Colonic Lesions in Patients with Enterococcal Endocarditis

Prasanna Sengodan¹, Prashanthi Thota², Tannaz Asad³, Steven M. Gordon⁴, K. V. Gopalakrishna⁵, Nabin K. Shrestha²

1 – Department of Internal Medicine, Cleveland Clinic at Fairview Hospital, 2 – Department of Gastroenterology, Cleveland Clinic Foundation
3 – Department of Infectious Diseases, Cleveland Clinic Foundation

Background

- Current guidelines recommend that patients with either Streptococcus galolyticus bacteremia or infective endocarditis (IE) should undergo colonoscopy to determine whether malignancy or other mucosal lesions are present.
- Although S. galolyticus is the classically described microorganism for colonic neoplasm-associated IE, enterococci, E. coli, Listeria and Clostridia have also been implicated in case reports.
- There is no large series that has described colonic abnormalities in patients with enterococcal IE.

Methods

- The Cleveland Clinic Infective Endocarditis Registry was utilized to identify all adult cases of enterococcal IE as defined by the Duke criteria.
- Patients were divided into those who had a colonoscopy within a year of admission for IE, and those who did not.
- Demographic and clinical characteristics were collected by retrospective chart review.

Results

- Two hundred two patients with enterococcal IE were identified. Mean (SD) patient age was 63 (16) years, of whom 35 (17%) were below 50 years of age.
- One hundred twenty-seven (63%) were males. Forty-three patients (21%) had a colonoscopy done within a year of diagnosis of IE.
- There were no significant differences between patients who had colonoscopy and those who did not.

Comparison Of Selective Baseline Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Colonoscopy (n=159)</th>
<th>Colonoscopy (n=43)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>66 (18)</td>
<td>62 (14)</td>
<td>0.191</td>
</tr>
<tr>
<td>Males</td>
<td>92 (63.1)</td>
<td>28 (65.1)</td>
<td>0.869</td>
</tr>
<tr>
<td>M/F</td>
<td>10.94 (1.08)</td>
<td>8.00 (1.76)</td>
<td>0.013</td>
</tr>
<tr>
<td>Cholestasis</td>
<td>6 (11.6)</td>
<td>21 (48.8)</td>
<td>1.000</td>
</tr>
<tr>
<td>Neutrophilin</td>
<td>6 (11.6)</td>
<td>21 (48.8)</td>
<td>1.000</td>
</tr>
<tr>
<td>Intravascular Blood Disease</td>
<td>2 (4.7)</td>
<td>1 (2.3)</td>
<td>0.424</td>
</tr>
<tr>
<td>Family history colon cancer</td>
<td>4 (9.3)</td>
<td>4 (9.3)</td>
<td>1.000</td>
</tr>
<tr>
<td>Intensive care setting</td>
<td>1 (2.3)</td>
<td>19 (43.2)</td>
<td>0.113</td>
</tr>
<tr>
<td>H/O recurrent UT</td>
<td>6 (14.3)</td>
<td>27 (62.8)</td>
<td>0.007</td>
</tr>
<tr>
<td>H/O cholecystitis</td>
<td>1 (2.3)</td>
<td>4 (9.3)</td>
<td>0.729</td>
</tr>
<tr>
<td>Intravenous Foley</td>
<td>3 (7.0)</td>
<td>5 (11.6)</td>
<td>0.482</td>
</tr>
<tr>
<td>Shunt Graft Blood Flowing</td>
<td>7 (16.3)</td>
<td>14 (32.6)</td>
<td>0.253</td>
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<td>Scleral Graft Blood Flowing</td>
<td>6 (14.3)</td>
<td>21 (48.8)</td>
<td>0.190</td>
</tr>
</tbody>
</table>

Thirty (70%) of 43 patients who underwent colonoscopy had at least one significant colonoscopy finding (Figure 1)

In addition to the 2 patients with CRC, 8 (4%) had a history of colon cancer

There were no significant associations between the examined clinical factors and the finding of significant colonic lesions.

Conclusion

- Seventy percent of patients with enterococcal IE who had colonoscopy within a year of admission for IE had at least one significant colonoscopy finding.
- The high incidence of CRC in patients with enterococcal endocarditis is not reported in the literature and warrants further research to identify a possible causal association.

References


Disclosures: None

Contact information:
Nabin K. Shrestha, MD
9500 Euclid Avenue
Cleveland, OH 44195
Phone: (216) 444-1687
Fax: (216) 445-9446
Email: shrestha@ccf.org