

Wawryków Agata, Korabiusz Katarzyna, Stecko Monika, Fabian-Danielewska Anna, Wilczyńska Agnieszka, Piątek Patrycja, Żukowska Magdalena, Wawryków Paweł. Dysbiosis of the digestive tract after antibiotics treatment. *Journal of Education, Health and Sport*. 2019;9(5):404-409. eISSN 2391-8306. DOI <http://dx.doi.org/10.5281/zenodo.3229367>
<http://ojs.ukw.edu.pl/index.php/johs/article/view/6943>

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part B item 1223 (26/01/2017).
1223 Journal of Education, Health and Sport eISSN 2391-8306 7

© The Authors 2019;

This article is published with open access at Licensee Open Journal Systems of Kazimierz Wielki University in Bydgoszcz, Poland
Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial license Share alike. (<http://creativecommons.org/licenses/by-nc-sa/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 02.05.2019. Revised: 20.05.2019. Accepted: 26.05.2019.

Dysbiosis of the digestive tract after antibiotics treatment

Dysbioza przewodu pokarmowego po leczeniu antybiotykami

**Agata Wawryków¹, Katarzyna Korabiusz¹, Monika Stecko¹, Anna Fabian-Danielewska¹,
Agnieszka Wilczyńska¹, Patrycja Piątek¹, Magdalena Żukowska¹, Paweł Wawryków²**

¹ Pomeranian Medical University in Szczecin, Doctoral Studies

² Pomeranian Medical University in Szczecin, Department of Pediatrics and Pediatric Oncology

**mgr Agata Wawryków¹, mgr inż. Katarzyna Korabiusz¹, mgr Monika Stecko¹,
lek. Anna Fabian-Danielewska¹, mgr Agnieszka Wilczyńska¹, lek. Patrycja Piątek¹,
lek. Magdalena Żukowska¹, dr n. med. Paweł Wawryków²**

Key words: dysbiosis, antibiotic therapy, *Clostridium difficile*

Słowa klucz: dysbioza, antybiotykoterapia, *Clostridium difficile*

Abstract

A human organism is a great place for living a huge and very diverse microflora. The most colonized seems to be the digestive tract. The balance between the host organism and the microbiome is extremely important. One of the causes of homeostasis disorders may be treatment with antibiotics. During antibiotic therapy, the natural intestinal microbiota is depleted. As a consequence, the risk of uncontrolled development of *Clostridium difficile* is significantly increased. Intestinal infections due to this pathogenic rote are a serious health problem.

Abstrakt

Ludzki organizm jest doskonałym miejscem bytowania ogromnej i bardzo zróżnicowanej mikroflory. Najliczniej skolonizowany wydaje się być przewód pokarmowy. Niezwykle ważna jest równowaga między organizmem gospodarza, a mikrobiomem. Jedną z przyczyn zaburzeń homeostazy może być leczenie antybiotykami. W trakcie antybiotykoterapii dochodzi do zubożenia naturalnej mikrobioty jelit. W konsekwencji znacznie zwiększa się ryzyko niekontrolowanego rozwoju *Clostridium difficile*. Zakażenia jelit wywołane tą patogenną laseczką stanowią poważny problem zdrowotny.

Introduction

The human body is a very complicated system, inhabited by numerous organisms: bacterias, viruses and eukaryotes. The entire ecosystem of microorganisms present in the human body is known as the microbiome. It resides the skin, epithelium of the mouth, nose, vagina and especially the digestive system.¹

¹ Wołkowicz T., Januszkiewicz A., Szych J.: Mikrobiom przewodu pokarmowego i jego dysbiozy jako istotny czynnik wpływający na kondycję zdrowotną organizmu człowieka, MED. DOŚW. MIKROBIOL., 2014, 66: 223 - 235

Microbiome, which is present in a digestive tract is a complicated complex that combines host cells with a microbiota. It provides stable terms of humidity, temperature, and because of its function, it is very rich in compounds that can be used as nutrients by bacteria. The shape of the microbial ecosystem in the gastrointestinal tract depends on many factors. These include not only the environment, lifestyle and diet, but also genetic determinants of the host. Due to the proper interaction between the microbiome and the human genome, intestinal homeostasis is achieved.

Intestinal microbial balance disturbances is mentioned as the one of the factors of many disorders, especially autoimmune diseases like diabetes type 1, obesity, multiple sclerosis, celiac disease or chronic fatigue syndrome.²

Antibiotic therapy

Antibiotic therapy is causative treatment which leads to cure the patient suffering from the infection, by eliminating the cause of the disease. This is due to two mechanisms. The first one is based on bactericidal action, i.e. by directly killing the microorganism. The second mechanism - bacteriostatic - stops growth and multiplication of microorganisms, but do not directly kills existing microorganism. Undoubtedly, antibiotic treatment has its beneficial effects in some cases. However, it should be remembered that during antibiotic therapy large intestinal disturbances may occur.

Antibiotics, which kill pathogenic bacteria, could also cause deficiency of bacteria physiologically present in the gastrointestinal tract. Studies on human biocenosis proves that antibiotic therapy rapidly reduces the number of bacteria like *Lactobacillus* and *Bifidobacterium* *Bacteroides*. During treatment, the number of enterobacteria and yeast *Candida albicans* increases significantly.³ The consequence of the imbalance between symbiotic and pathogenic microflora is the deterioration of well-being or disease.⁴ The depletion of natural intestinal microbiota creates conditions for uncontrolled development and colonization of the intestinal walls by a particularly dangerous pathogenic, for example

² Sun X., Jia Z.: Microbiome modulates intestinal homeostasis against inflammatory diseases [w:] *Vet Immunol Immunopathol.* 2018 Nov;205:97-105

³ Gawęcki J., Libudzisz Z. *Mikroorganizmy w żywności I żywieniu.* Poznań 2010

⁴ Blaser M.J. The microbiome revolution. *J. Clin. Invest.* 2014; 11: 4162–4165

Clostridium difficile.⁵ This dysbiosis may consequently increase the occurrence of inflammatory bowel diseases.⁶

Clostridium difficile

Infections caused by *Clostridium difficile* are a global health problem.⁷ The number of patients with intestinal inflammation caused by *Clostridium difficile* - both Europe and the US - has doubled in recent years.⁸ Recent study shows that the vegetative form of *Clostridium* is the most pathogenic. Its characteristic features are: the ability to divide, produce toxins and the ability to colonize the intestines.⁹ Additional unfavorable factors which are connected with a poor prognosis for the patients are high resistance to antibiotics and disinfectants. These are the factors that significantly increase mortality rate in infected patients.

Methods of treating intestinal inflammation

Effective methods of treatment of inflammatory bowel diseases include: change of diet and the use of pro- and prebiotics that modulate intestinal microflora and has a beneficial effect on metabolism. Increasingly, intestinal microflora transplantation is used more and more frequently, especially in the group of patients in whom previous treatment of *Clostridium difficile* infection was ineffective. Polák et al. studies demonstrate the high efficiency of faecal transplantation in *Clostridium difficile* colitis.¹⁰ Data Stebel et al. published in 2018 indicate that intestinal microflora transplantation in patients with recurrent

⁵ Carter G.P, Rood JJ, Lyras D. The role of toxin A and toxin B in the virulence of *Clostridium difficile*. *Trends Microbiol* 2012; 20: 21 – 9

⁶ Sun X., Jia Z.: Microbiome modulates intestinal homeostasis against inflammatory diseases [w:] *Vet Immunol Immunopathol*. 2018 Nov;205:97-105

⁷ Brown WB. Fecal microbiota transplantation in treating *Clostridium difficile* infection. *J Dig Dis* 2014; 15: 405 – 8

⁸ Hryniewicz W, Martirosian G, Ozorowski T. Zakażenia *Clostridium difficile*. Diagnostyka, terapia, profilaktyka. Narodowy Instytut Leków. Wydanie I. Warszawa 2011

⁹ Le Monnier A, Zahar JR, Barbut F. Update on *Clostridium difficile* infections. *Med Mal Infect* 2014; 44: 354 – 65

¹⁰ Polák P, Freibergarová M, Husa P, Juránková J, Svačinka R, Mikešová L, Kocourková H, Mihalčin M, Skalická R, Stebel R, Porubčanová M.: Fecal bacteriotherapy for the treatment of recurrent *Clostridium difficile* colitis used in the Clinic of Infectious Diseases of the University Hospital Brno in 2010-2014 - a prospective study. *Epidemiol Mikrobiol Imunol*. 2015 Oct;64(4):232-5

Clostridium difficile infections is a effective and safe treatment alternative.¹¹ Many studies try to prove the efficacy of intestinal flora transplantation in dysbiosis patients after anticancer treatment.

Summary

Microbiome is very important in the human body. It is necessary to understand the interaction between the microbiome and host cells to prevent the formation of dysbiosis which is well known factor of many disease, including serious infections, and autoimmune disorders.¹²

Literature:

1. Blaser M.J. The microbiome revolution. *J. Clin. Invest.* 2014; 11: 4162–4165
2. Brown WB. Fecal microbiota transplantation in treating Clostridium difficile infection. *J Dig Dis* 2014; 15: 405 – 8
3. Carter G.P, Rood JI, Lyras D. The role of toxin A and toxin B in the virulence of Clostridium difficile. *Trends Microbiol* 2012; 20: 21 – 9
4. Gawęcki J., Libudzisz Z. Mikroorganizmy w żywności I żywieniu. Poznań 2010
5. Hryniewicz W, Martirosian G, Ozorowski T. Zakażenia Clostridium difficile. Diagnostyka, terapia, profilaktyka. Narodowy Instytut Leków. Wydanie I. Warszawa 2011
6. Le Monnier A, Zahar JR, Barbut F. Update on Clostridium difficile infections. *Med Mal Infect* 2014; 44: 354 – 65
7. Polák P, Freibergarová M, Husa P, Juránková J, Svačinka R, Mikešová L, Kocourková H, Mihalčín M, Skalická R, Stebel R, Porubčanová M.: Fecal bacteriotherapy for the treatment of recurrent Clostridium difficile colitis used in the Clinic of Infectious Diseases of the University Hospital Brno in 2010-2014 - a prospective study. *Epidemiol Mikrobiol Imunol.* 2015 Oct;64(4):232-5.

¹¹ Stebel R, Svačinka R, Vojtilová L, Freibergarová M, Husa P: Fecal bacteriotherapy in the treatment of Clostridium difficile infection. *Epidemiol Mikrobiol Imunol.* 2018 Winter;67(3):104-109

¹² Wołkowicz T., Januszkiewicz A., Szych J.: Mikrobiom przewodu pokarmowego i jego dysbiozy jako istotny czynnik wpływający na kondycję zdrowotną organizmu człowieka, *MED. DOŚW. MIKROBIOL.*, 2014, 66: 223 - 235

8. Stebel R, Svačinka R, Vojtilová L, Freiburgerová M, Husa P: Fecal bacteriotherapy in the treatment of *Clostridium difficile* infection. *Epidemiol Mikrobiol Imunol.* 2018 Winter;67(3):104-109
9. Sun X., Jia Z.: Microbiome modulates intestinal homeostasis against inflammatory diseases [w:] *Vet Immunol Immunopathol.* 2018 Nov;205:97-105
10. Wołkowicz T., Januskiewicz A., Szych J.: Mikrobiom przewodu pokarmowego i jego dysbiozy jako istotny czynnik wpływający na kondycję zdrowotną organizmu człowieka, *MED. DOŚW. MIKROBIOL.*, 2014, 66: 223 - 235