

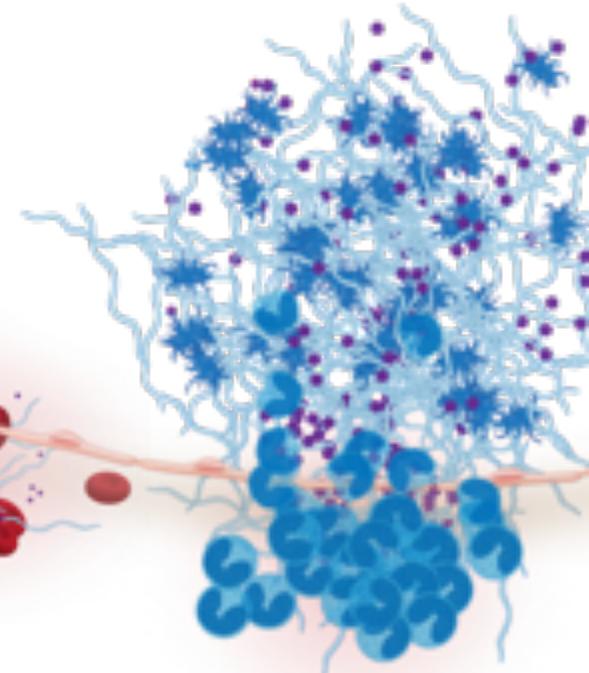
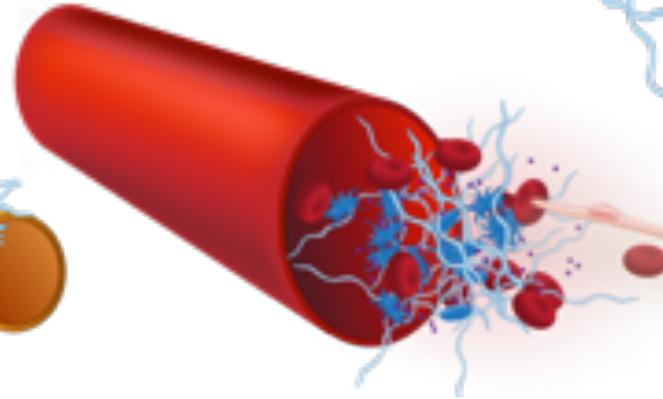
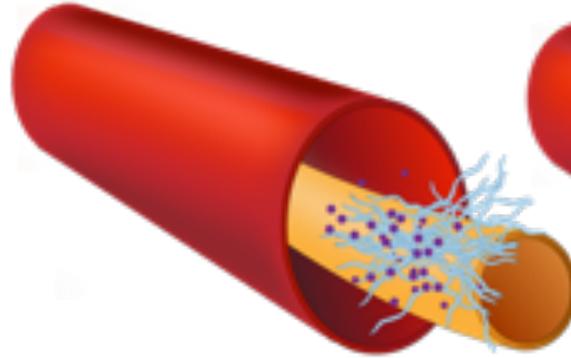
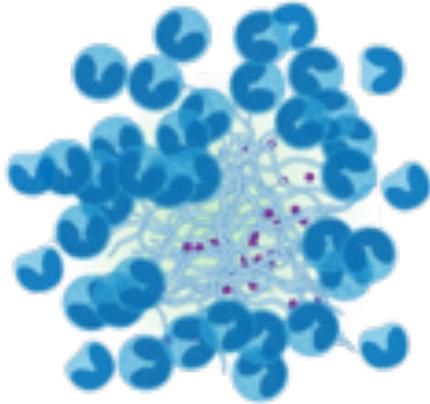
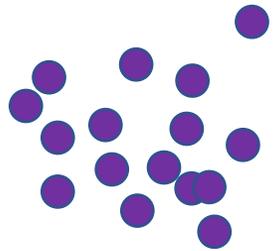
**THE COAGULATION SYSTEM  
IN *STAPHYLOCOCCUS AUREUS*  
ENDOVASCULAR INFECTIONS**

**THOMAS VANASSCHE  
LEUVEN, BELGIUM**

***STAPHYLOCOCCUS AUREUS***

# S. aureus disease spectrum

1/5



**COLONISATION**

**INVASION**

**PERSISTENCE**

**DISSEMINATION**

**ENDOASCULAR**

COMMENSAL

ABCESS

CATHETER- AND  
DEVICE-RELATED  
INFECTIONS

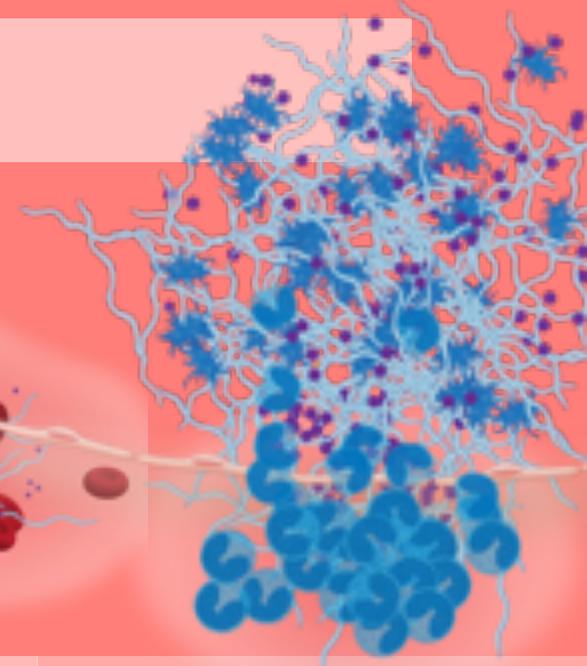
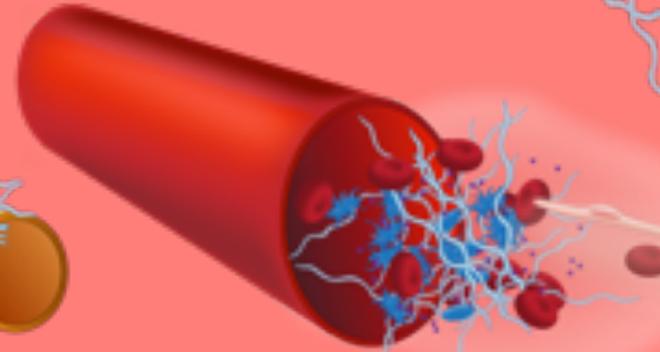
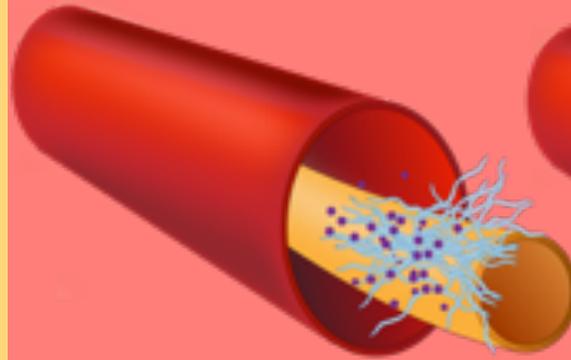
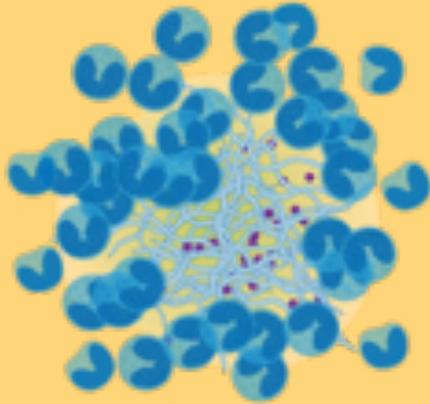
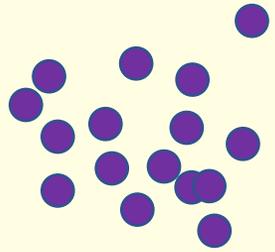
SEPSIS

**ADHESION**

INFECTIVE  
ENDOCARDITIS

**SEVERITY**

# S. aureus disease spectrum



**COLONISATION**  
COMMENSAL

**INVASION**  
ABCESS

**PERSISTENCE**  
CATHETER- AND  
DEVICE-RELATED  
INFECTIONS

**DISSEMINATION**  
SEPSIS

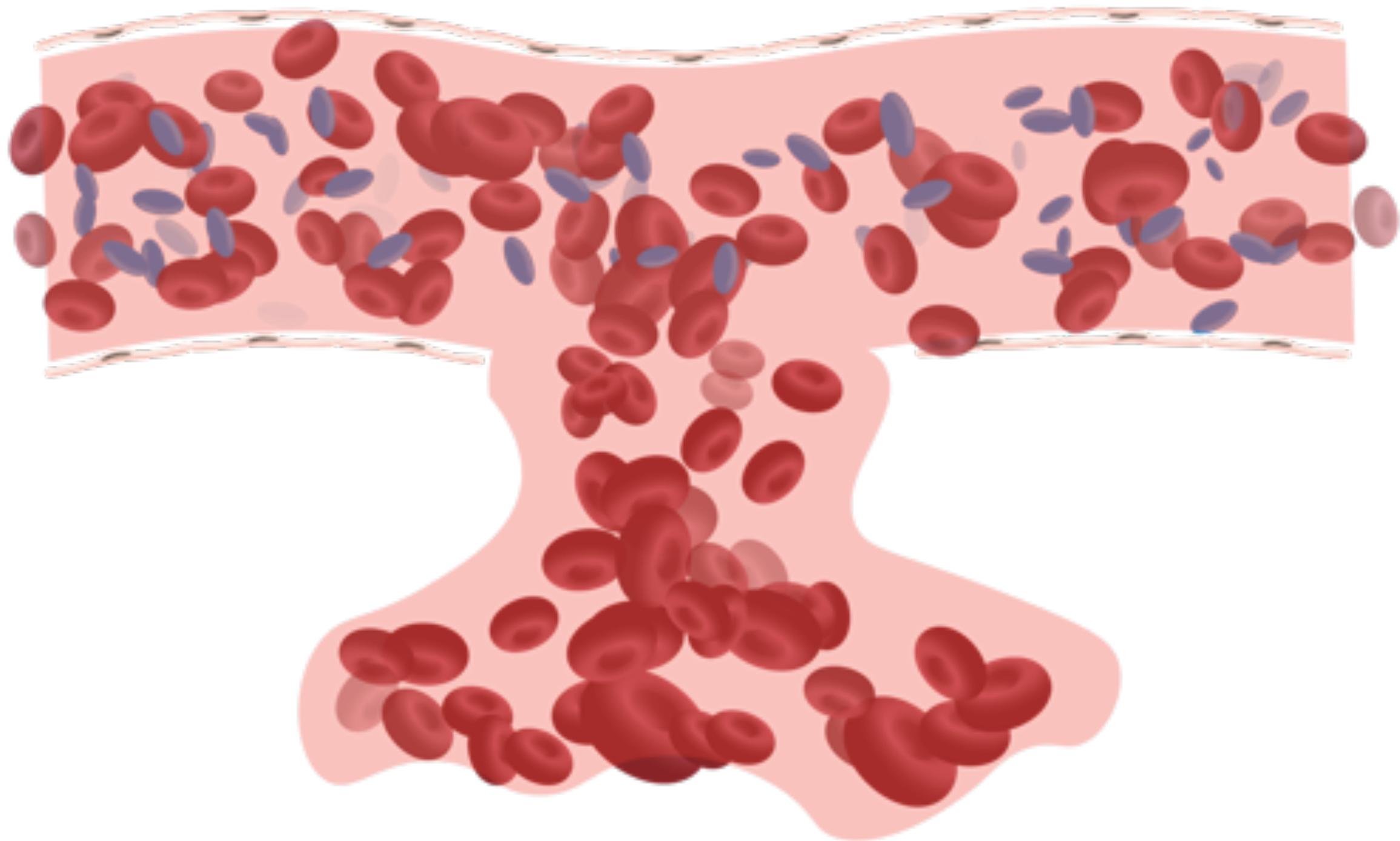
**ENDOVASCULAR  
ADHESION**  
INFECTIVE  
ENDOCARDITIS

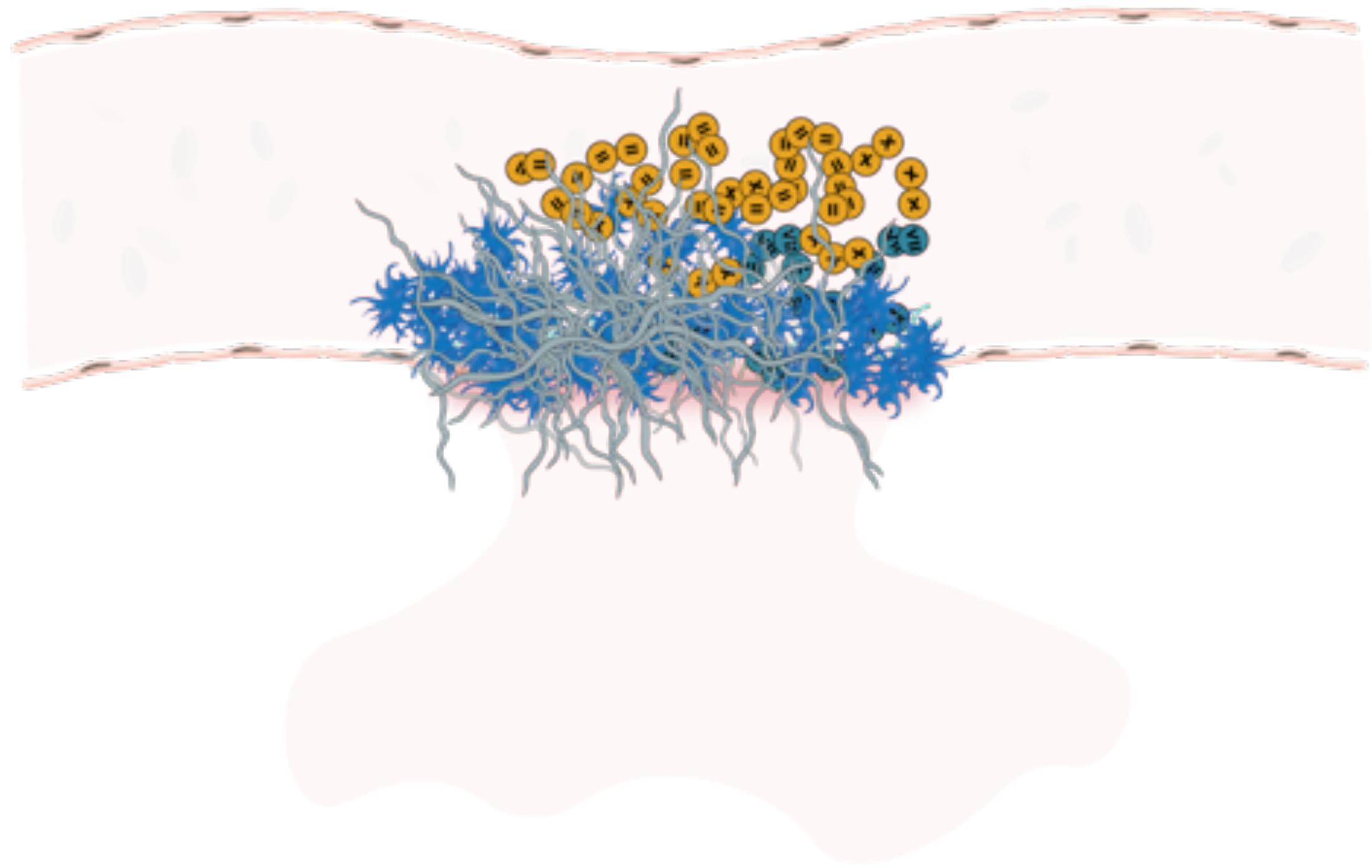
**SURFACE**

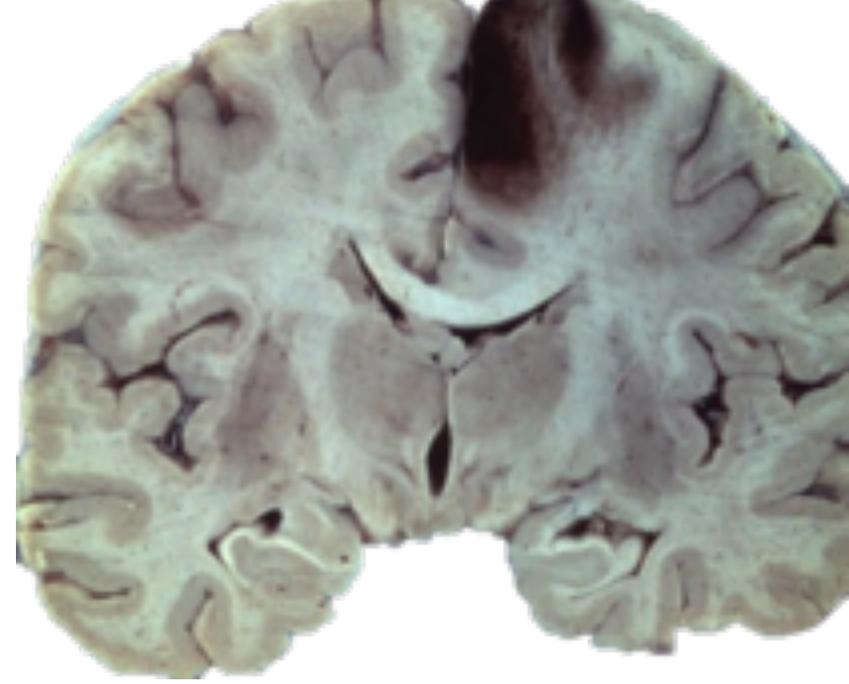
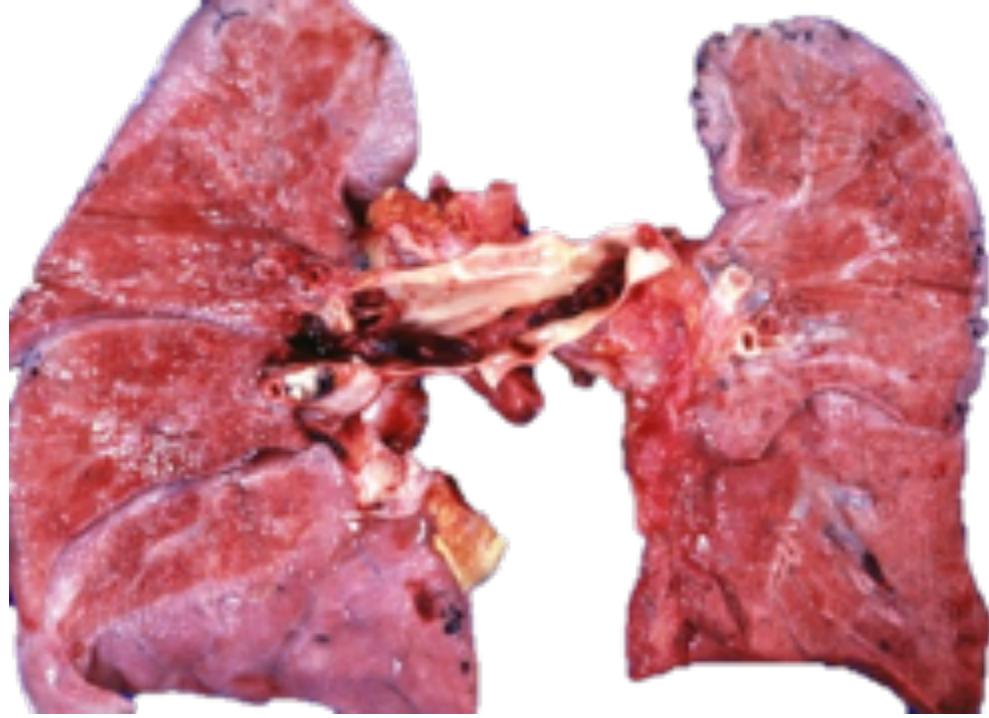
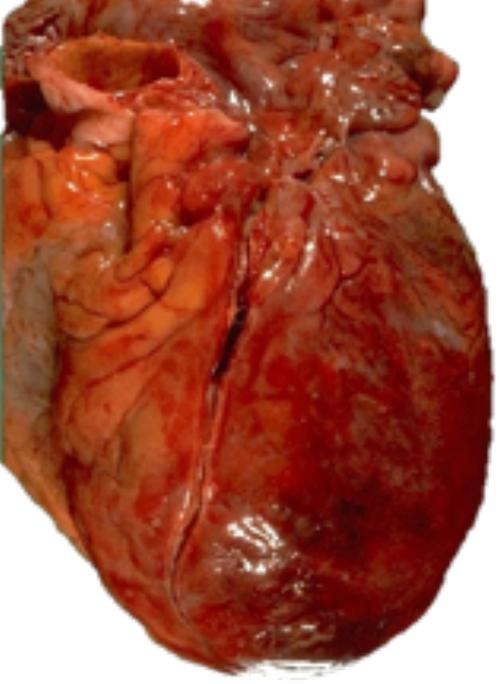
**SKIN**

**BLOOD**

**THE COAGULATION SYSTEM**  
**PROTECTS AGAINST LIFE-**  
**THREATENING BLEEDING**





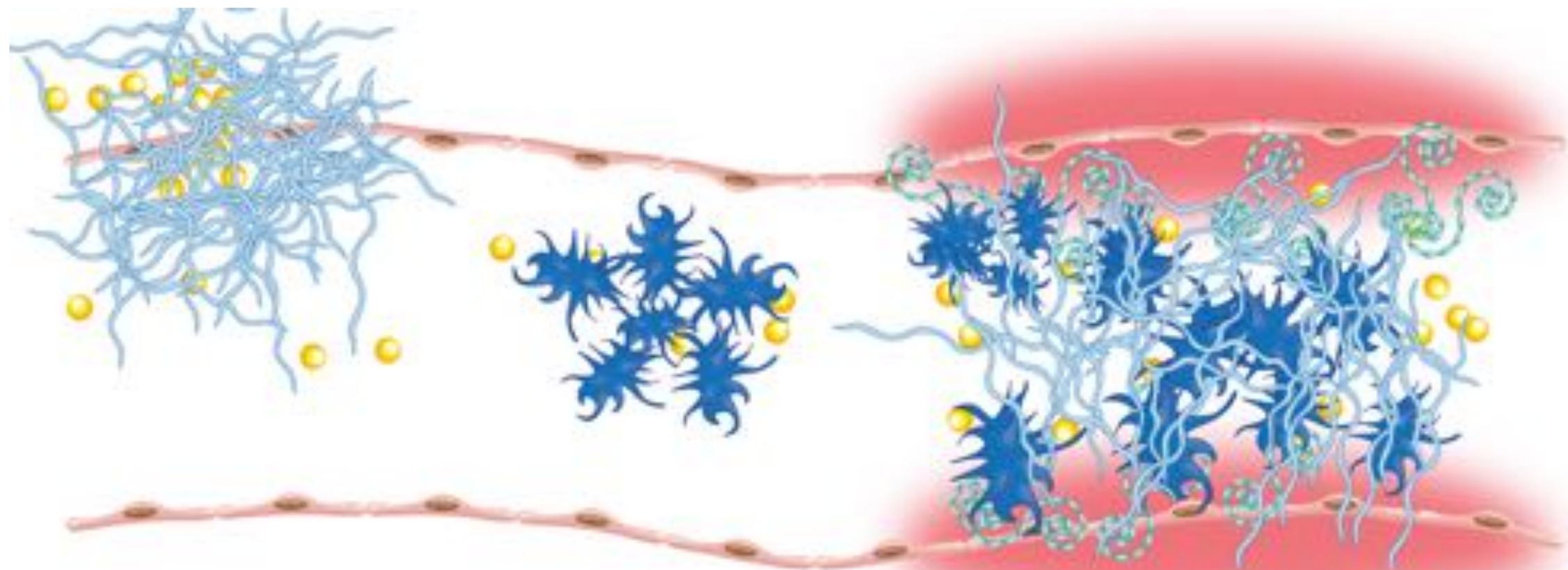


1/3



**THE COAGULATION SYSTEM**  
**PROTECTS AGAINST LIFE-**  
**THREATENING BLEEDING**  
**BUT UNREGULATED**  
**ACTIVATION IS OUR N°1 KILLER**

**THE COAGULATION SYSTEM**  
**PROTECTS AGAINST LIFE-**  
**THREATENING INFECTIONS**



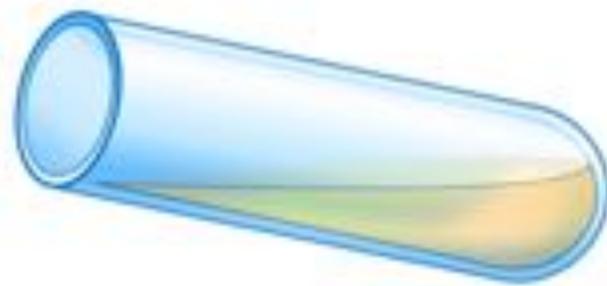
**THE COAGULATION SYSTEM**  
**PROTECTS AGAINST LIFE-**  
**THREATENING INFECTIONS**  
**BUT INADEQUATE RESPONSE**  
**INCREASES MORTALITY**

***S. AUREUS* HAS  
EVOLVED TO *ESCAPE* THE  
COAGULATION SYSTEM**

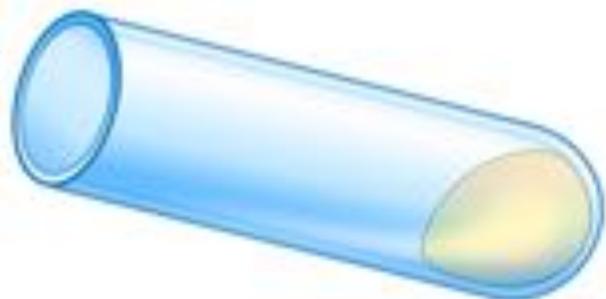
***S. AUREUS* HAS  
EVOLVED TO *USE* THE  
COAGULATION SYSTEM  
TO ITS OWN ADVANTAGE  
TO *PROMOTE* INFECTION**

# **S.aureus** and coagulation





coagulase test negative =  
coagulase-negative staphylococ (CNS)



coagulase test positive =  
Staphylococcus aureus (S. aureus)

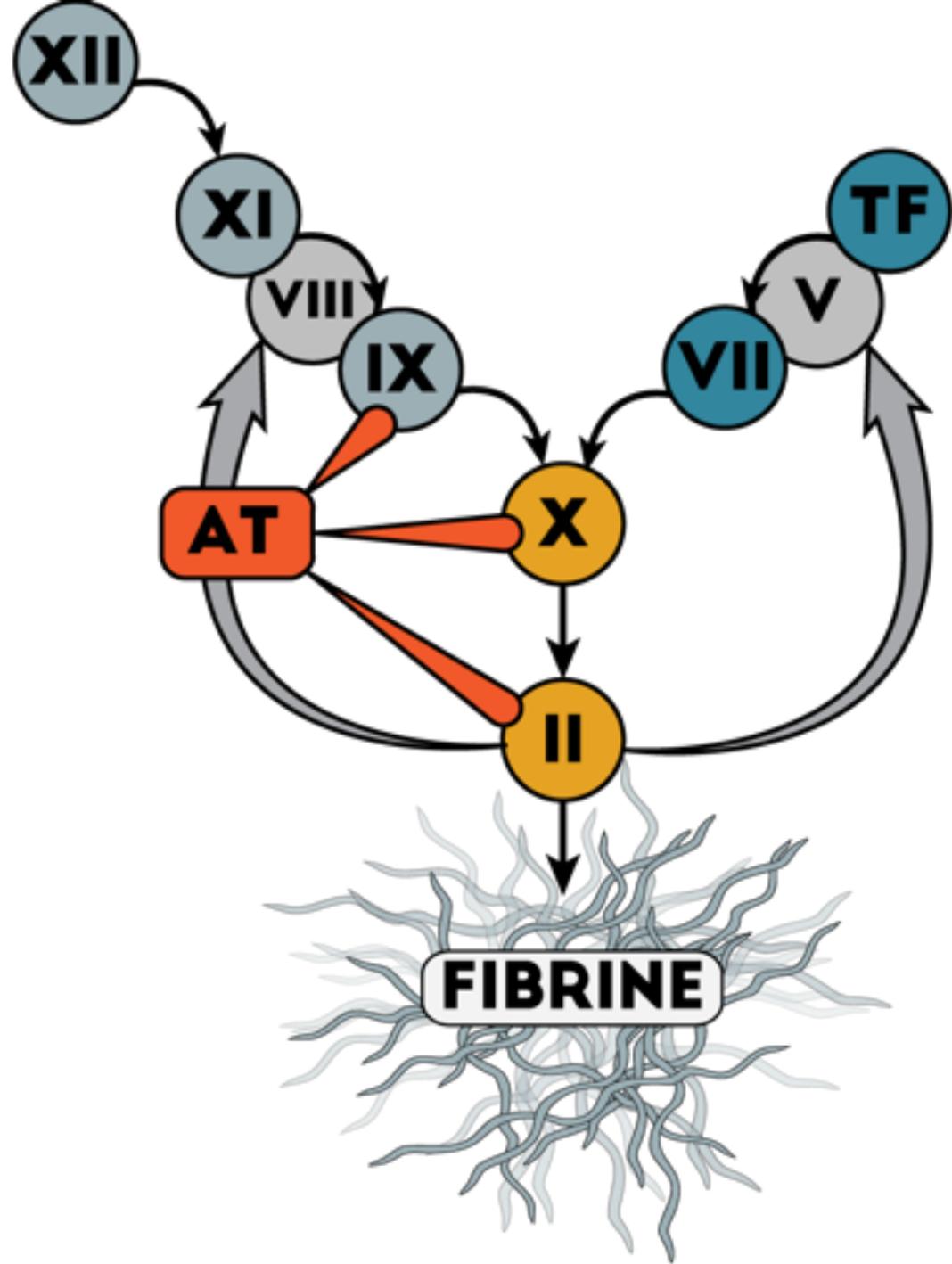
## **COAGULASE AND HEMOLYSIN TESTS AS MEASURES OF THE PATHOGENICITY OF STAPHYLOCOCCI**

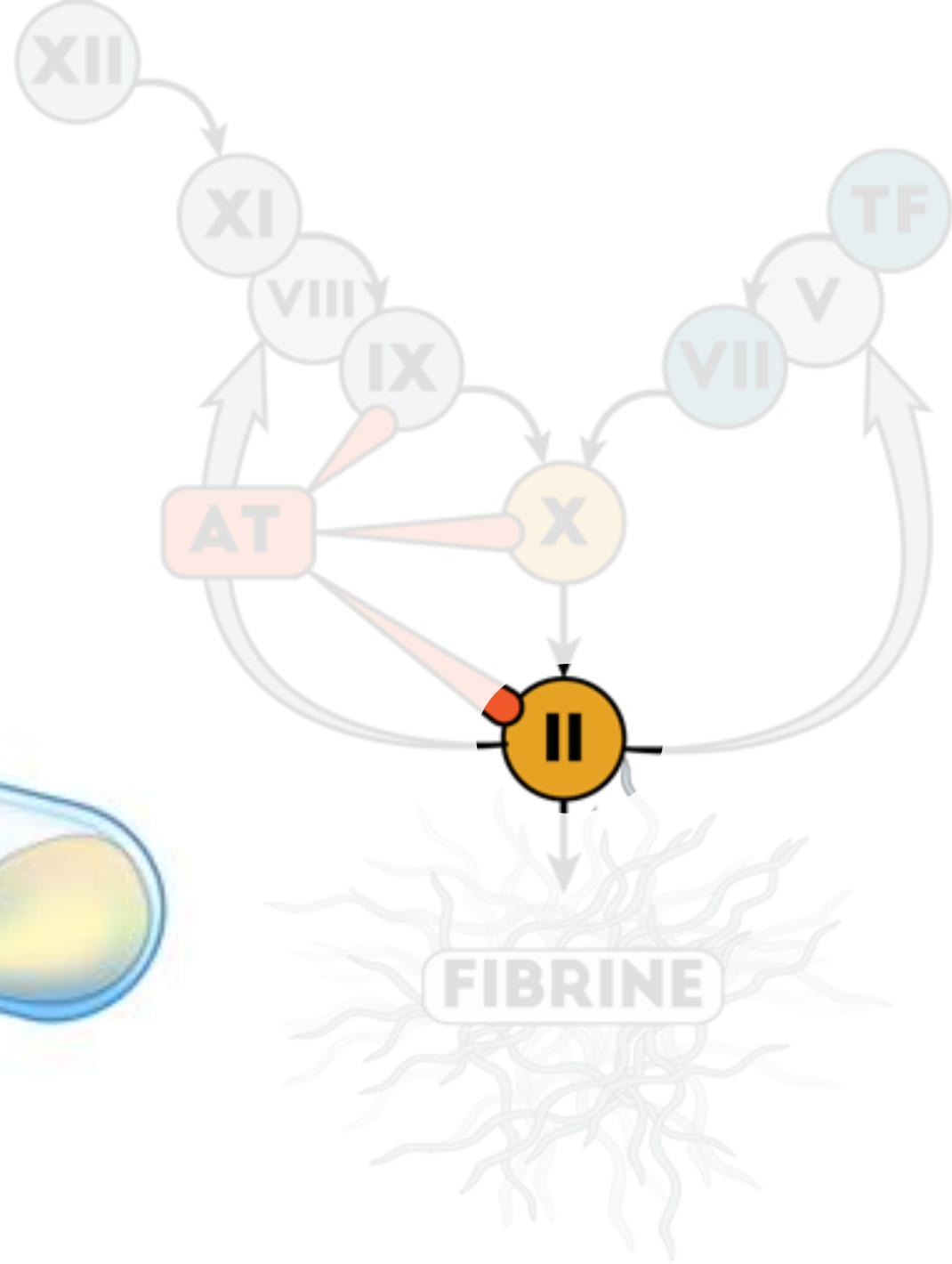
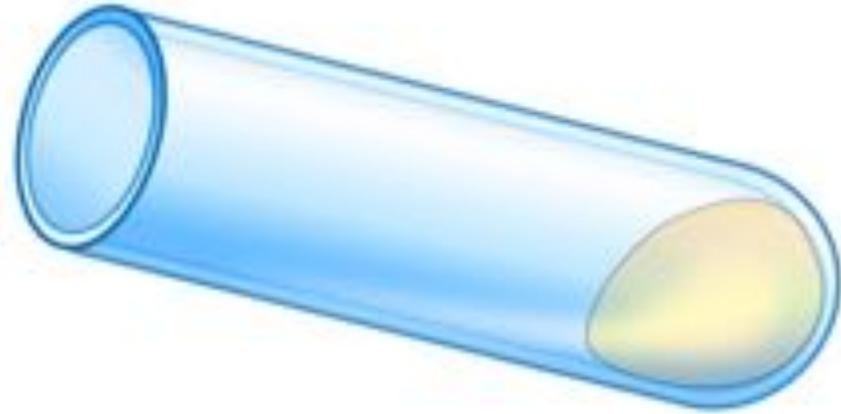
**GEORGE H. CHAPMAN, CONRAD BERENS, ADELINE PETERS AND  
LILIAN CURCIO**

*Clinical Research Laboratory and laboratory of the Lighthouse Eye Clinic of the  
New York Association for the Blind, New York, N.Y.*

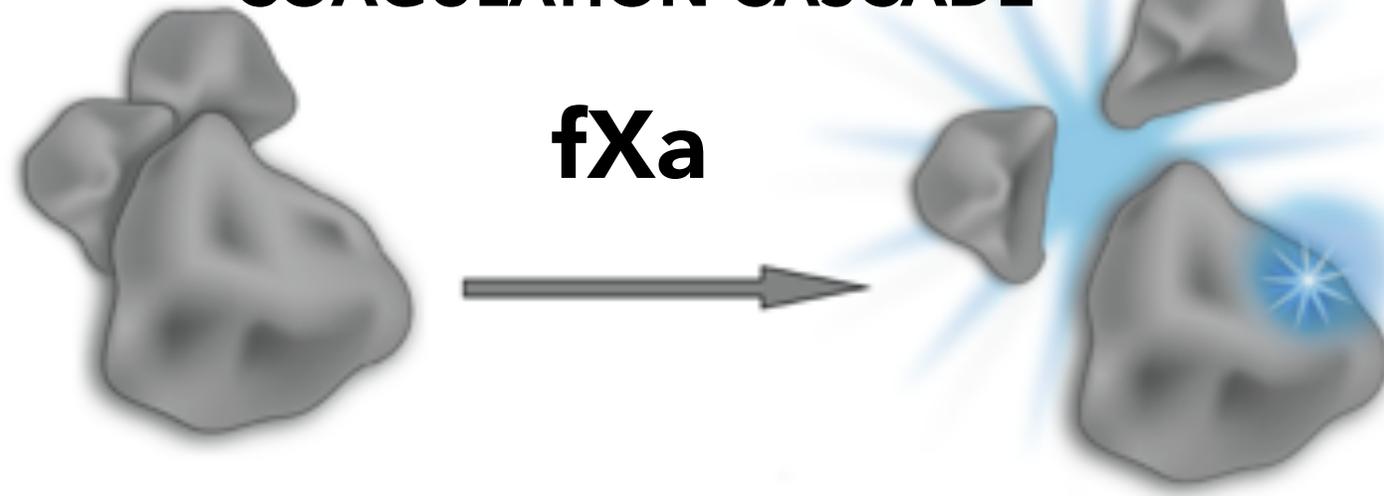
Received for publication April 18, 1934

**"The determination of the coagulase is important because,  
regardless of its color, a coagulating strain is probably pathogenic"**



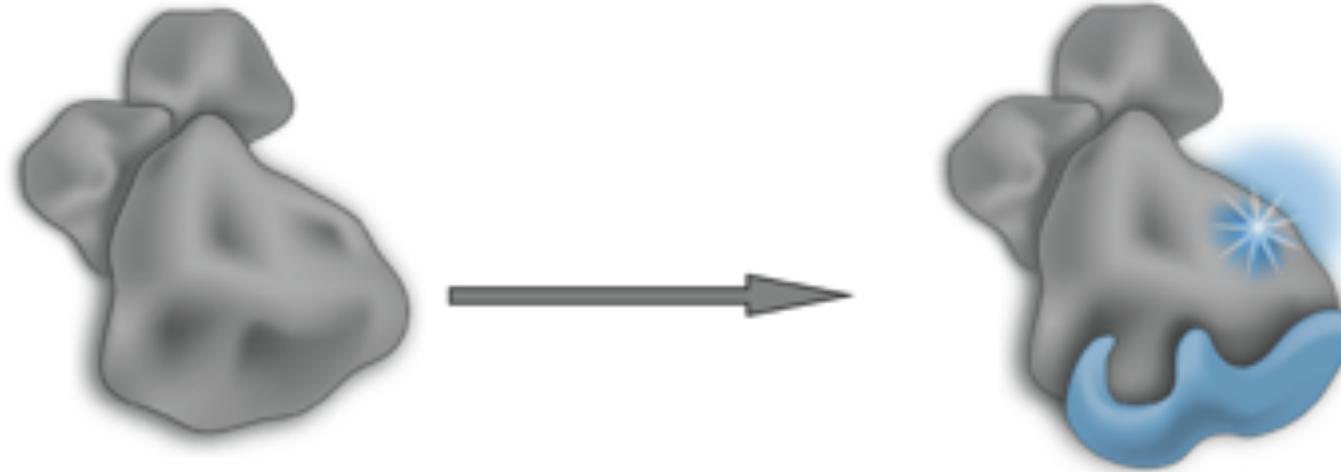


# COAGULATION CASCADE



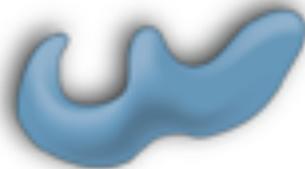
**PROTHROMBIN**

**THROMBIN**

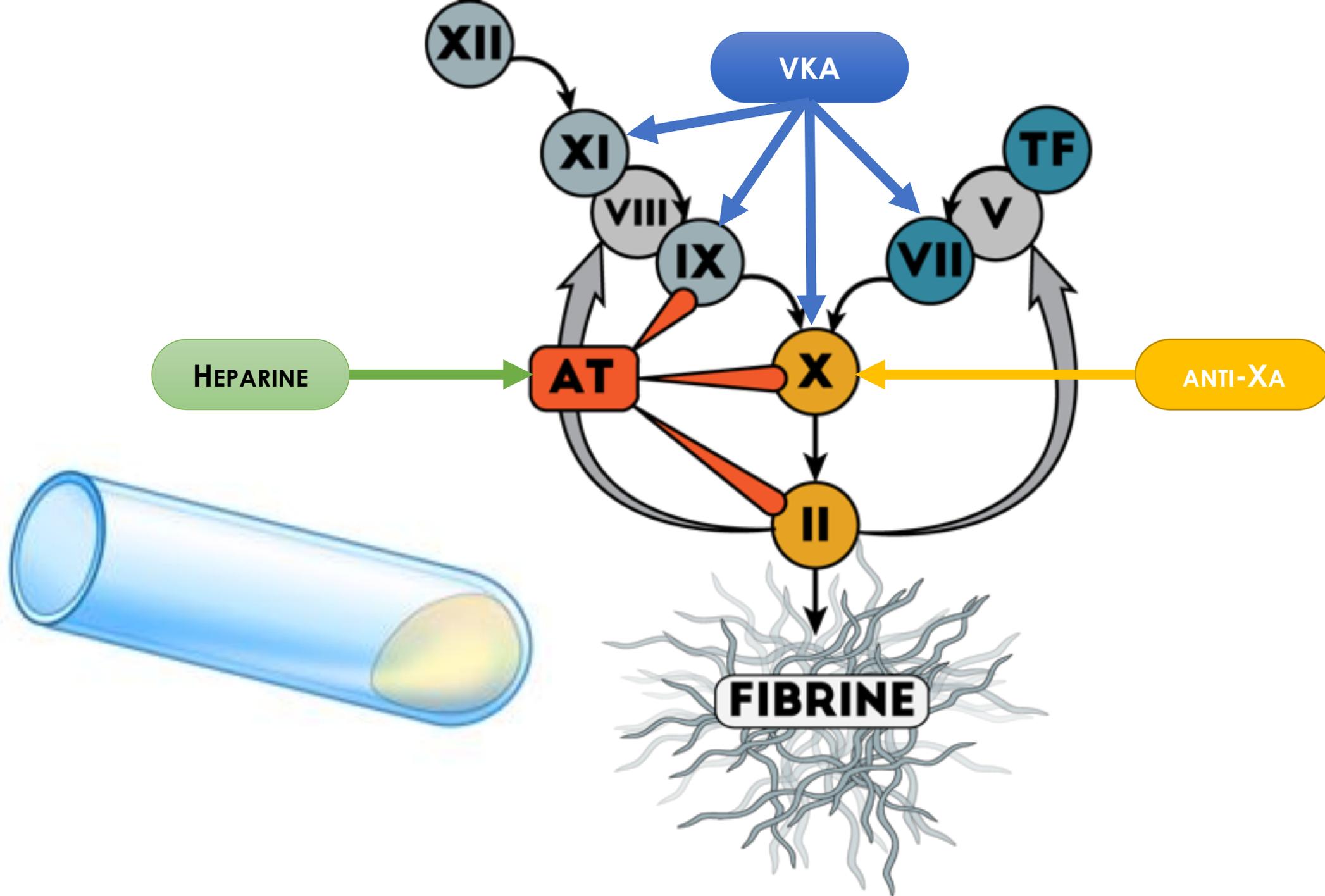


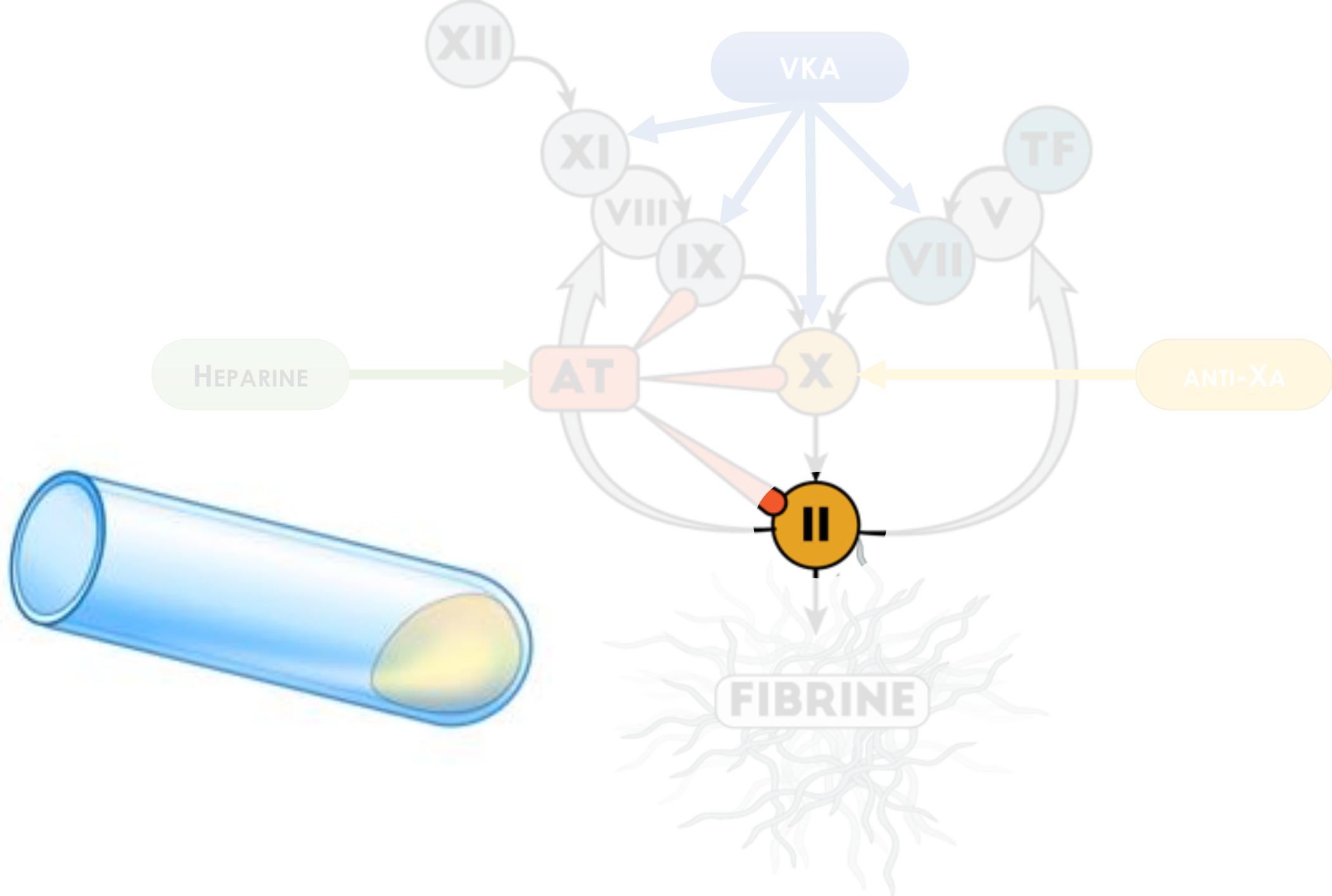
## **S. AUREUS COAGULASES:**

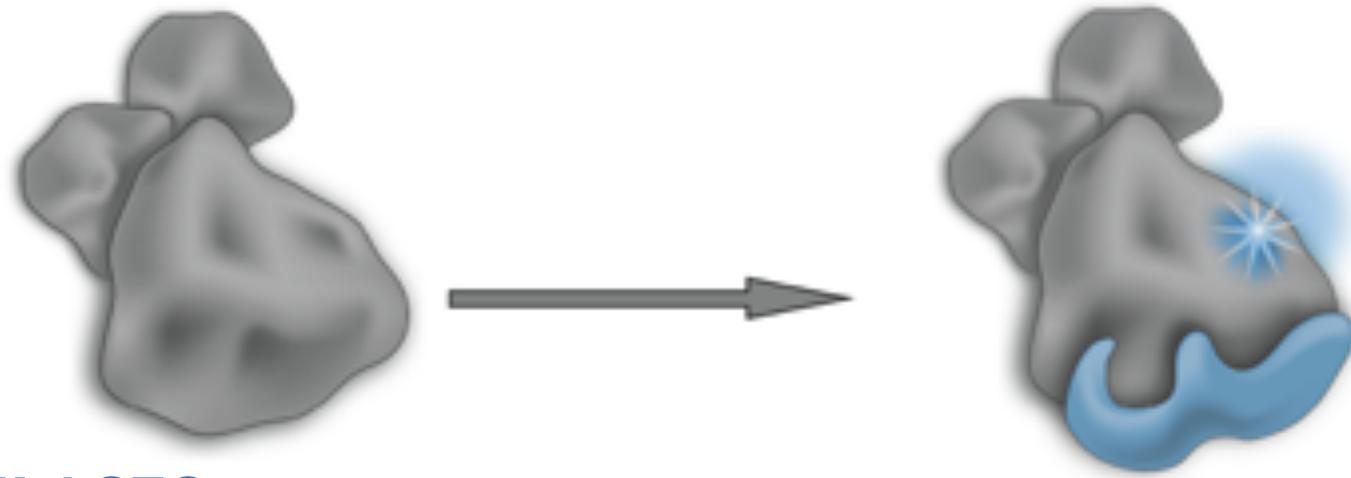
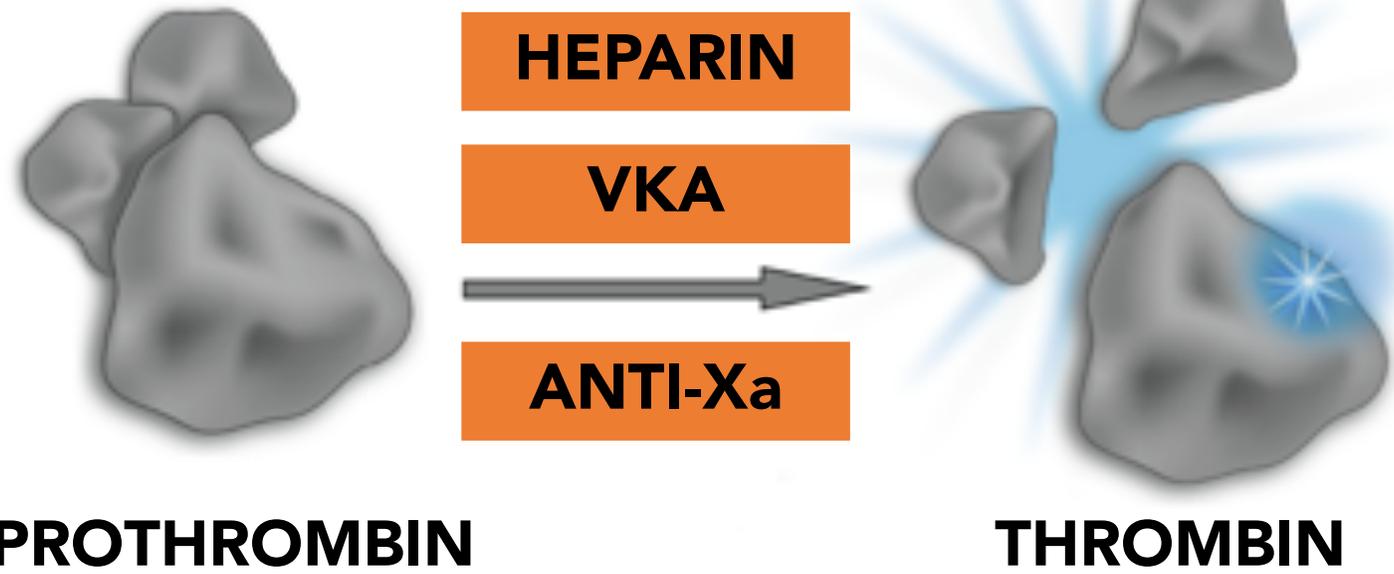
- STAPHYLOCOAGULASE**
- VWBP**



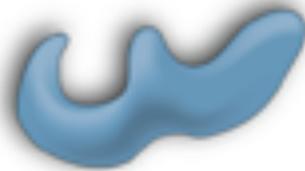
**'STAPHYLOTHROMBIN'**





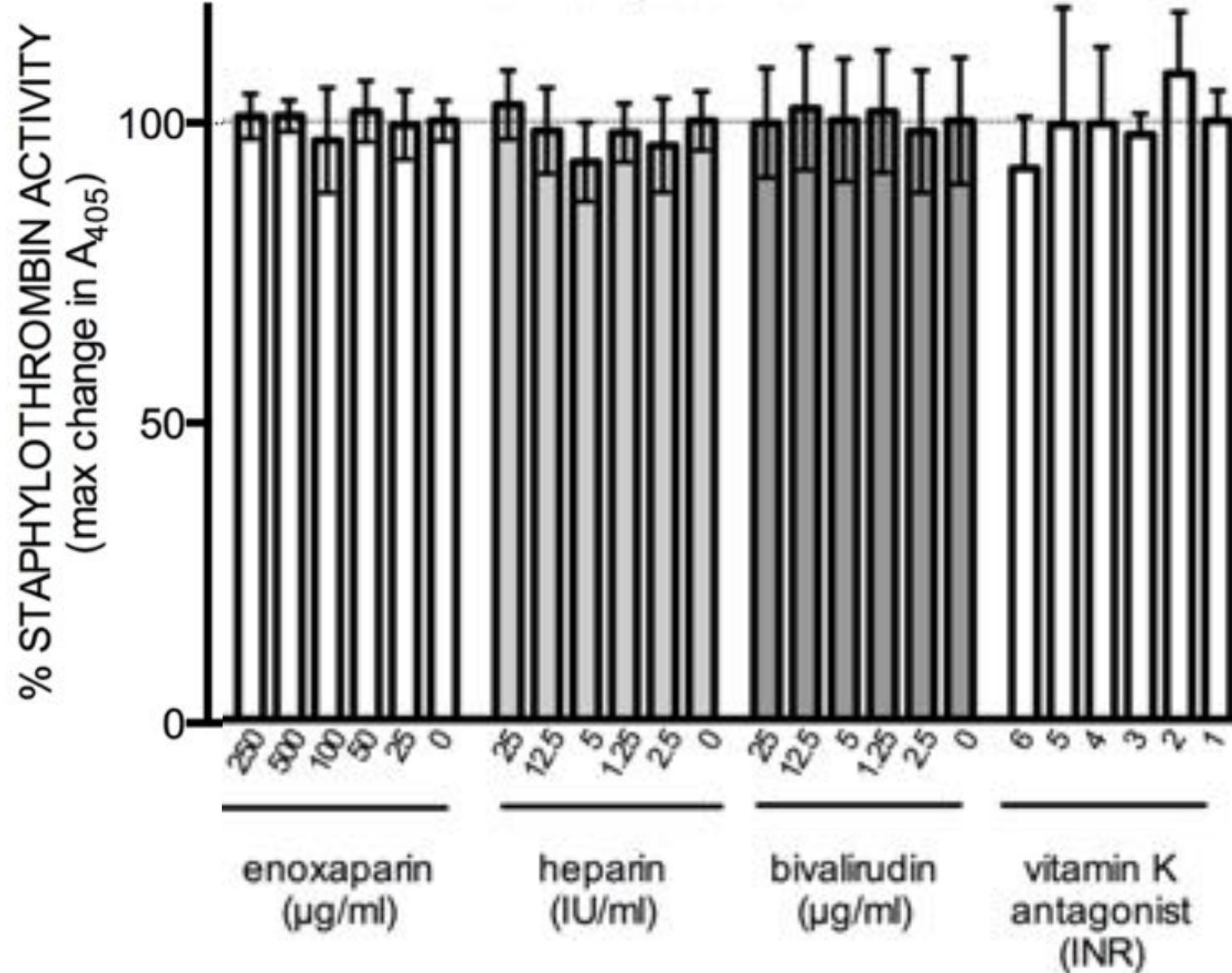


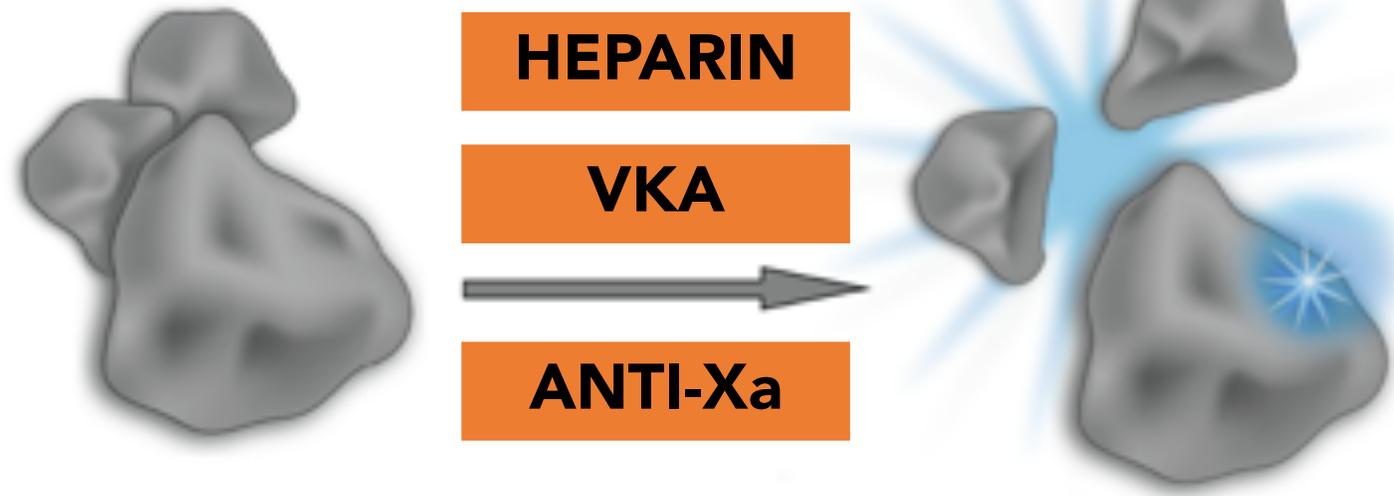
**S. AUREUS COAGULASES:**  
**- STAPHYLOCOAGULASE**  
**- VWBP**



**'STAPHYLOTHROMBIN'**

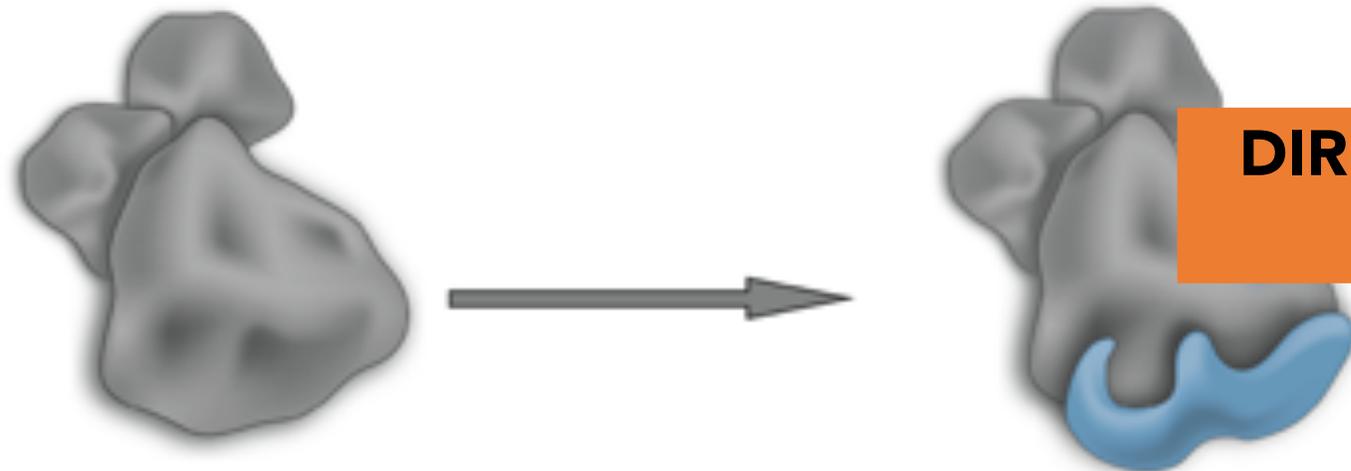
# Staphylothrombin activity in human plasma





**PROTHROMBIN**

**THROMBIN**



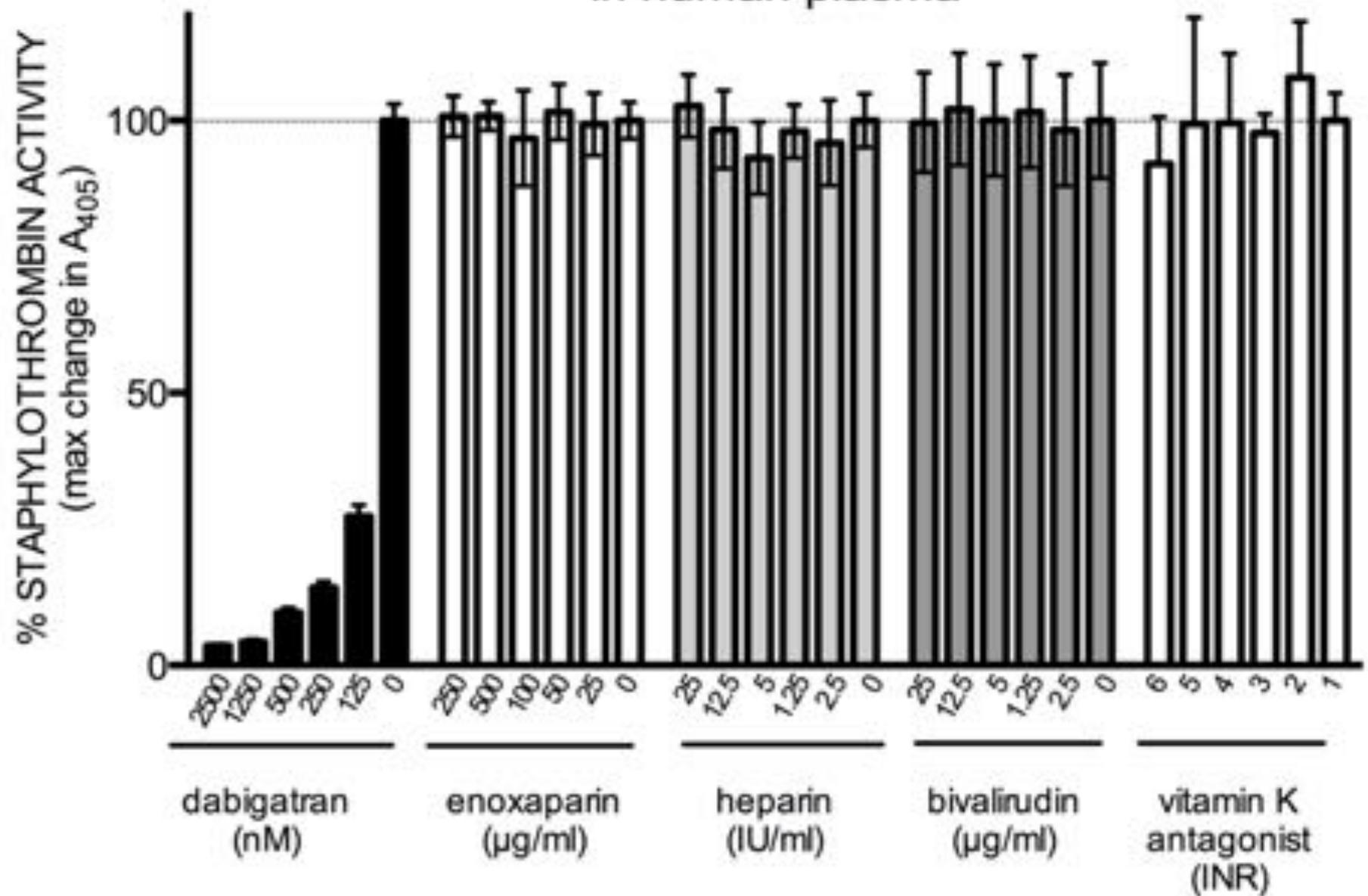
**DIRECT THROMBIN INHIBITOR**

**S. AUREUS COAGULASES:**  
**- STAPHYLOCOAGULASE**  
**- VWBP**



**'STAPHYLOTHROMBIN'**

## Staphylothrombin activity in human plasma

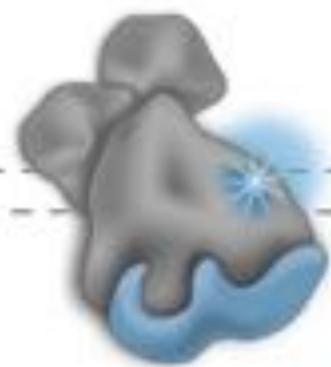


PHARMACOLOGICAL STRATEGY

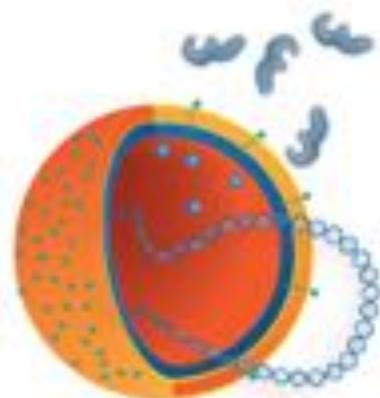
CONTROL  
(ENOXAPARIN,  
HIRUDIN)



INHIBITION  
DABIGATRAN

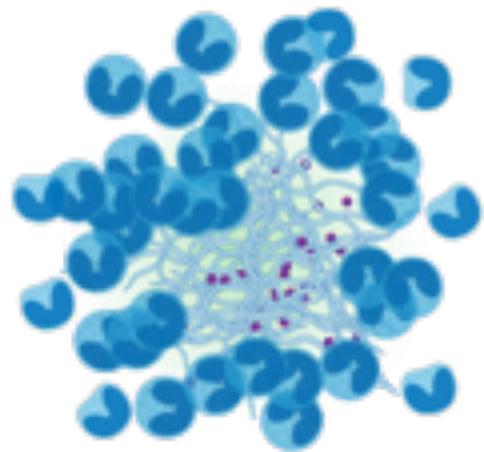


CONTROL  
*S. AUREUS*  
NEWMAN



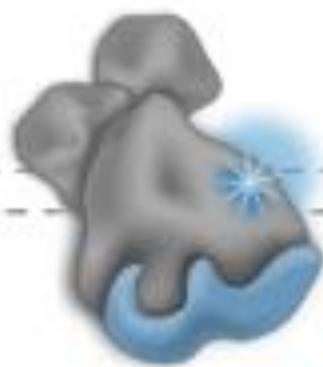
MUTANT  
*S. AUREUS*  
 $\Delta coa, vwbp$

GENETIC STRATEGY

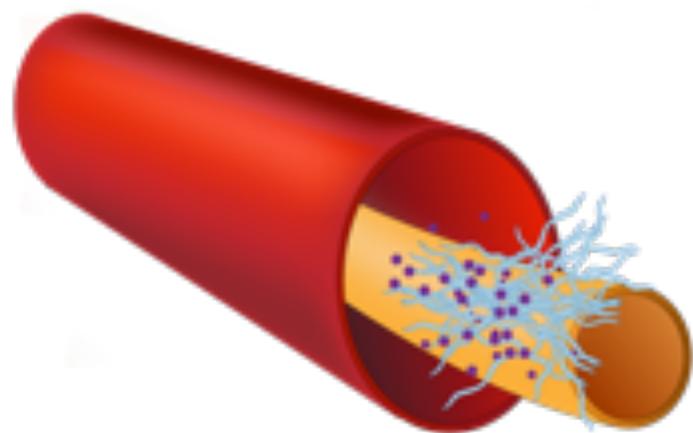


abscess formation

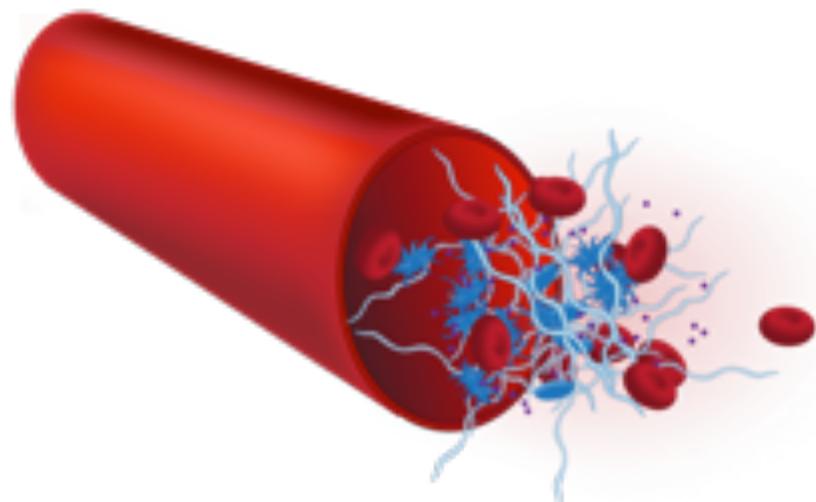
PHARMACOLOGICAL STRATEGY



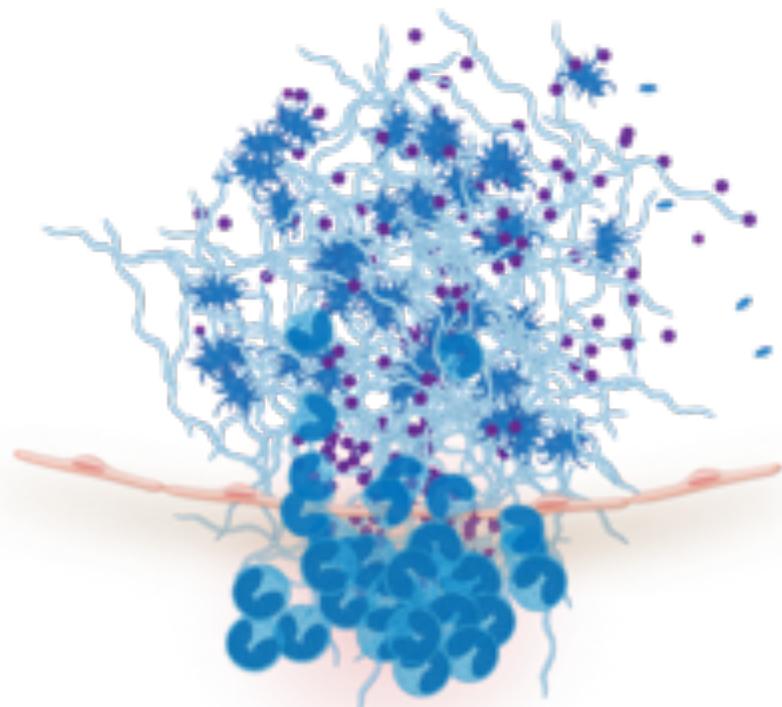
GENETIC STRATEGY



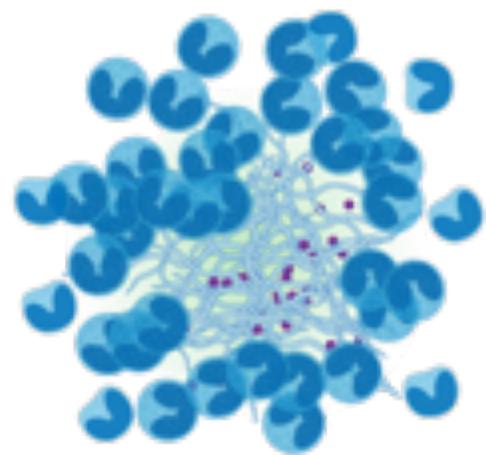
device-related infections



bloodstream infection and sepsis



infective endocarditis

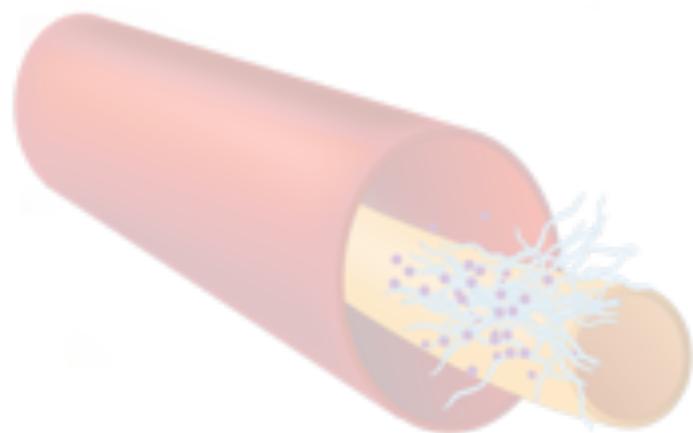


abscess formation

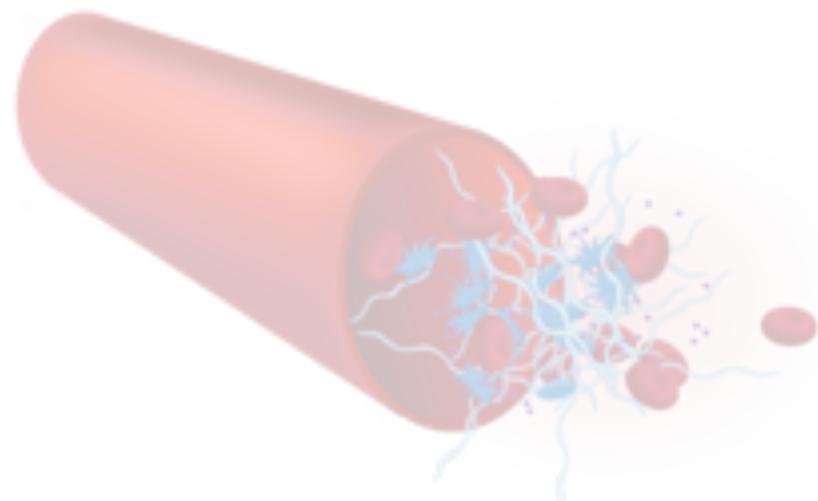
PHARMACOLOGICAL STRATEGY



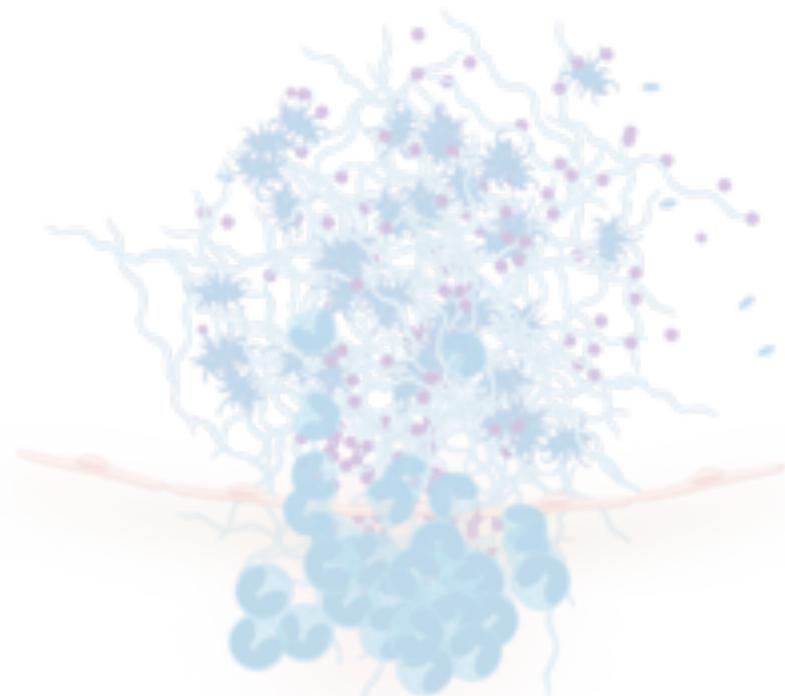
GENETIC STRATEGY



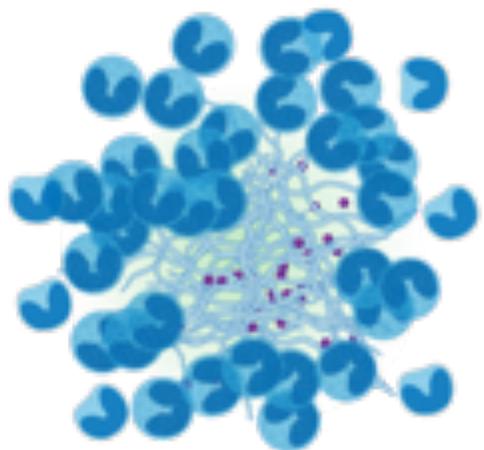
device-related infections



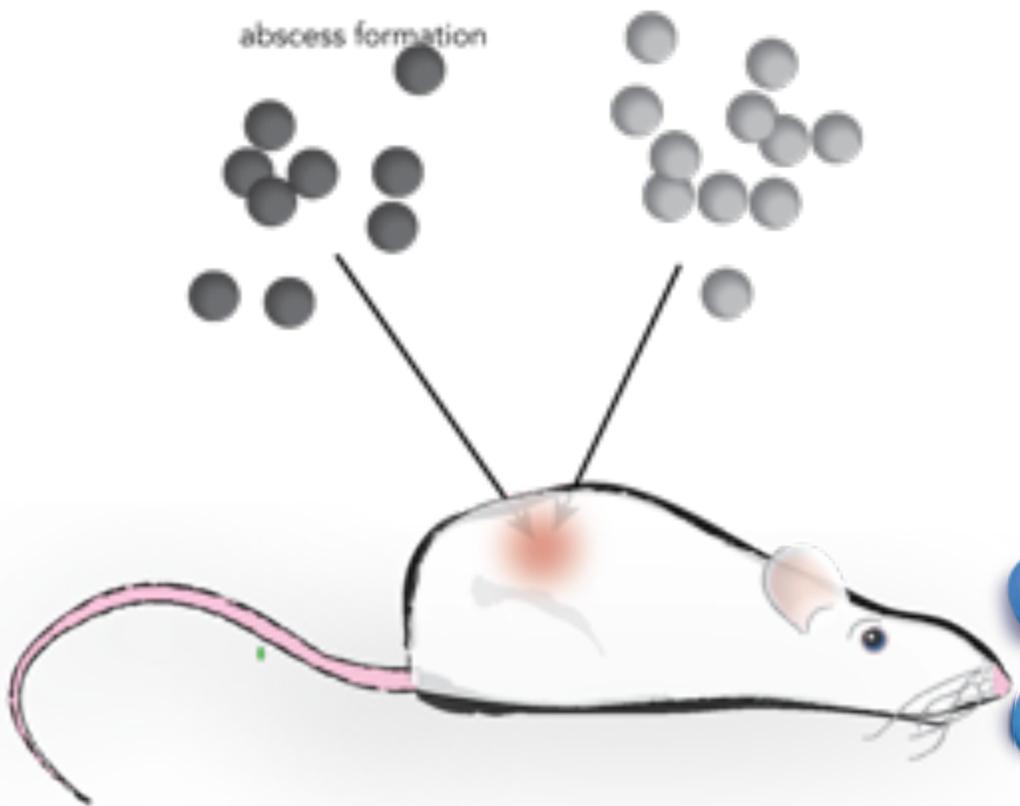
bloodstream infection and sepsis



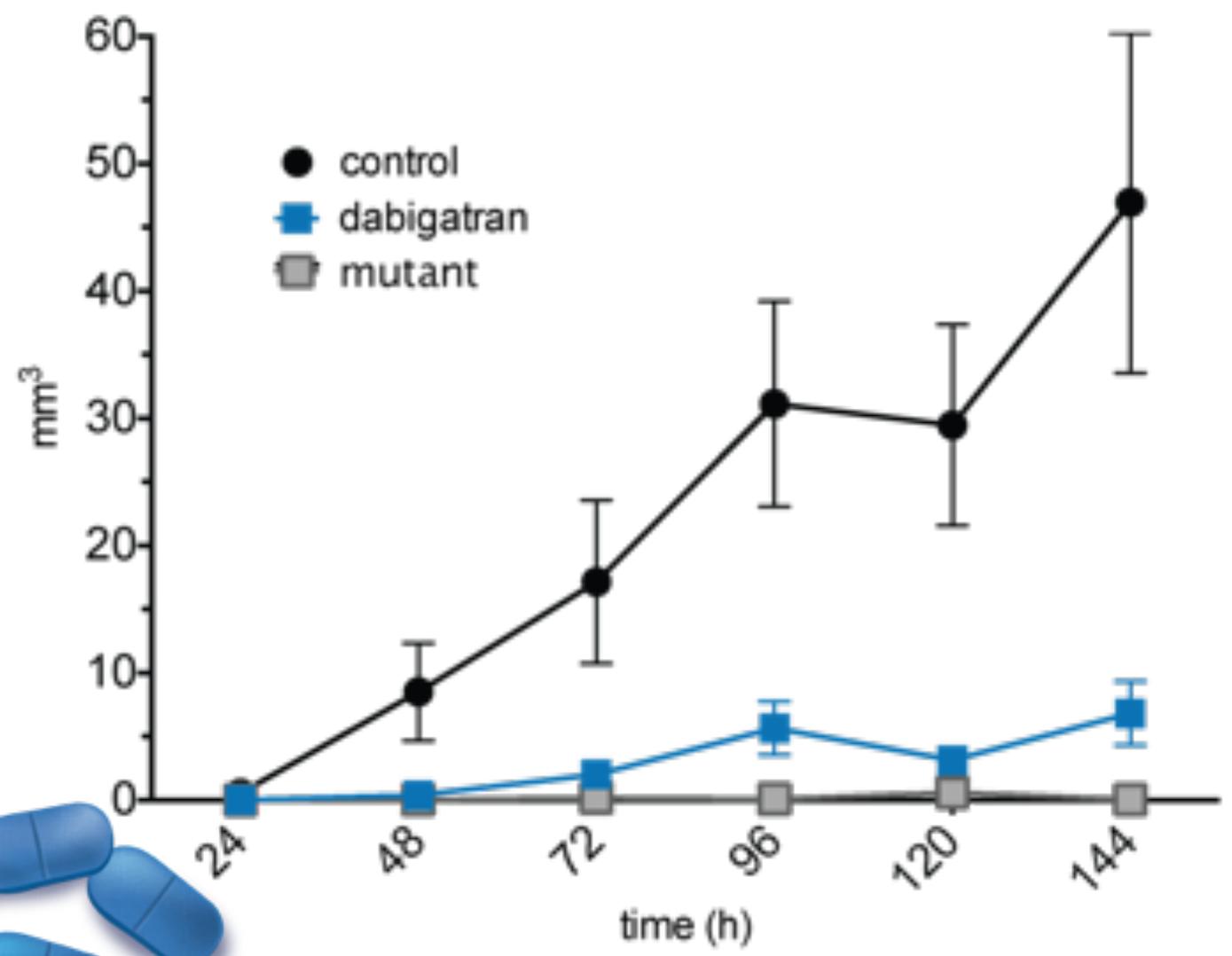
infective endocarditis

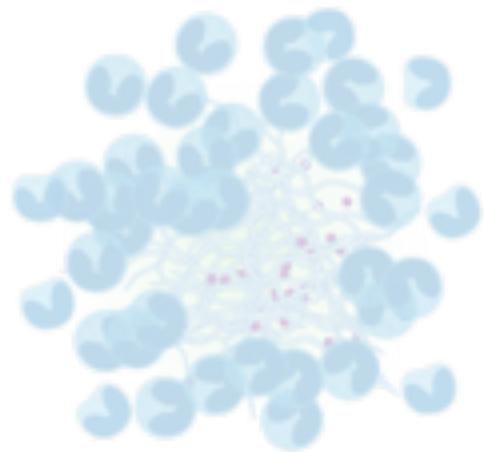


abscess formation



### Abscess volume



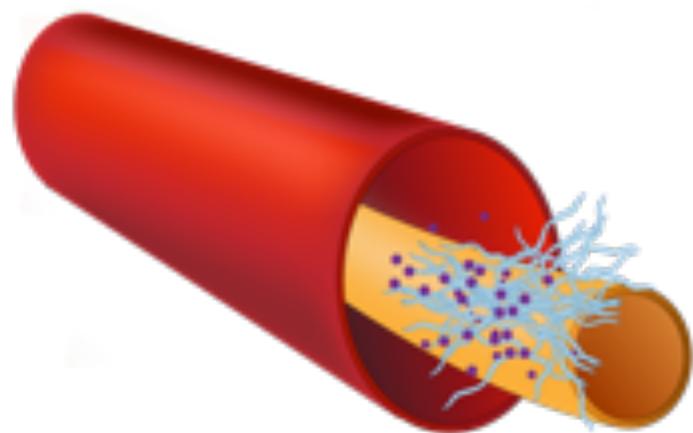


abscess formation

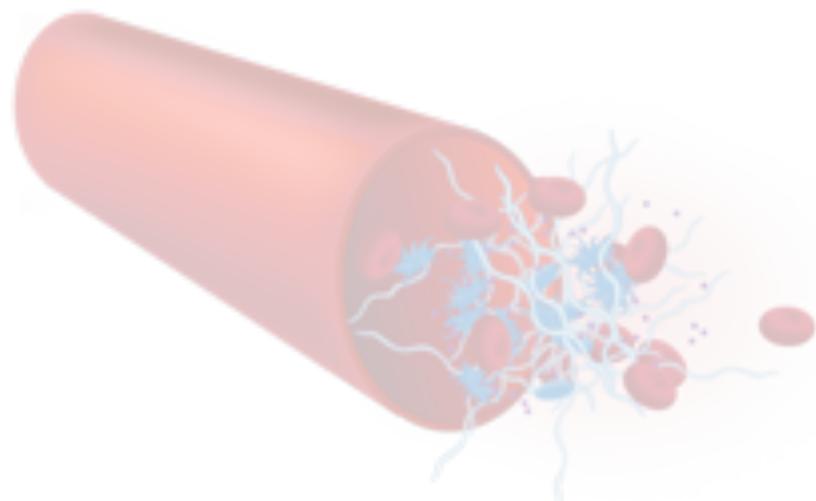
PHARMACOLOGICAL STRATEGY



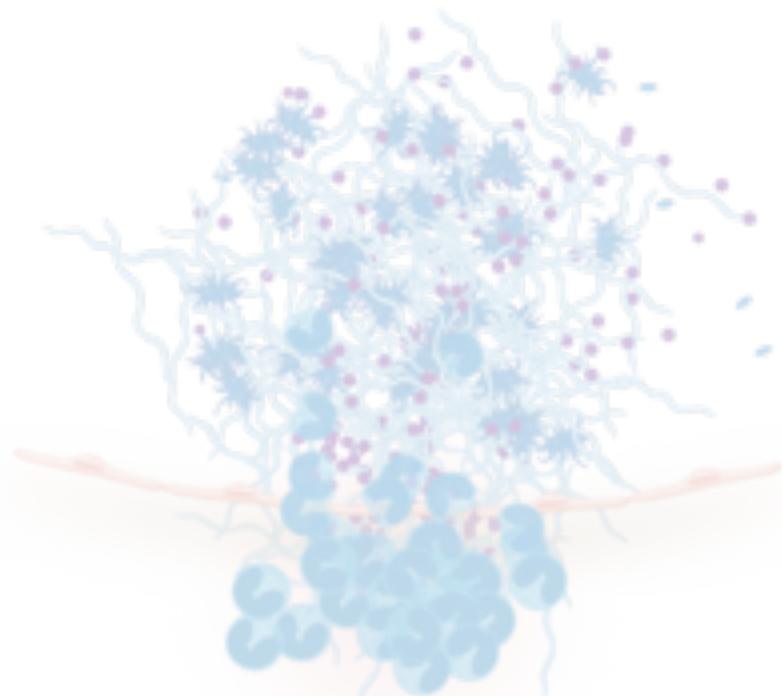
GENETIC STRATEGY



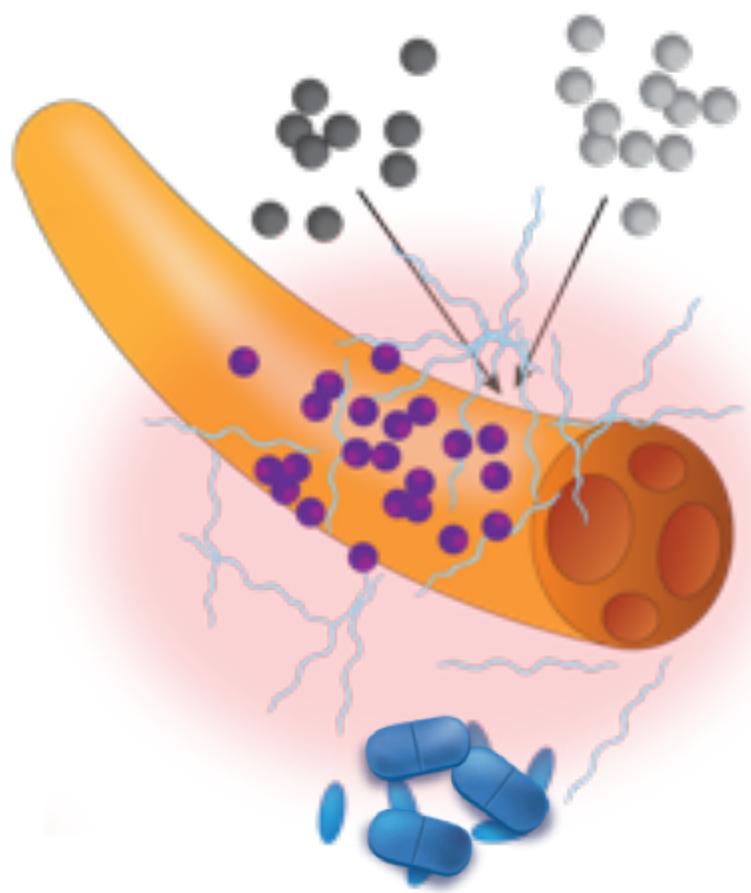
device-related infections

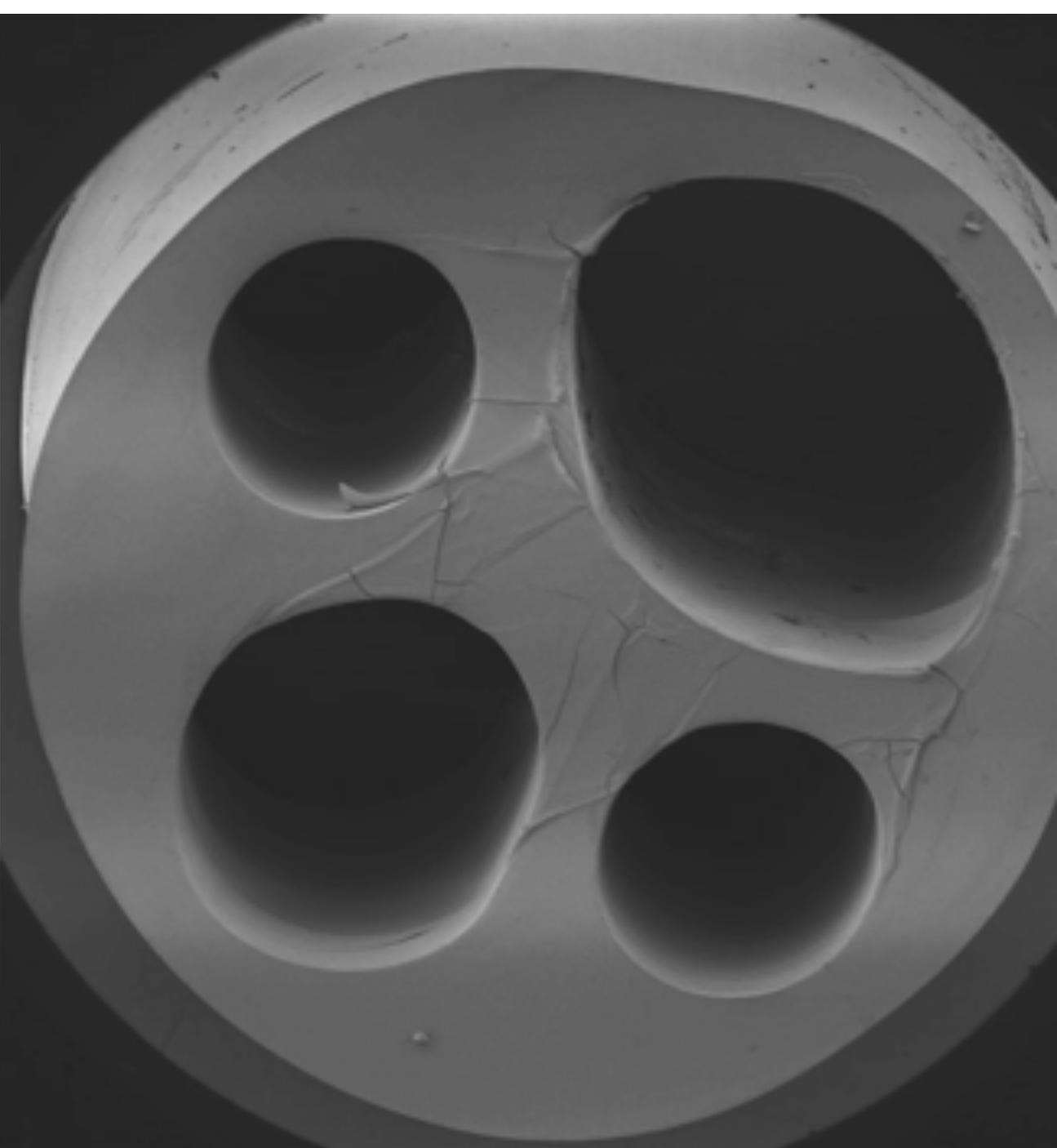
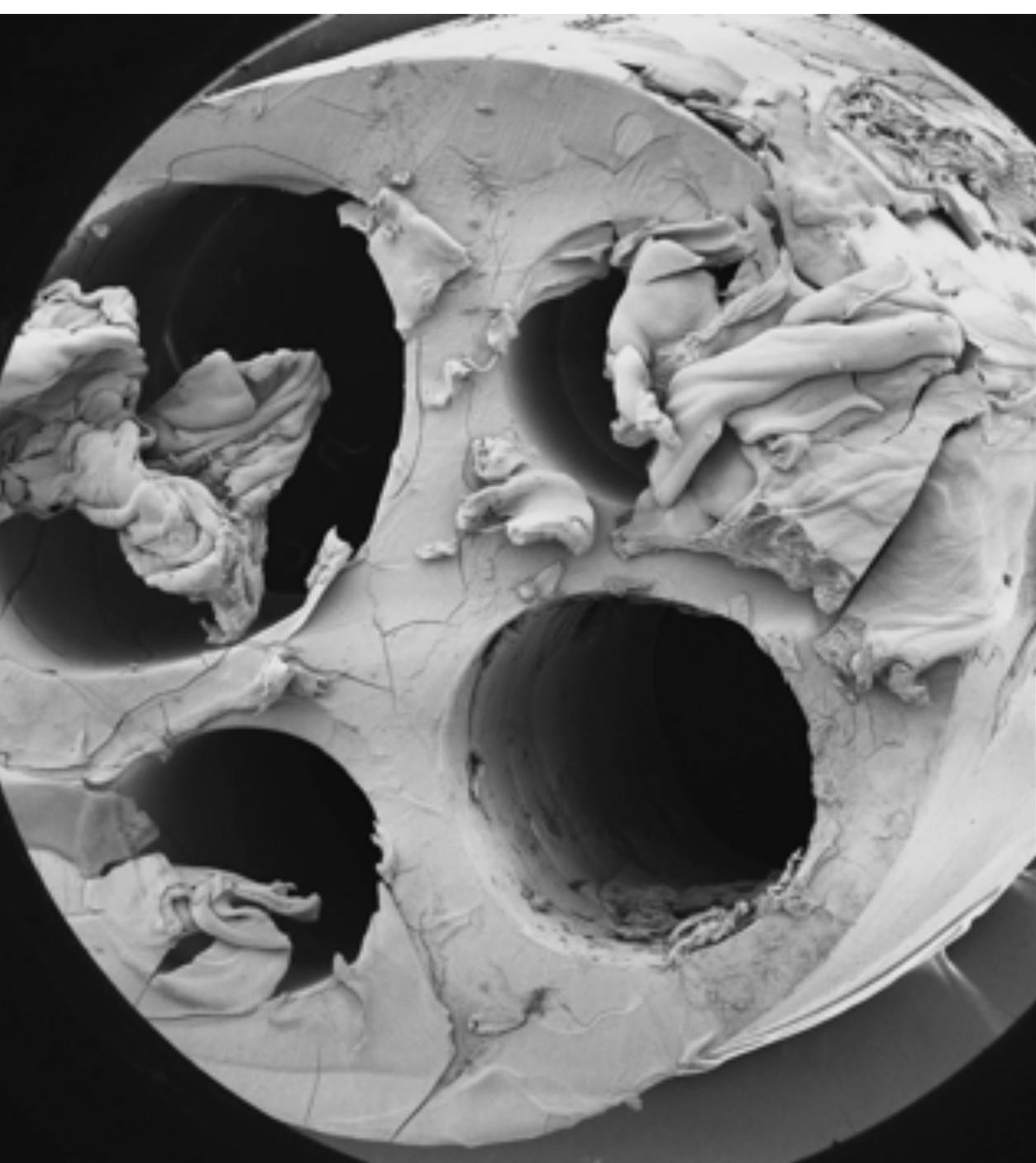


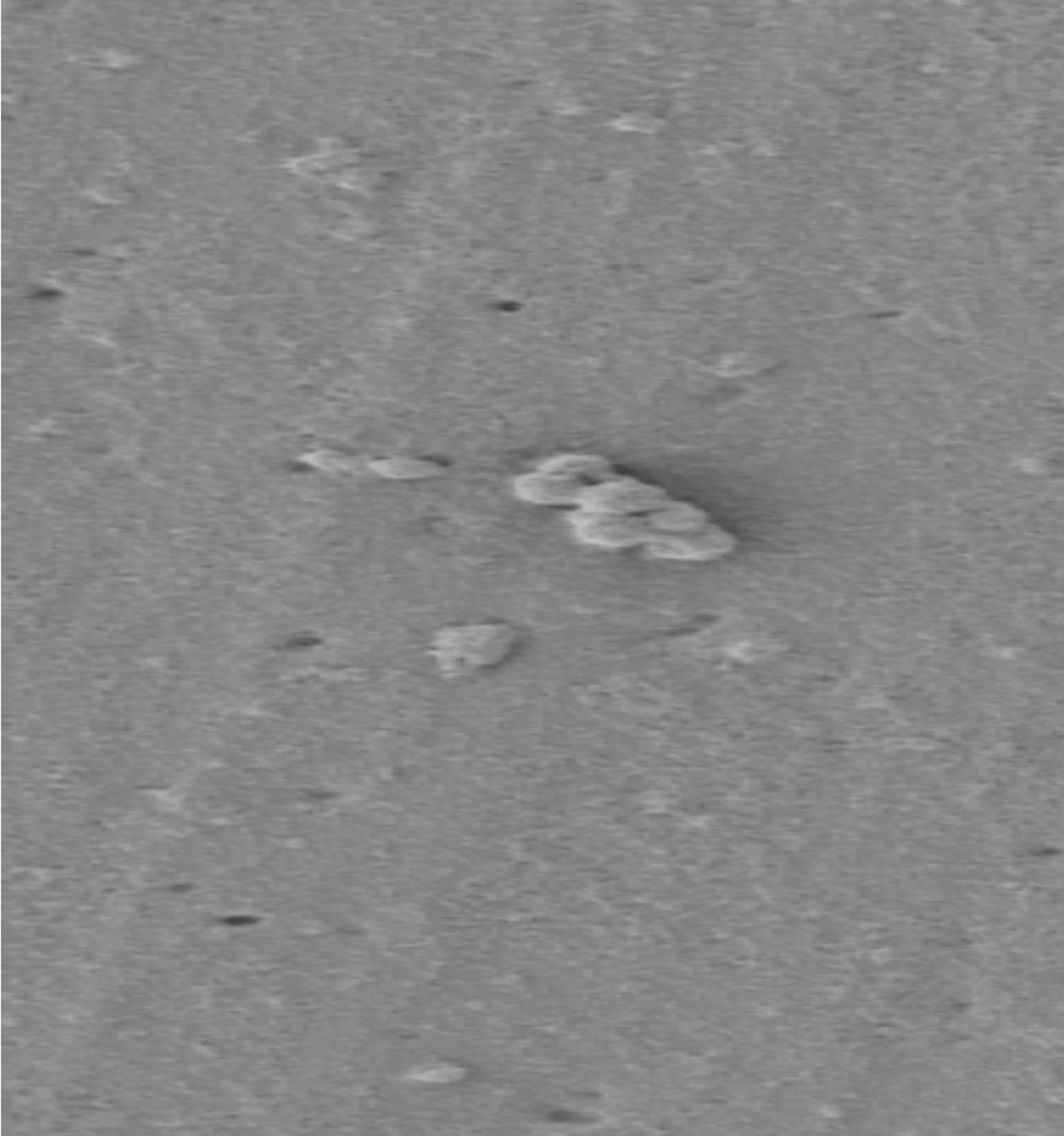
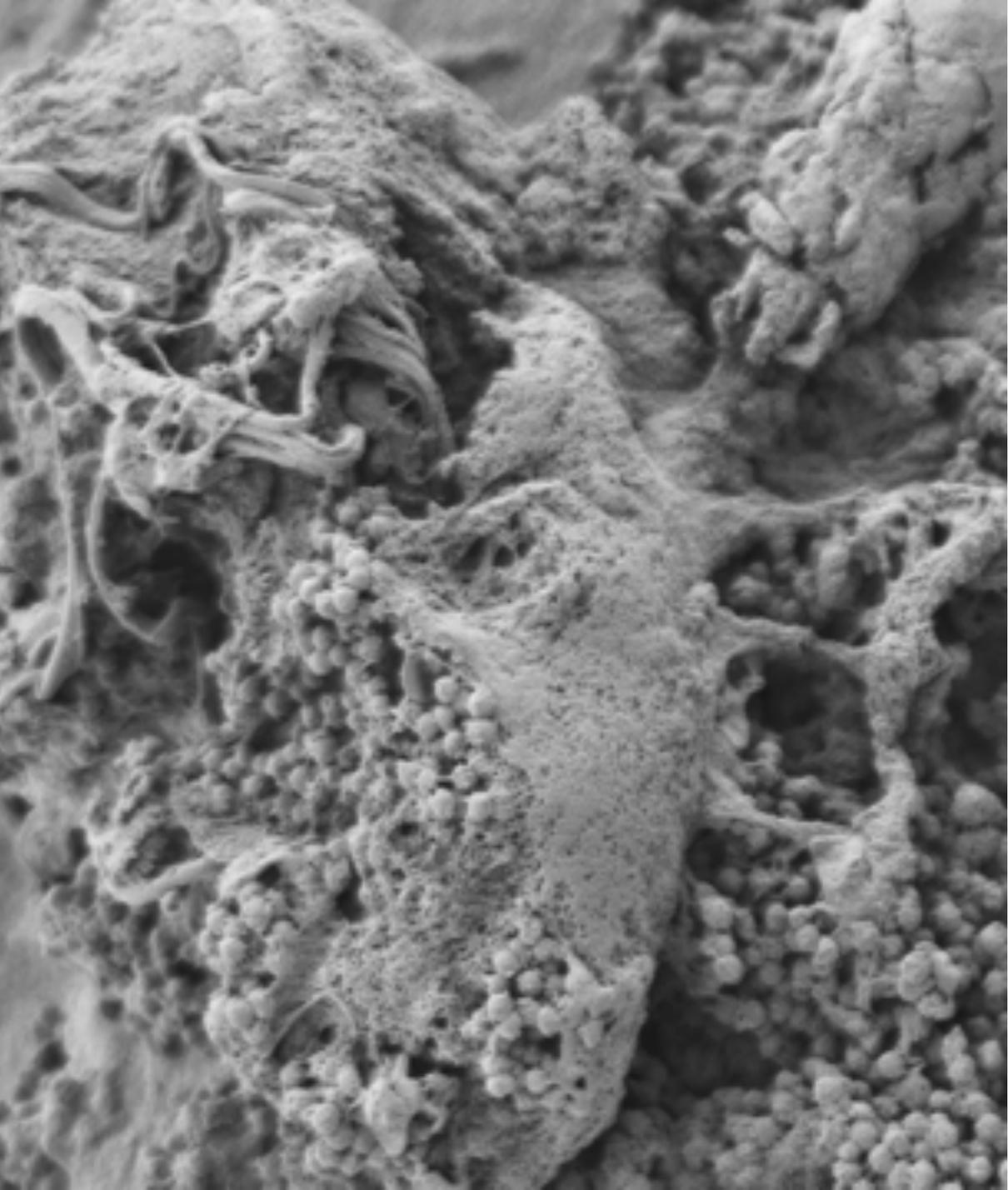
bloodstream infection and sepsis



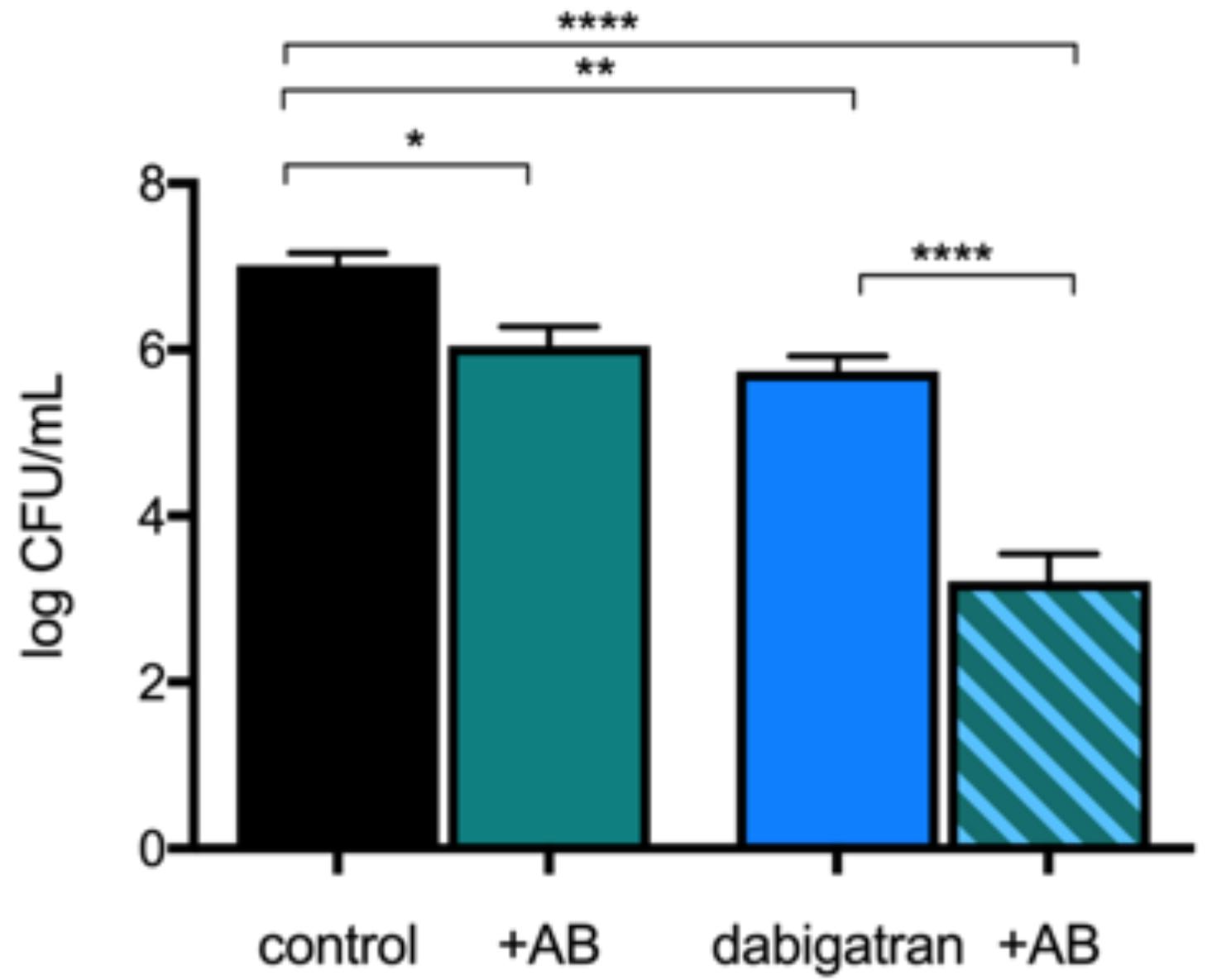
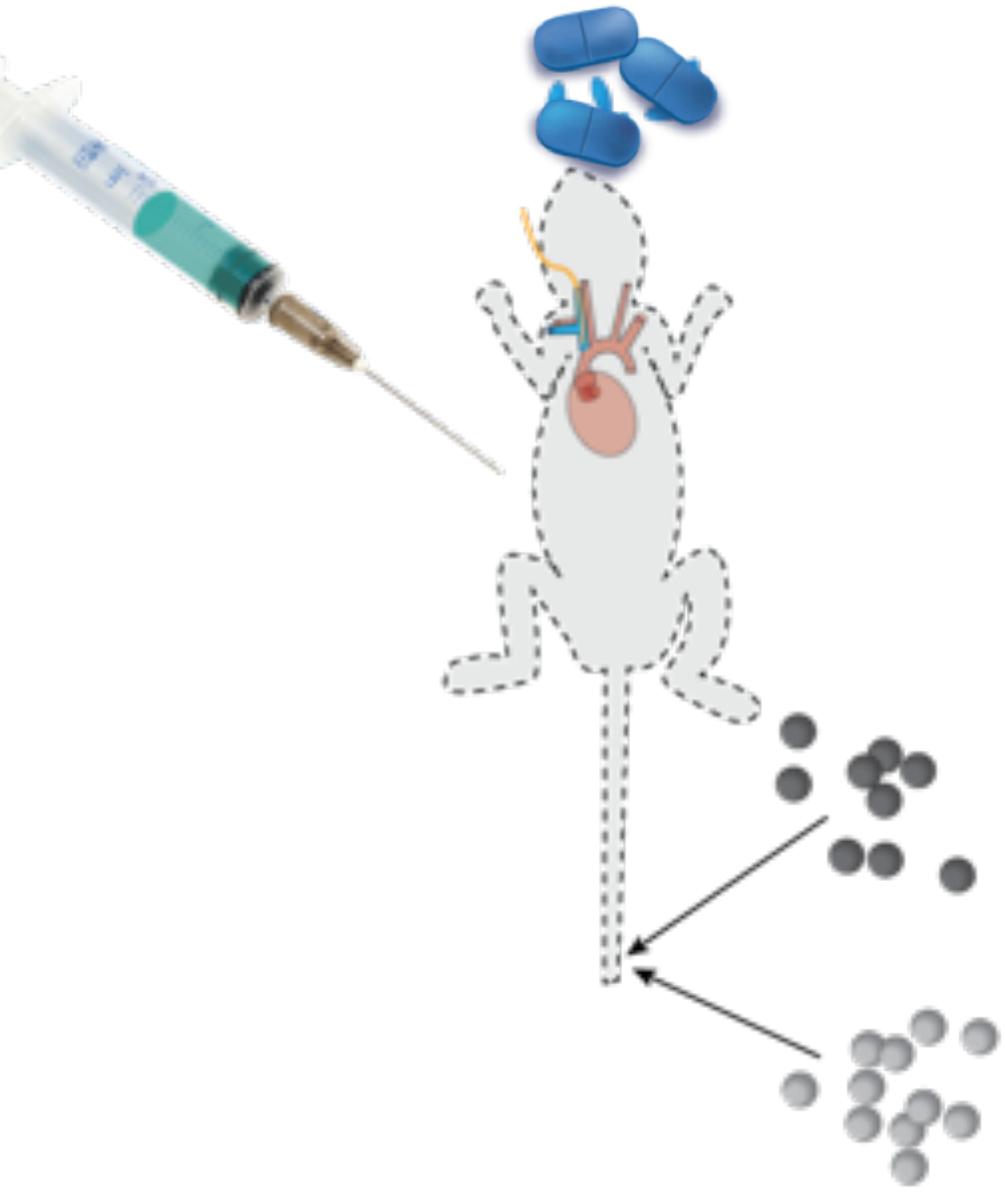
infective endocarditis

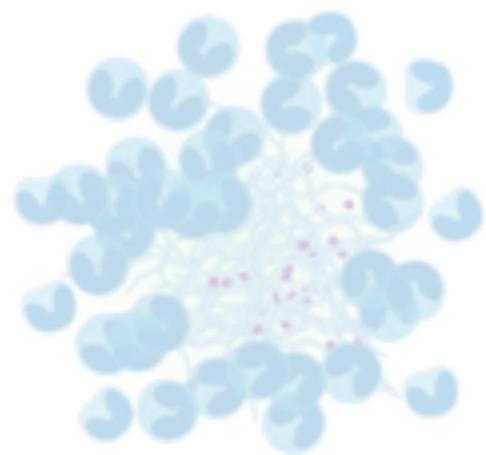






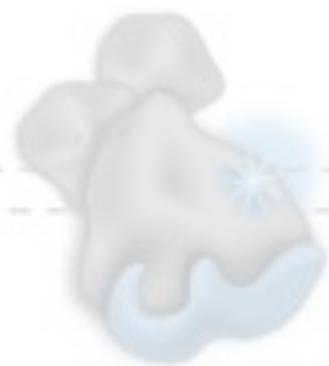
# S aureus on catheter



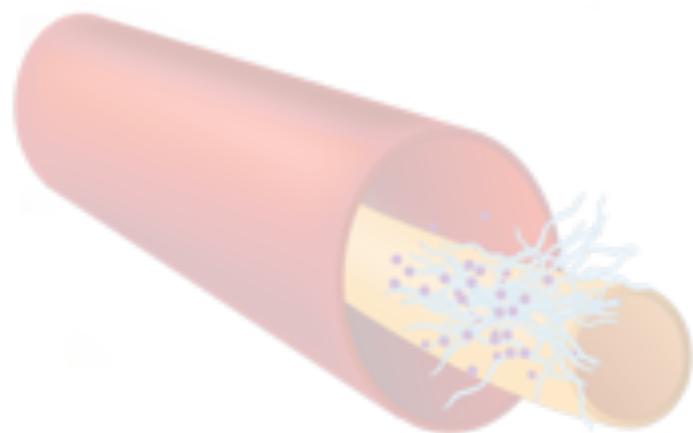


abscess formation

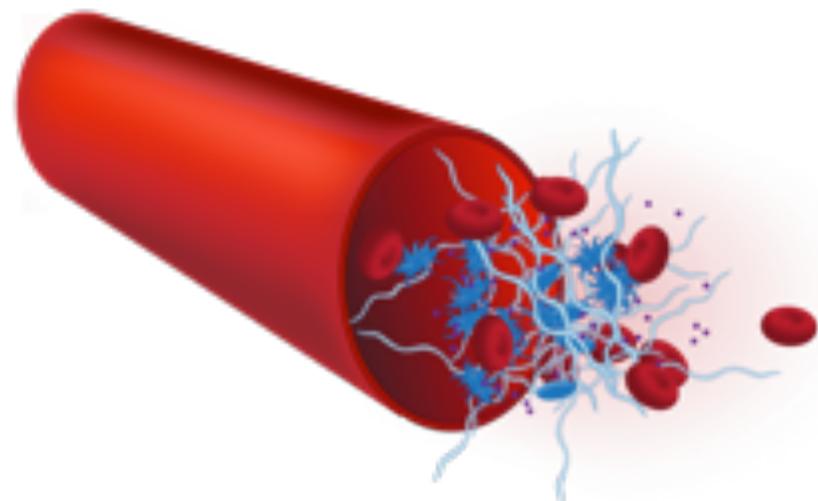
PHARMACOLOGICAL STRATEGY



GENETIC STRATEGY



device-related infections



bloodstream infection and sepsis

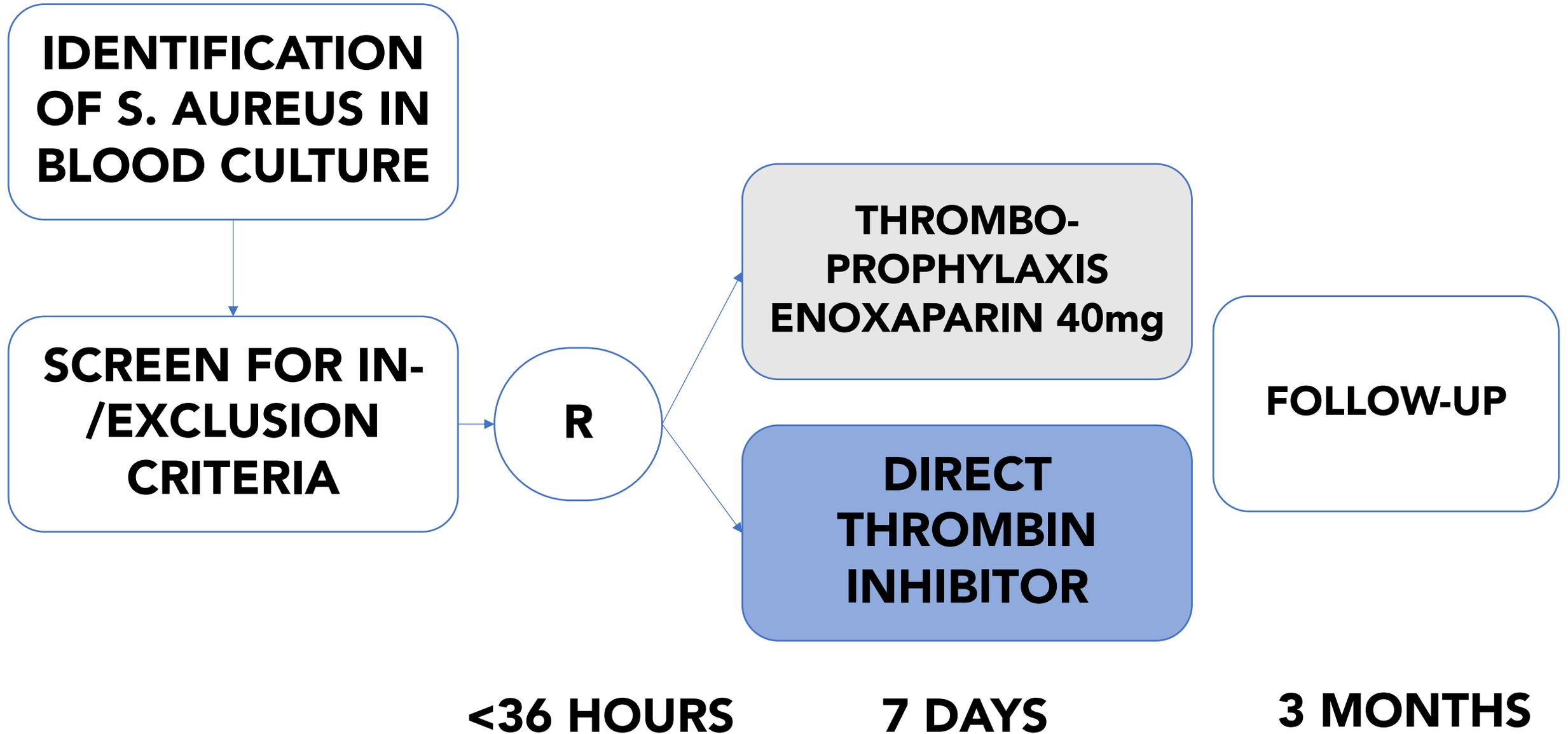


infective endocarditis

**DIRECT THROMBIN INHIBITORS IN  
PATIENTS WITH *S. AUREUS*  
BACTEREMIA:**

**A RANDOMIZED CLINICAL  
TRIAL**

**CLINICAL TRIALS N° NTCC 0191162  
MARCH 2013 --> APRIL 2016**



# **PRIMARY ENDPOINT**

## **FEASIBILITY**

**RECRUITMENT OF PATIENTS**

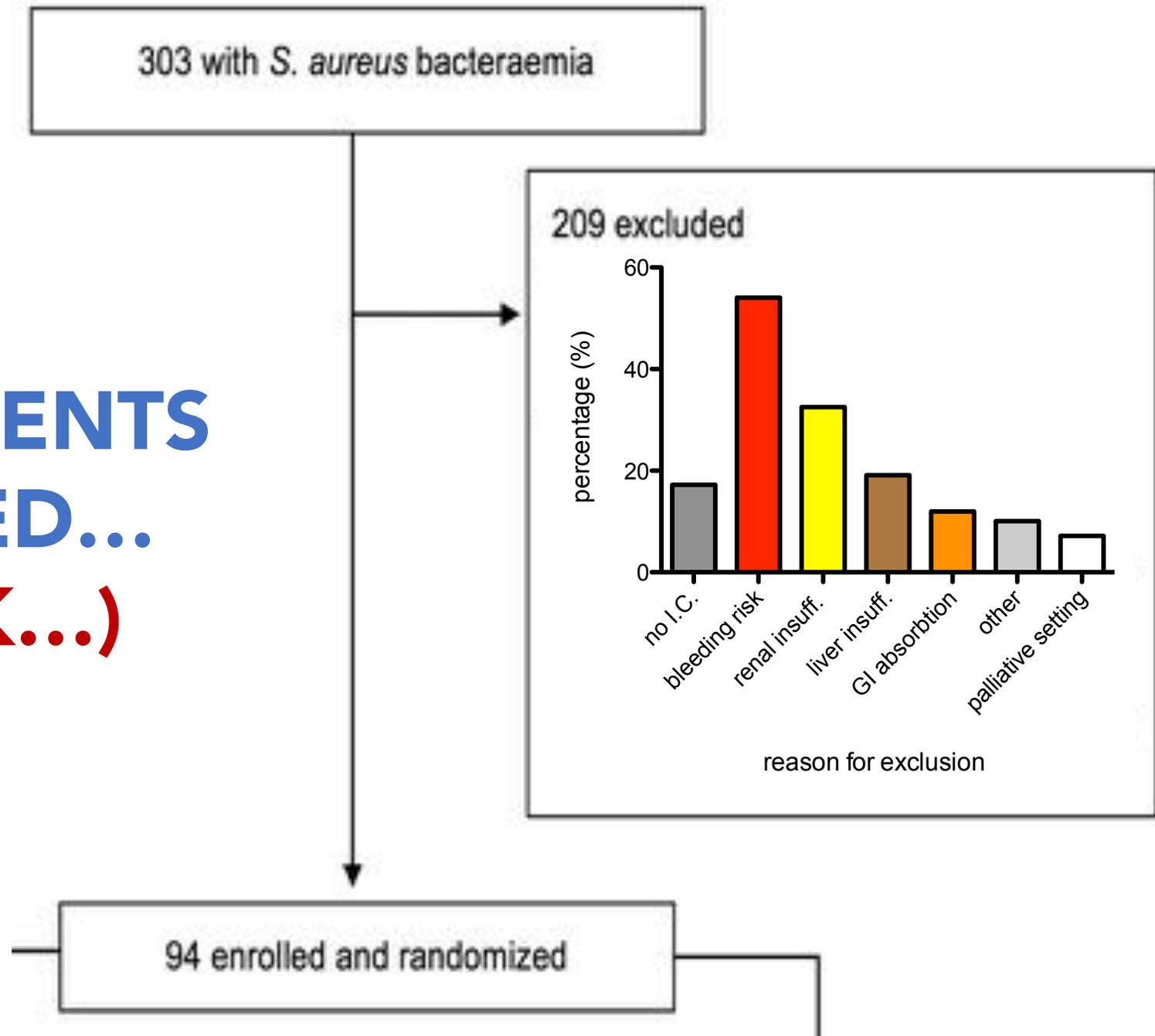
**ANTI-STAPHYLOTHROMBIN ACTIVITY**

## **SAFETY**

**MAJOR BLEEDING**

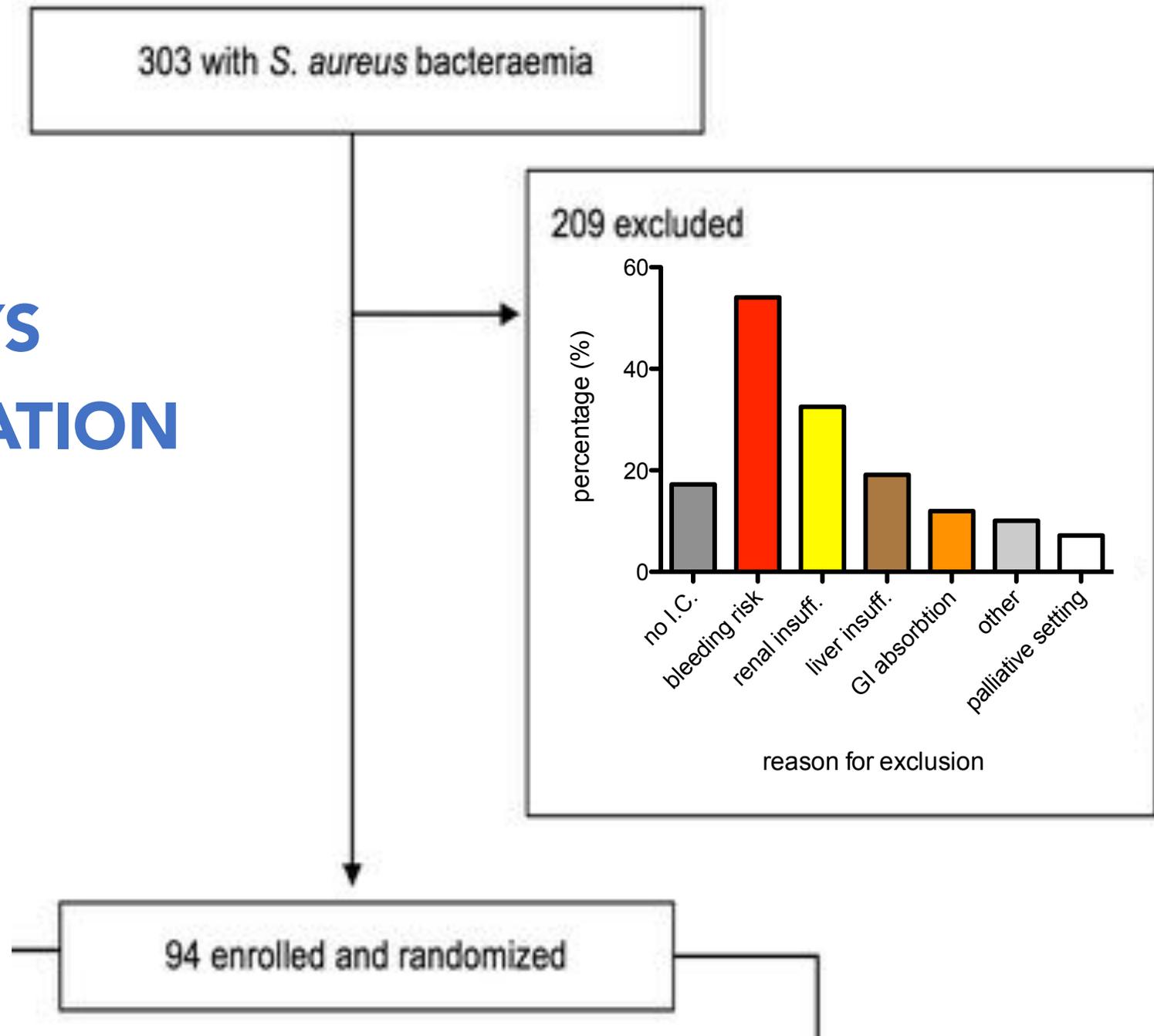
# FEASIBILITY?

**2 OUT OF 3  
SCREENED PATIENTS  
WERE EXCLUDED...  
(BLEEDING RISK...)**

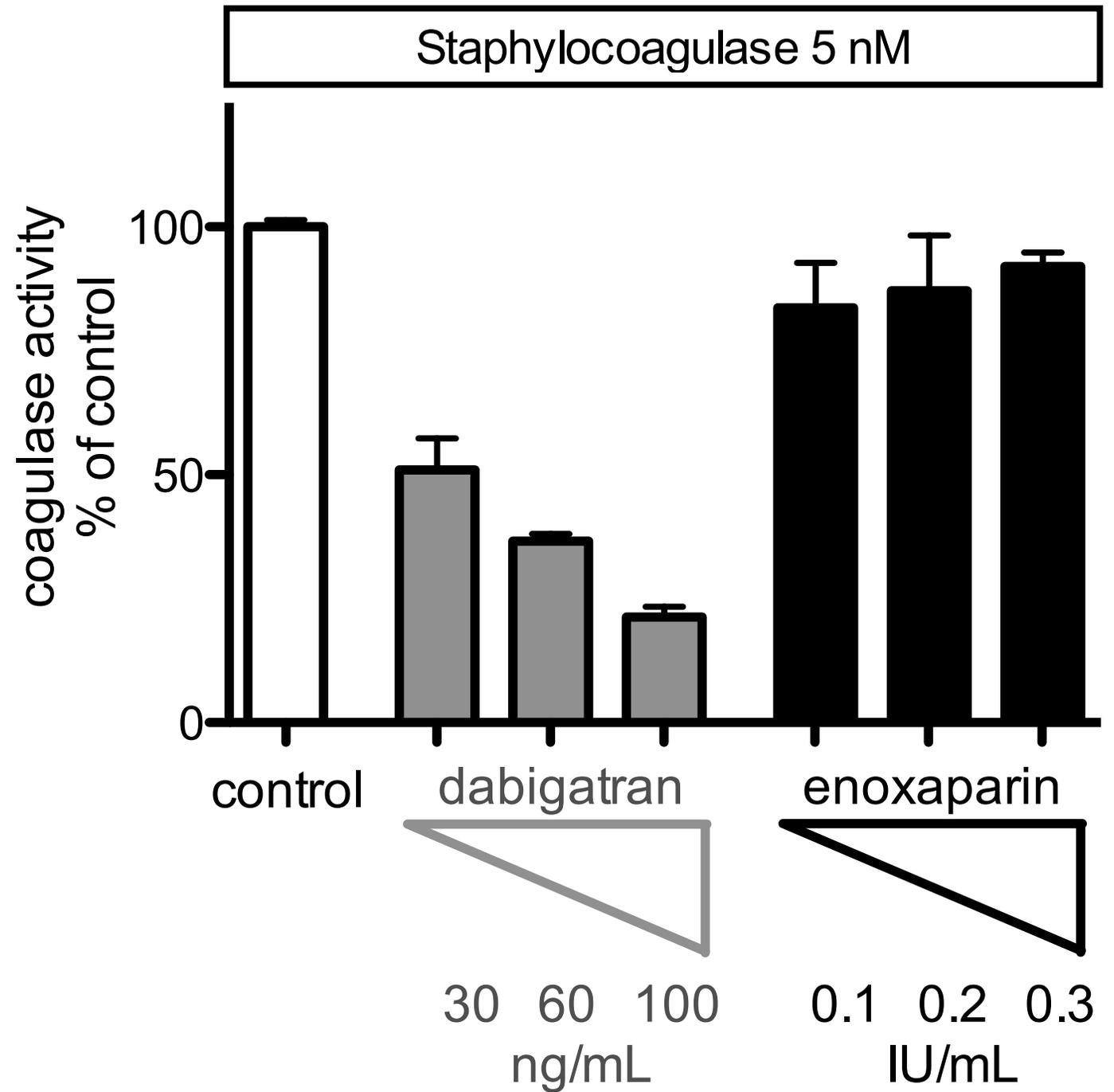


# FEASIBILITY?

**MEDIAN OF 2 DAYS  
BEFORE IDENTIFICATION  
OF PATHOGEN  
-> LATE START OF  
INTERVENTION**



# FEASIBILITY?



# **SAFETY?**

**CLINICALLY RELEVANT BLEEDING:**

**5 DABIGATRAN VS 5 LMWH**

**THROMBOTIC EVENTS:**

**7 DABIGATRAN VS 7 LMWH**

# **SECONDARY ENDPOINTS**

**CHANGE IN D-DIMERS**

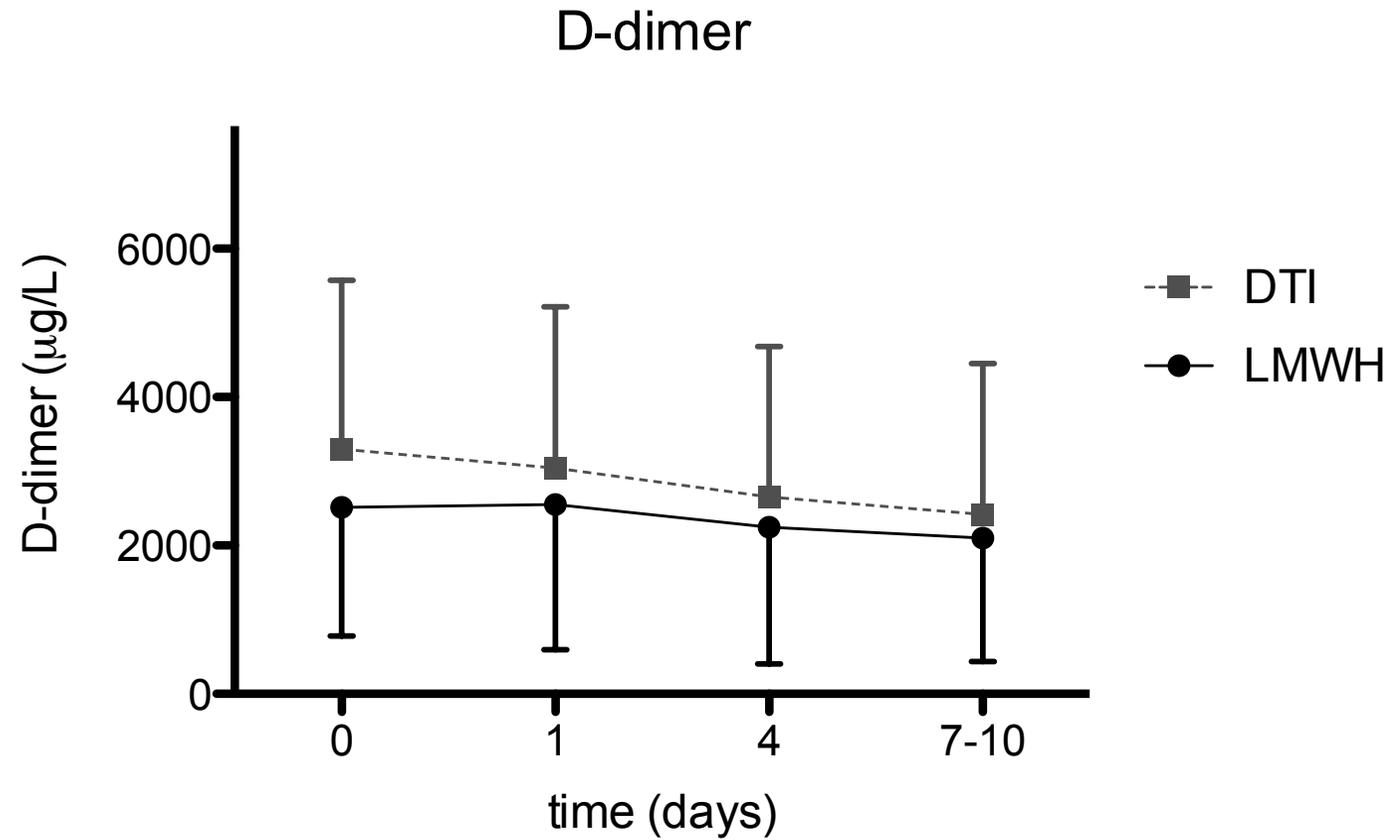
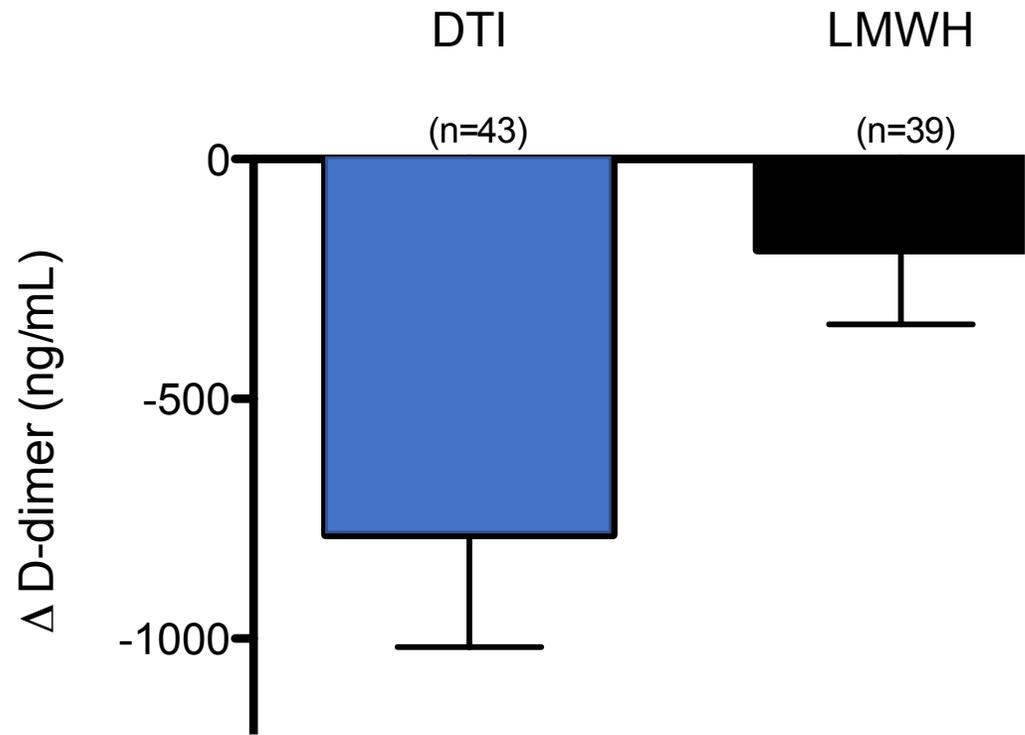
**CHANGE IN INFLAMMATORY PARAMETERS**

**CHANGE IN BLOOD CULTURES**

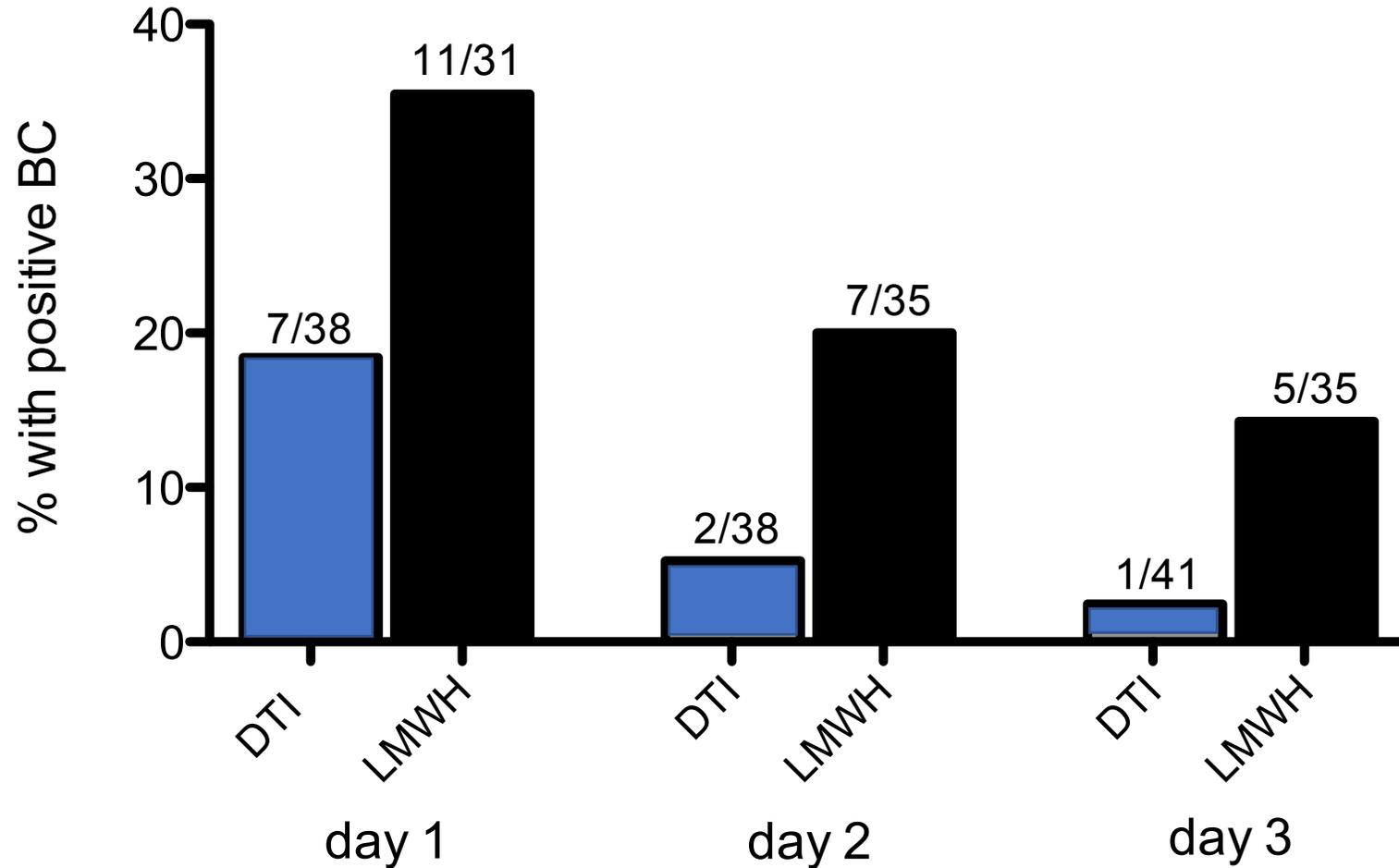
**CLINICAL OUTCOMES**

**METASTATIC INFECTIONS DETECTED BY PET/CT**

# CHANGE IN D-DIMERS



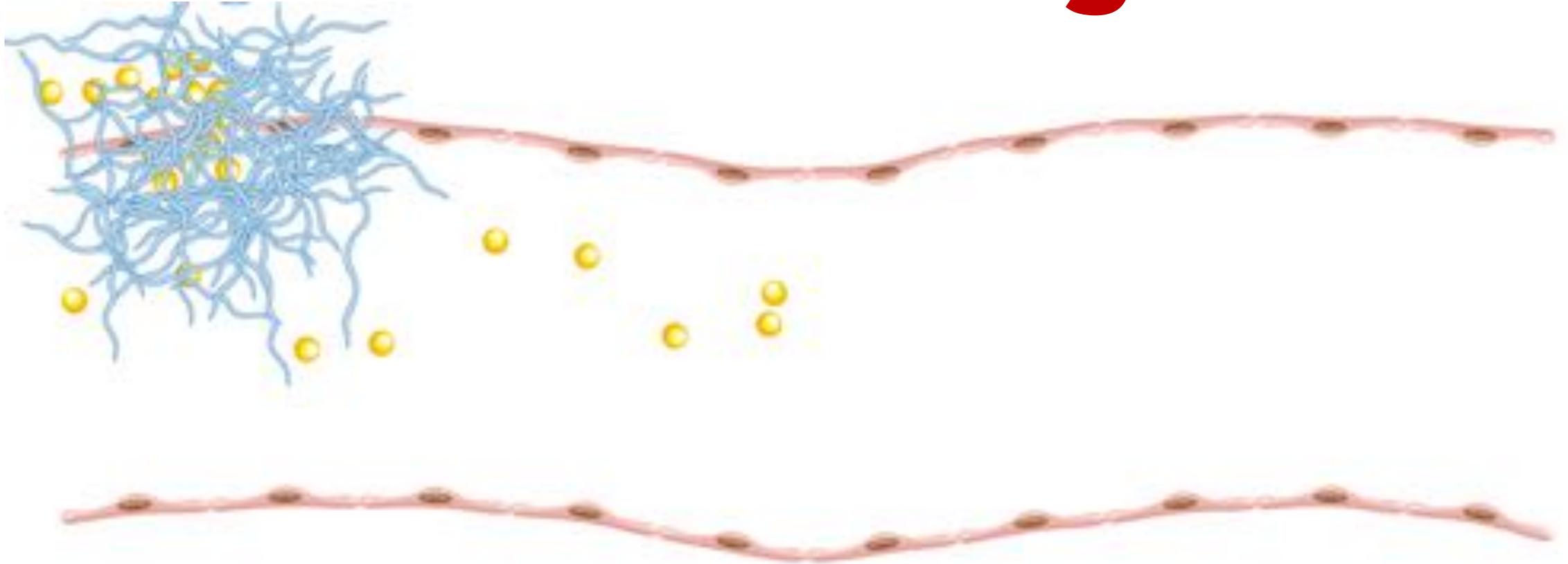
# POSITIVE BLOOD CULTURES



# CLINICAL PARAMETERS

	DTI	LMWH
HOSPITAL STAY	19 (13-39)	16 (12-30)
DEFERVESCENCE (h)	26 (0-58)	12 (0-50)
ENDOCARDITIS	2	3
<b>METASTATIC INFECTION</b>	<b>2/30 (6.7%)</b>	<b>6/26 (23%)</b>
90 day MORTALITY	10	9
<b>Of which infection-related</b>	<b>1/10</b>	<b>4/9</b>

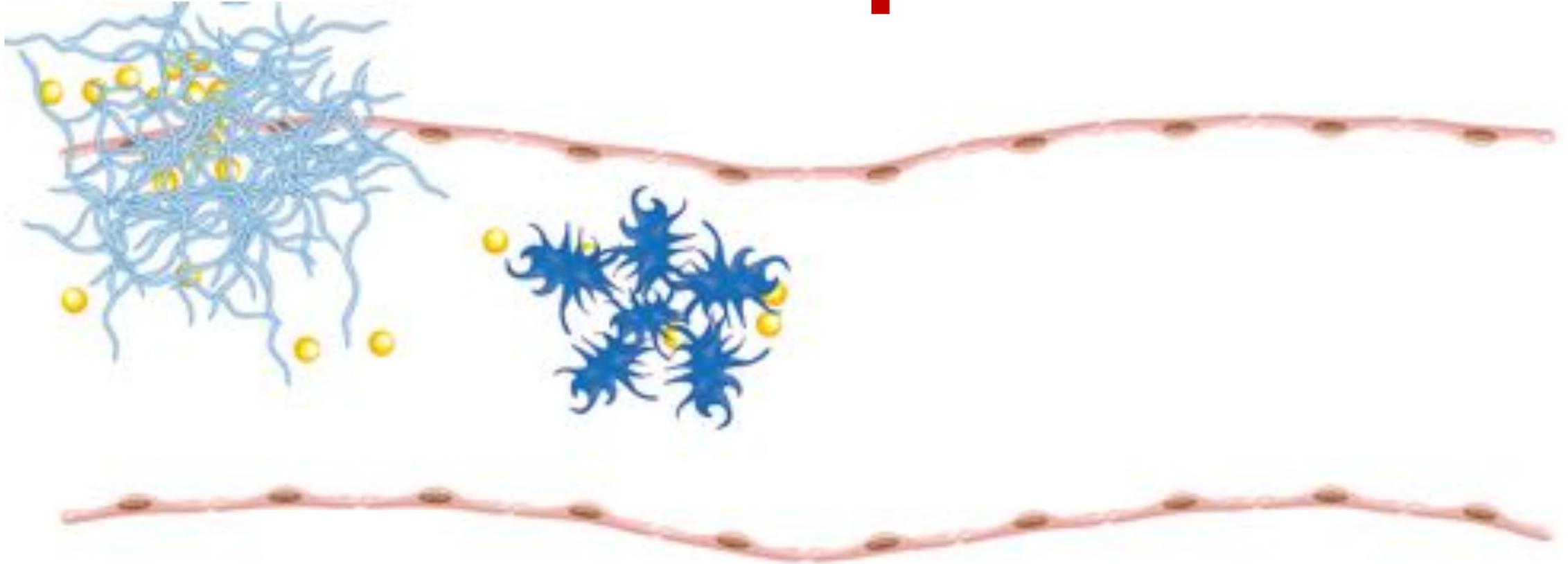
# **S.aureus** and coagulation



***S.AUREUS*** TARGETS SPECIFIC  
THROMBIN EXOSITES TO  
FORM FIBRIN CLOTS THAT  
INCREASE INFECTIVITY AND  
ADHESION ***IN VIVO***

**TARGETING** COAGULASE  
ACTIVITY HAS POTENTIAL  
TO MODULATE **PATIENT**  
OUTCOMES

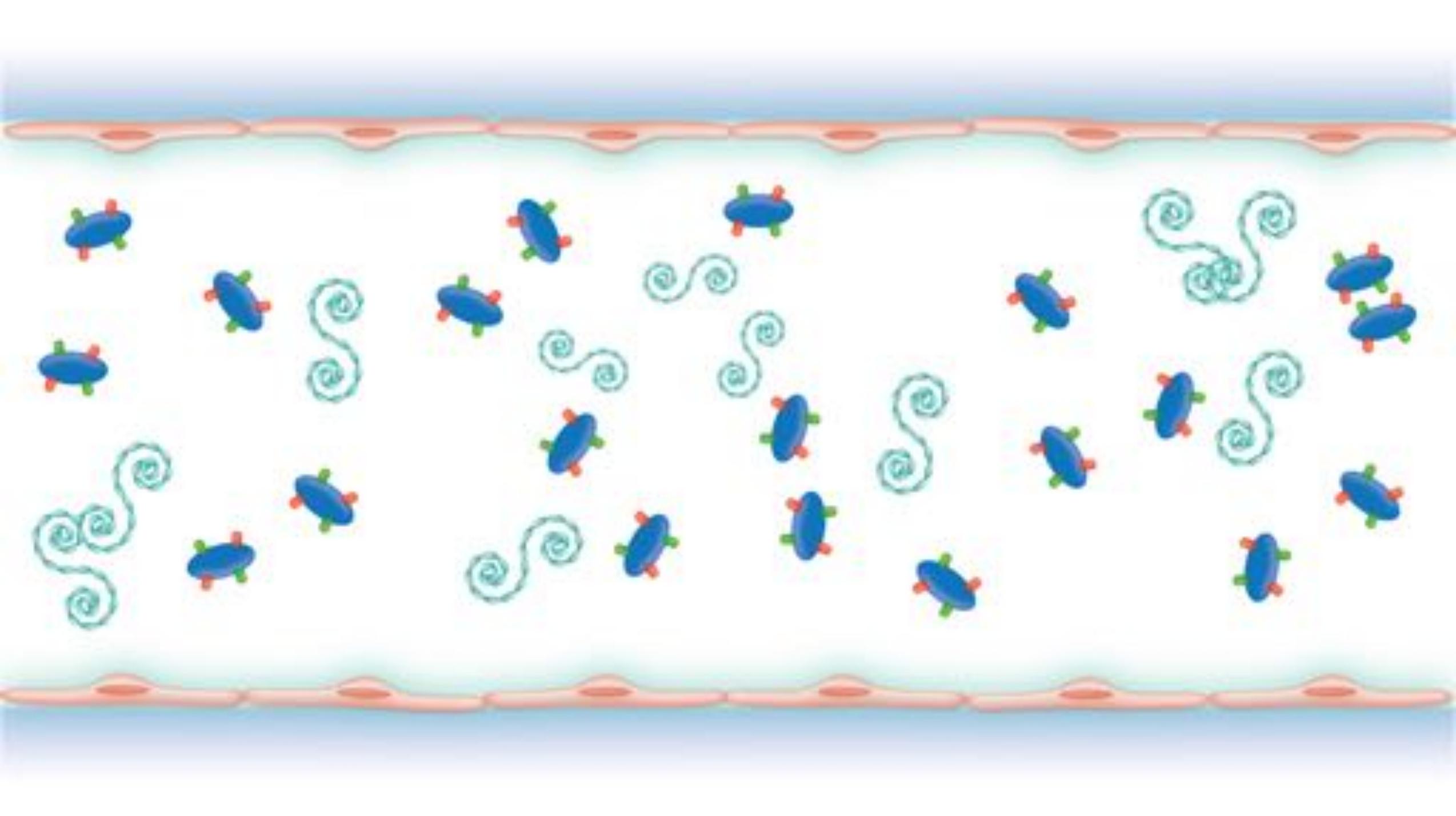
# **S.aureus** and **platelets**

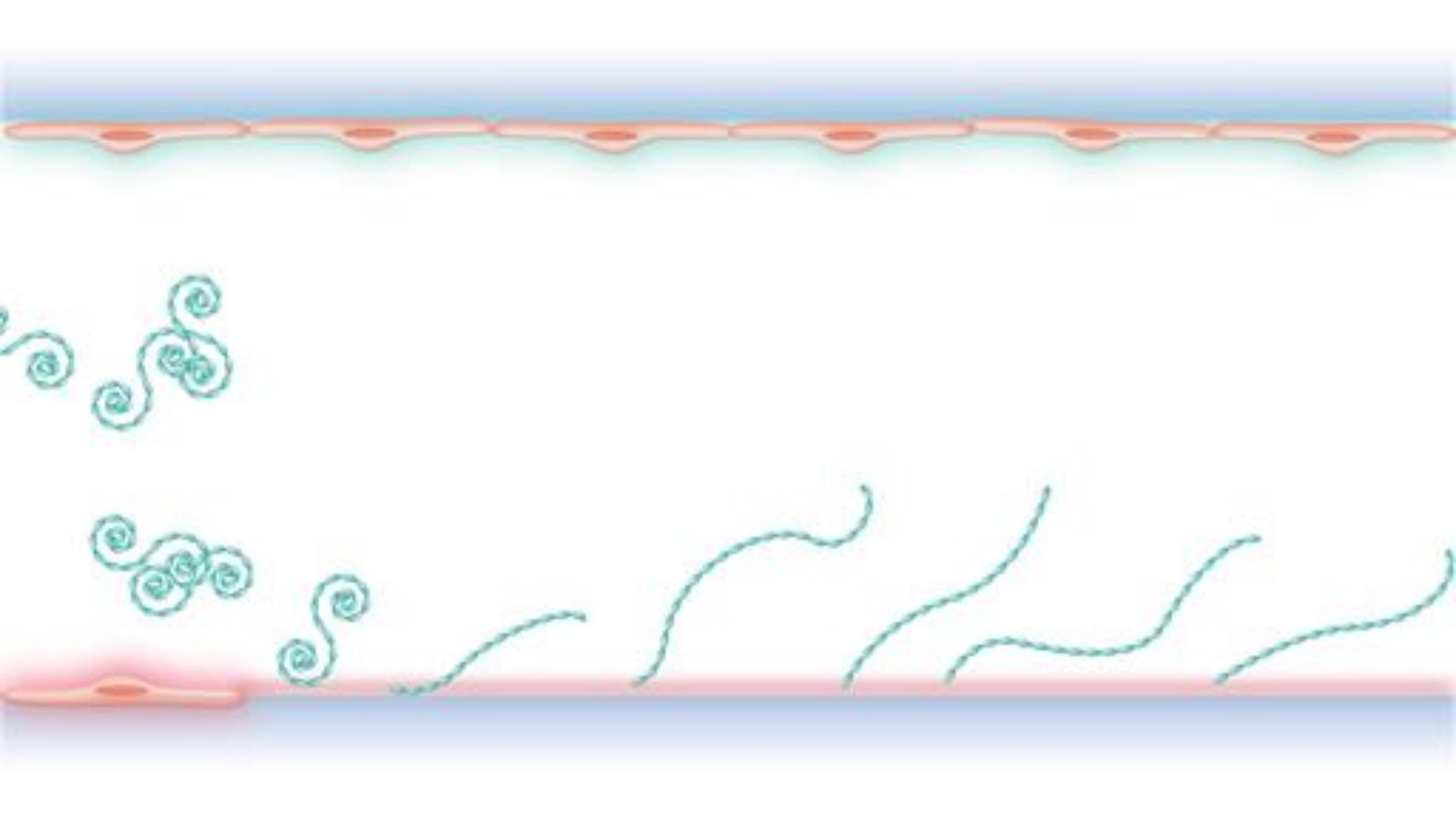


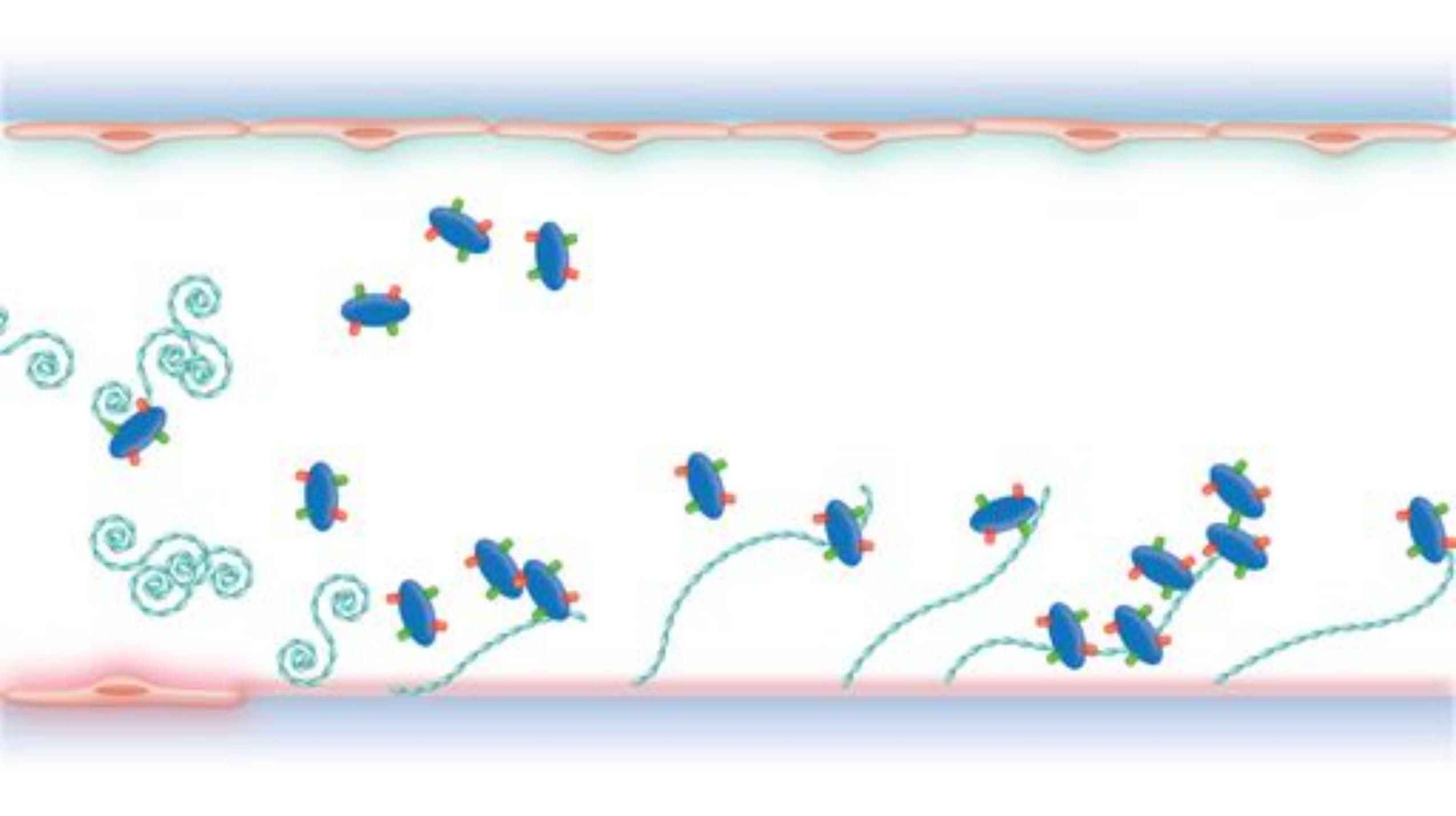


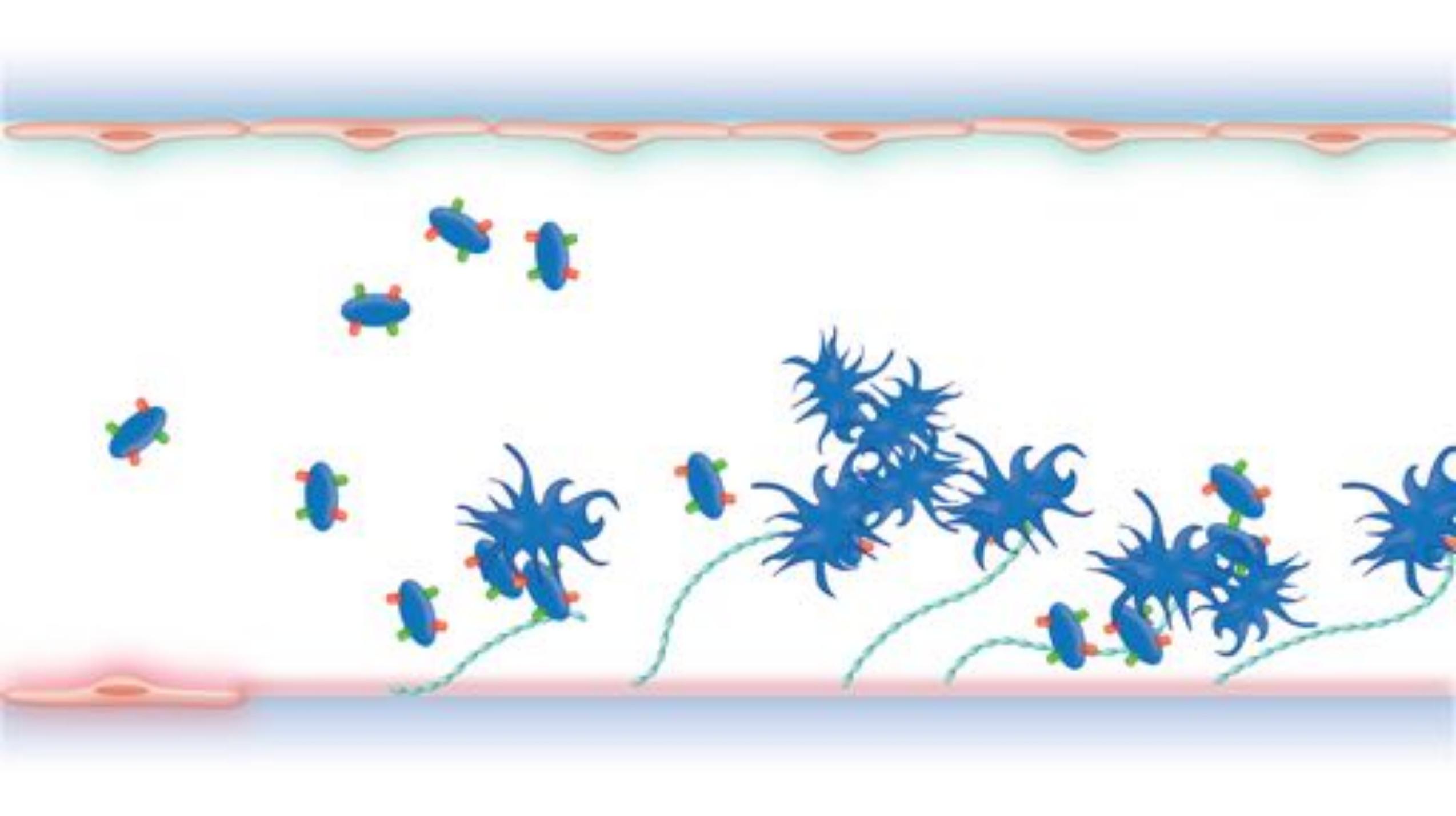


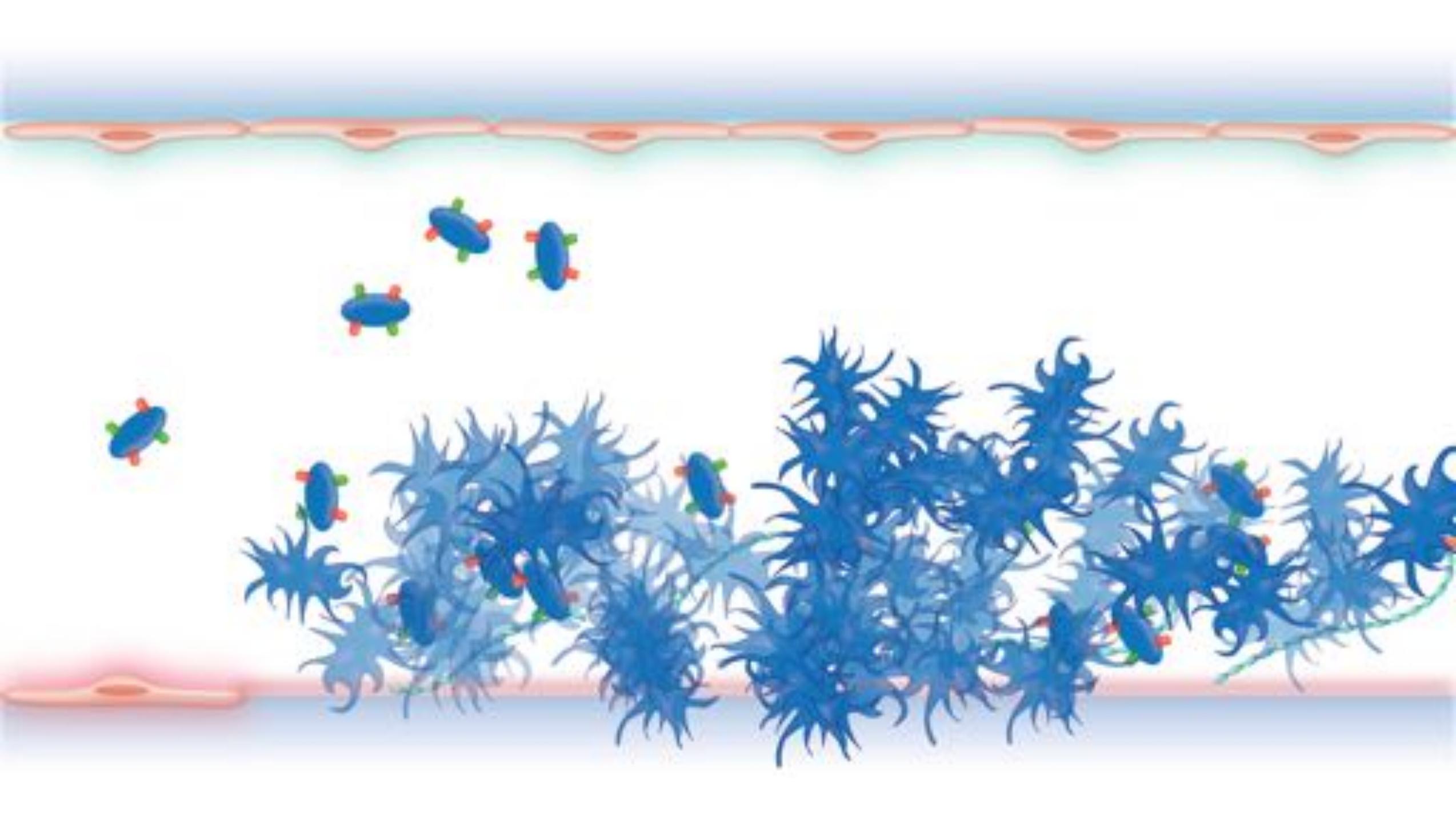


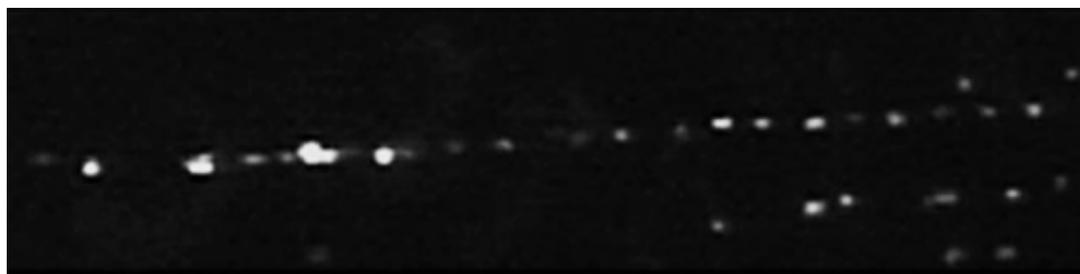
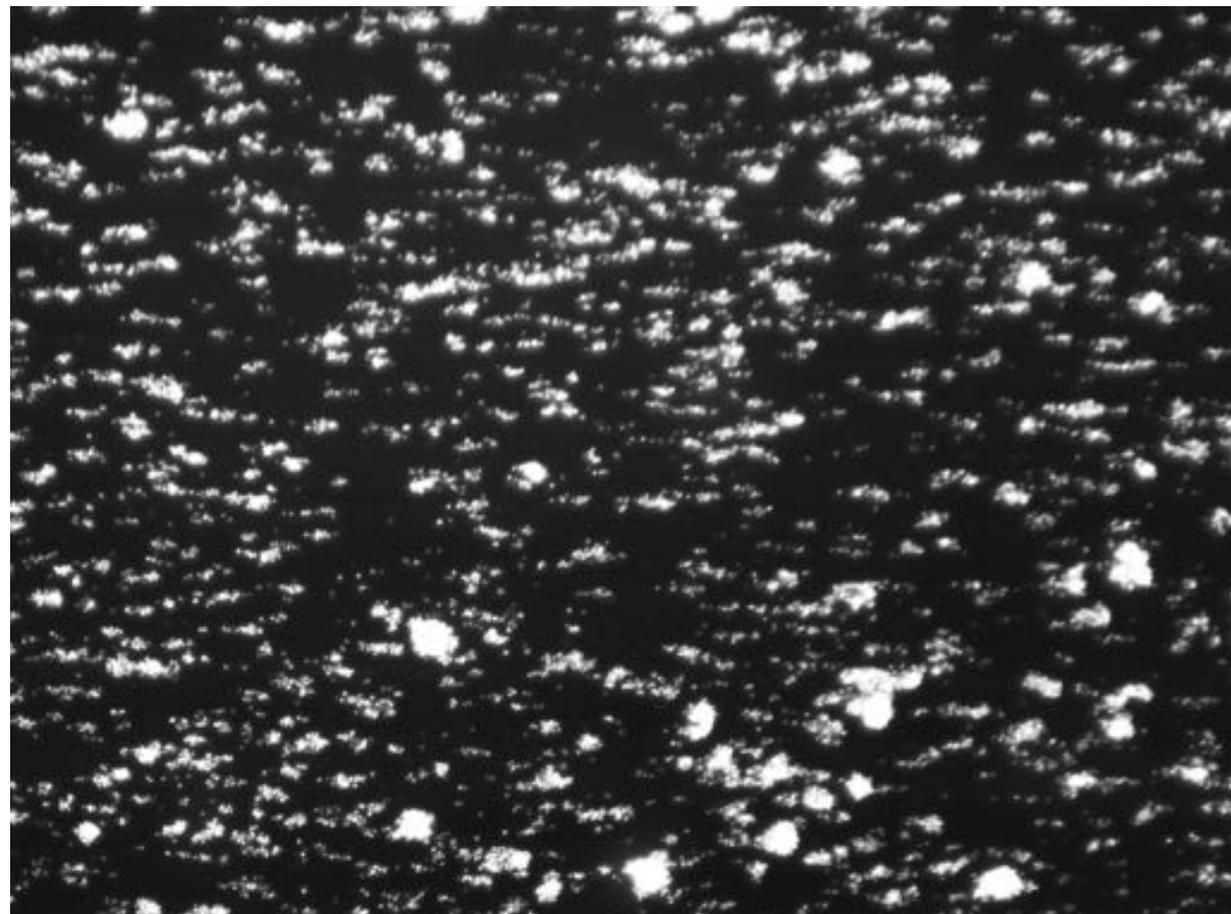
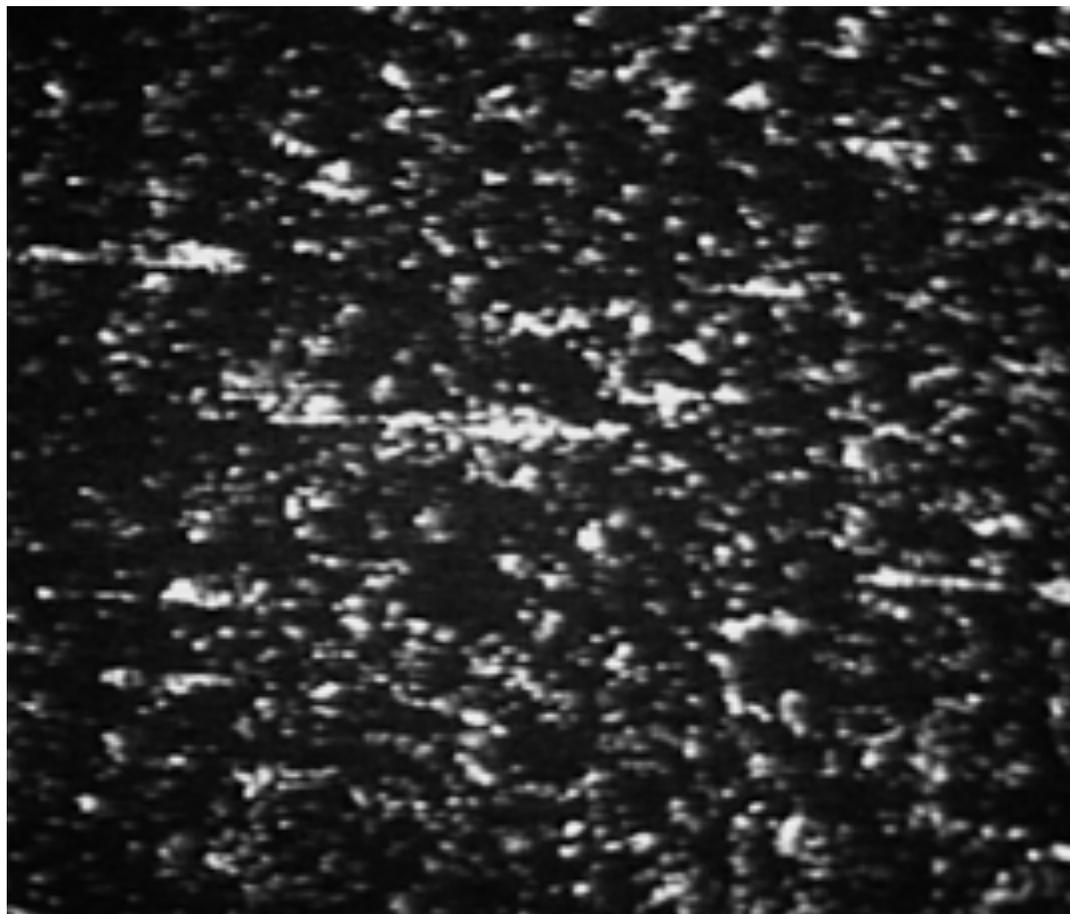


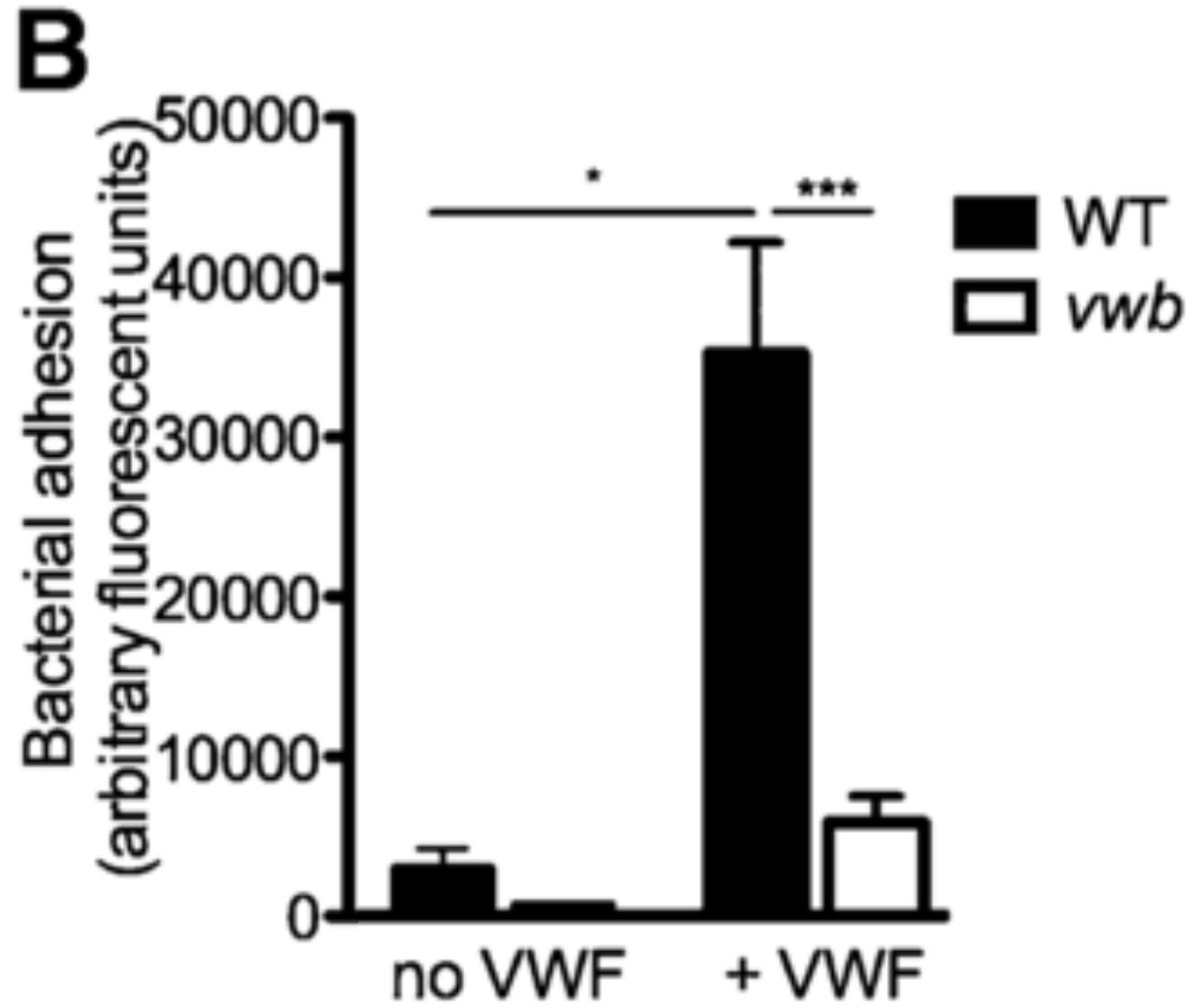
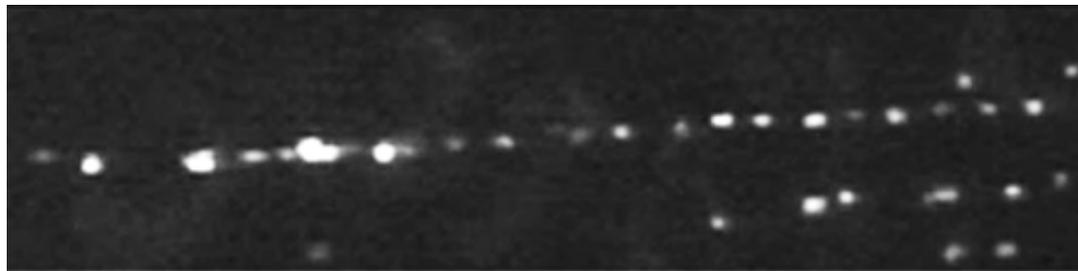




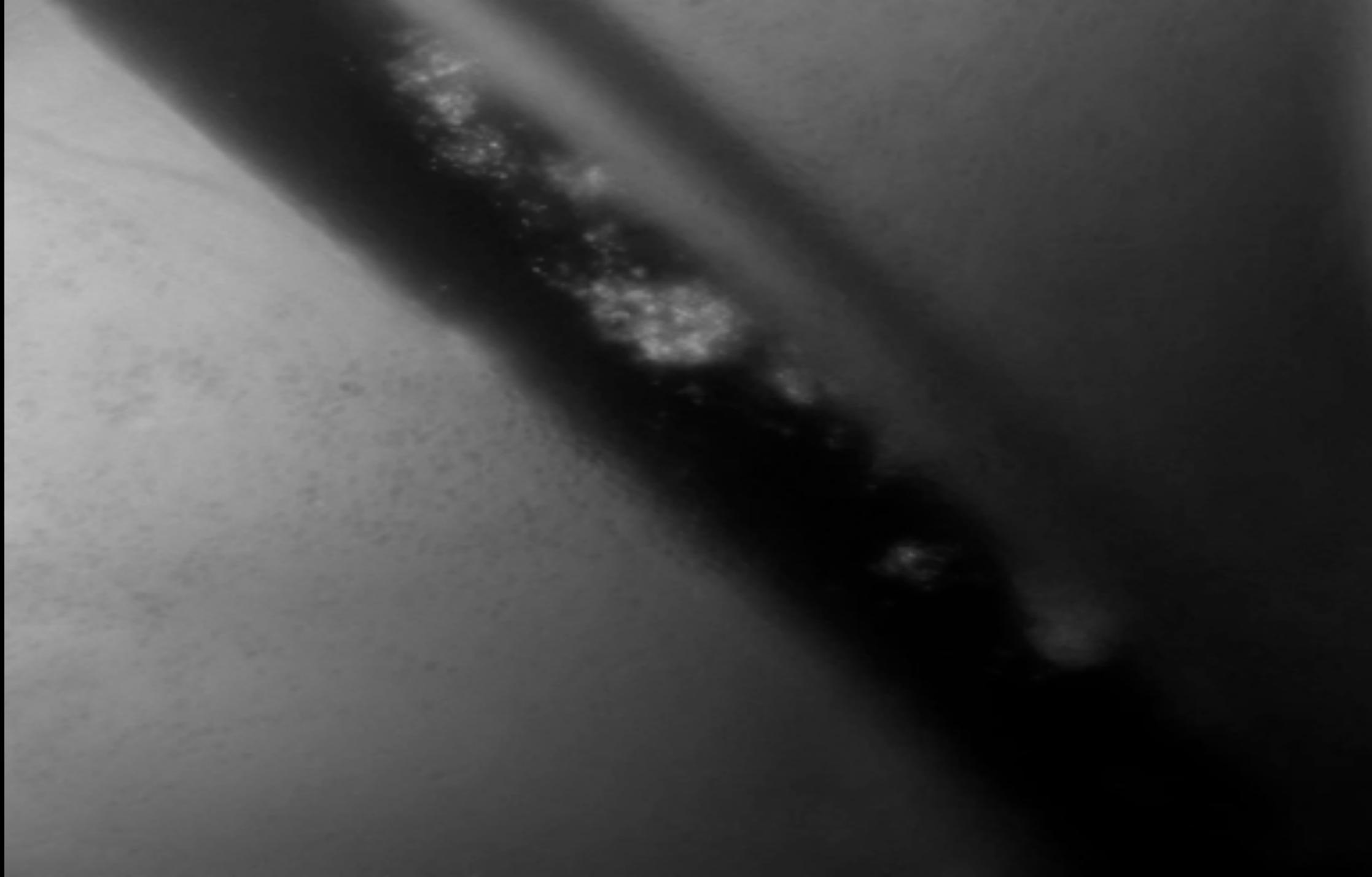






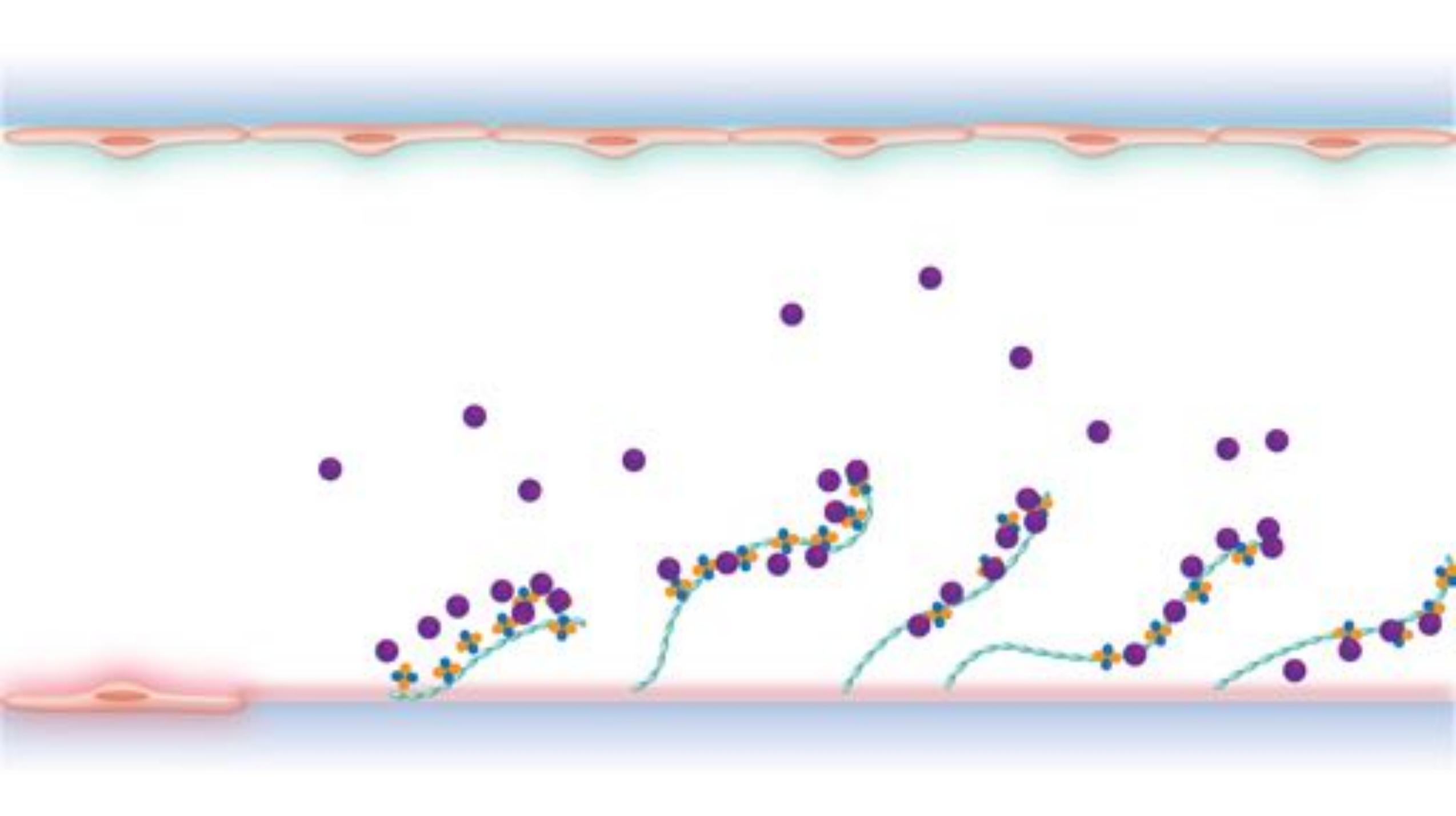




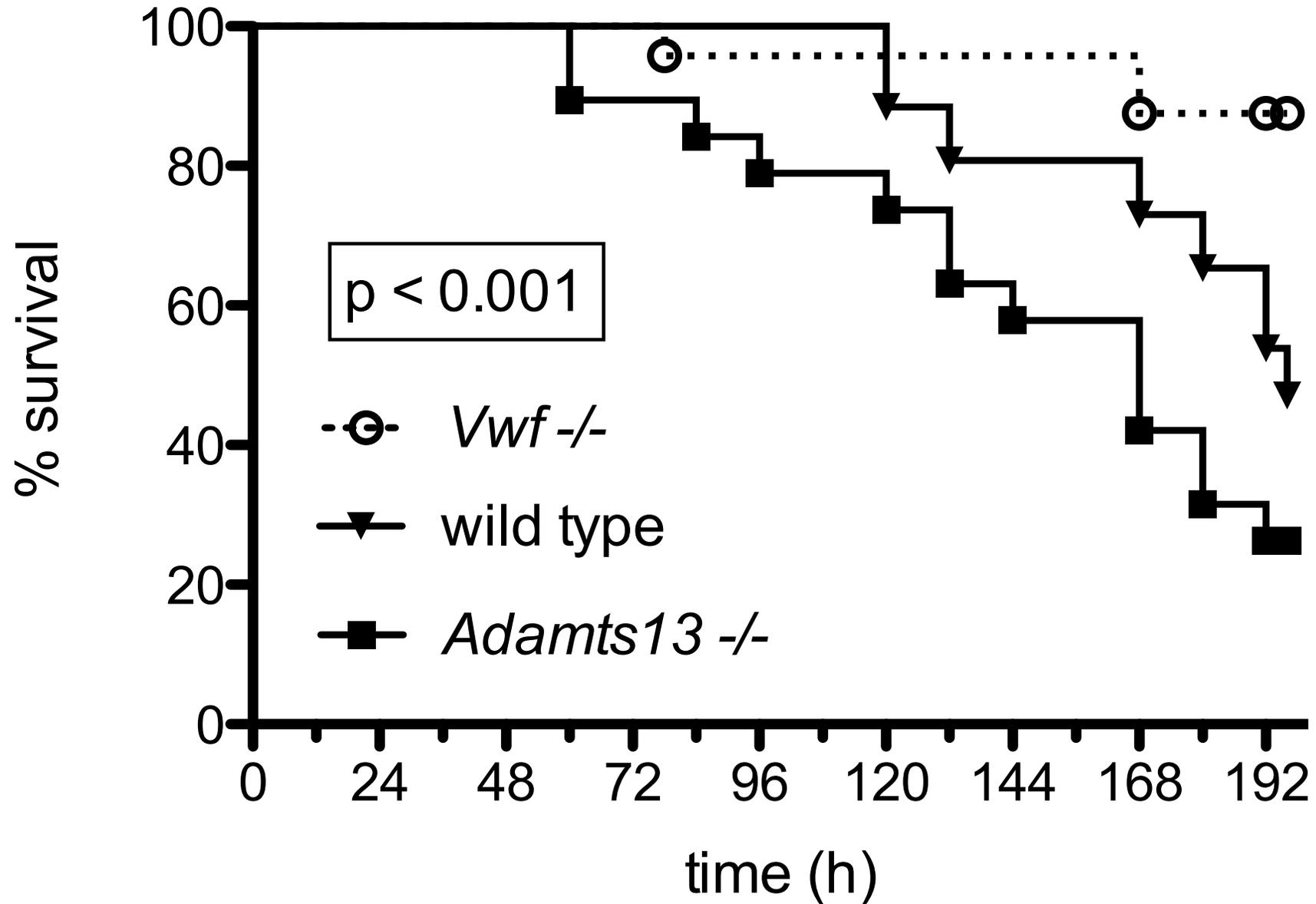


Bacterial adhesion of *S. aureus* WT to vessel wall



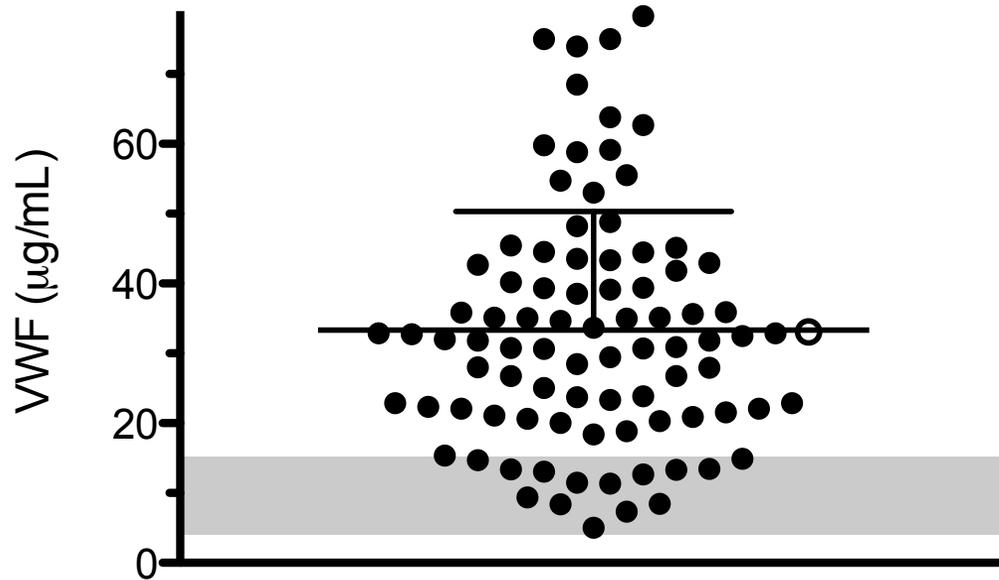


# Sepsis mortality

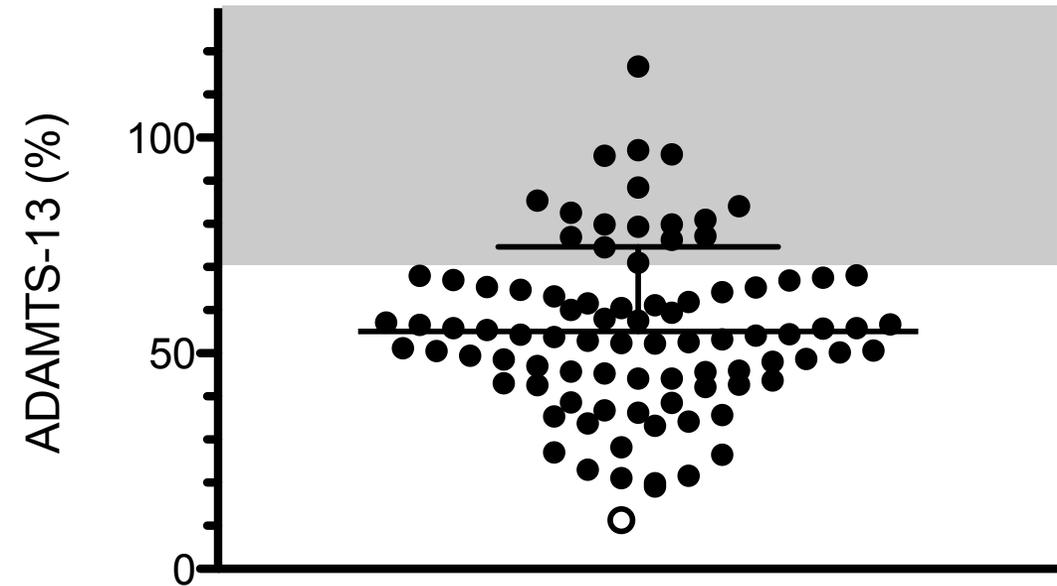


# IN PATIENTS WITH *S. AUREUS* SEPSIS

von Willebrand factor (VWF)

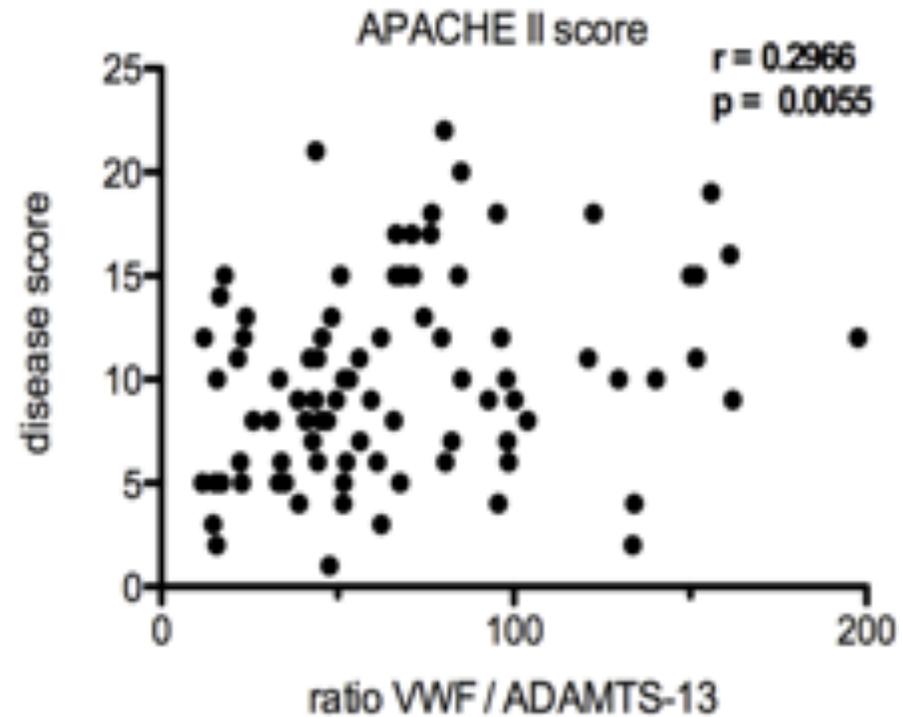


ADAMTS-13



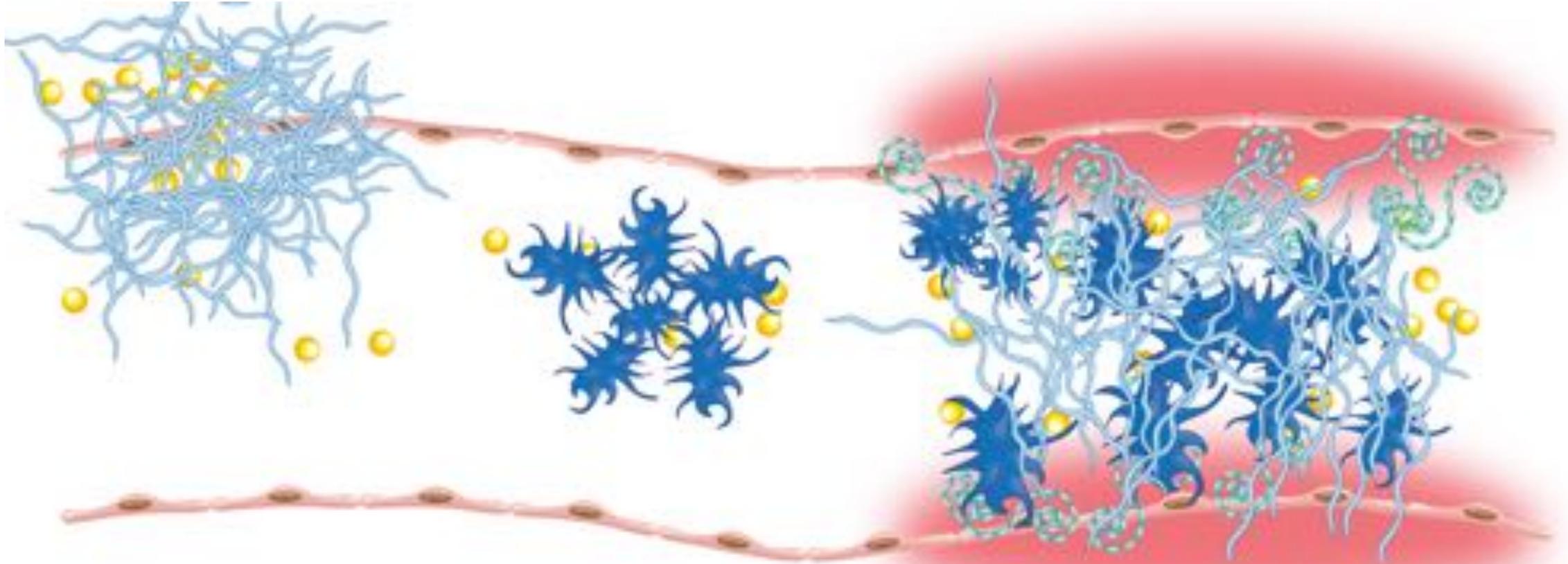
**VWF LEVELS ARE HIGH AND  
ADAMTS-13 LEVELS ARE LOW**

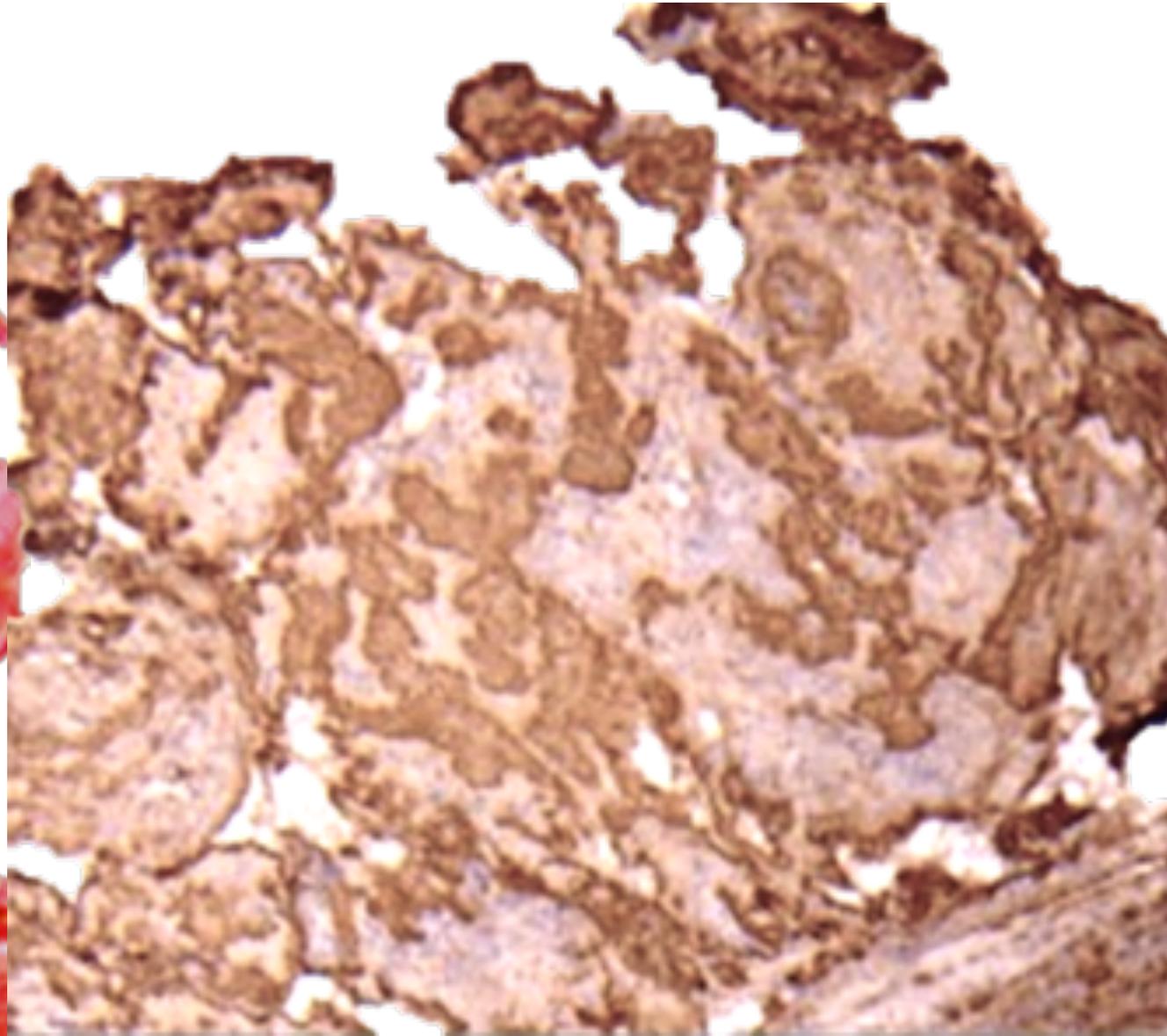
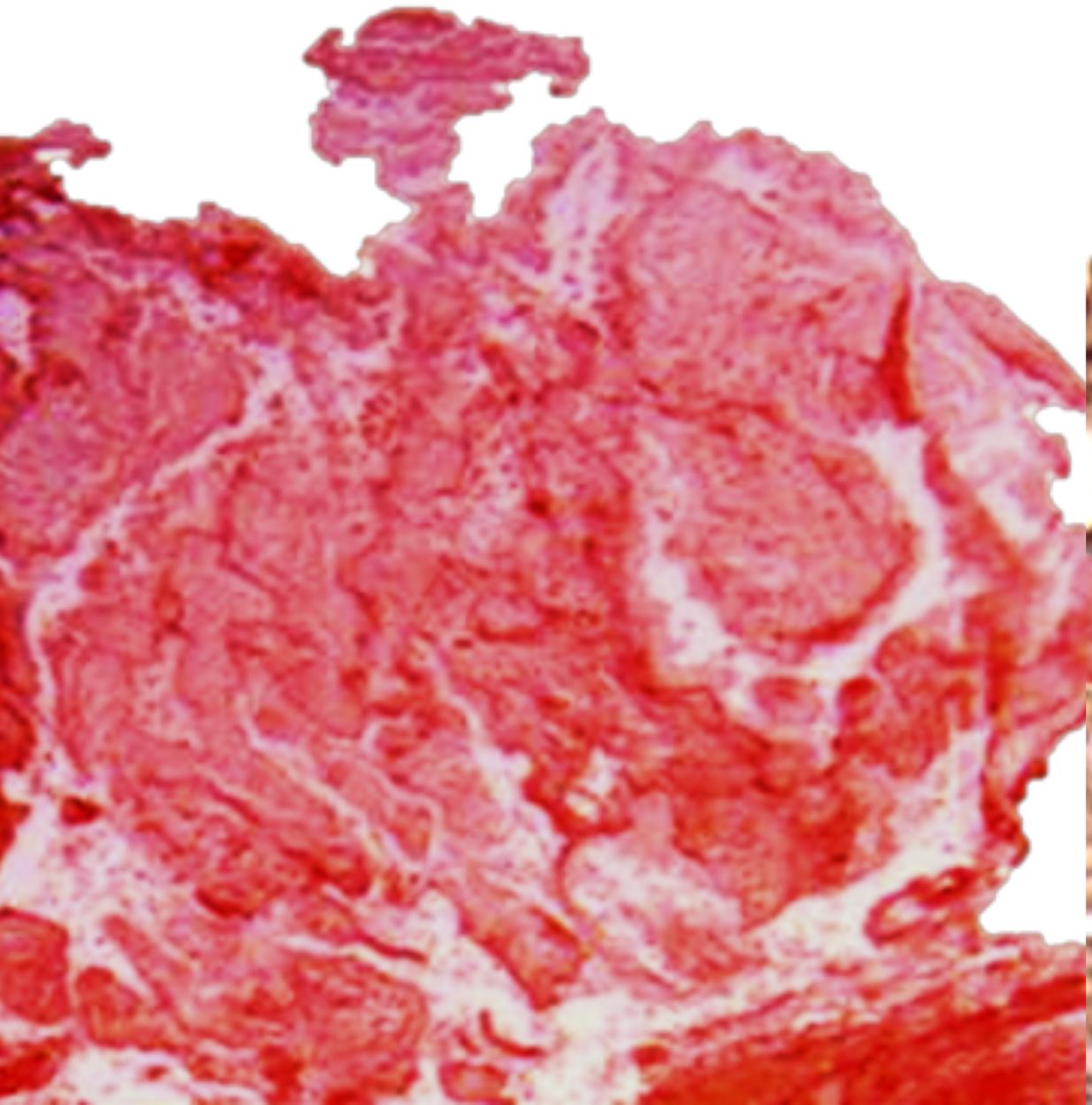
# IN PATIENTS WITH *S. AUREUS* SEPSIS



**VWF/ADAMTS-13  
CORRELATES WITH DISEASE SEVERITY**

# **S.aureus** and endocarditis



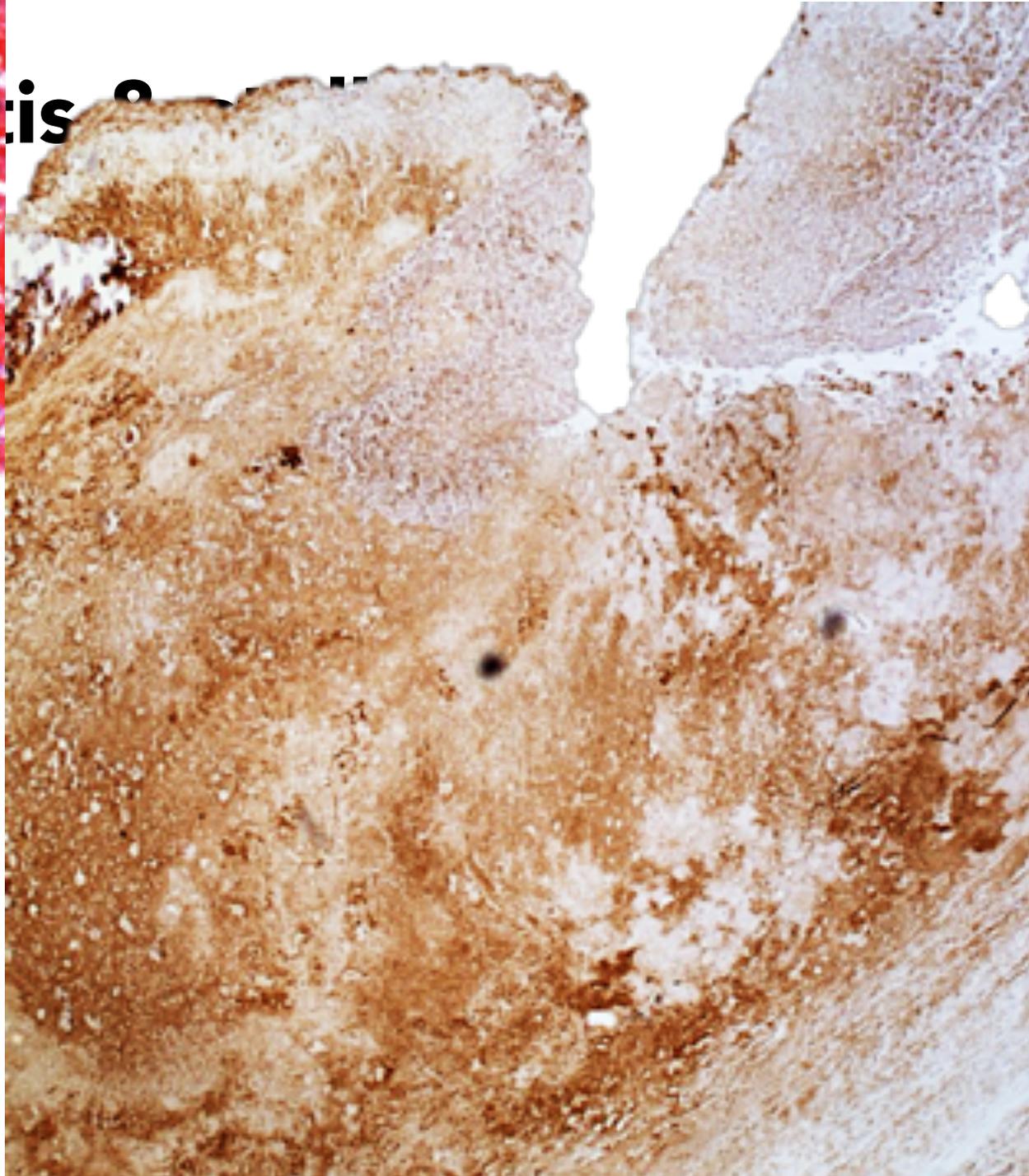
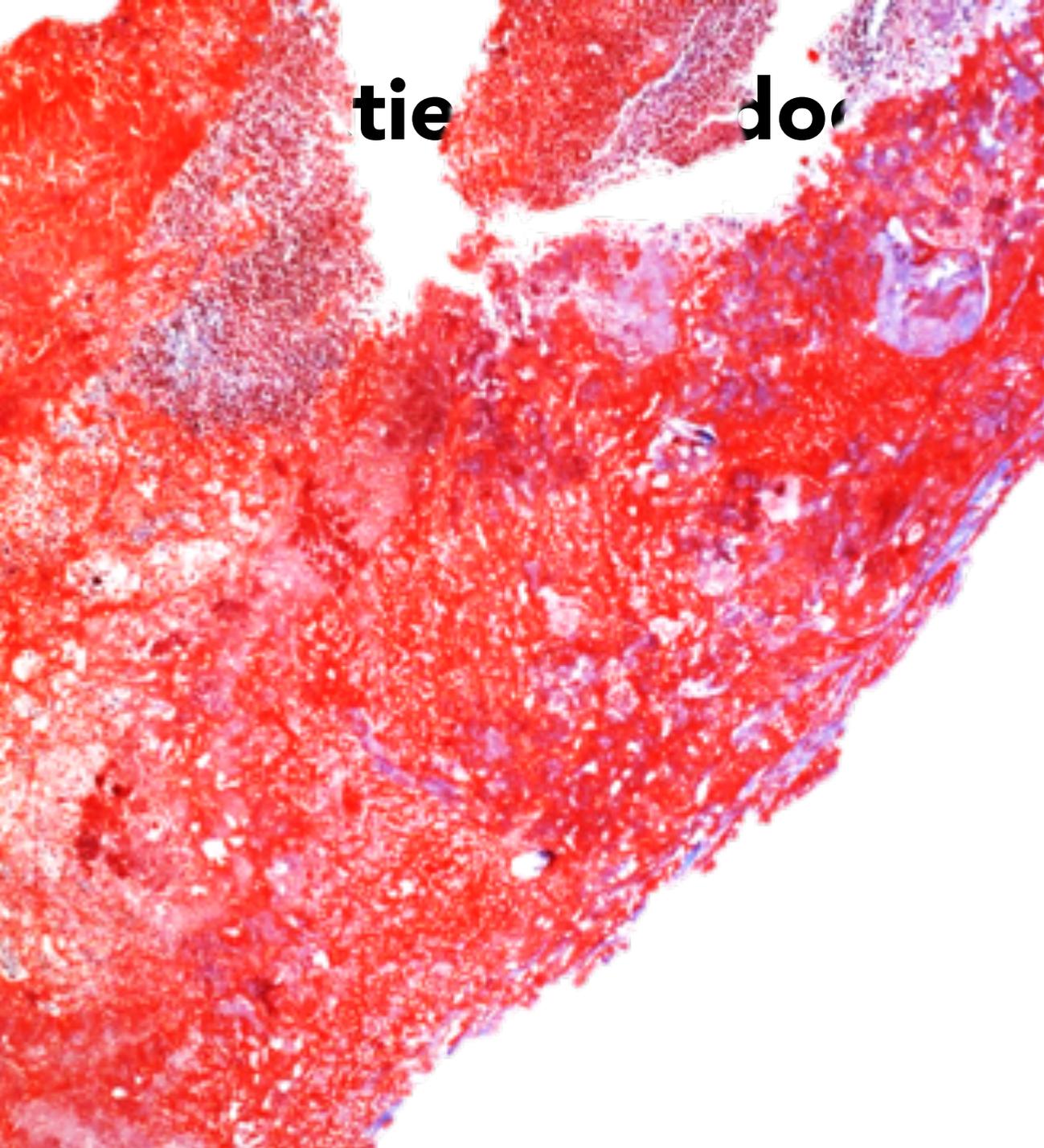


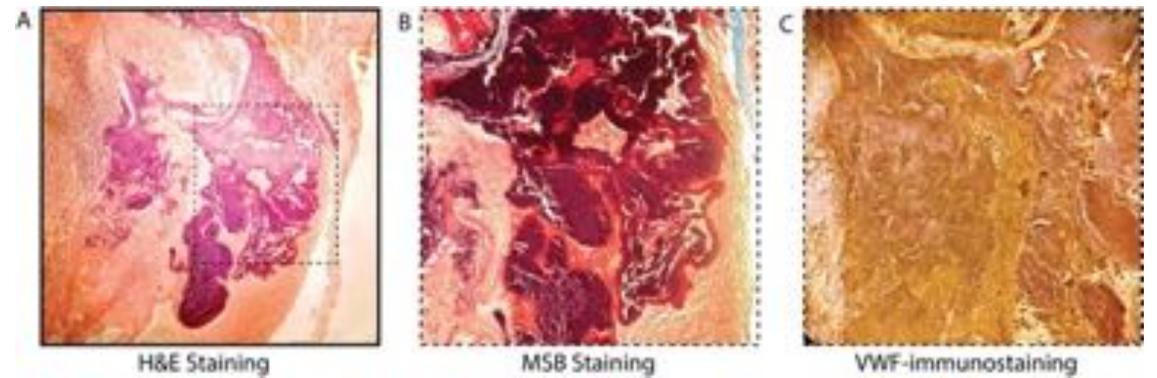
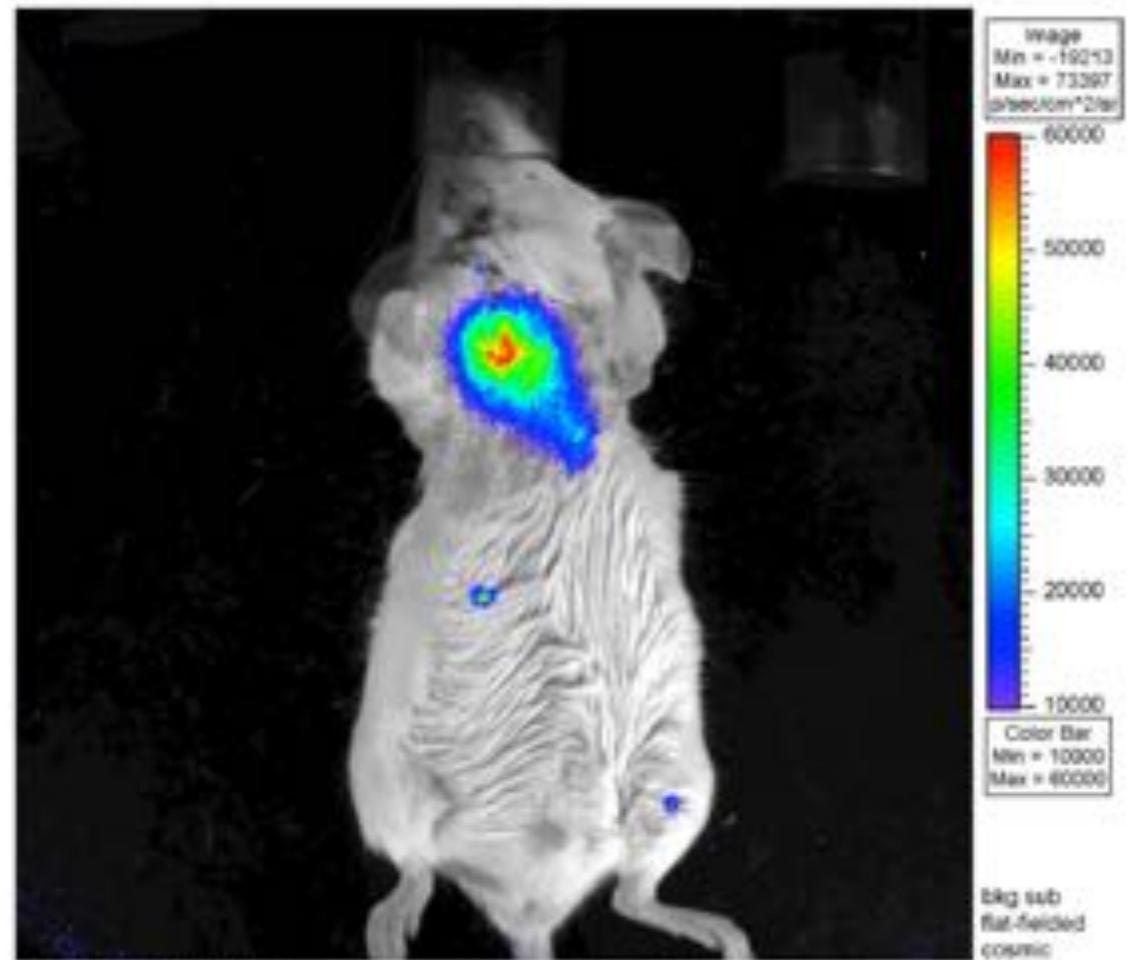
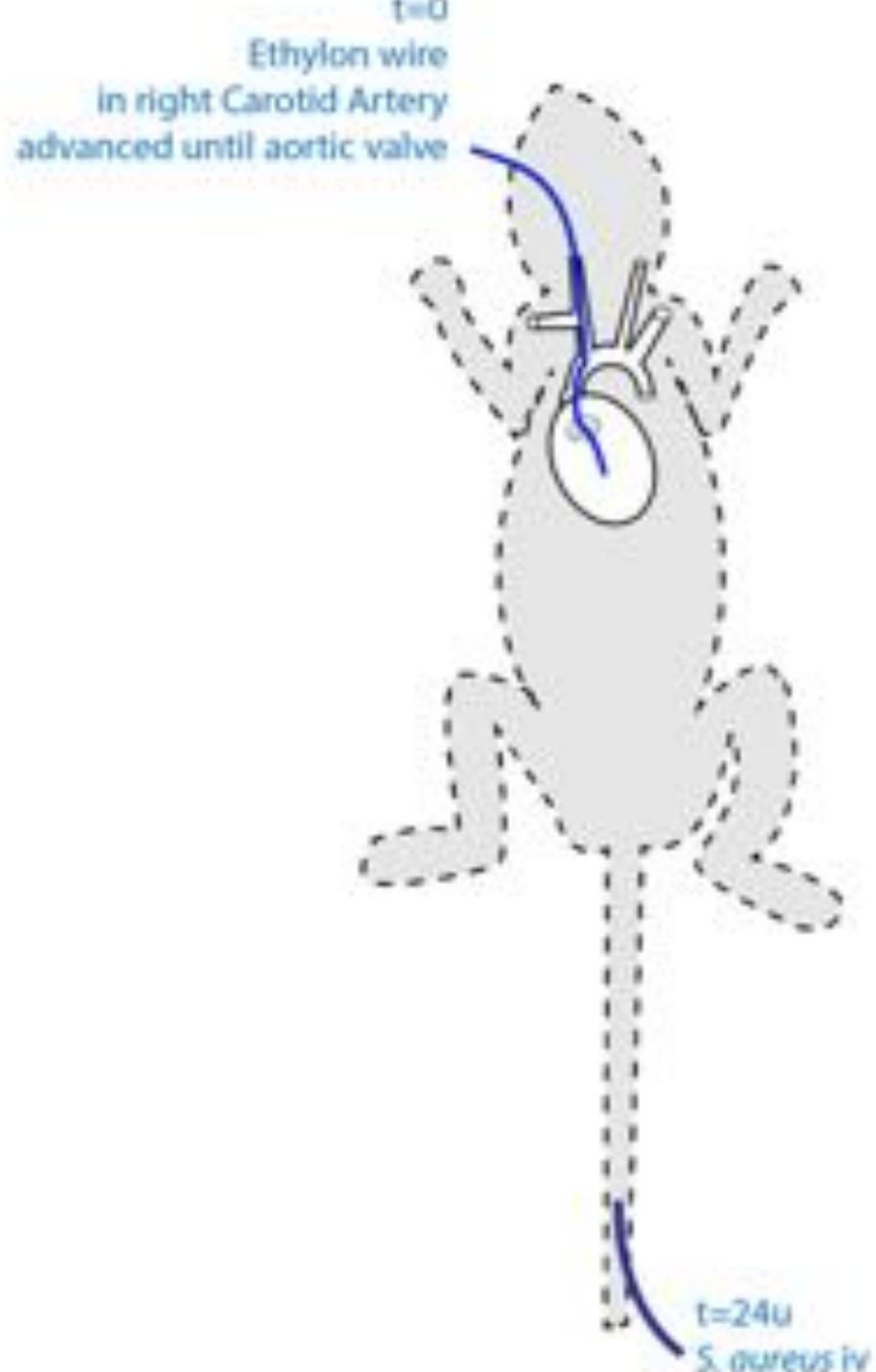
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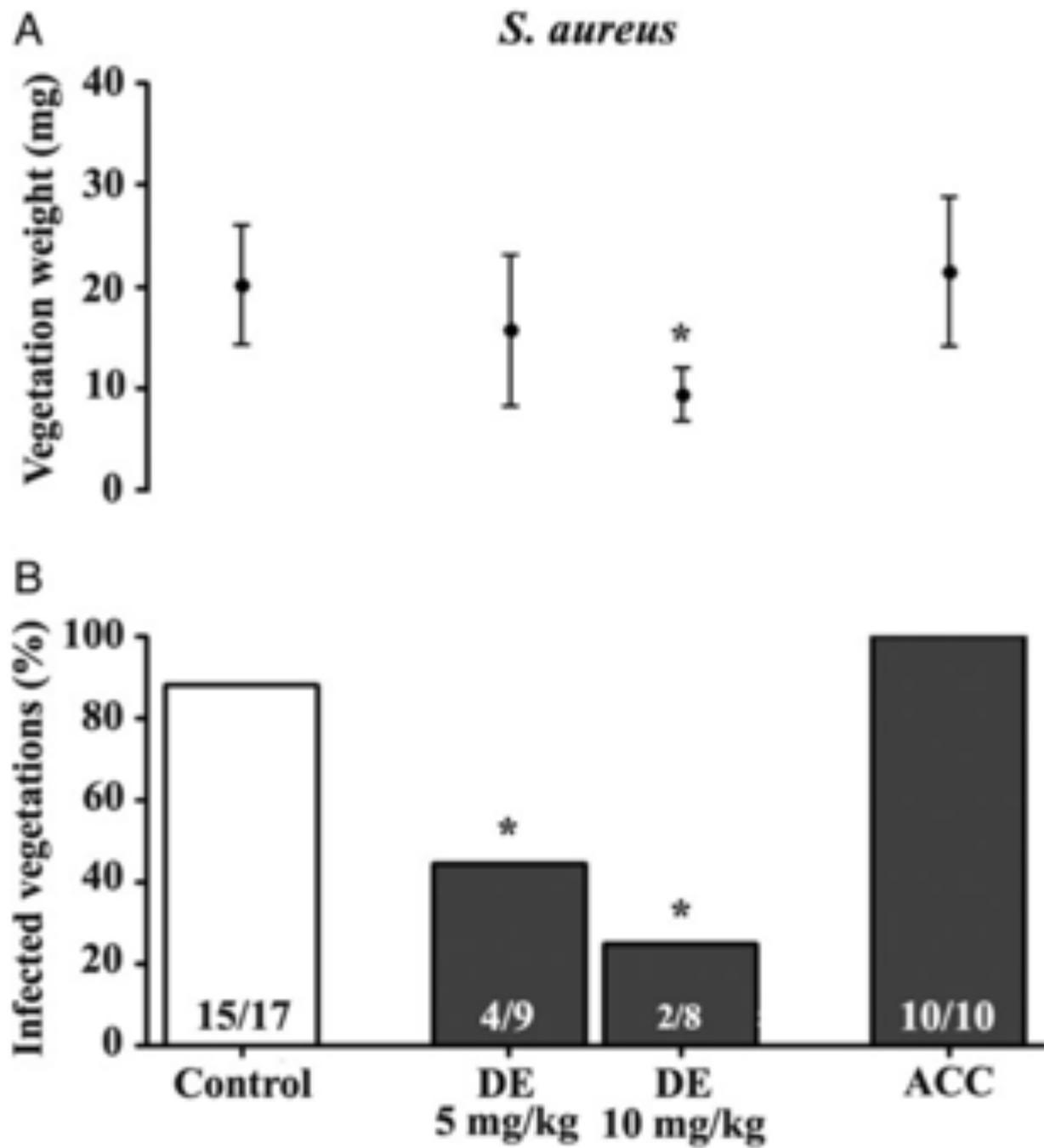
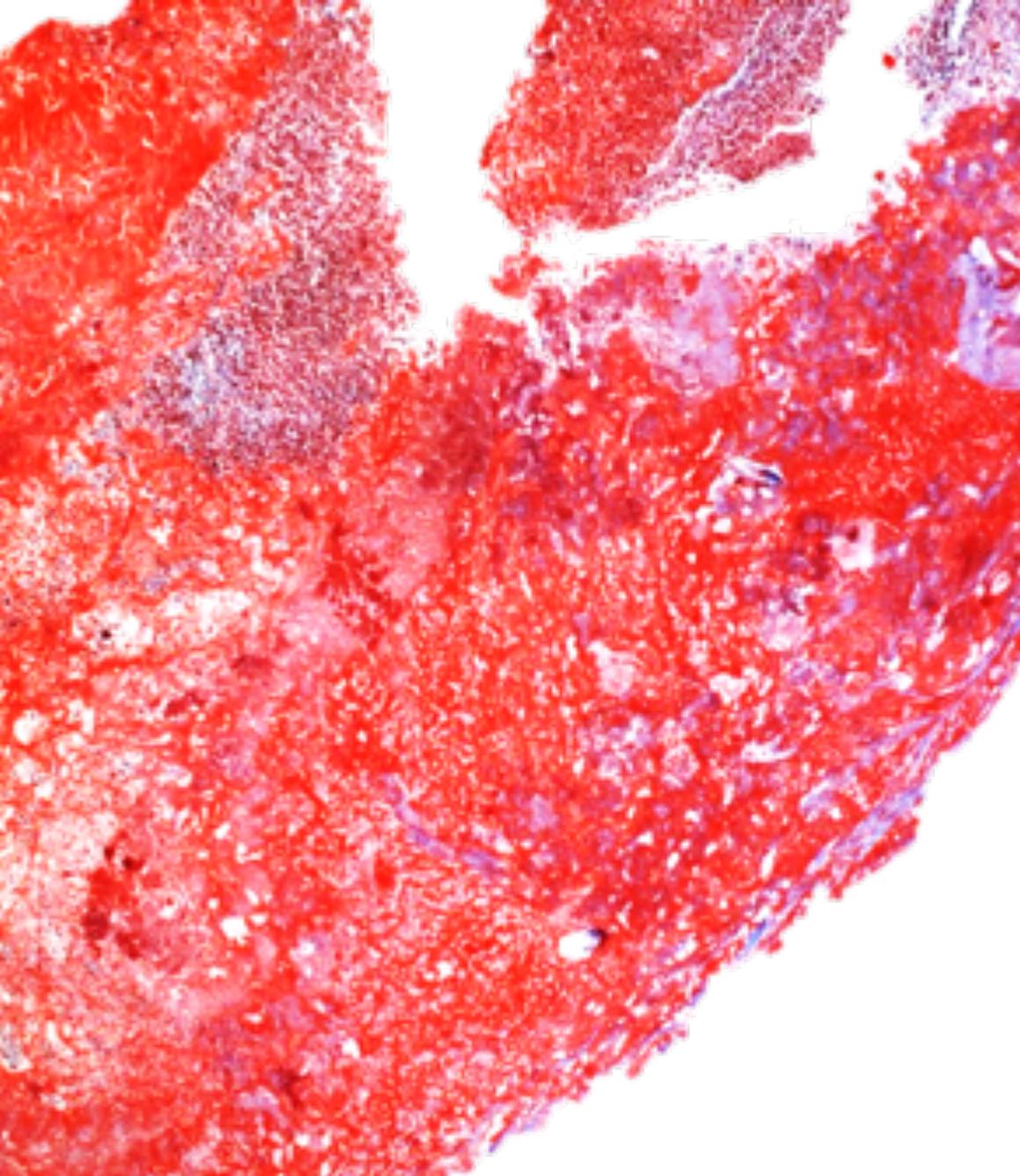
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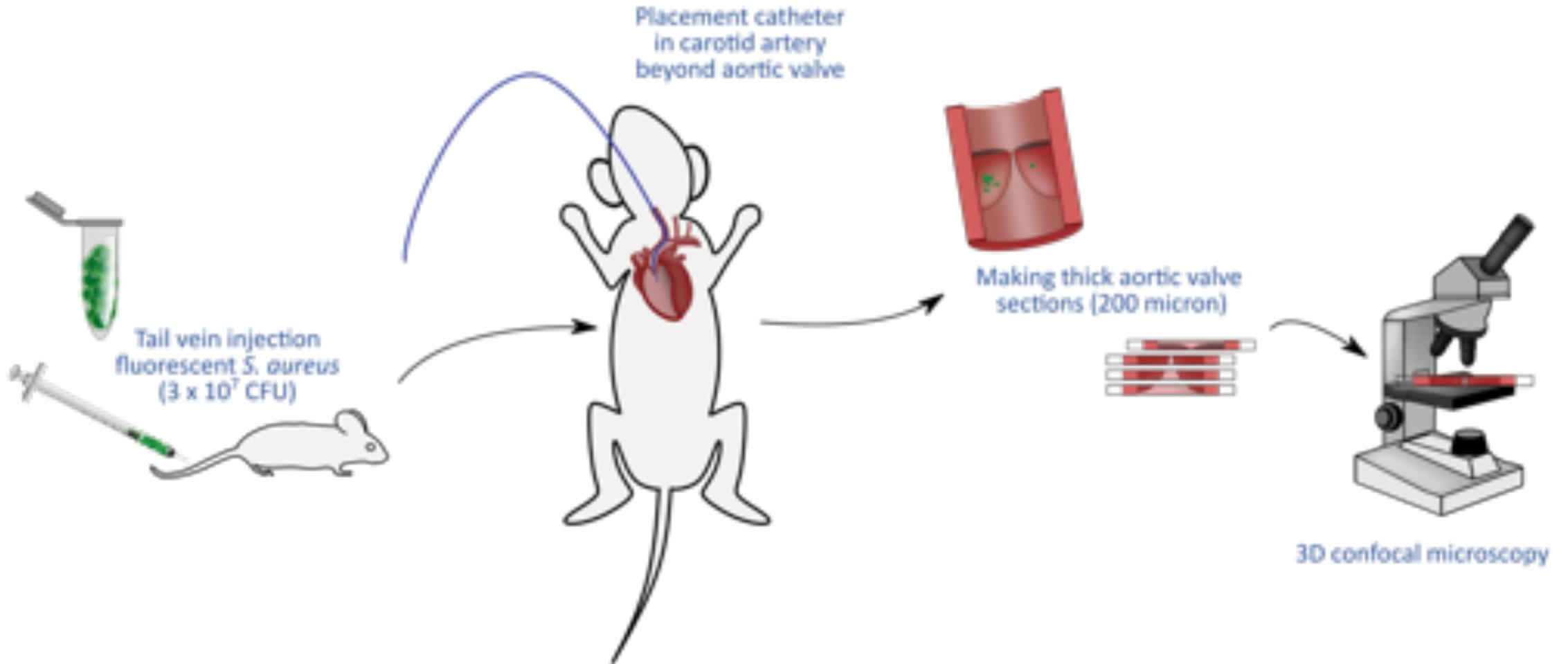


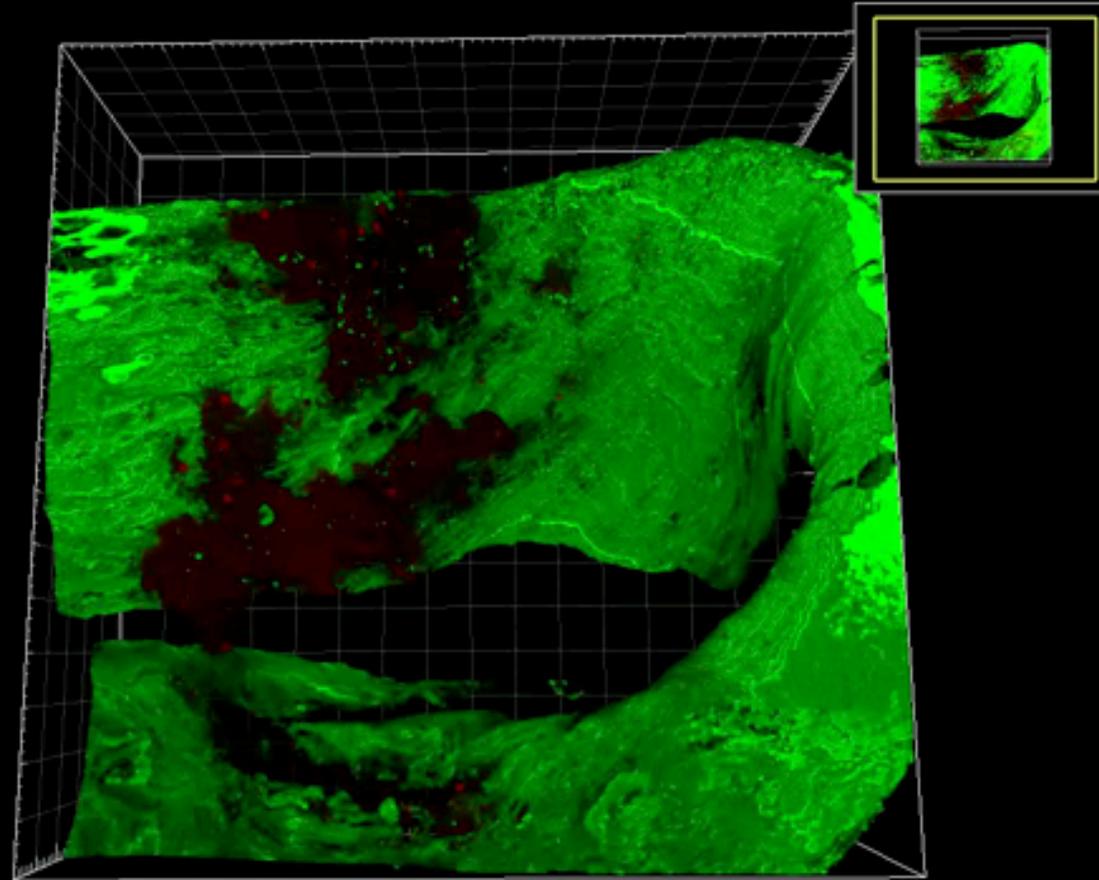


***S. AUREUS* USES VWF TO ATTACH  
TO DAMAGED VALVULAR  
ENDOTHELIUM IN VIVO**

**MORE REFINED ENDOCARDITIS  
ANIMAL MODELS ALLOW MORE  
DETAILED STUDY OF EARLY  
ADHESION**

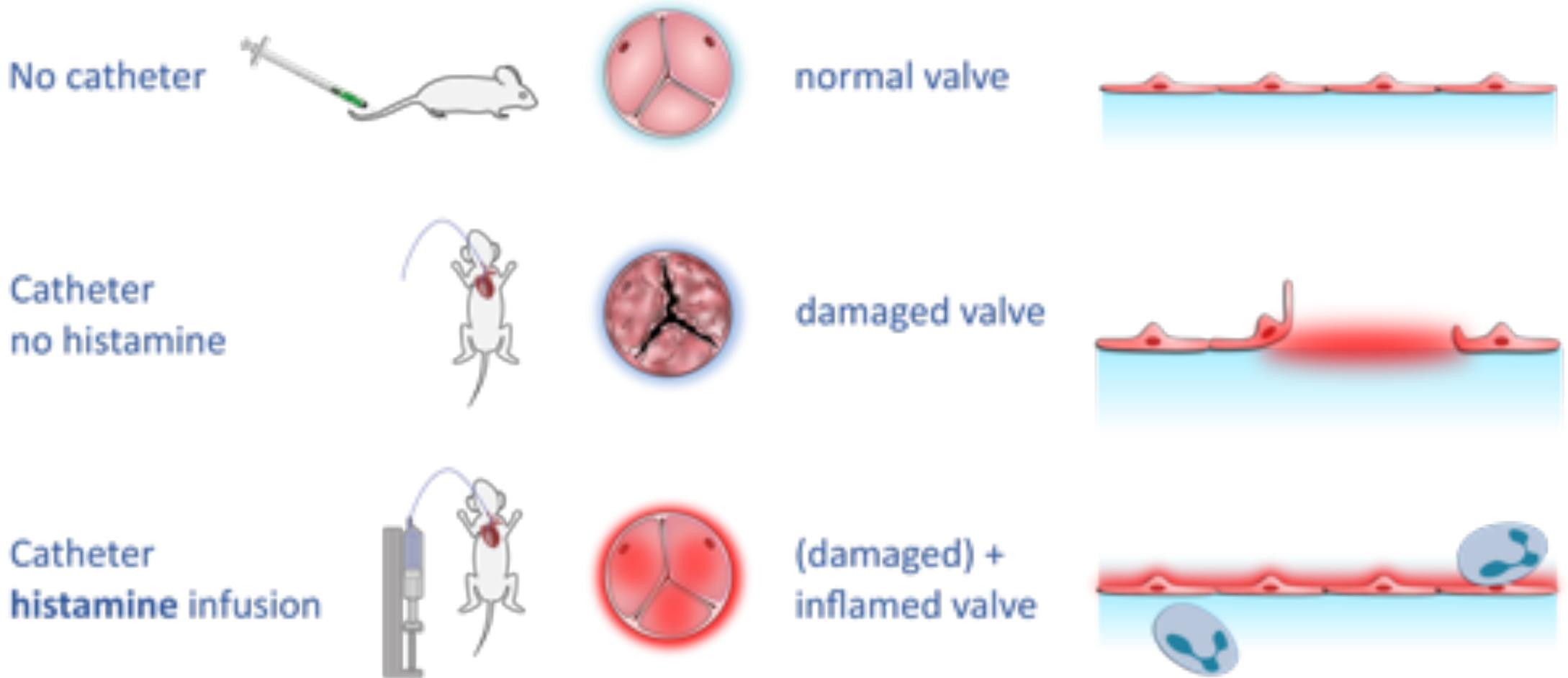
# A new model to study early bacterial adhesion



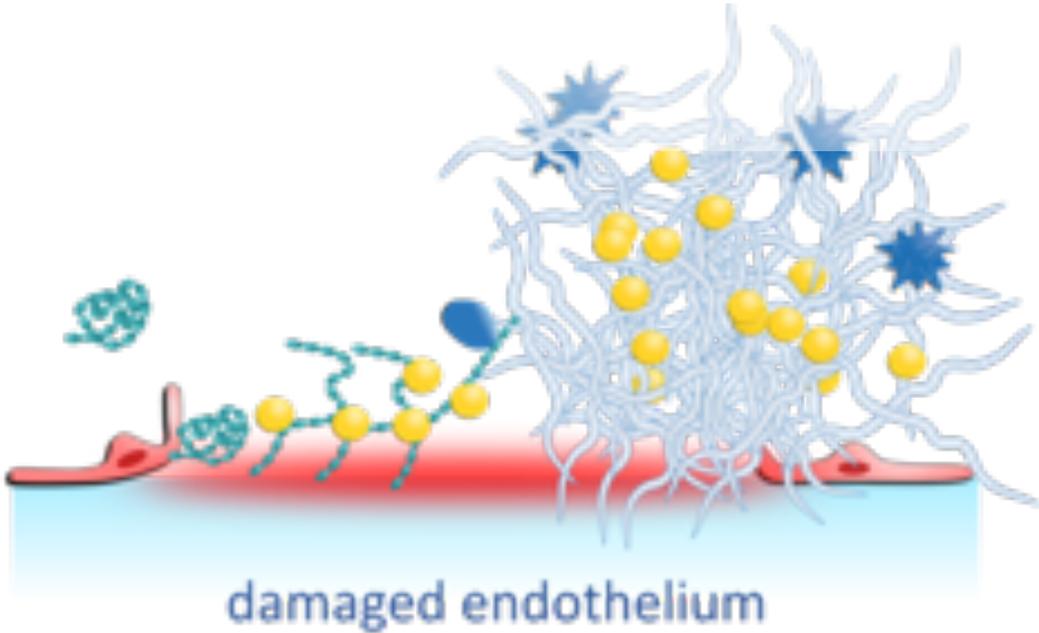
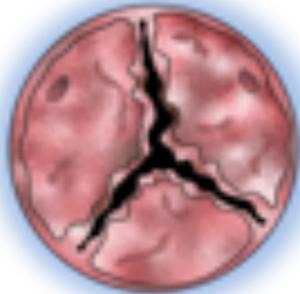
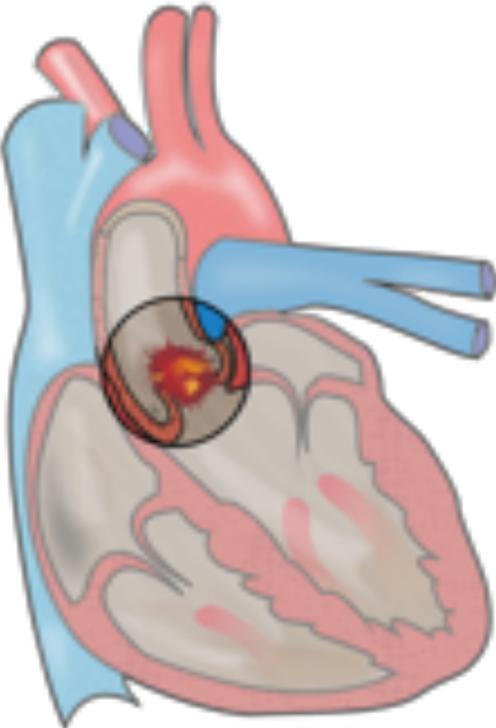


Endothelium  
*S. aureus*

# A new model to study early bacterial adhesion



# Mechanisms of adhesion



# Damaged cardiac valve

Endothelium

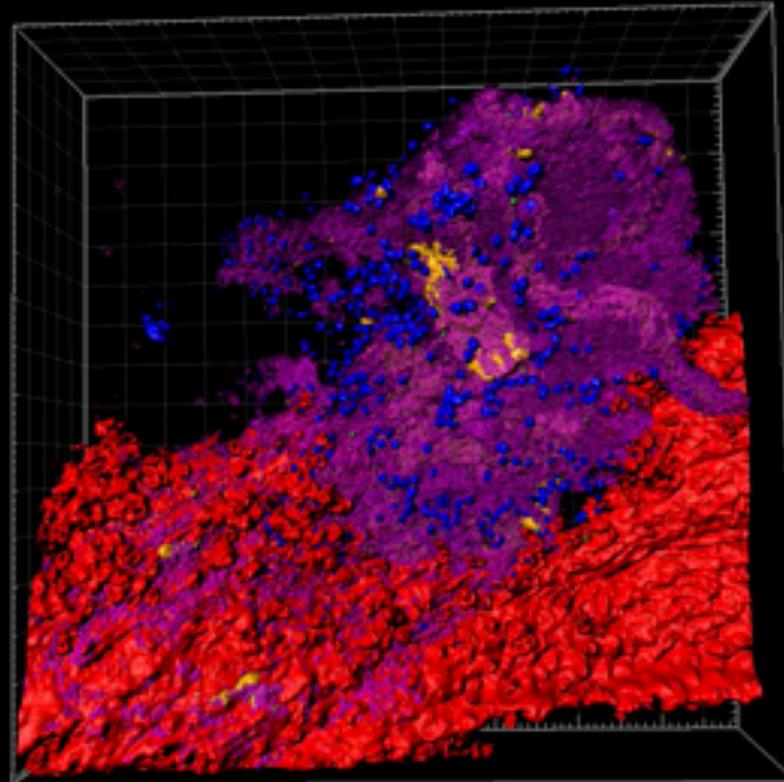
Platelets

Fibrin

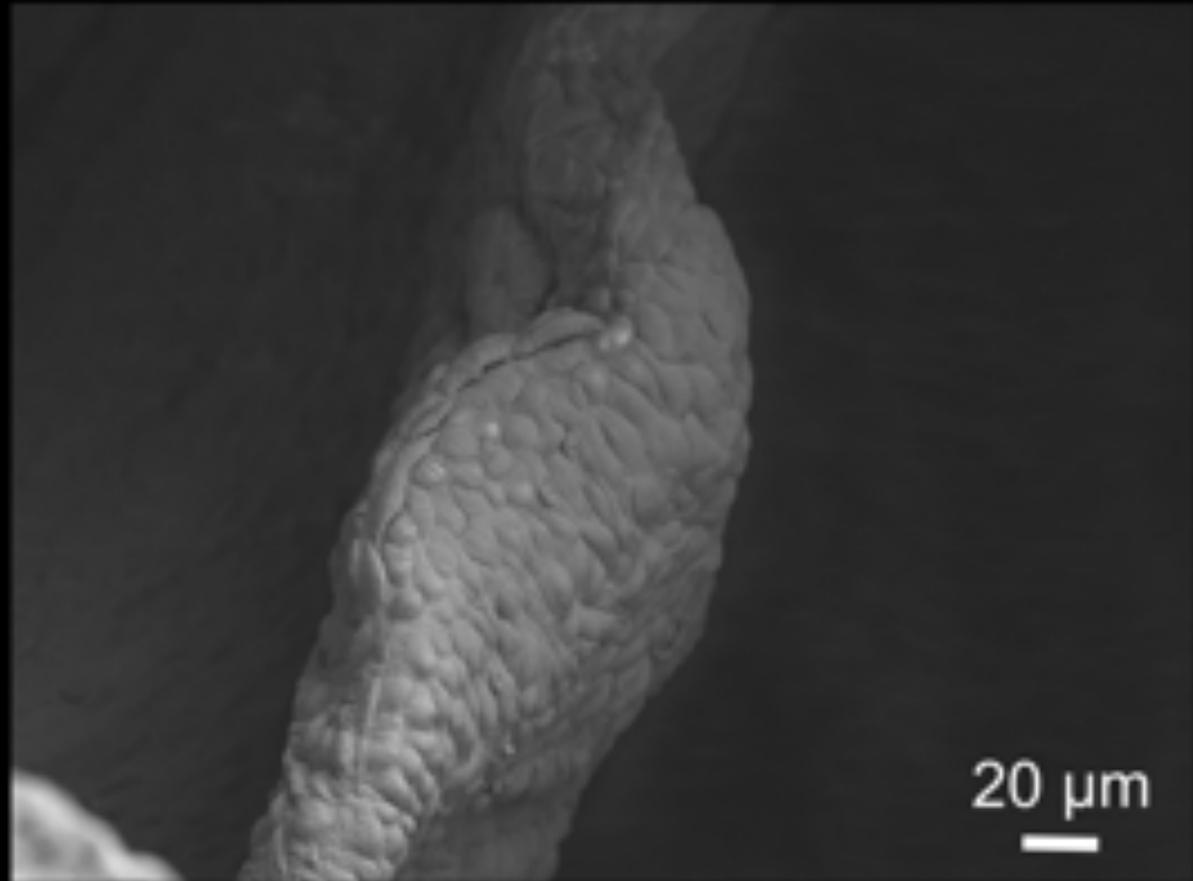
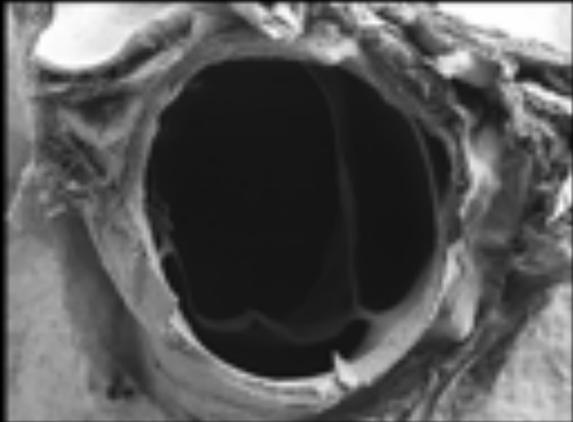
*S. aureus*

Dapi

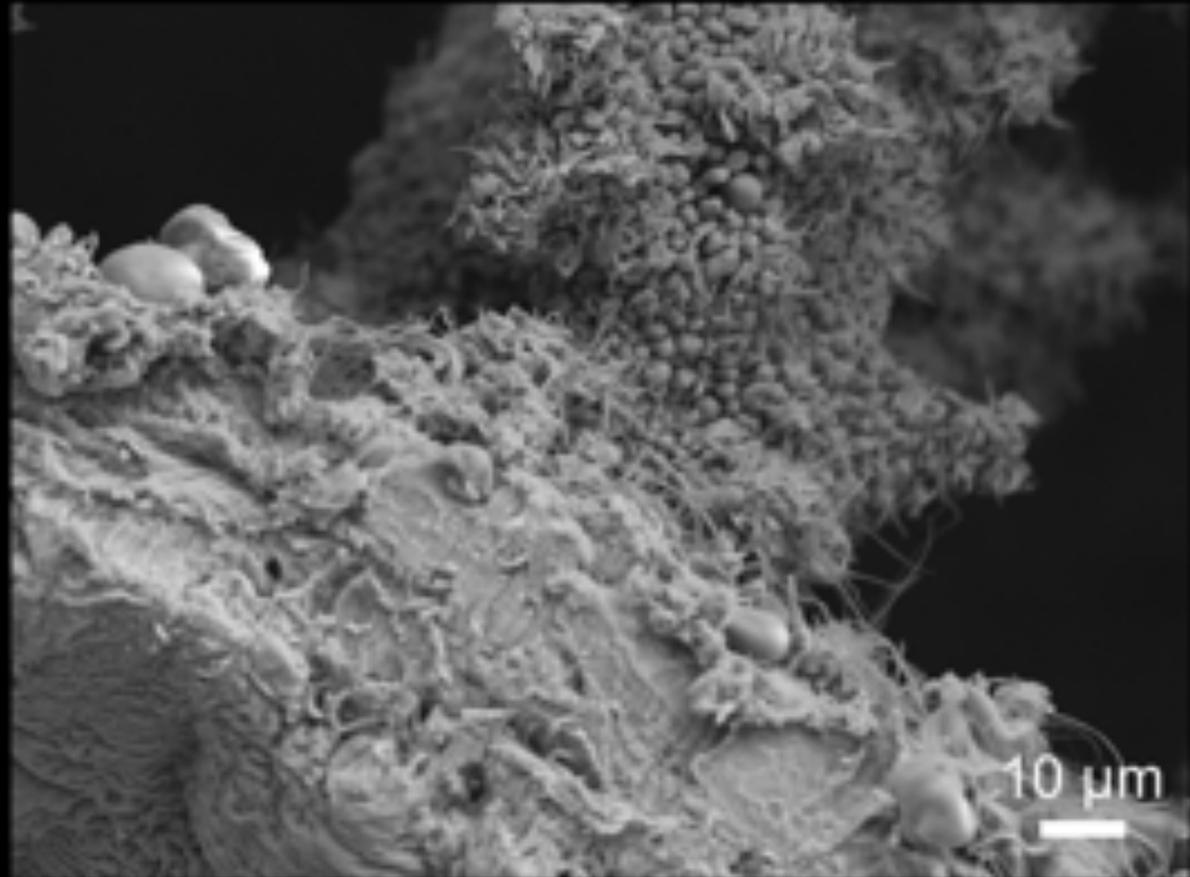
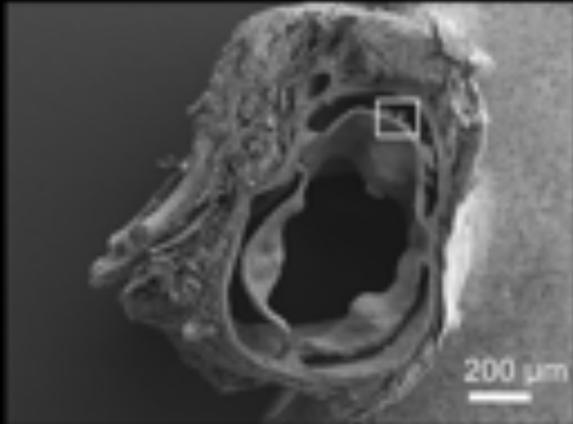
White blood cells



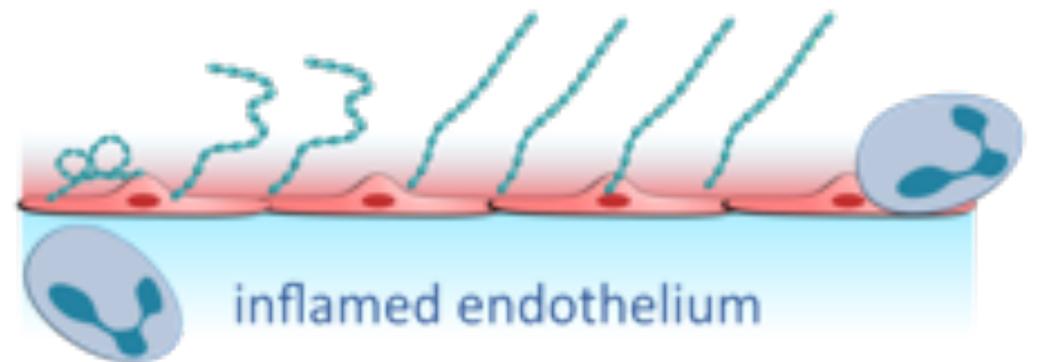
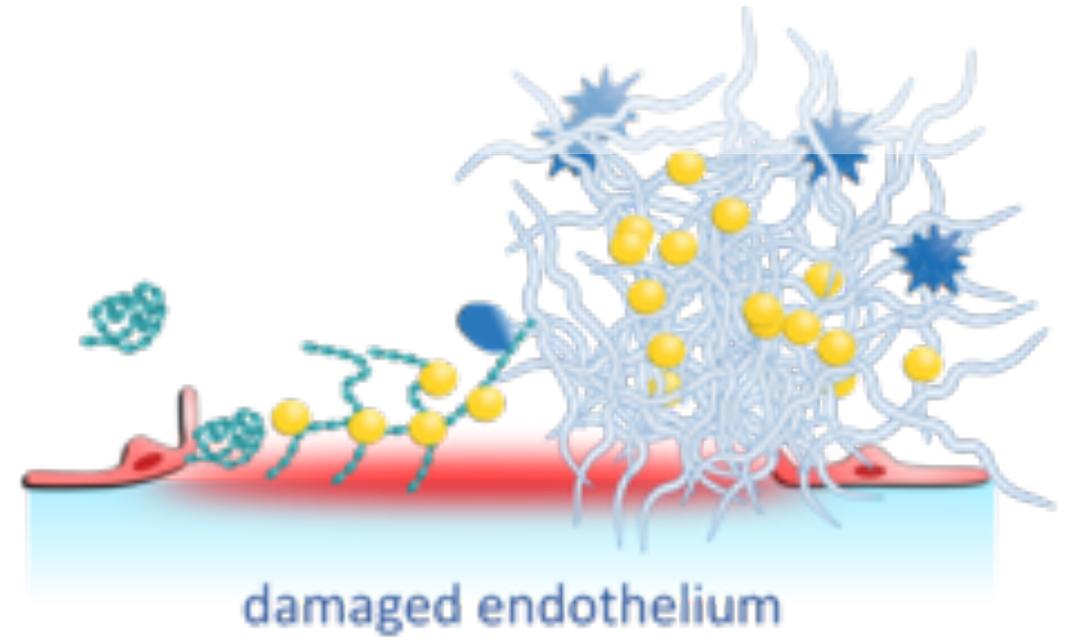
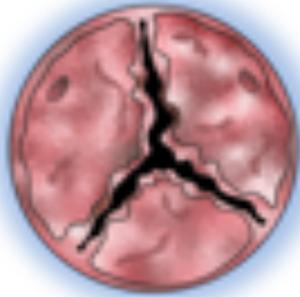
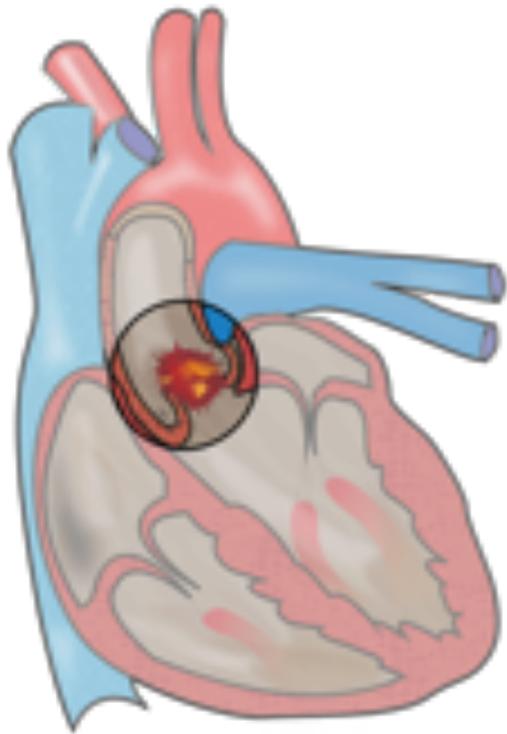
normal valve



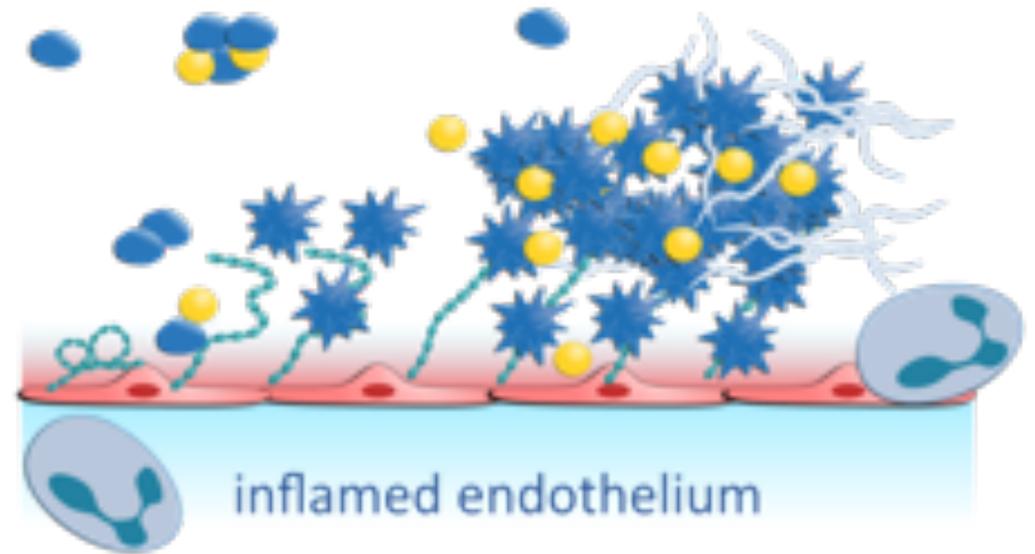
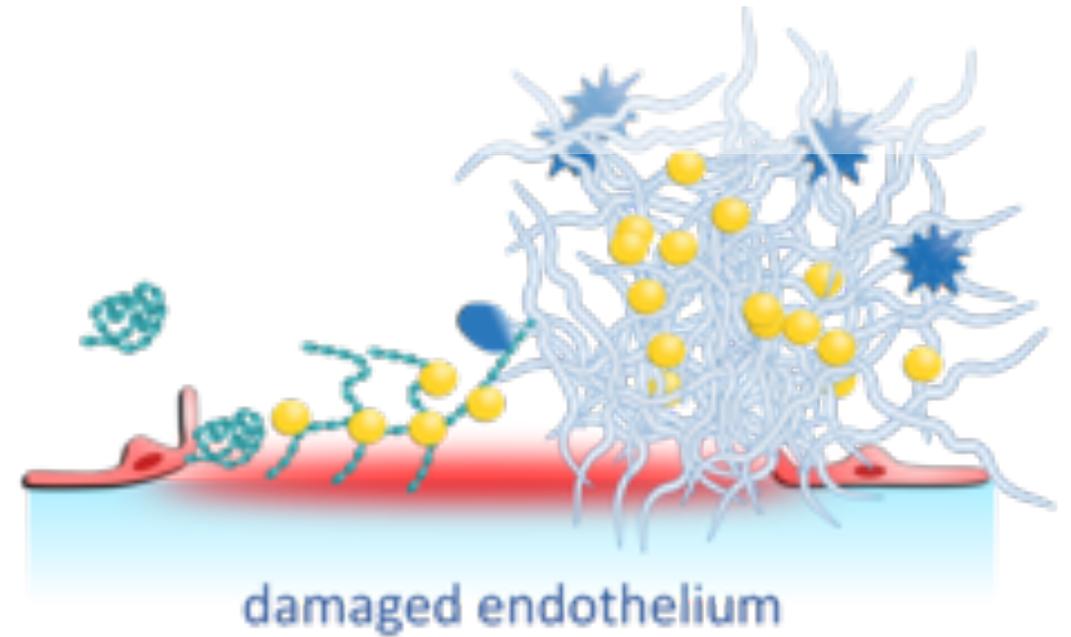
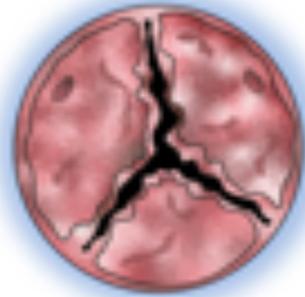
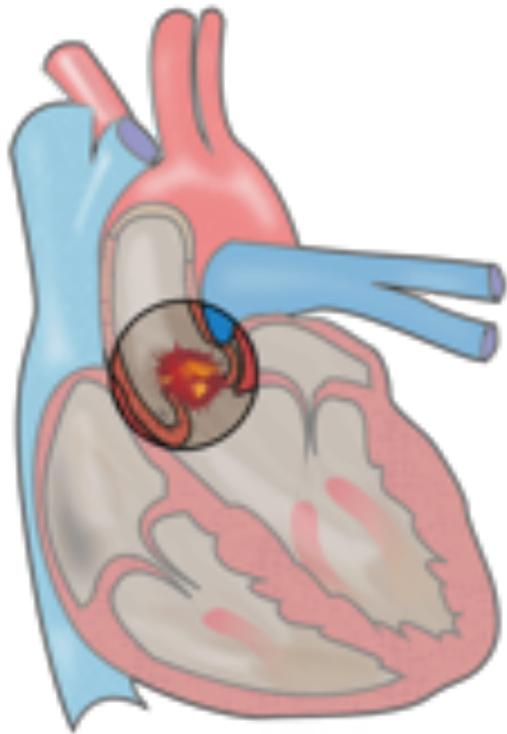
# damaged valve



# Mechanisms of adhesion



# Mechanisms of adhesion



# Inflamed cardiac valve

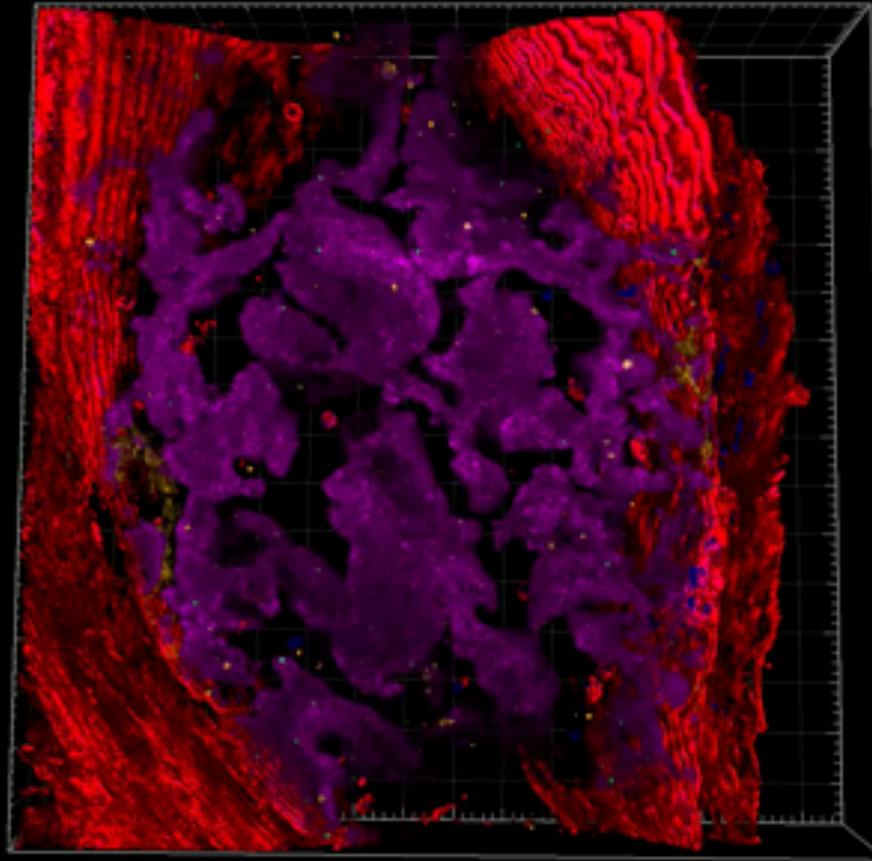
Endothelium

Platelets

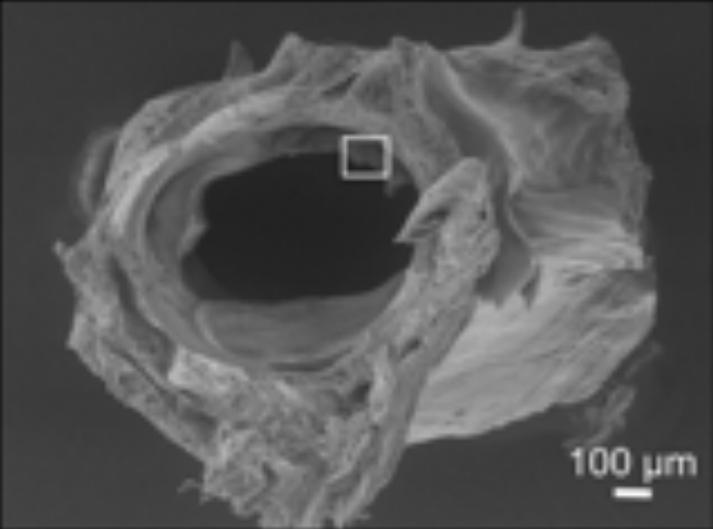
Fibrin

*S. aureus*

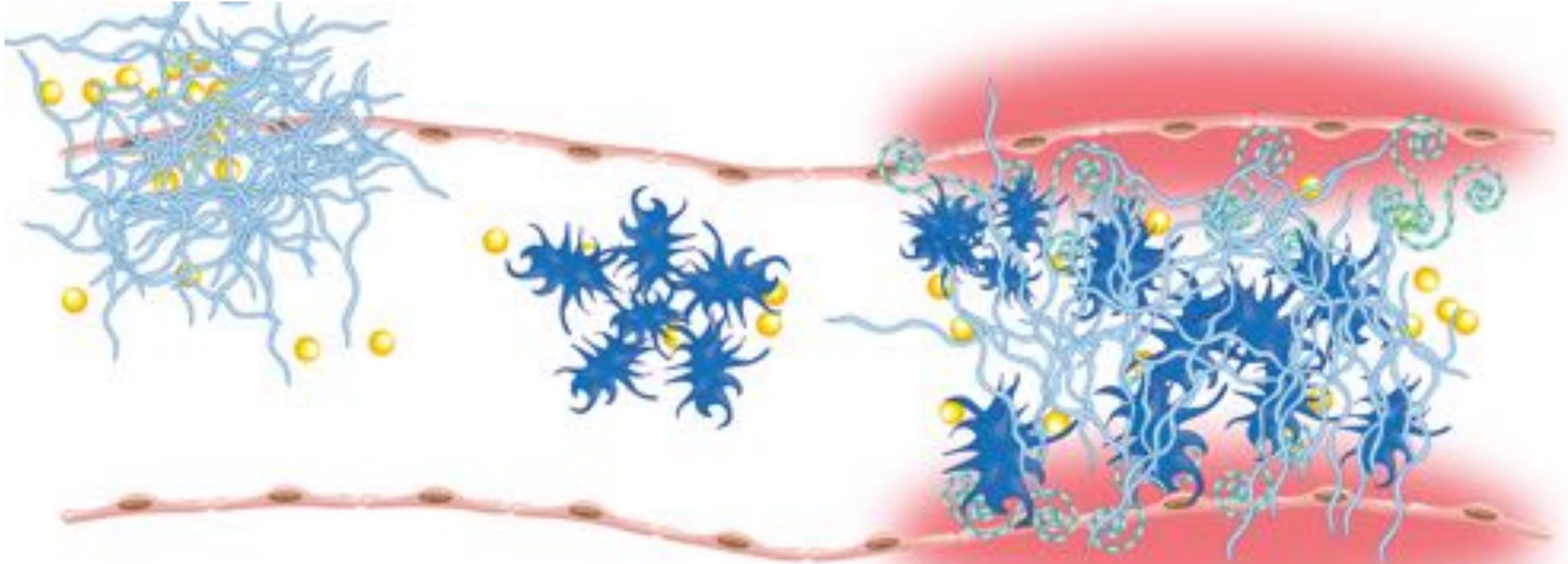
Dapi



# inflamed valve



# *S. aureus*



# *S. aureus*



**coagulase  
DTI?**

**platelet  
recruitment  
anti-VWF?**

**infective  
endocarditis  
anti-VWF?  
anti-PLT?  
anti-ClfA?**

**TARGETED VIRULENCE FACTOR INHIBITION**