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Association between *Streptococcus bovis* and Colon Cancer

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We read with great interest the article by Marcella Beck and colleagues (1). We fully support their recommendation that proper distinction between the “*Streptococcus bovis*” strains belonging to *Streptococcus gallolyticus* and *Streptococcus infantarius* (previously biotypes I and II/2, respectively) should be made in future studies to obtain a clear picture of the disease associations of these opportunistic pathogens; above all, because proper bacterial classification and subsequent recognition of their association with colon cancer can be a life-saving event for *S. bovis*-infected individuals with undiagnosed colon cancer (4, 5, 8). We were therefore somewhat puzzled by the authors’ conclusion that the association between colon cancer and *S. bovis* (4, 5, 8) may not be as strong as previously thought.

Beck and colleagues based their conclusion on the finding that 3 out of 46 individuals with *S. bovis* bacteremia and colon cancer (7%) may not be as strong as previously thought.

Beck and colleagues reported eight additional cases of benign lesions, which in general do not cause symptoms and cannot be detected by fecal occult blood tests, and use these as a portal of entry to cause endocarditis or bacteremia in susceptible individuals (7, 9). In this view, it was interesting to notice that Beck and colleagues reported eight additional cases of benign colon disease which may very well be carcinogenic precursors.

Taken together, we believe that the association between *S. bovis* and colon cancer (defined as carcinomas and premalignant adenomas) should not be underestimated and that full bowel examination is highly recommendable for patients that present with *S. bovis* bacteremia, especially when it concerns *S. gallolyticus* subsp. *gallolyticus* (biotype I).

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Ed. Note: The authors of the published article did not respond.