

Testicular Cancer and Microbiota

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Abstract

We analyzed a Male with 33 years old. 2003 is detected Seminoma of the left testis, which is removed. Twenty sessions of radiotherapy are administered and observed for 5 years. In 2008, right testicle was removed, and prostheses were placed. Classic teratoma-endodermal seminoma is diagnosed. 2011, AFP control study (400ng/mL), with lesions in the iliac and Cavo-aortic arteries. In laparotomy, the necrotic is removed. New Chemo. Retroperitoneal process appears and is kept under observation for one year, without elevated markers. 2013 detect AFP (69ng/mL). They operate it by removing the metastases again. The AFP rises and is operated again in 2016. In 2017 ACE is 100 (ng/mL). With intra-aortic metastases. They operate it. 2018, the necrosis is removed again. "Last surgery." Intestinal Microbiota Transplantation (IMT) is carried out on March 21, 2019.

Keywords: Testicular cancer; Intestinal Microbiota Transplantation (IMT); Intestinal Microbiota (IM)

Introduction

33-year-old Male with left testicle removed cancer. Classic seminoma is diagnosed. Provide radiotherapy and decided to observe it for 5 years. Operate on 6 occasions, removing the second testicle and numerous intra-abdominal metastases. Intestinal Microbiota Transplant is carried out Anxiety dropped from 22 to 8 points [1], He looks better. The joints hurt, allergic pictures and in tolerates all foods, finish. IBS with stool formed. (He says that he had not evacuated solid for years).

Diagnosis

- Retroperitoneal cancer secondary to classic left seminoma, removed
- Seminoma and classic endodermal left teratoma (removed)
- Five times retroperitoneal metastases (operated)
- Anxiety 22 points. Hamilton Scale
- Insufficient weight (BMI 17)
- IBS, diarrhea variety
- Multi-allergic

Cites in a month and then in 5 months and looks better. The joints hurt 70% less. The allergic pictures to dust and pollen, decreased 70%. Tolerates all foods, including mole, spicy candy, guacamole and beer. IBS with stool formed. (He says that he had not evacuated solid for years). Increased 200 grams. Abdominal diameter 76 centimeters, Blood Pressure 102/65, Pulse 78X'. Temperature 98.0600° F. Breathes 18X' Tolerated *Lactobacillus reuteri* (Pylopass). Inulin 0.453Gm. One a day. After breakfast: One month.

Comments

The Intestinal Microbiota Transplant (IMT) is a methodology that can be used in patients affected by Cancer, due to its good results. It has been suggested that the Intestinal Microbiota can modulate the effectiveness of cancer therapies, especially immunotherapy [2]. Although it

has been shown that the microbiota may have no actions, decrease or increase in susceptibility to cancer. It turns out that investigating these effects, as well as applying knowledge to try to remedy these frequent illnesses, is currently an extraordinarily interesting fact [3]. Thus, we see that in addition to the impact that the microbiota has on cancer, the one that has some probiotic of the *Lactobacillus rhamnoses* type is added [4].

One of the most significant aspects that must be taken into account in cancer patients is whether they are immunocompromised or not. Therefore, IMT we suggest, is carried out on that waiting measure, when the immune compromise is minimal. Since in case of performing IMT in patients with great immune compromise, it can fall into the complex terrain of infectious processes [5].

Now, where is the mind-heart link with cancer-microbiota?

The gut-microbiota-brain axis has already been described and more articles are observed in this regard, in the world literature, where it is pointed out, that in this axis, there is two-way communication, between the brain and the intestine, through biochemical signals. That is this two-way communication, which perfectly coordinates the immunological status, allows the microbiota to act, once determined-between both components - the actions to be followed and, thus, it is seen that the immune system responds favorably to this communication, allowing clinical improvements, not only in testicular cancer, but in most cancers, as well as in another series of conditions of different kinds, highlighting those generated in the systems, Gastrointestinal, dermatological, psychiatric, neurological, endocrinological and others [6-9]. Where the mind-heart link with cancer-microbiota lies, because in the gut-microbiota-brain axis, already described.

Conflict of Interest

The authors declare that they do not have affiliation or participation in organizations with financial interests.

Ethical Approval

This report does not contain any study with human or animal subjects carried out by the authors.

Informed Consent

The authors obtained informed written consent from the patient, in order to develop this article.

References

1. Hamilton M (1959) The assessment of anxiety states by rating. Br J Med Psychol 32(1): 50-55.
2. Chen D, Wu J, Jin D, Wang B, Cao H (2018) Fecal microbiota transplantation in cancer management: Current status and perspectives. Int J Cancer 145(8): 2021-2031.
3. Garret WS (2015) Cancer and the microbiota. Science 348(6230): 80-86.
4. Vivarelli S, Salemi R, Candido S, Falzone L, Santagati M, et al. (2019) Gut microbiota and cancer: From pathogenesis to therapy. Cancers (Basel) 11(1): E38.
5. Wardill HR, Secombe KR, Bryant RV, Hazenberg MD, Costello SP (2019) Adjunctive fecal microbiota transplantation in supportive oncology: Emerging indications and considerations in immunocompromised patients. E Bio Medicine 44: 730-740.
6. Dinan TG, Cryan JF (2017) Brain gut microbiota axis and mental health. Psychosom Med 79(8): 820-926.
7. Hong XW, Ping YW (2016) Gut microbiota brain Axis. Chin Med J (Eng) 129(19): 2373-2380.
8. Tiburcio ÁZ, Ruiz HB, López RPA (2019) Microbiota disease. Open J Bac 3(1): 008-010.
9. Molina TC, Rodriguez AM, Roman P, Snachez LN, Cardona D (2019) Stress and the gut microbiota brain axis. Behav Phamacol 30(2-3): 187-200.

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