P661

Relationship between streptococcal infective endocarditis and preneoplastic colorectal lesions

Vilardell P.; Moral S.; Bosch D.; Frigola JM.; Morales M.; Albert X.; Robles R.; Ramos R.; Graterol F.; Brugada R.

University Hospital de Girona Dr. Josep Trueta, Cardiology, Girona, Spain

Background: Colorectal cancer is associated with infective endocarditis (IE), due to specific gut pathogens like streptococcus Gallolyticus that use the tumor presence as a point of blood entry. However, the association between streptococcal IE and pre-cancerous lesions such as dysplastic adenomas is unknown.

Objectives: To determine the association with pre-neoplastic colorectal lesions and streptococcal IE.

Methods: Two hundred eighty consecutive patients with IE were included in a protocol of clinical, microbiological and imaging follow-up, between January 2008 and December 2018. Precancerous lesions were divided as high and low-grade dysplasia based on World Health Organization criteria. Colorectal cancer was defined as the presence of malignant cell beyond the muscularis mucosa.

Results: A colonoscopy was performed in 81 patients (29%) and 26 of them (32%) presented colorectal lesions: 10 (38%) colorectal cancer and 16 (62%) precancerous lesions (12% high degree (n = 2); 88% low degree (n = 14)). Both, colorectal cancer (20% vs 11%; p = 0.02) and preneoplastic lesions (44% vs 8%; p < 0.001) were associated with higher incidence of streptococcus Gallolyticus IE (Figure 1). Additionally, the subgroup of precancerous lesions with low degree also showed this association (43% vs 9%; p = 0.001).

Conclusions: Precancerous colorectal lesions are also associated with streptococcus Gallolyticus IE, even low-grade lesions. Hence, it is necessary to rule out occult neoplastic and preneoplastic colorectal lesions with colonoscopy in these patients.

Figure 1: Relationship between S. Gallolyticus IE and colorectal lesions.

a Statistical significance between colorectal cancer and S. Gallolyticus IE.

b Statistical significance between preneoplastic colorectal lesions and S. Gallolyticus IE.

Abstract P661 Figure.