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Streptococcus gallolyticus infection silent debut, severe evolution

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Background & Aim: Streptococcus gallolyticus, member of streptococcus bovis group colonizes digestive tubes of birds, cows and human (2.5-15%). Literature describes the association between bacteraemia with Streptococcus gallolyticus and colon tumours but also extra colonic lesions (endocarditis, osteomyelitis, cholangitis, lung tumours, ovarian tumours) we report the case of 60 years old male, Caucasian patient who was diagnosed with Streptococcus gallolyticus infection with severe evolution by multiple septic lesions.

Case Presentation: The patient came to my office for back pain and was diagnosed with vertebral osteomyelitis as the first lesion of Streptococcus gallolyticus infection identified by blood culture. New other lesions were diagnosed on aortic valve (endocarditis), right popliteal artery (thrombosis), right knee (arthritis). Evaluation that was done after 30 and 45 days from the diagnosis showed severe aortic insufficiency so surgical intervention for aortic valvuloplasty was done in a short time. Vertebral and popliteal artery lesions have been improvement in two months of antibiotic treatment. Colonoscopy which was done 6 weeks from the diagnosis showed colonic polyps -the entrance gate of Streptococcus gallolyticus bacteraemia.

Discussion: This case represents a diagnosis and treatment problem. Not even the symptoms of the patient, identification the Streptococcus gallolyticus in blood culture and imagistic tests but also the study of literature data contributed to establish the diagnosis .Another question that we try to answer was how did Streptococcus gallolyticus produced bacteraemia.

Conclusions: This case proves that Streptococcus gallolyticus infection has a silent period followed by severe evolution by multiple septic lesions in spite of the precocious treatment and warns of the necessity of digestive investigations for these patients.

Key words: Streptococcus gallolyticus, osteomyelitis, endocarditis, thrombosis.