

Streptococcus gallolyticus subsp. pasteurianus bactremia with colon cancer and gallbladder neoplasm

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Introduction: *S. gallolyticus* is gram-positive cocci (formerly group D streptococci) that is an important cause of infective endocarditis. In addition, there is association between *S. gallolyticus* infection and colonic neoplasm. But no association between *S. gallolyticus* and gallbladder(GB) neoplasm has been reported. We reported a case of a patient with *S. gallolyticus* subsp. *pasteurianus* infection who was diagnosed GB neoplasm as well as colon cancer.

Case: A 71-year-old man with hypertension, diabetes and A.fib was admitted due to back pain. L-spine MRI showed spondylodiscitis in L5 (Figure 1) and bone biopsy(L5) was done. *S. gallolyticus* subsp. *pasteurianus* was detected in the culture of bone and blood. Echocardiography was additionally performed, and infectious endocarditis was not identified. Targeted antibiotics were administered and we performed colonoscopy to evaluate anemia and association of *S. gallolyticus* subsp. *pasteurianus* with colon cancer. In colonoscopy, multiple colon polyps were found. One of them was confirmed as colon cancer (adenocarcinoma, moderately differentiated) in sigmoid colon (AV 30cm) and the remaining polyps were simply tubular adenoma with low grade dysplasia(Figure 2). We performed multiple polypectomy except colon cancer. For stage evaluation, further studies including abdomen CT, chest CT, bone scan and PET-CT were done. There was no distant metastasis and abdomen CT showed enhancing polypoid mass in GB, suggesting GB cancer, so enhanced MRCP was done(Figure 3). The patient received laparoscopic anterior resection and cholecystectomy, and the pathology of the neoplastic lesion in GB was intracholecystic papillary neoplasm with low-grade intraepithelial neoplasia. Colon cancer invaded proper muscle (pT2) and was no lymph node metastasis, so the TNM stage was stage I (pT2N0M0). We recommended the regular follow-up studies including CT and tumor marker every 6 months.

Conclusion: Through this case, we could confirm that the presence of colon cancer should be evaluated when *S. gallolyticus* bacteremia is present. Also, it is needed to be investigated the association between gallbladder neoplasm and *S. gallolyticus* infection.

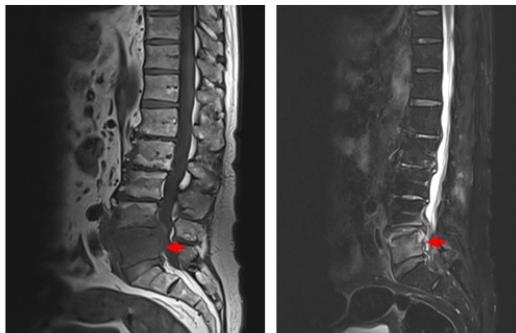


Figure 1. L-spine MRI showed T1 low signal and intermediate to high signal on T2WI and total enhancement after contrast infusion at L5 vertebra body, suggesting spondylodiscitis in L5. (red arrow).

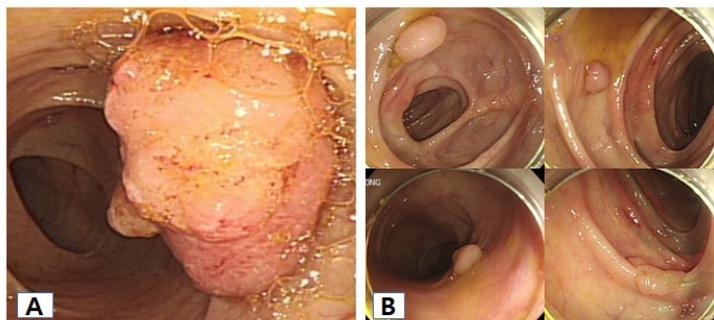


Figure 2. Colonoscopy showed a 3.5 cm sized semipedunculated mass at sigmoid colon (A) and multiple colon polyps (B).

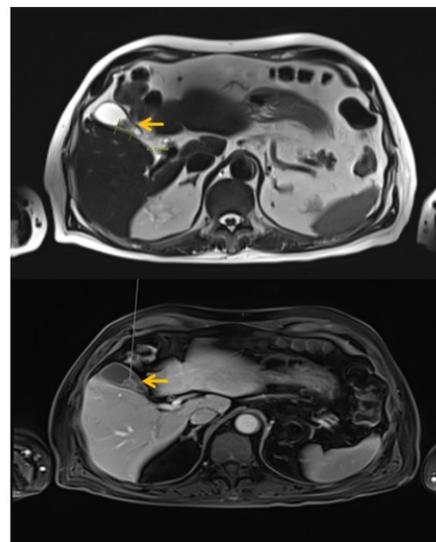


Figure 3. Enhanced MRCP showed enhancing polypoid mass (orange arrow) in GB, suggesting GB cancer (T1N0).