and colorectal adenomas. The incidence in these reports was greater for colorectal cancer compared to cases with colorectal adenomas, which may indicate the importance of timely detection of premalignant lesions, in order to prevent their progression (Table 1).

Citation: Guillermo MZ, Alejandra NH. Association of bacteremias of Streptococcus gallolyticus with the development of colorectal cancer in people 65 years of age. MOJ Gerontol Ger. 2018;3(5):351–354. DOI: 10.15406/moijgg.2018.03.00144
The species of S. gallolyticus have been studied over time, however, in 2016 ELSEVIER established through a report based on the incidence, the most frequent pathologies in each species, among which colorectal cancer is found generally associated with S. gallolyticus subspecies gallolyticus; infectious endocarditis with S. gallolyticus subsp. galloiticus and S. gallolyticus subsp. pasteurianus; small bowel cancer only to S. gallolyticus subsp. gallolyticus; Pancreatic cancer is associated only with S. gallolyticus subsp. pasteurianus and other types of abdominal cancer are associated only with S. Lutetiensis (Figure 1).

**Discussion**

The data collected lead to the evident existing need for the mandatory performance of a screening colonoscopy in patients with bacteremia due to Streptococcus gallolyticus as a follow-up and as a complete diagnostic evaluation. Unfortunately, this association has been underestimated in the medical community, and the nomenclature trap in the literature and laboratories makes bacterial identification difficult. However, through the observation and adequate and timely monitoring of the patient, due to the possible pathogenic role of Streptococcus gallolyticus in colorectal cancer, it is possible to perform an early diagnosis and potentially curative treatment that saves the patient’s life. Therefore, the detection of this bacterial group in blood cultures or serum levels of elevated IgG antibodies against Streptococcus gallolyticus indicates the need for an evaluation to establish the origin of bacteremia and the presence of possible complications. The present analysis describes a series of case reports that represent the evidence that exists between Streptococcus gallolyticus and colorectal cancer and colorectal adenomas in patients with an average age of 65 years. The incidence in the reports was higher for colorectal cancer compared to cases with colorectal adenomas, however it is essential to monitor the presence of preneoplastic lesions in patients with a history of S. gallolyticus bacteremia, since through the analysis of several reports it was determined that preneoplastic lesions can increase in size over time and become malignant, since 50 to 70% of patients with bacteremia already have or will develop colorectal cancer. Likewise, a hypothesis is presented that explains the possible etiological mechanisms in the colorectal cancer that S. gallolyticus poses, based on the evidence found, which suggests that they could be related to the activation of oncoprogenes by mutations that promote the altered proliferation of the mucosa of the colon, accompanied by the inhibition of genes suppressing tumor genesis.

**Conclusion**

It was concluded that the association between colorectal tumors with S. gallolyticus seems to be of an aetiological nature. The evidence presented through 15 case reports evaluated retrospectively from the period of 1974 to 2017 shows that there is a fundamental relationship between a S. bovis bacteremia and colorectal cancer. Therefore, a diagnosis of bacteremia due to S. gallolyticus should be considered as a silent signal, and a minimum follow-up of 2 to 4 years of follow-up with colonoscopy in these patients for prophylaxis purposes is suggested.
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Acknowledgements
None.

Conflict of interest
The author declares no conflict of interest.

References

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