

Streptococcus gallolyticus 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 gallolyticus* subspecies *gallolyticus* and *Streptococcus bovis* biotype II/2 referred to *Streptococcus gallolyticus* 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 gallolyticus* subspecies *gallolyticus* endocarditis or *Streptococcus gallolyticus* 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 gallolyticus* subspecies *pasteurianus* septicemia and infective endocarditis with subsequent detection of a tubulovillous adenoma with high-grade dysplasia of the colon. The association of *Streptococcus gallolyticus* subspecies *gallolyticus* septicemia was around 94 % and 71 % with clinical infective endocarditis and underlying colonic malignancy. *Streptococcus gallolyticus* subspecies *gallolyticus* has much greater association than *Streptococcus gallolyticus* subspecies *pasteurianus* with colonic malignancies. Nevertheless, *Streptococcus gallolyticus* 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 gallolyticus* 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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