Streptococcus gallolyticus Group Bacteremia and Colonic Adenocarcinoma

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A 76-year-old woman presented to the emergency department with a fever (38.9°C), vomiting, and diarrhea of 2 days' duration. The patient's medical history included coronary artery disease, stroke, hypertrophic cardiomyopathy, diastolic heart failure, hypertension, and end-stage renal disease, for which she received dialysis. She had no personal or family history of colon cancer. Blood cultures demonstrated growth of *Streptococcus gallolyticus* (formerly known as *Streptococcus bovis*) group bacteremia. A transesophageal echocardiogram did not show valvular vegetation. Colonoscopy results revealed a nonobstructing, fungating mass in the distal rectum (**image A**). Histologic evaluation confirmed low-grade rectal adenocarcinoma with submucosal invasion (**image B**). The patient was treated with 2 g of intravenous ceftriaxone daily, as the minimal inhibitory concentration to penicillin was 0.10 µg/mL. This regimen was changed to 2 g of cefazolin 3 times per week after dialysis when she was discharged to an acute rehabilitation center for a total of 4 weeks of therapy. She underwent transanal excision of her colonic mass and did not require further radiation or chemotherapy.

Patients with *S gallolyticus* bacteremia or endocarditis have a higher rate of colorectal cancer compared with the general population.[1] Specifically, there is a higher risk for advanced adenomas and invasive carcinomas, and colonoscopy may be necessary.[2] (doi:10.7556/jaoa.2019.011)

References

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