

Situation nationale des chocs toxiques staphylococciques menstruels

Dr Anne TRISTAN

co-directrice du CNR des staphylocoques



Choc toxique staphylococcique [CTS]



1. Fièvre > 38°8

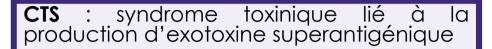


2. Eruption maculaire diffuse (rash)



3. Desquamation cutanée secondaire

4. Hypotension



Critères diagnostic

o 3/5 critères : CST possible

4/5 critères : CTS probable

5/5 critères : CTS certain

- 5. Atteinte multi-systémique (+ si 3/7)
 - digestive
 - musculaire
 - hyperhémie muqueuse
 - rénale
 - hépatique
 - hématologique
 - neurologique

Tableau peu spécifique :

- diarrhées ⇒ hypotension ⇒ choc
- éruption : fugace
- desquamation:
 - tardive (14-21 jours post CTS)
 - absente dans 25% des cas

Choc toxique staphylococcique menstruel CTS-M

- Rapport du CDC en 1980 sur des cas de chocs menstruels (MMWR):

- début en 1975
- associés à l'utilisation de nouveaux tampons périodiques en polyacrylate au lieu de coton





Testing tampons in Rochester: just what can you Rely on?

Rochester Women are being nade quinea pigs for a new prodoesn't want to answer too many questions about.

That product is Rely a new kind of tampon that Proctor & Gamble area with a barrage of radio tele-

What Proctor & Gamble isn't talking about is the safety of using Rely's absorbents in the human

made from cotton. Rely is stuffed with a mixture of carboxymethylIt is the polygrethane that has

Polyurethane, used in every thing from sofa stuffings to insulation, has been shown in recen tests to be a "carcinogen" or can

Also, the building blocks from which polyurethane is made have

thane can escape from Rely in the human body? And how much o the isocyanate is left in Rely's

Procter & Gamble is not about to answer either of these questions. as a Patriot reporter found ou when he wrote the company as an manager of professional and information used in the manufacture of Rely would be revealed if these questions relating to pro duct safety were answered.

Unfortunately it is not clear that women can hope for any assurtors either.

tampons which has consisted of cotton, and reyon products in the past is not subject to review by the lederal Food and Drug ministration (FDA)

At present tampons are not classified as "drugs, cosmetics, or mechanical devices," areas over which the FDA has jurisdiction.

Rochester Patriot, September 1-14, 1976 Feds investigate Bounce P&G claims Rely samples 15 months old Samples of the controversial At IIrst, following its "I'd herdly call Procler and Since the first Patriot article, special properties of the Control of the

months old, according to new differentiating old samples claims by the manufacturer, from new.

Procter and Gamble. That, says the firm, explains lished its tests showing that product to still contain a potential carcinogen that P&G said it removed last October

Meanwhile, another P&G product. Bounce fabric softener-found to be a potential safety and health hazard in another Patriot Investigation federal Consumer Products Safety Commission.

At the same time, at least one consumer advocate really date from March 1975

Patriot were more than 15 refused to explain the code of evidence is unbelievable."

But when the Patriot pub-Rochester still contained the plastic, P&G explained their

dating scheme.
According to that code, the Patriot sample, dated 125, was made in December 1975, two was said to have been

Now P&G is claiming that that wasn't the right code after all, and the Patriot's samples

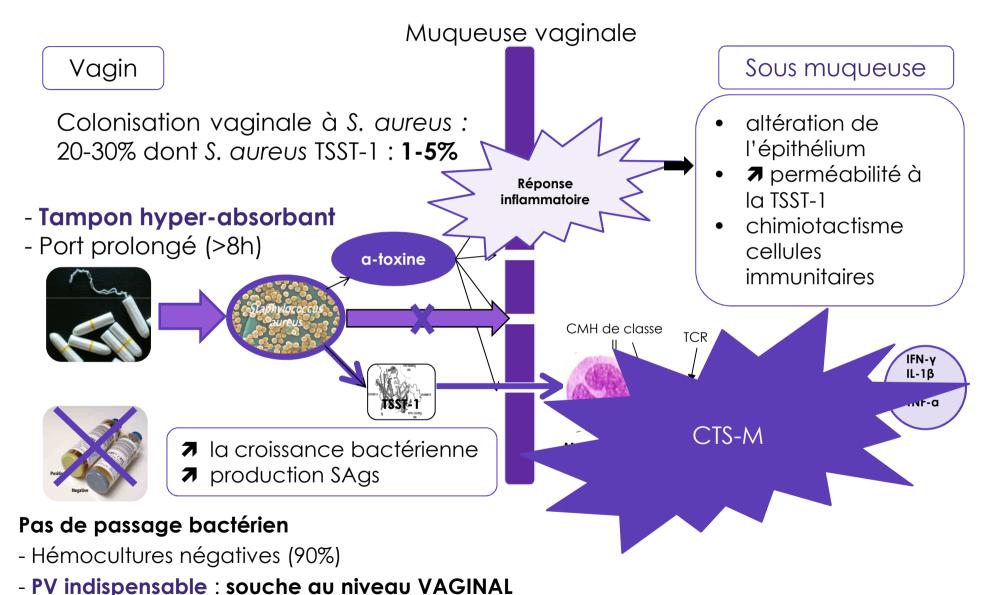
believe that the "present void dryor warranties." administration's appointments

Including General Flortric and Whiripool, have said that use Braiman says she does not of Bounce or Cling Free could

cheerful about Bounce i

http://www.mum.o rg/RelyAd.htm

Physiopathologie du CTS-M « Maladie du tampon »



Yarwood JM et al. J Bacteriol. 2001 Feb;183(4):1113-23/Schlievert PM et al. Biochemistry. 2007 Dec 18;46(50):14349-58/Brosnahan AJ et al. Biochemistry. 2008 Dec 9;47(49):12995-3003/Lin YC et al. Biochemistry. 2011 Aug 23;50(33):7157-67/Brosnahan AJ et al. FEBS J. 2011 Dec;278(23):4649-67:Brosnahan AJ et al. J Immunol. 2009 Feb 15;182(4):2364-73

CTS menstruel /CTS non menstruel

Choc toxique menstruel

- Colonisation vaginale par S. aureus facilitée par le port de tampon absorbant ou de stérilet





- Production locale **de TSST-1** au cours des menstruations

Choc toxique non-menstruel

- Colonisation ± infection locale ± bactériémie par S. aureus



- Production locale de TSST-1 ou d'entérotoxines (SEA, SEB, SEC)

Diagnostic et suivi biologique

- Toxinotypie de la souche du PV ou du tampon
 - Recherche des gènes codant les superantigènes



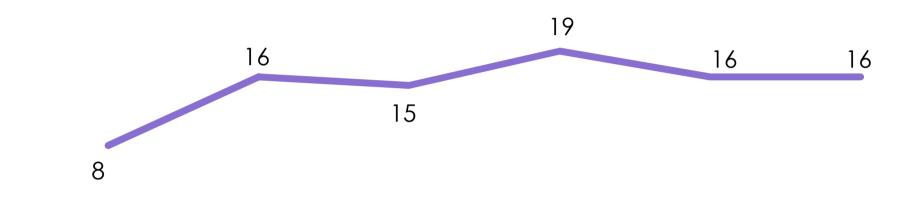
- Sérologie pour le suivi des patientes
 - recherche des anticorps anti-TSST-1

Traitement et évolution du CTS-M

- Ablation du tampon
- Traitement du choc
- Antibiotiques anti-toxiniques
 - clindamycine
 - linézolide
- Anticorps neutralisants
 - anticorps anti-toxines: IG IV 1g/kg/24h
 - dans les 48h
- Evolution:
 - généralement favorable sauf si récidive
 - rôle des anticorps ?

Epidémiologie des cas recensés au CNR

Nombre de cas/an



2010

Age

2008

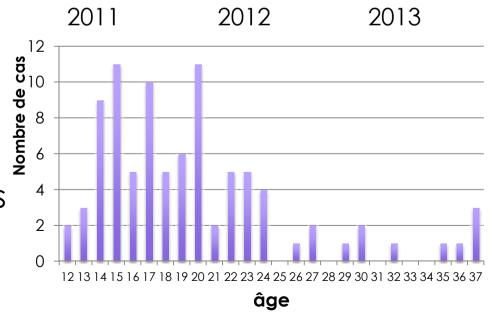
entre 12 et 37 ans

- médiane d'âge: 19 ans

2009

Pas de saisonnalité des cas

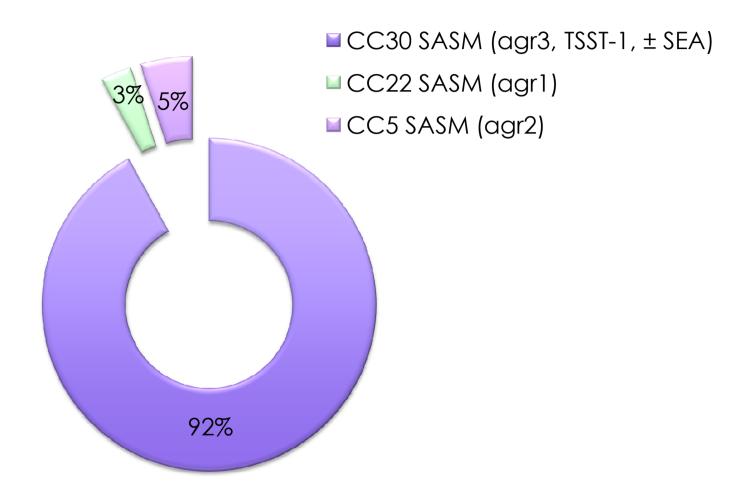
• 1 décès : récidive



Répartition géographique des cas 2013



Clones retrouvés ?



- Faible diversité de clones responsables
- Un clone très prévalent : CC30

Conclusion

- Femme jeune + diarrhées + choc + période menstruelle ± éruption = forte suspicion de CTS-M
- Prélèvements : PV ± tampon ± urine
- Suivi : sérologie TSST-1
- Projet d'étude du microbiome vaginal