

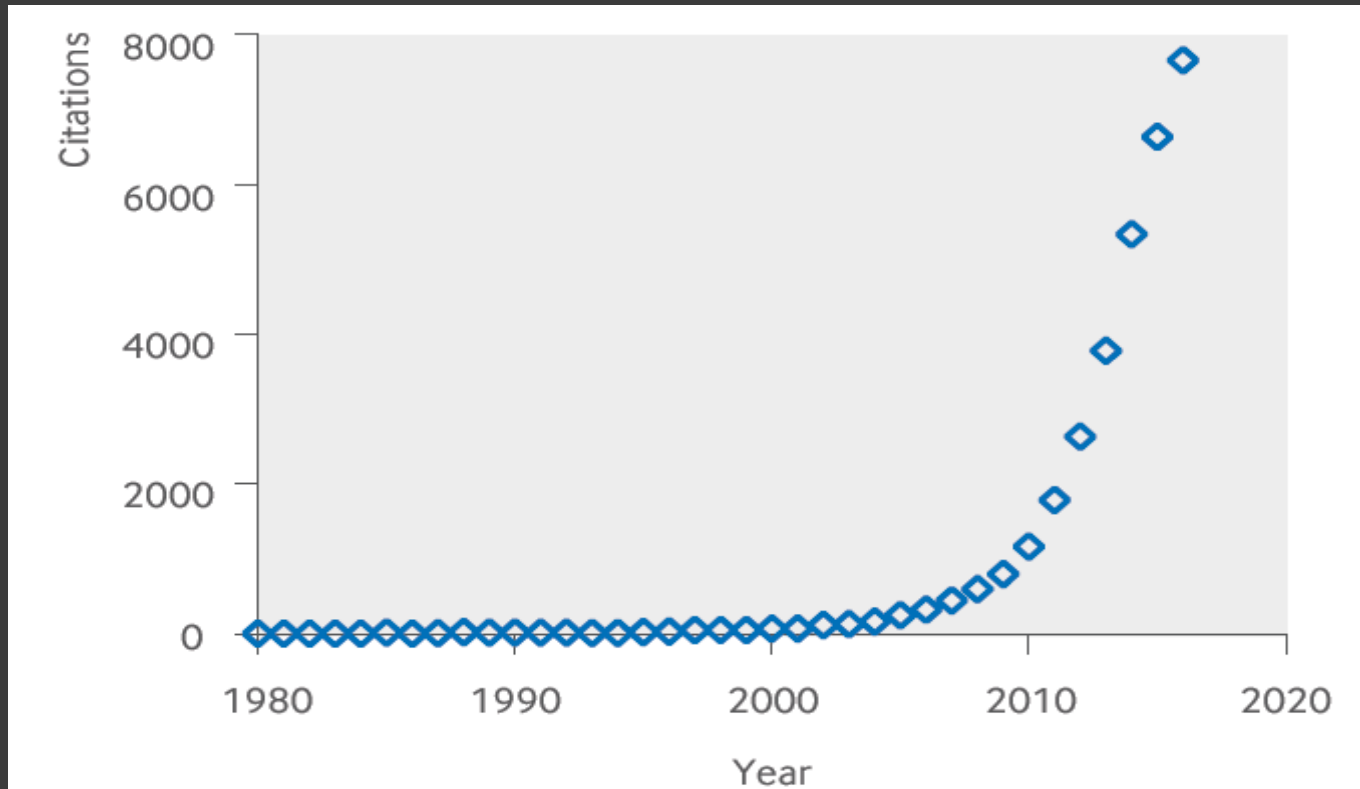


## Microbiote et impact en santé humaine

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# Recherche en pleine explosion



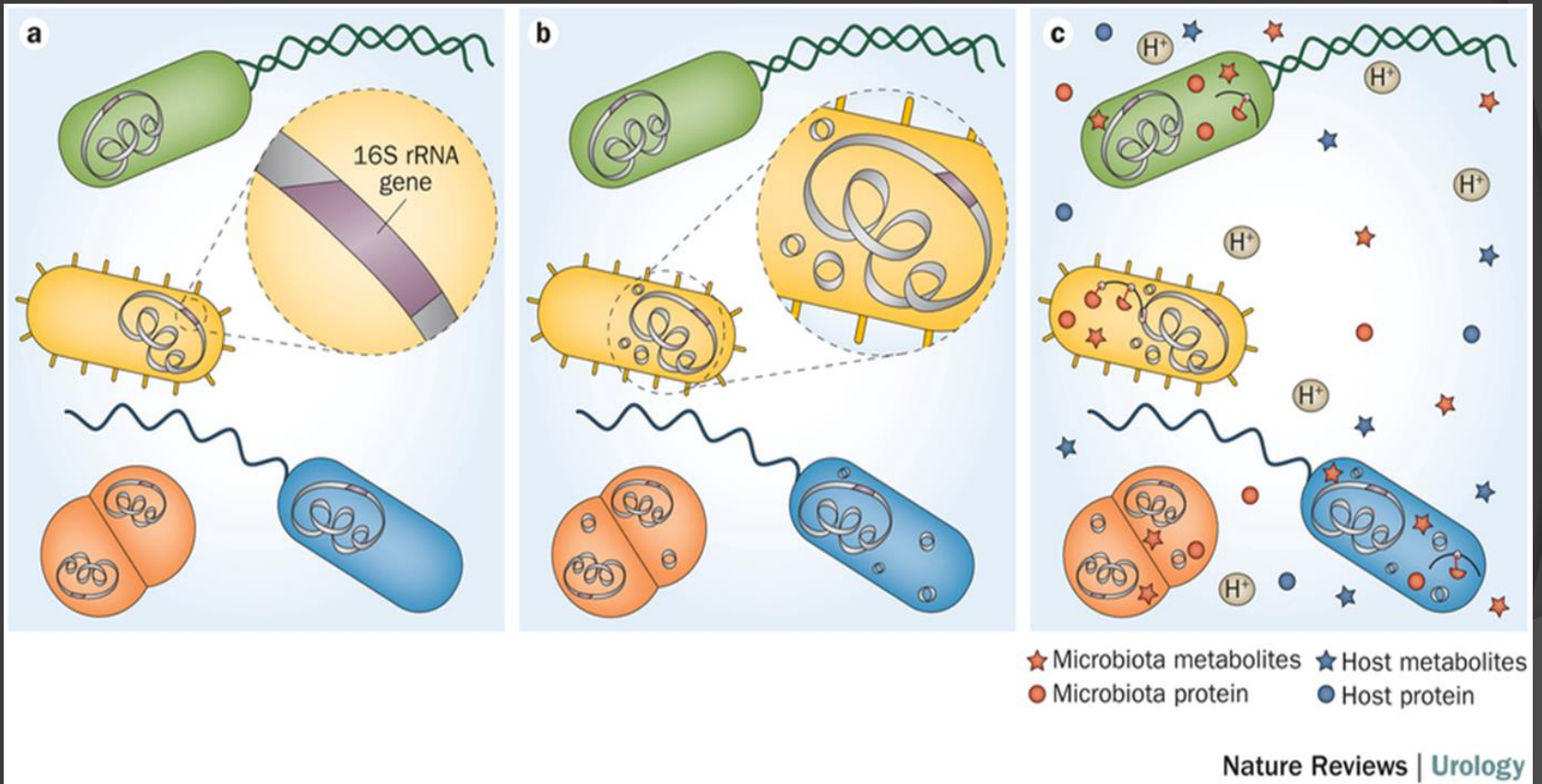
**Fig 1 | Increase in publications on the microbiome. When the search term “microbiome” was used to query PubMed from 1980 to 2016 an exponential increase in publications was seen in the past decade**

# Microbiote & Microbiome

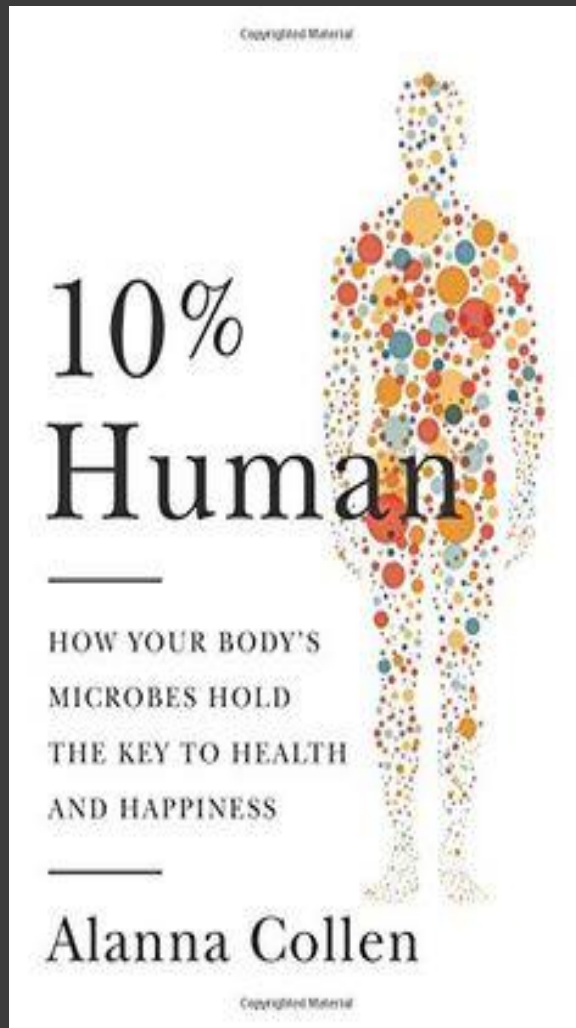
ARNr 16S

Microbiote

Microbiome



# Microbiote humain

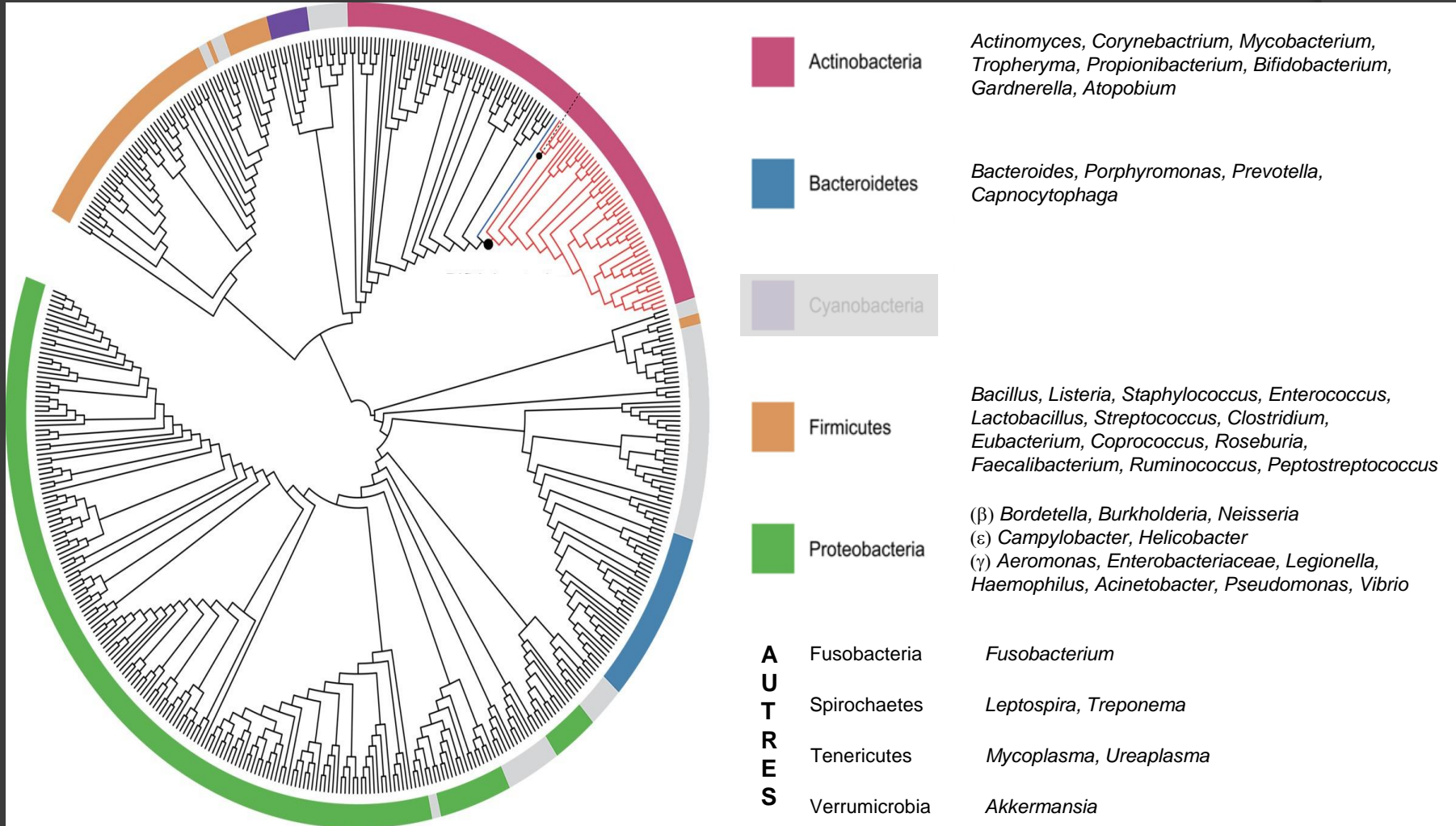


**$10^{14}$  bactéries**, soit :

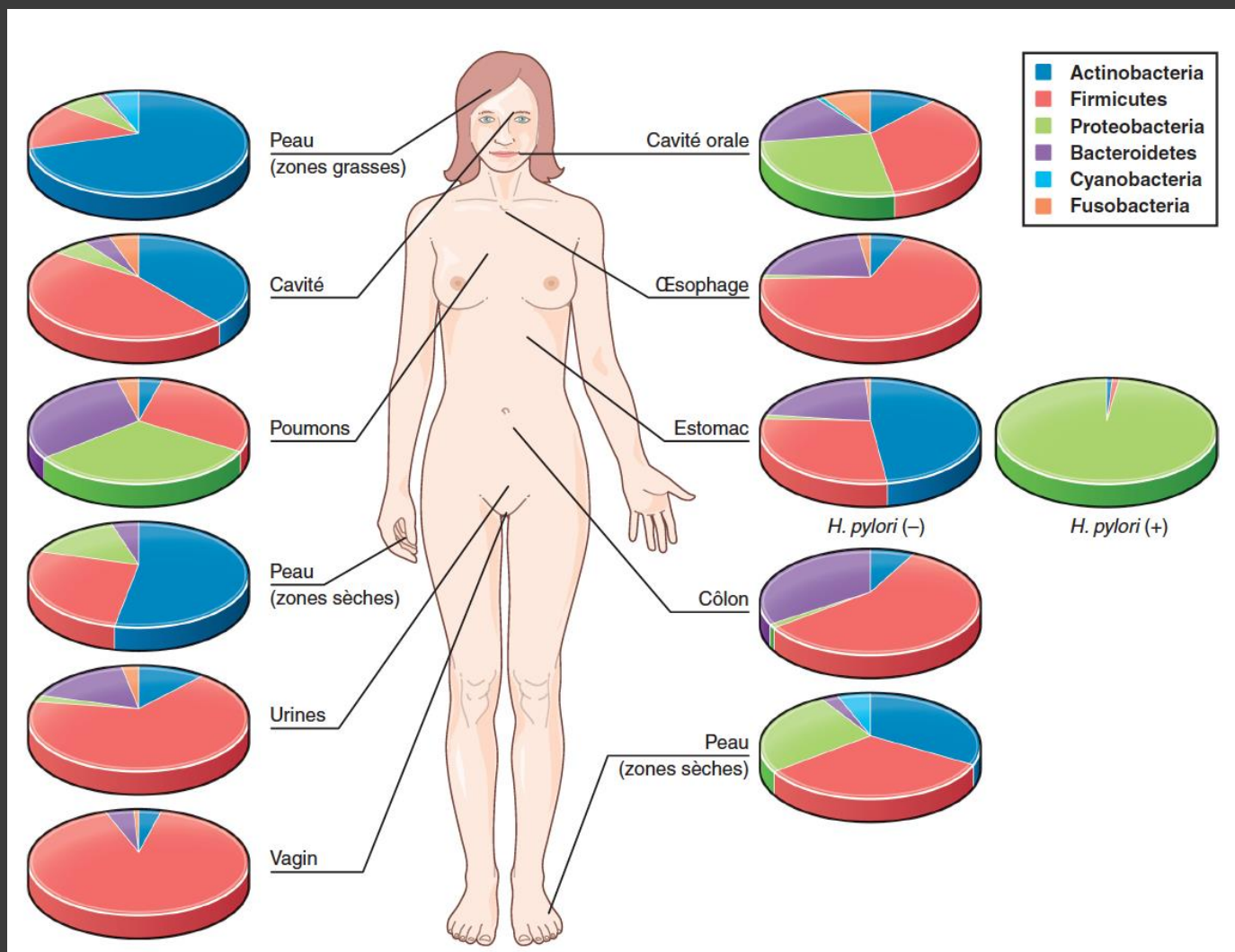
- 10 x plus que de cellules humaines
- 1-3 % du poids (1-2 kg)
- >1000 espèces différentes
- 100 x plus de gènes bactériens
- 1 microbiote unique / individu



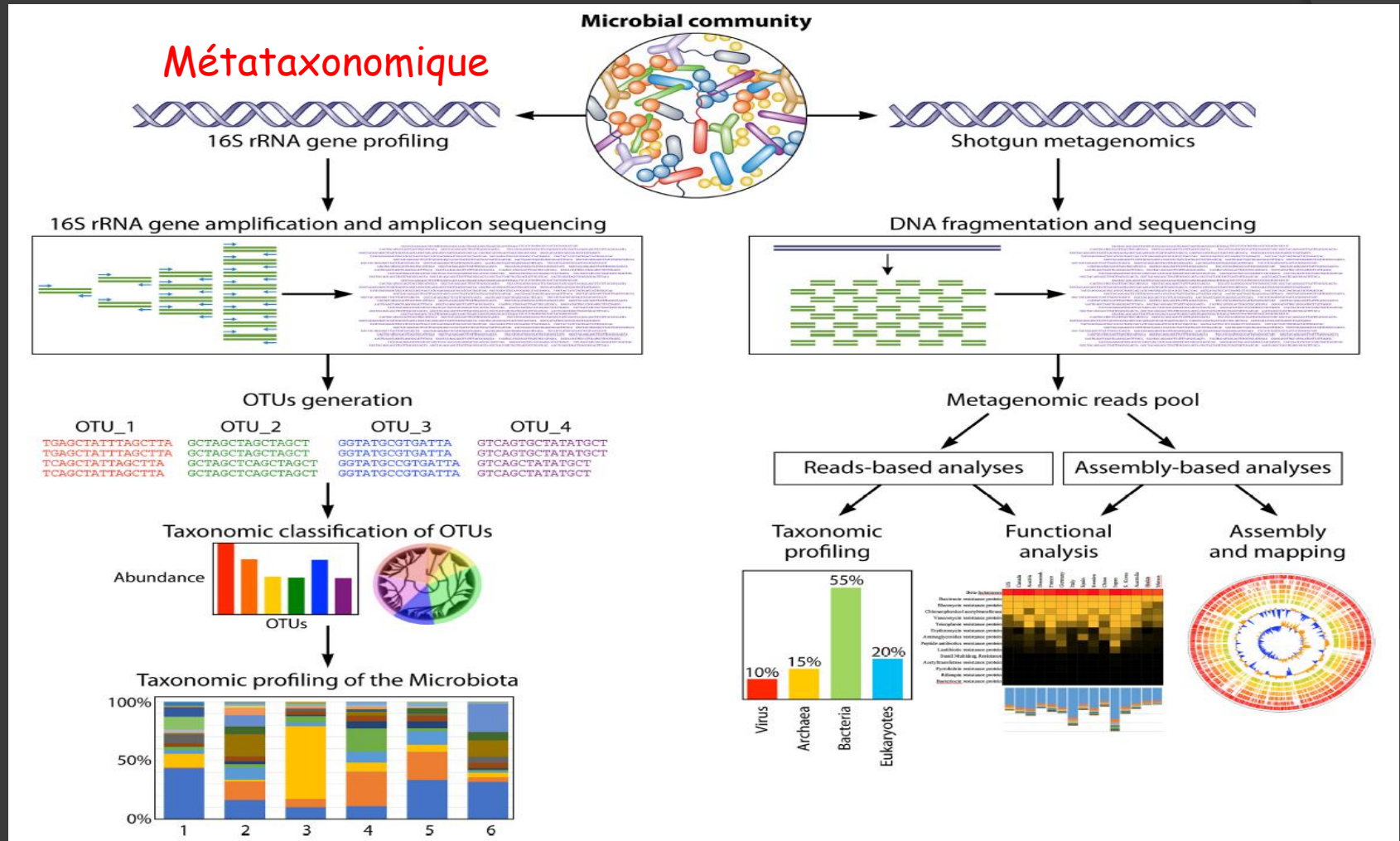
# Phyla bactériens



# Microbiotes

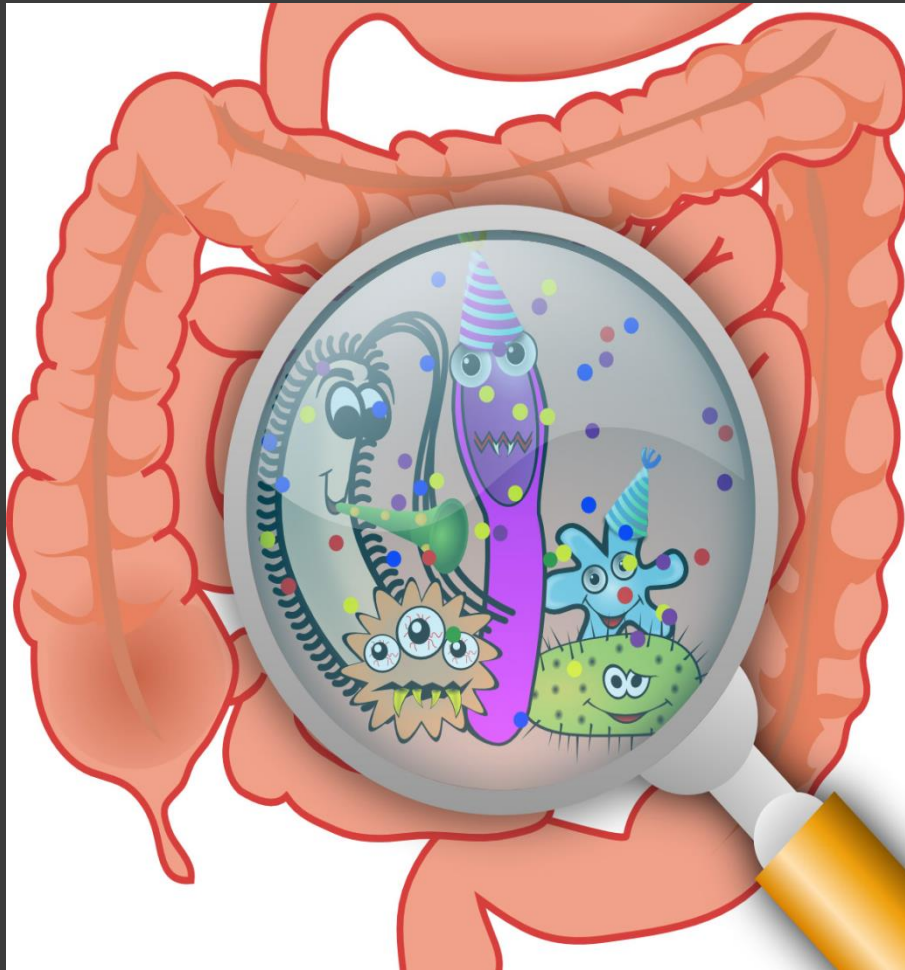


# Métagénomique



# Tube digestif de l'homme

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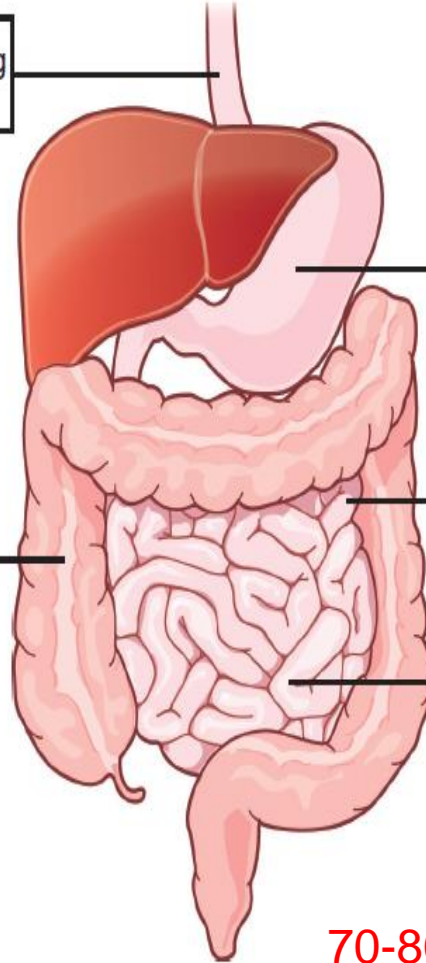
- 1<sup>er</sup> organe immunitaire (60-70 % des cellules de l'immunité)
- 2<sup>nd</sup> cerveau (100-200 millions de neurones)
- Surface énorme (400 m<sup>2</sup>)

# Microbiote intestinal

**Œsophage** (pH < 4)  $10^1$ – $10^2$  bactéries/g  
*Streptococcus, Prevotella, Veillonella*

**Côlon** (pH = 5–7)  $10^8$ – $10^{12}$  bactéries/g  
Transit très lent, anaérobiose +++  
500–1000 espèces différentes  
5 phyla principaux (voir Tableau 2.2) :

- Firmicutes
- Bacteroidetes
- Actinobacteria
- Proteobacteria
- Verrumicrobia



**Estomac** (pH = 2–5)  $10^2$ – $10^3$  bactéries/g  
Flore ingérée en transit  
*Helicobacter pylori* +++  
*Streptococcus, Lactobacillus, Prevotella, Enterococcus*

**Jéjunum** (pH = 7–9)  $10^4$ – $10^5$  bactéries/g  
Flore ingérée en transit, transit rapide  
*Streptococcus, Lactobacillus, Prevotella, Enterococcus*

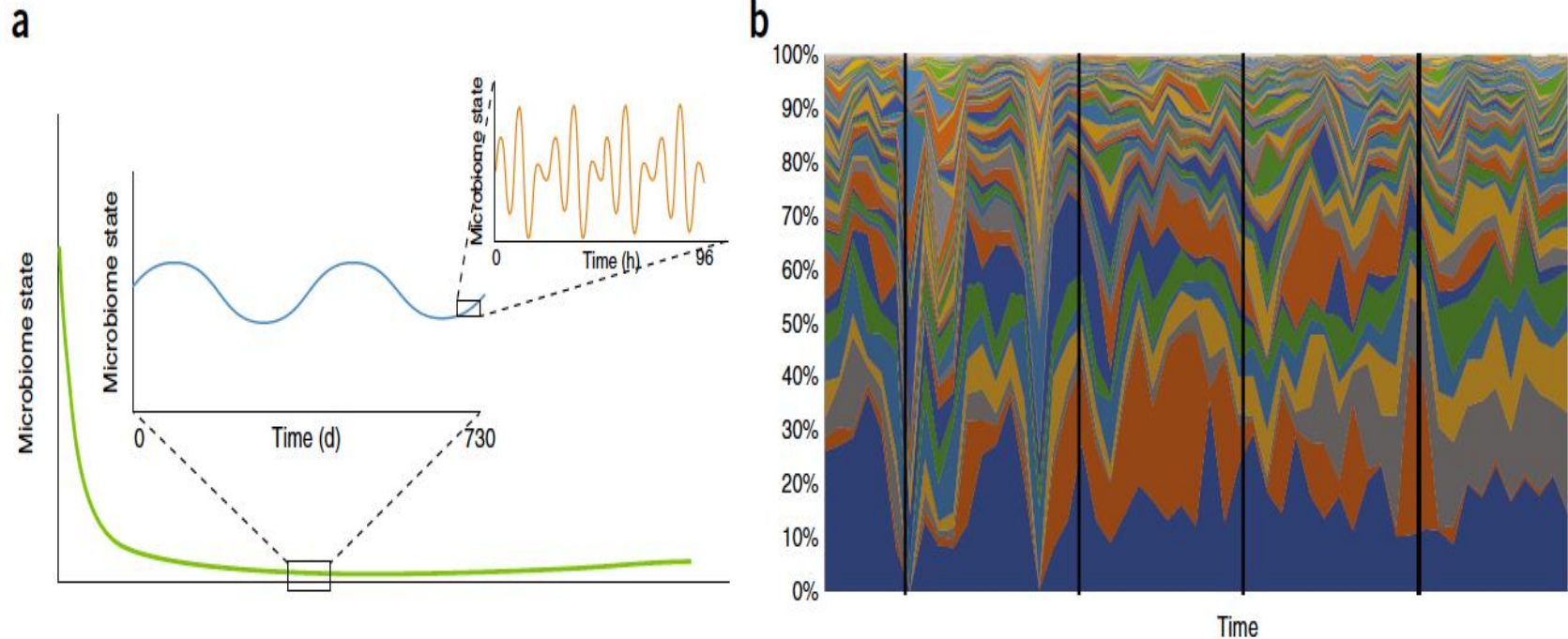
**Iléon** (pH = 7–8)  $10^6$ – $10^8$  bactéries/g  
Flore ingérée en transit, transit plus lent  
*Bacteroides, Clostridium, Streptococcus, Lactobacillus, Enterococcus, Enterobacteriaceae*

70-80 % de bactéries non cultivables

# Espèces du microbiote intestinal

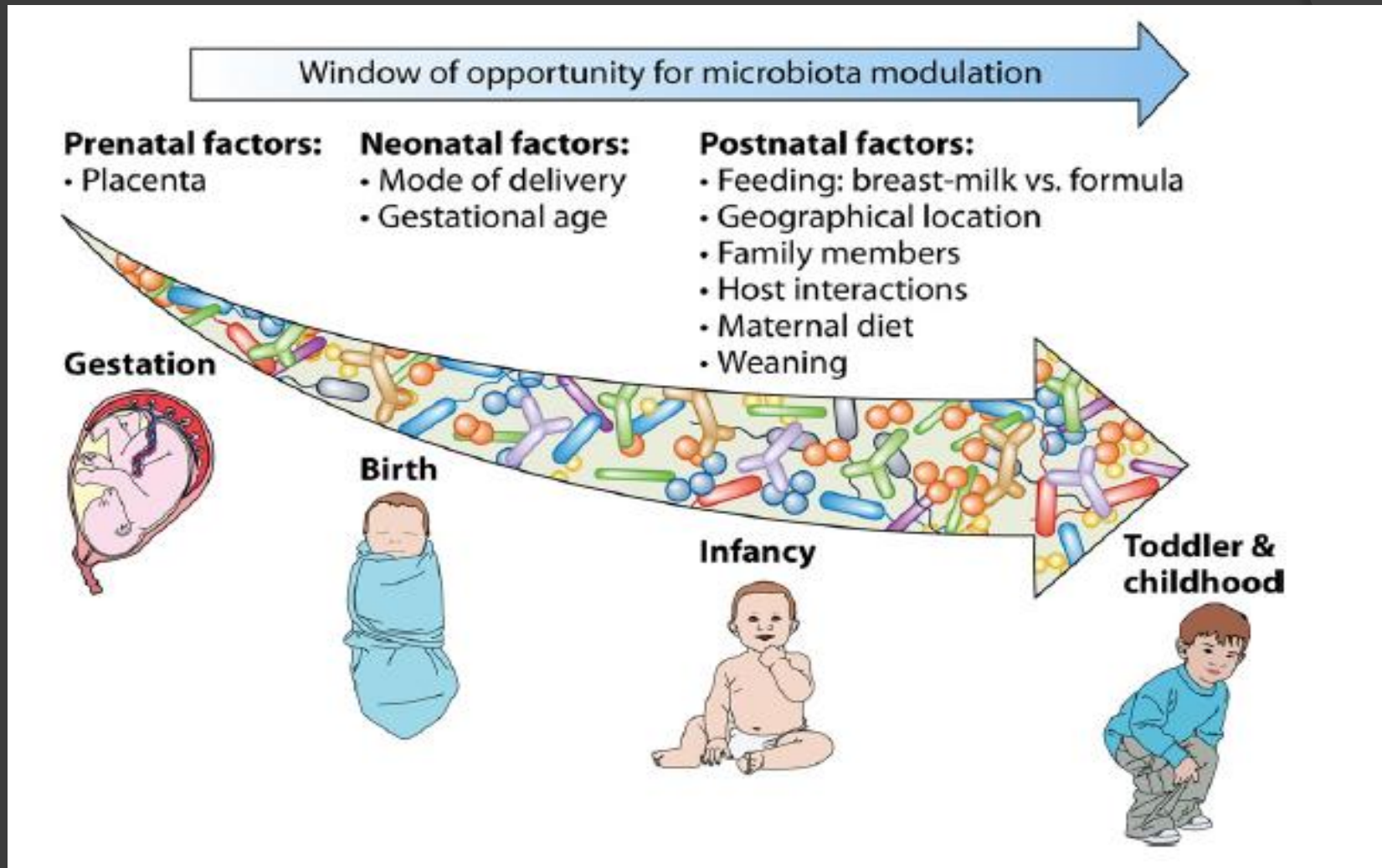
Phyla	Genres (espèces principales)
Firmicutes	<i>Ruminococcus</i> ( <i>R. albus</i> , <i>R. flavefaciens</i> , <i>R. gnavus</i> , <i>R. torque</i> ) <i>Coprococcus</i> ( <i>C. eutactus</i> ) <i>Anaerotruncus</i> ( <i>A. colihominis</i> ) <i>Clostridium</i> ( <i>C. coccoides</i> , <i>C. hylemonae</i> , <i>C. methylpentosum</i> ) <i>Eubacterium</i> ( <i>E. rectale</i> ) <i>Lactobacillus</i> <i>Butyrivibrio</i> ( <i>B. crossotus</i> ) <i>Faecalibacterium</i> ( <i>F. prausnitzii</i> ) <i>Roseburia</i> ( <i>R. intestinalis</i> ) <i>Veillonella</i> <i>Streptococcus</i> <i>Enterococcus</i>
Bacteroidetes	<i>Bacteroides</i> ( <i>B. uniformis</i> , <i>B. thetaiotaomicron</i> ) <i>Prevotella</i> ( <i>P. copri</i> ) <i>Xylanibacter</i>
Actinobacteria	<i>Collinsella</i> <i>Atopobium</i> <i>Bifidobacterium</i>
Proteobacteria	<i>Escherichia</i> ( <i>E. coli</i> ) <i>Desulfovibrio</i> <i>Helicobacter</i> ( <i>H. pylori</i> )
Verrucomicrobia	<i>Akkermansia</i>

# Dynamique du microbiote

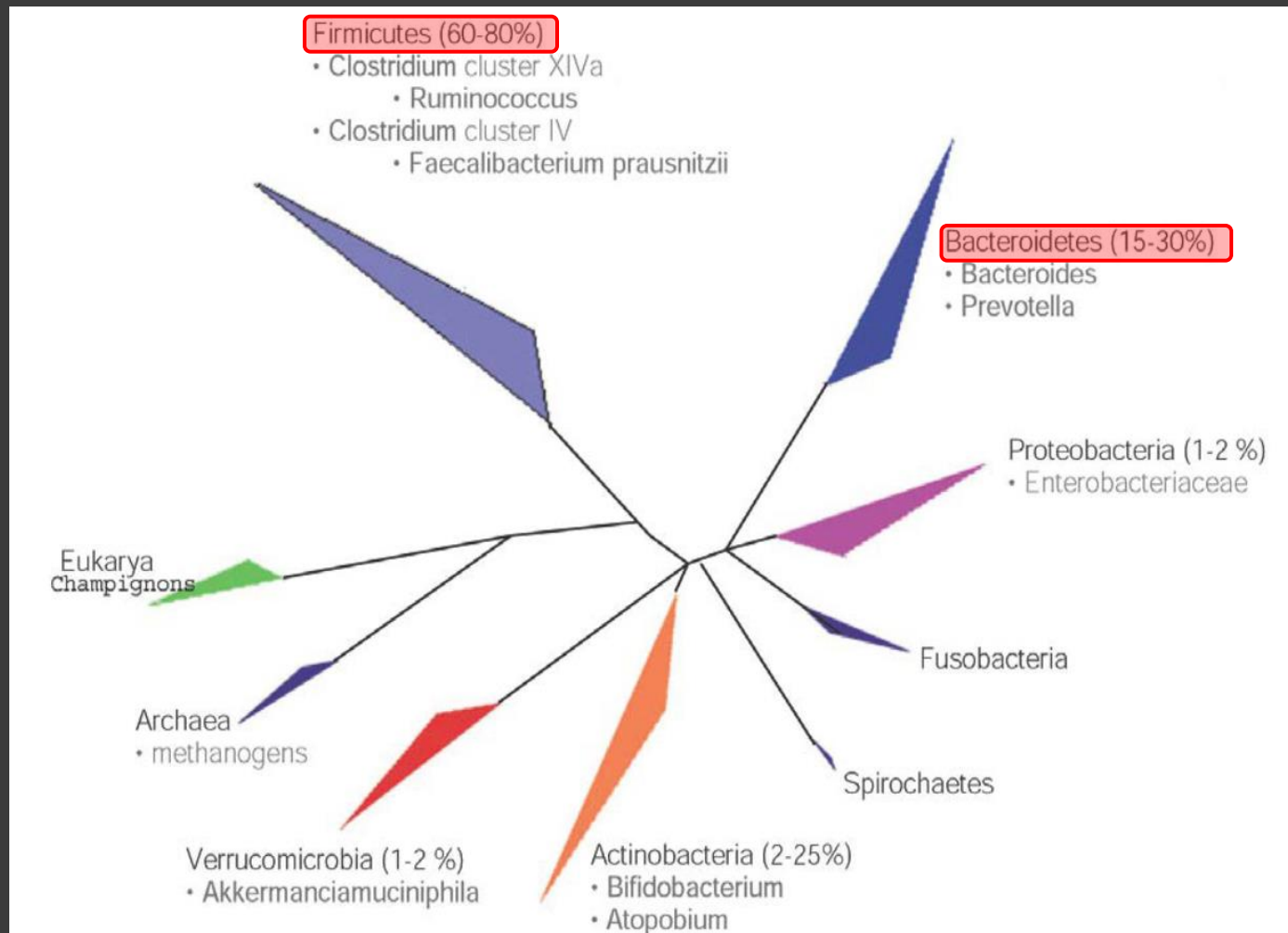


Microbiote mûre vers l'âge de 3 ans  
Microbiote stable chez l'adulte (sain) avec résilience  
Microbiote qui se modifie chez les patients âgés

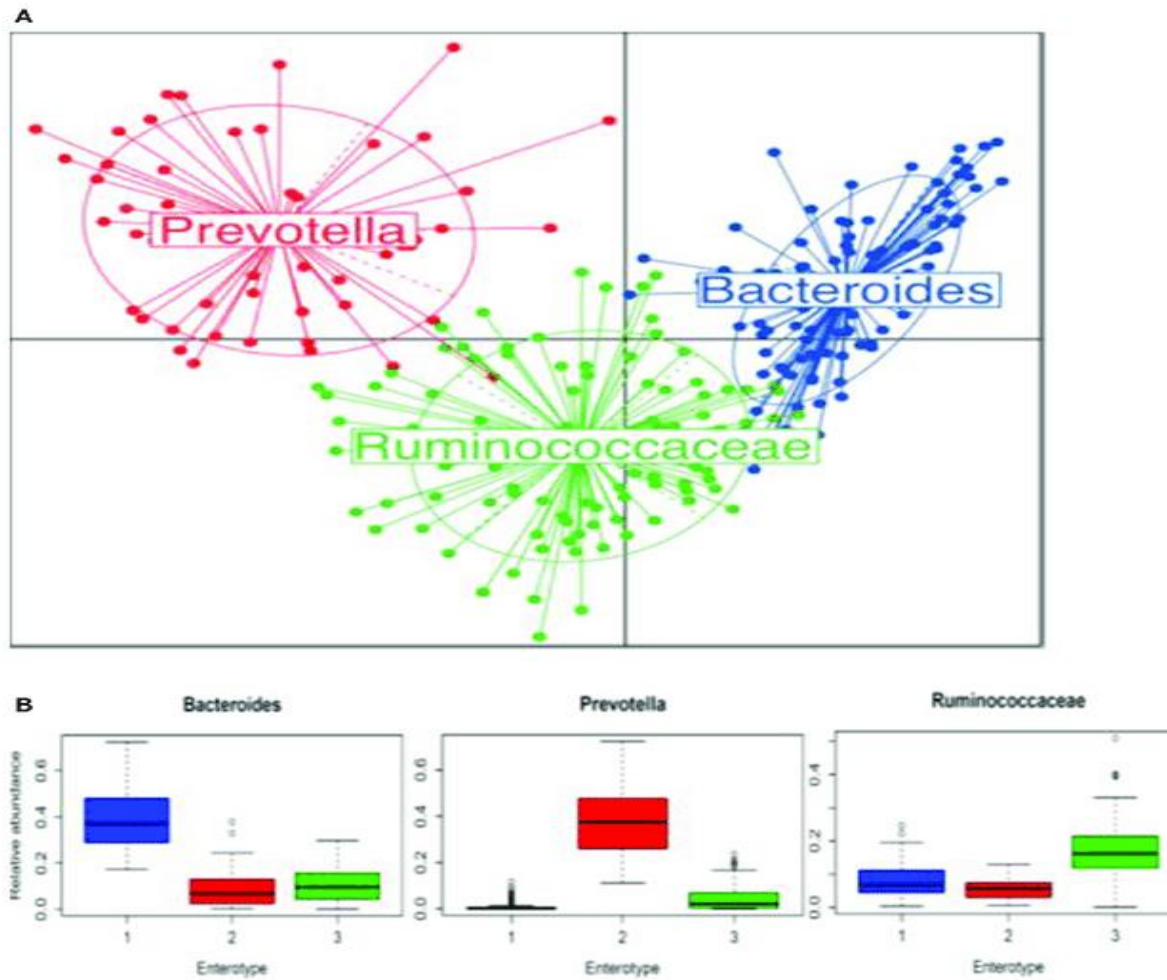
# Maturation du microbiote



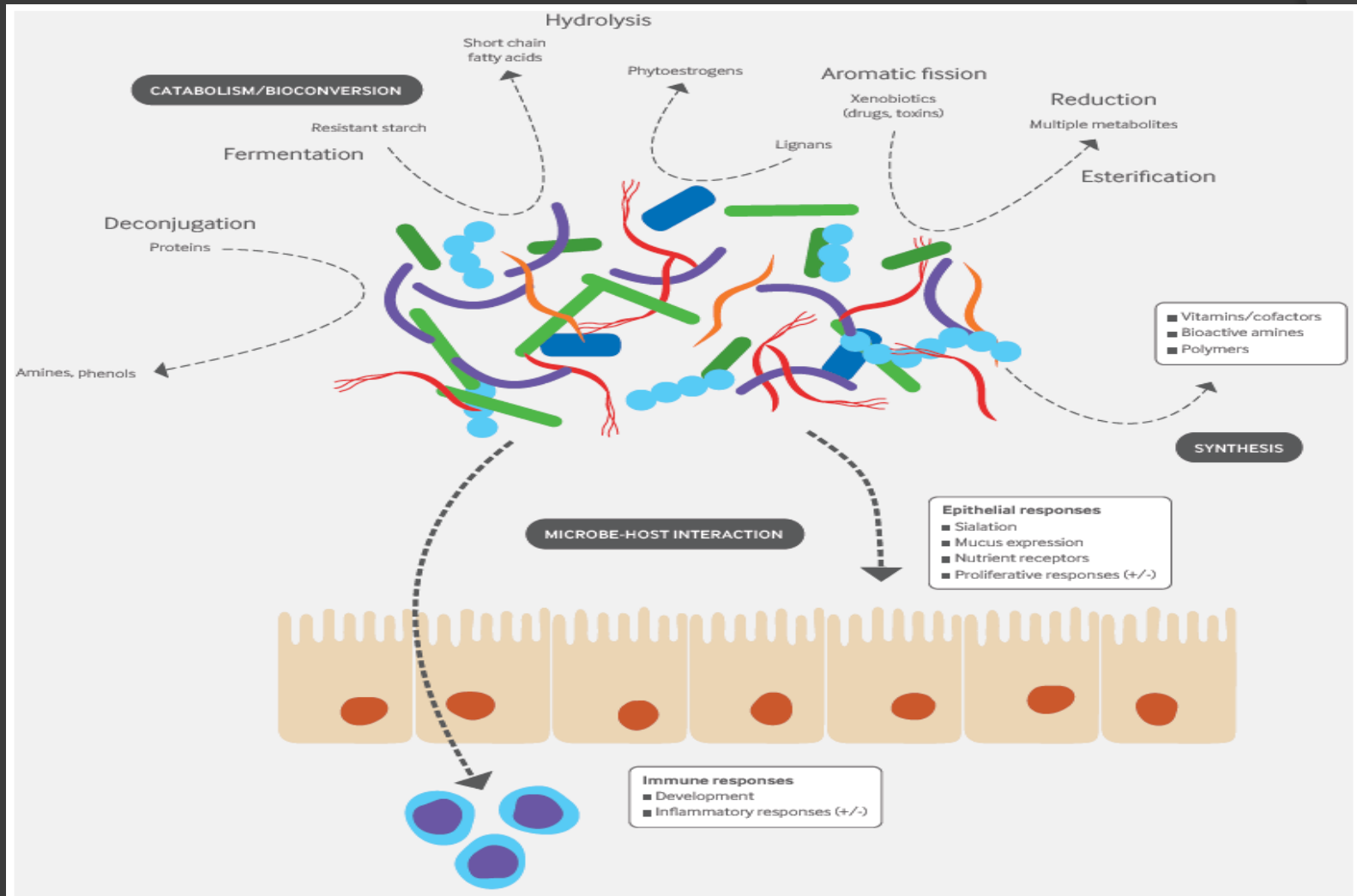
# Microbiote adulte 'normal'



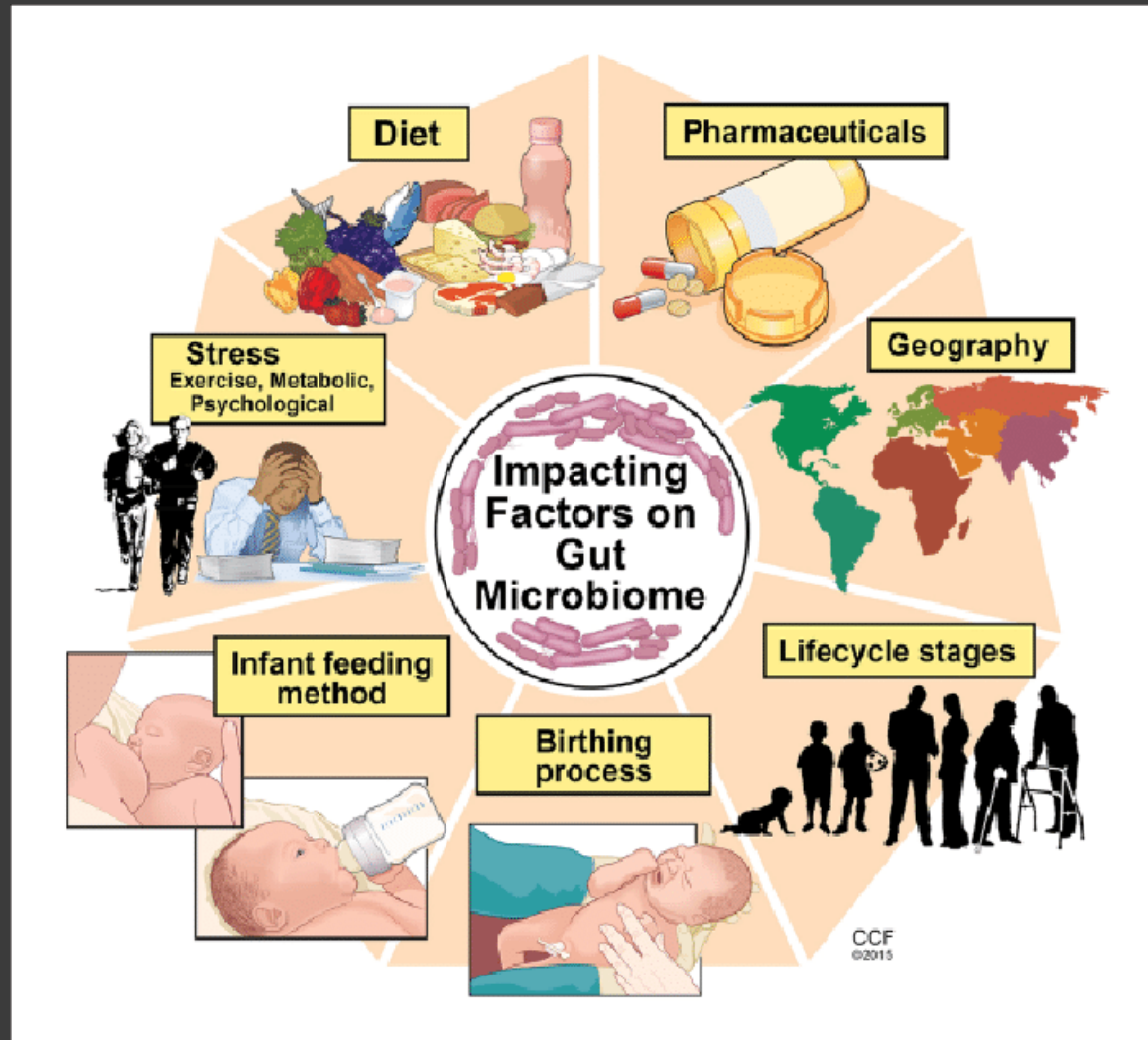
# Entérotypes



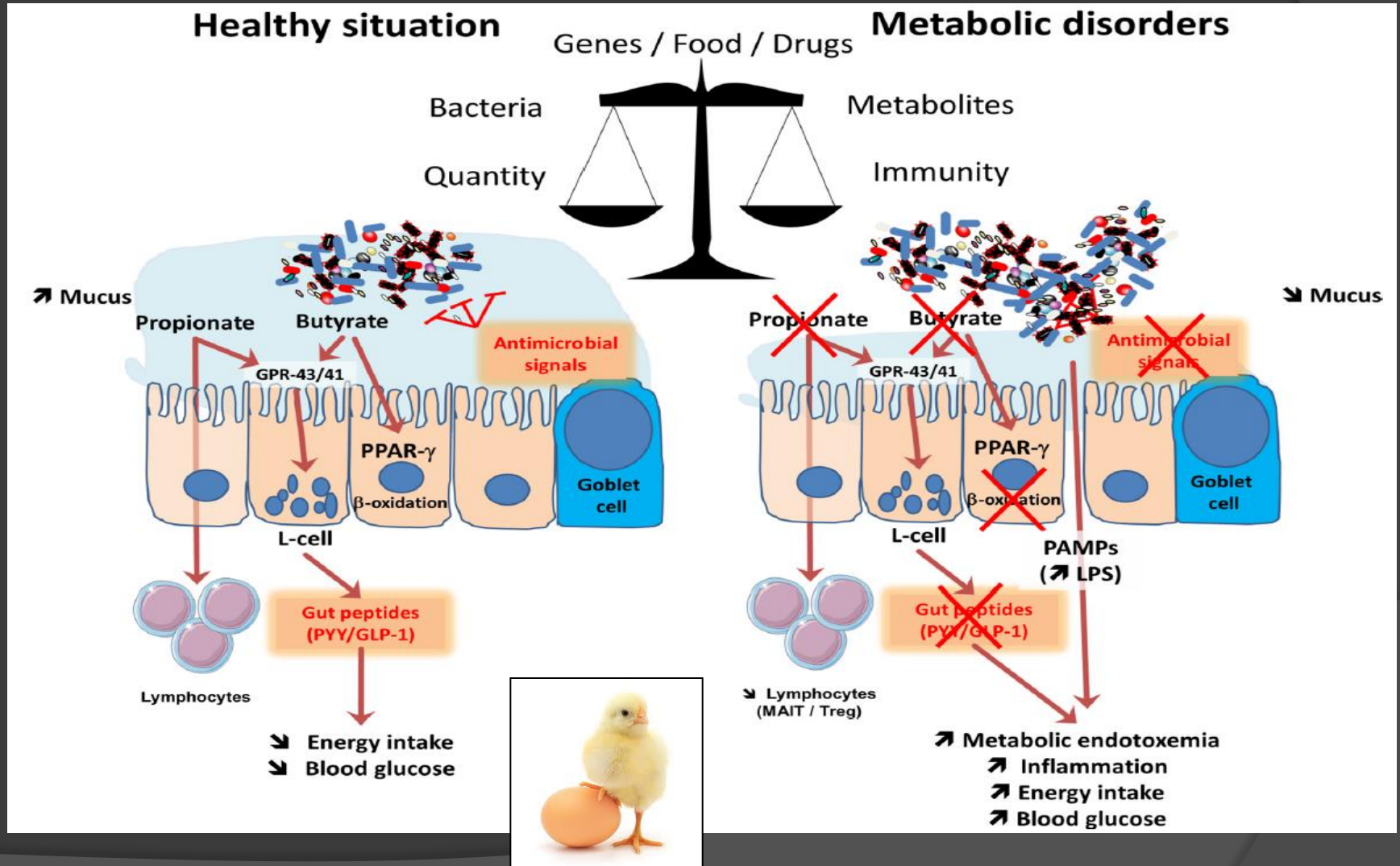
# Rôles du microbiote intestinal



# Facteurs influençant le microbiote



# Dysbiose

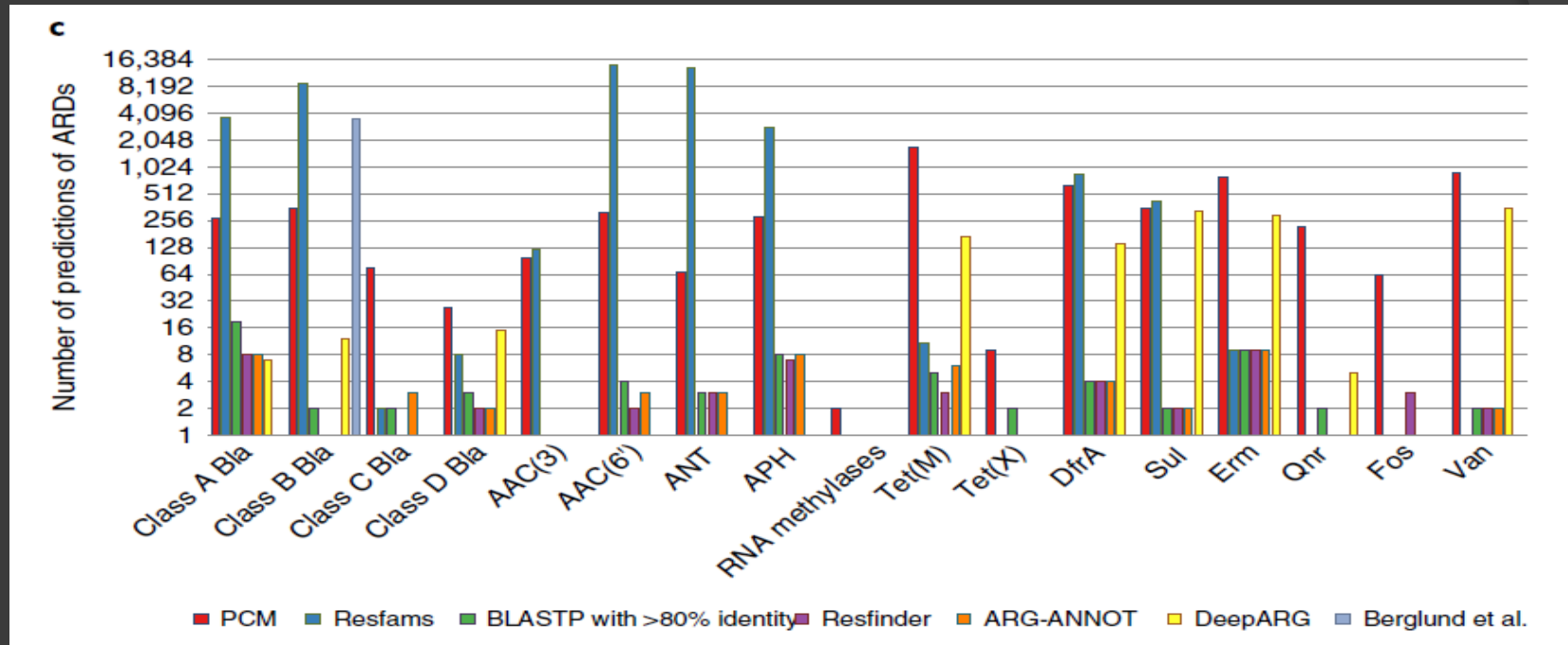


# Relations pathologies-dysbioses

Pathologies	Observations les plus pertinentes et corrélations potentielles
Maladie de Crohn	Diminution de la diversité du microbiote Réduction de <i>F. prausnitzii</i>
Rectocolite hémorragique	Diminution de la diversité du microbiote Réduction de <i>A. muciniphila</i>
Syndrome de l'intestin irritable	Augmentation de <i>Dorea</i> et de <i>Ruminococcus</i>
Infection à <i>Clostridium difficile</i>	Forte diminution de la diversité du microbiote Présence de <i>C. difficile</i>
Cancer colorectal	Variation des <i>Bacteroides</i> Augmentation des Fusobacteria
Allergie / Atopie	Diversité altérée Signatures microbiennes spécifiques
Maladie cœliaque	Composition altérée particulièrement dans l'intestin grêle
Diabète de type 1	Signature microbienne particulière
Diabète de type 2	Signature microbienne particulière
Obésité	Rapport <i>Bacteroidetes/Firmicutes</i> spécifique (1:100)

# Résistome intestinal

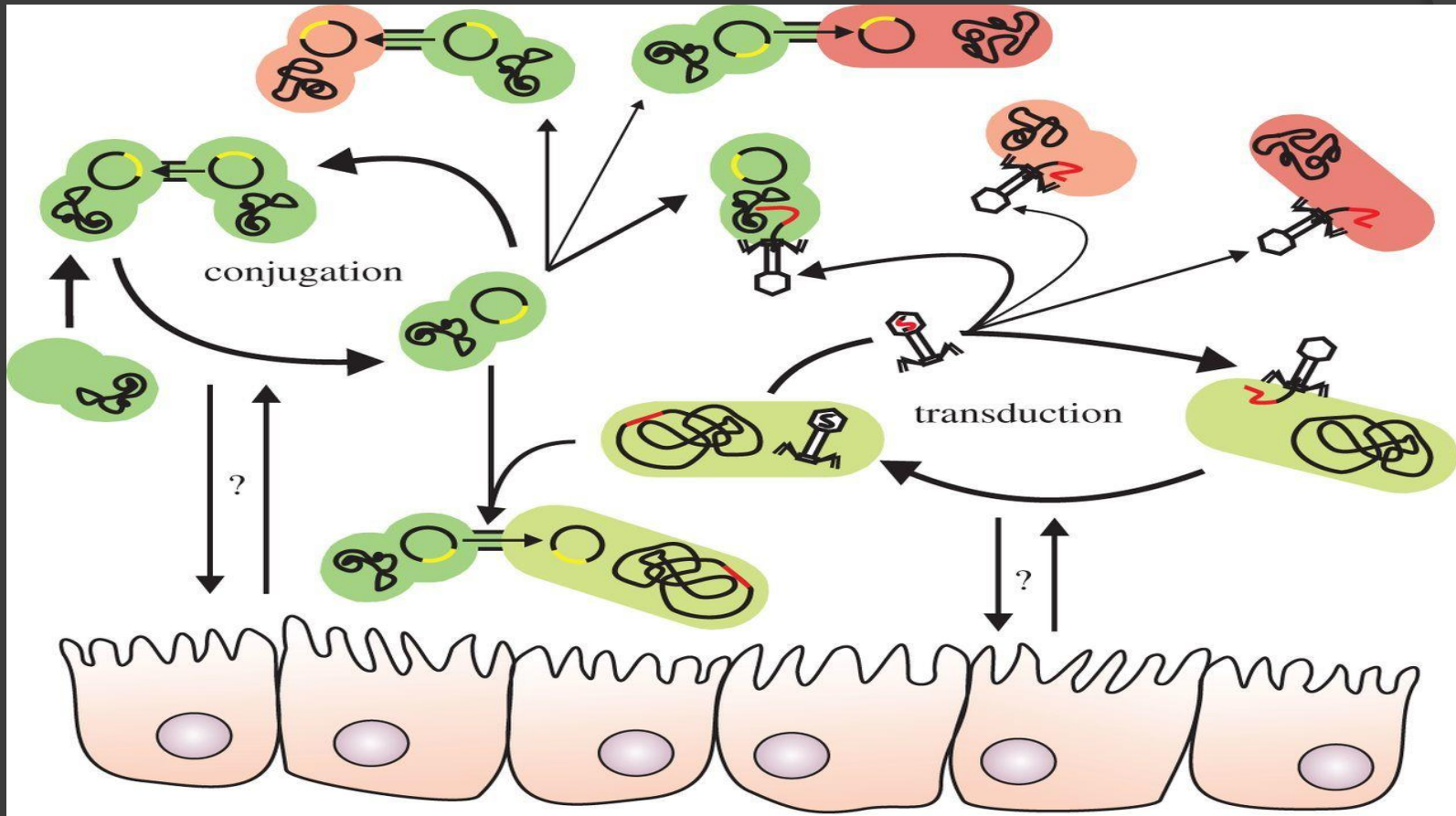
= Ensemble des gènes de résistance à un ou plusieurs antibiotiques



>6000 gènes de résistance prédits (sur 3,9 millions de protéines)

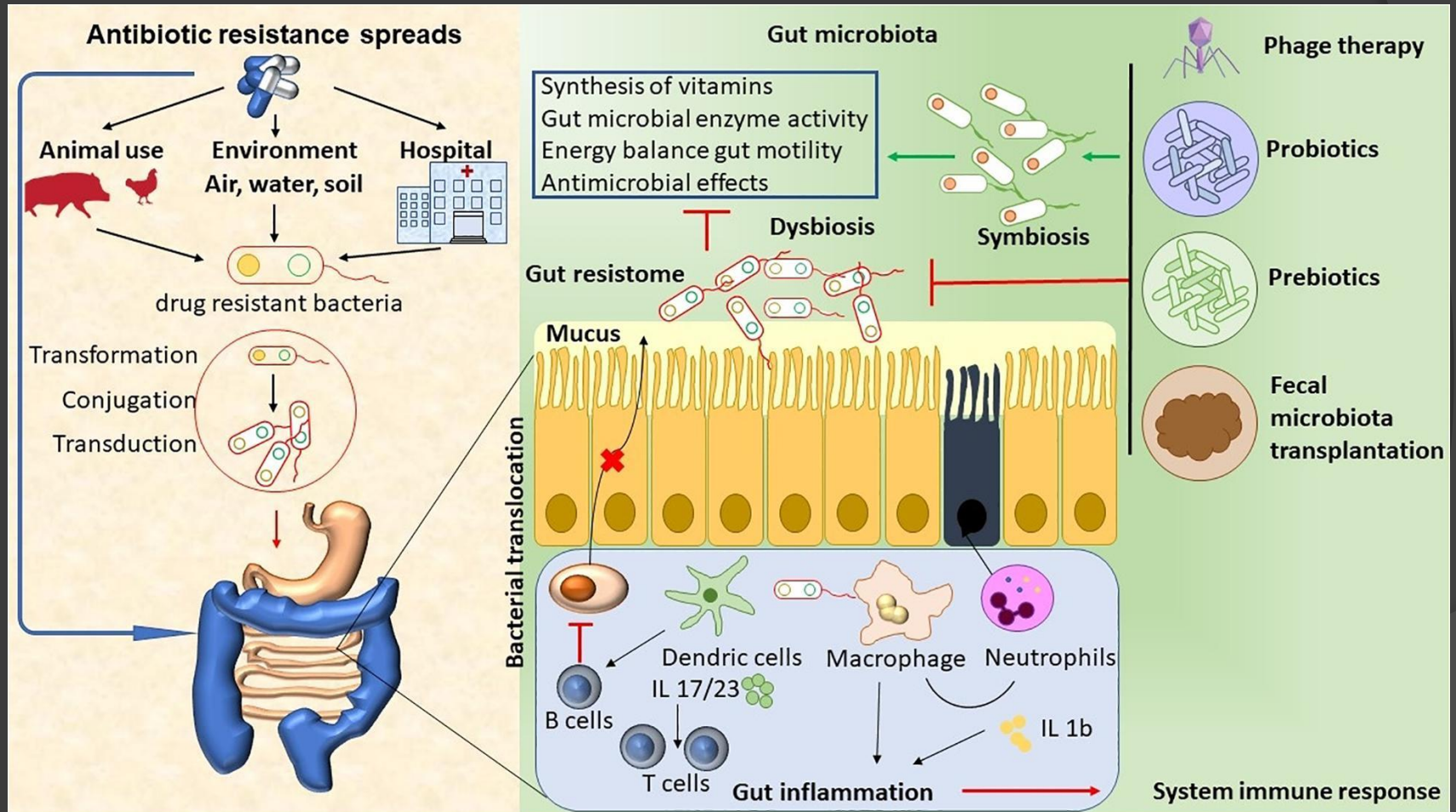
→ Microbiote intestinal = réservoir majeur de gènes de résistance

# Transferts de la résistance

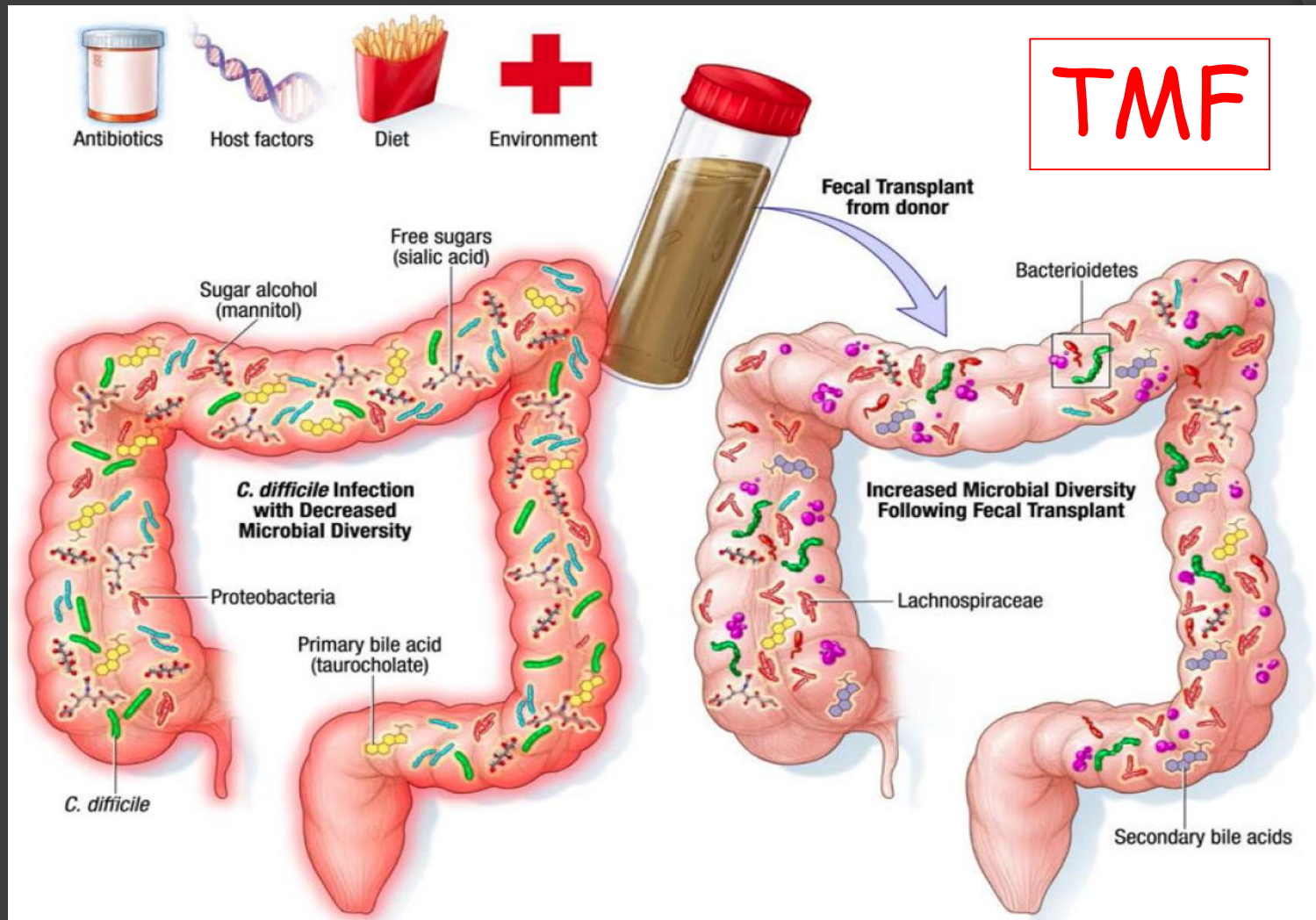


Bactéries anaérobies commensales en vert, bactéries pathogènes en rouge.

# Manipulations du microbiote

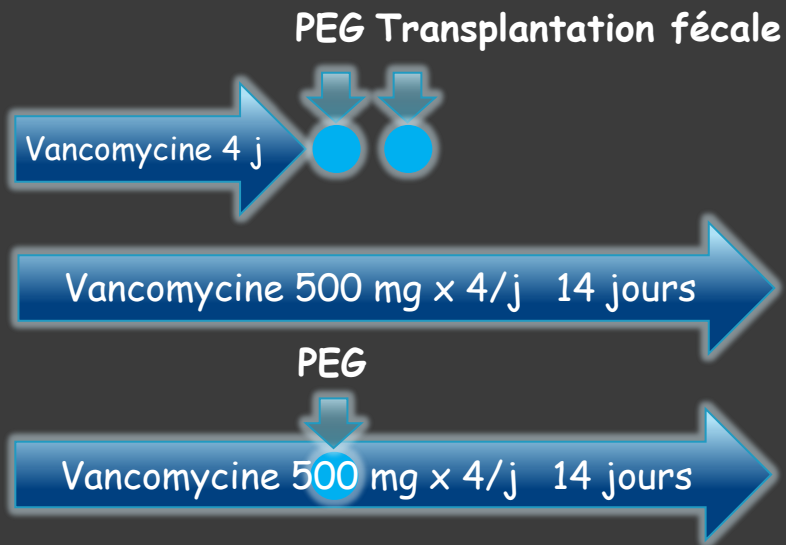


# Transplantation de microbiote fécal



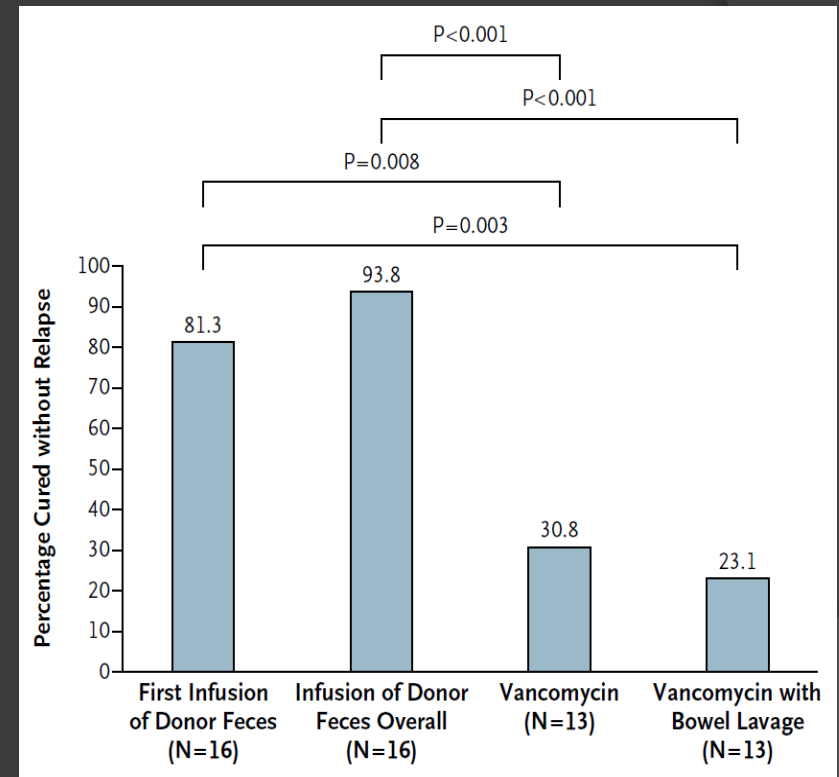
# 1<sup>er</sup> essai clinique de TMF dans l'ICD

- Principal critère : résolution de la diarrhée sans récurrence après 10 sem.
- 3 bras randomisés:



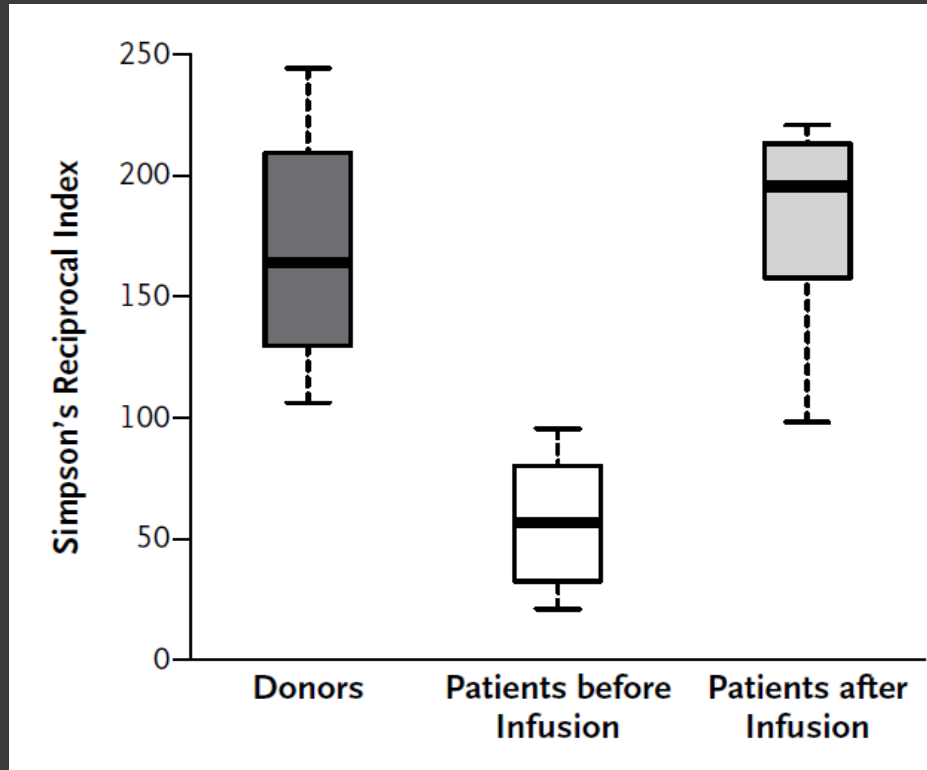
- Etude arrêtée après analyse intermédiaire
- Excellent profil de tolérance
- **Effets secondaires mineurs :**
  - Diarrhée transitoire
  - Douleurs abdominales modérées

PEG : polyéthylène glycol. Utilisé pour le lavage intestinal

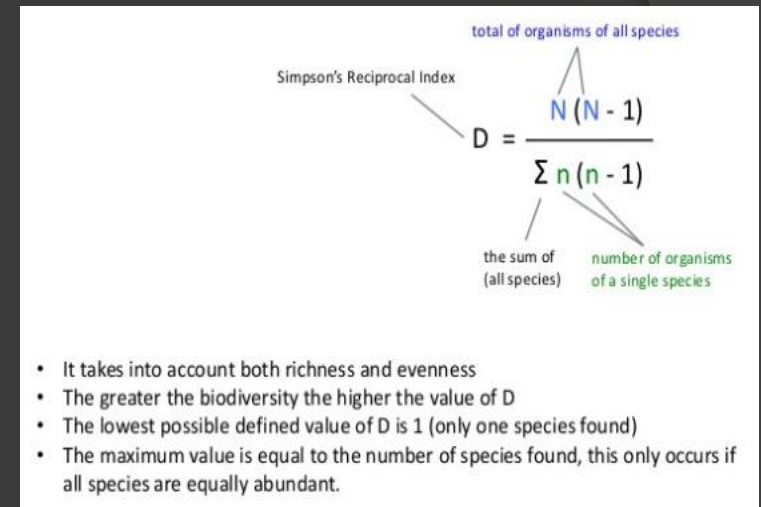


**Figure 2.** Rates of Cure without Relapse for Recurrent *Clostridium difficile* Infection.

# Restauration de la diversité



**Figure 3.** Microbiota Diversity in Patients before and after Infusion of Donor Feces, as Compared with Diversity in Healthy Donors.

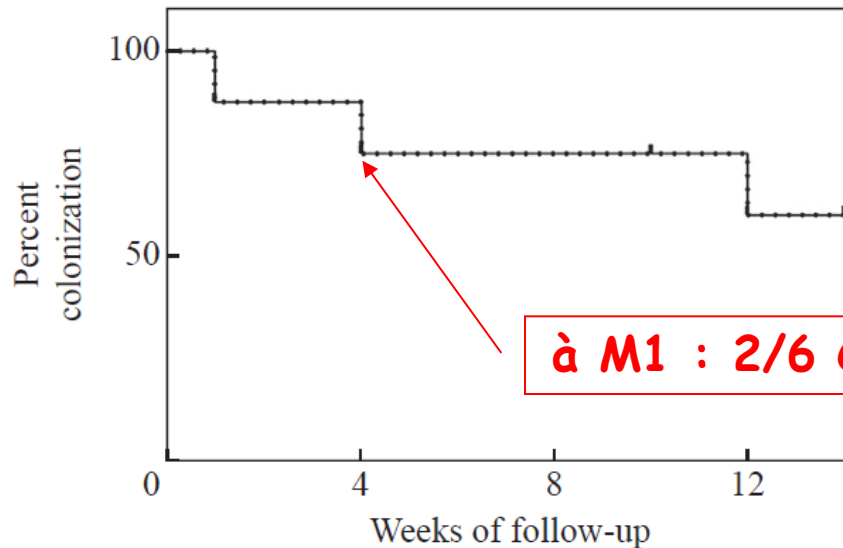


Mean D for patients before FMT = **57 +/- 26**

Mean D for patients 2 weeks after FMT = **179 +/- 42 (P<0.001)**

Mean D for donors = **172 +/- 54**

# TMF pour la décolonisation BMR



Seulement 8 patients  
(6 colonisés par EPC et 2 par ERV)

à M1 : 2/6 CPE- et 1/2 ERV-

**Figure 1.** Clearance of carbapenem-resistant Enterobacteriaceae (CRE) and vancomycin-resistant enterococci (VRE) carriage among eight patients according to rectal swabs: Kaplan–Meier analysis of the percentage of colonization, documented by polymerase chain reaction (PCR) or agar culture. Day 0 is defined as the day the patient received the faecal microbiota transplantation. There was no statistical difference between PCR and culture.

Essais cliniques  
randomisés pour  
confirmation

# Pro-/Pré-/Symbiotiques

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Concept	Definition
Probiotics	Live microorganisms that, when administered in adequate amounts, confer a health benefit on the host
Prebiotic	A selectively fermented ingredient that results in specific changes in the composition and/or activity of the gastrointestinal microbiota, thus conferring benefit(s) upon host health
Synbiotics	Products that contain both probiotics and prebiotics, with conferred health benefits

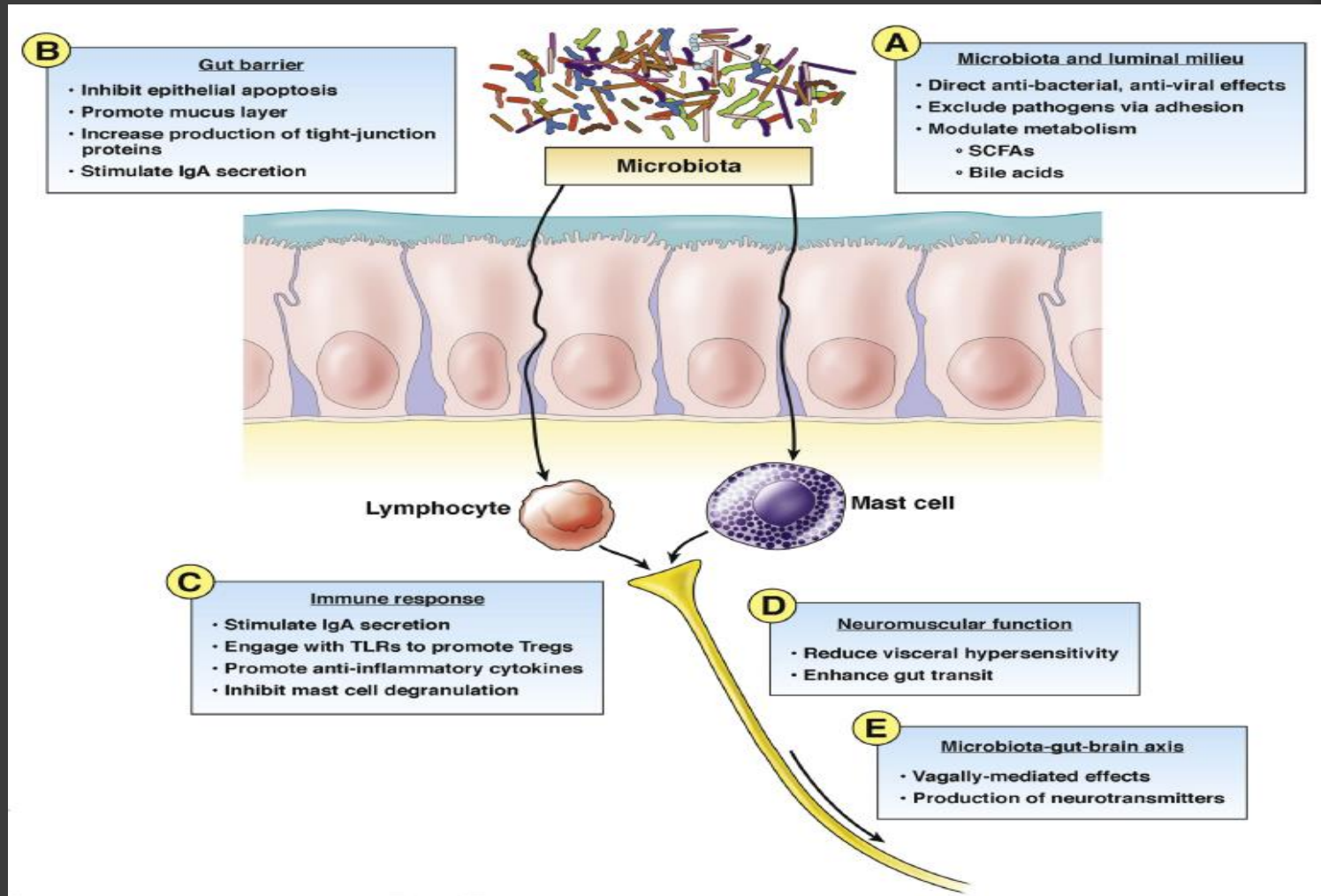
# Probiotiques

## Le plus souvent des bactéries lactiques

Type <i>Lactobacillus</i>	Type <i>Bifidobacterium</i>	Other Lactic Acid Bacteria	Other Microorganisms
<i>L. acidophilus</i> (a),*			
<i>L. amylovorus</i> (b),*			
<i>L. casei</i> (a),(b),*	<i>B. adolescentis</i> (a)		
<i>L. gasseri</i> (a),*	<i>B. animalis</i> (a),*		<i>Bacillus clausii</i> (a),*
<i>L. helveticus</i> (a),*	<i>B. bifidum</i> (a)	<i>Enterococcus faecium</i> (a)	<i>Escherichia coli</i> Nissle 1917 (a)
<i>L. johnsonii</i> (b),*	<i>B. breve</i> (b)	<i>Lactococcus lactis</i> (b),*	<i>Saccharomyces cerevisiae</i>
<i>L. pentosus</i> (b),*	<i>B. infantis</i> (a)	<i>Streptococcus thermophilus</i> (a),*	( <i>boulardi</i> ) (a),*
<i>L. plantarum</i> (b),*	<i>B. longum</i> (a),*		
<i>L. reuteri</i> (a),*			
<i>L. rhamnosus</i> (a),(b),*			

(a) Mostly as pharmaceutical products; (b) mostly as food additives; \* QPS (Qualified Presumption of Safety) microorganisms.

# Mécanismes d'action des probiotiques



# Prébiotiques et symbiotiques

**Table 4.** Examples of prebiotics and synbiotics used in human nutrition [134,145,146].

Human Nutrition	
Prebiotics	Synbiotics
FOS	
GOS	
Inulin	<i>Lactobacillus</i> genus bacteria + inulin
XOS	<i>Lactobacillus</i> , <i>Streptococcus</i> and <i>Bifidobacterium</i> genus bacteria + FOS
Lactitol	<i>Lactobacillus</i> , <i>Bifidobacterium</i> , <i>Enterococcus</i> genus bacteria + FOS
Lactosucrose	<i>Lactobacillus</i> and <i>Bifidobacterium</i> genus bacteria + oligofructose
Lactulose	<i>Lactobacillus</i> and <i>Bifidobacterium</i> genus bacteria + inulin
Soy oligosaccharides	
TOS	

Abbreviations: FOS—fructooligosaccharides; GOS—galactooligosaccharides; TOS—transgalactooligosaccharides; XOS—xylooligosaccharides.

# Evidence clinique

- >3500 publications sur l'utilisation des probiotiques
- >1000 publications sur l'utilisation des prébiotiques

**Table 7** Oxford Centre for Evidence-Based Medicine levels of evidence for treatment benefits relative to the question “Does this intervention help?”

Evidence level	Study type
1*	Systematic review of randomized trials or <i>n</i> -of-1 trials
2*	Randomized trial or observational study with dramatic effect
3*	Nonrandomized controlled cohort / follow-up study †
4*	Case-series, case-control studies, or historically controlled studies †
5	Mechanism-based reasoning

Source: “2011 Levels of Evidence,” Oxford Centre for Evidence-Based Medicine (<http://www.cebm.net/index.aspx?o=5653>).

\* The level may be downgraded on the basis of study quality, imprecision, indirectness—the study’s population, intervention, comparison, and outcome (PICO) criteria do not match the question’s PICO; because of inconsistency between studies; or because the absolute effect size is very small. The level may be upgraded if there is a large or very large effect size.

† As always, a systematic review is generally better than an individual study.

Du 'nutribiotique' au 'pharmabiotique'

# Utilité clinique chez l'adulte

ADULT Disorder, action	Probiotic strain, prebiotic, synbiotic	Recommended dose	Evidence level*	Refs.	Comments
<b>Diarrhea</b>					
Antibiotic-associated diarrhea	Yogurt with <i>Lactobacillus casei</i> DN114, <i>L. bulgaricus</i> , and <i>Streptococcus thermophilus</i>	≥ 10 <sup>10</sup> CFU daily	1	[11]	Prevention of AAD in various clinical settings (in-patients and outpatients)
	<i>Lactobacillus acidophilus</i> CL1285 and <i>L. casei</i> (Bio-K+ CL1285)	≥ 10 <sup>10</sup> CFU daily	1	[11]	
	<i>Lactobacillus rhamnosus</i> GG	10 <sup>10</sup> CFU/capsule twice daily	1	[11]	
	<i>Saccharomyces boulardii</i> CNCM I-745	5×10 <sup>9</sup> CFU/capsule or 250 mg twice daily	1	[11,12]	
<b><i>Helicobacter pylori</i> (HP)</b>					
Coadjuvant therapy for HP eradication	<i>Saccharomyces boulardii</i> CNCM I-745	5×10 <sup>9</sup> CFU/capsule or 250 mg twice daily	1	[7]	Reduction in therapy-related side effects
<b>Liver disease</b>					
Hepatic encephalopathy	Nonabsorbable disaccharides (lactulose)	45–90 g/daily	1	[29]	–
<b>Postoperative sepsis in elective gastrointestinal surgery patients</b>					
	<i>Lactobacillus acidophilus</i> , <i>L. plantarum</i> , and <i>Bifidobacterium longum</i> 88	2.6 × 10 <sup>14</sup> CFU daily	1	[63]	–
<b>IBD—pouchitis</b>					
Maintenance of clinical remission	Mixture containing strains of <i>Lactobacillus plantarum</i> , <i>Lactobacillus casei</i> , <i>Lactobacillus acidophilus</i> , <i>Lactobacillus delbrueckii</i> subsp. <i>bulgaricus</i> , <i>Bifidobacterium infantis</i> , <i>Bifidobacterium longum</i> , <i>Bifidobacterium breve</i> and <i>Streptococcus salivarius</i> subsp. <i>thermophilus</i> .	1800 billion bacteria daily	1	[66]	–
<b>Lactose maldigestion—reducing associated symptoms</b>					
	Yogurt with live cultures of <i>Lactobacillus delbrueckii</i> subsp. <i>bulgaricus</i> and <i>Streptococcus thermophilus</i>	At least 10 <sup>8</sup> CFU of each strain per gram of product	1	[70]	–

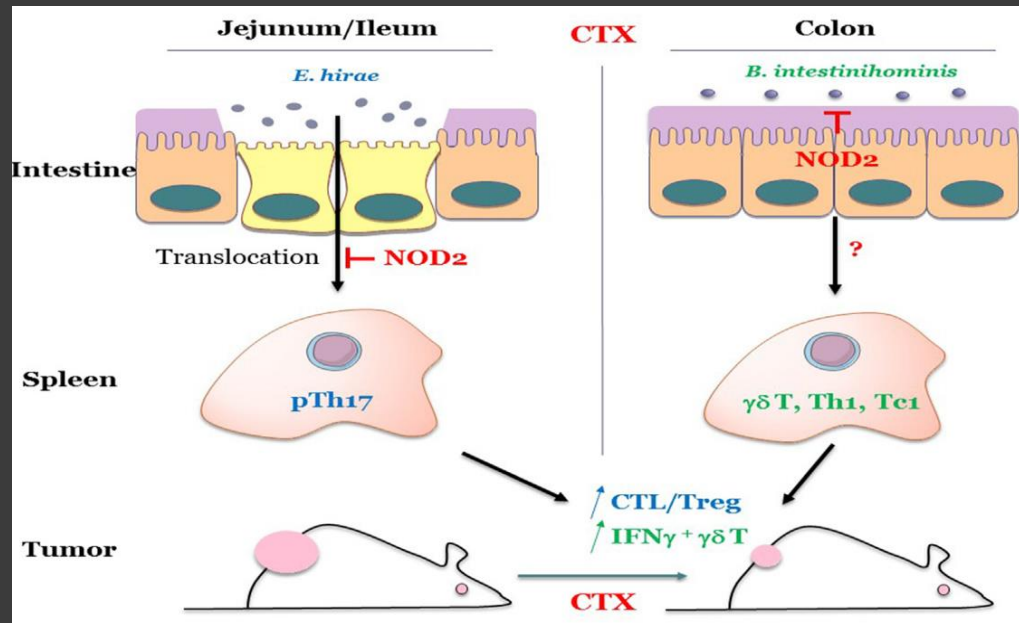
# Utilité clinique chez l'enfant

PEDIATRIC Disorder, action	Probiotic strain, prebiotic, synbiotic	Recommended dose	Evidence		
			level*	Refs.	Comments
Treatment of acute gastroenteritis	LGG	≥ 10 <sup>10</sup> CFU/day (typically 5–7 days)	1	[72,73]	ESPGHAN/ESPID recommendations 2014; ESPGHAN Working Group on Probiotics. Meta-analysis of RCTs
	<i>Saccharomyces boulardii</i> CNCM I-745	250–750 mg/day (typically 5–7 days)	1	[72,74]	
Prevention of antibiotic-associated diarrhea	LGG	1–2 × 10 <sup>10</sup> CFU	1	[86,87]	ESPGHAN Working Group on Probiotics
	<i>Saccharomyces boulardii</i>	250–500 mg	1	[12]	
Prevention of nosocomial diarrhea	LGG	10 <sup>10</sup> –10 <sup>11</sup> CFU, twice daily	1	[12]	Meta-analysis of RCT
Infections in children attending day-care centers	LGG		1	[89–91]	Prevention of AAD in hospitalized patients
Infantile colic—management	<i>Lactobacillus reuteri</i> DSM 17938	10 <sup>8</sup> CFU, once daily, for 21 days	1	[105–110]	Reduced crying time (documented mainly in breastfed infants). Meta-analysis of RCTs
Infantile colic—prevention	<i>Lactobacillus reuteri</i> DSM 17938	10 <sup>8</sup> CFU, once daily, up to 3 months of age	1	[111]	–
	LGG	10 <sup>10</sup> –10 <sup>11</sup> CFU, twice daily	1	[112]	Meta-analysis of RCTs
Abdominal pain—related functional gastrointestinal disorders	<i>Lactobacillus reuteri</i> DSM 17938	10 <sup>8</sup> CFU/d for 4 weeks	1	[114,115]	–

LGG, *Lactobacillus rhamnosus* GG

# 'Oncobiotiques'

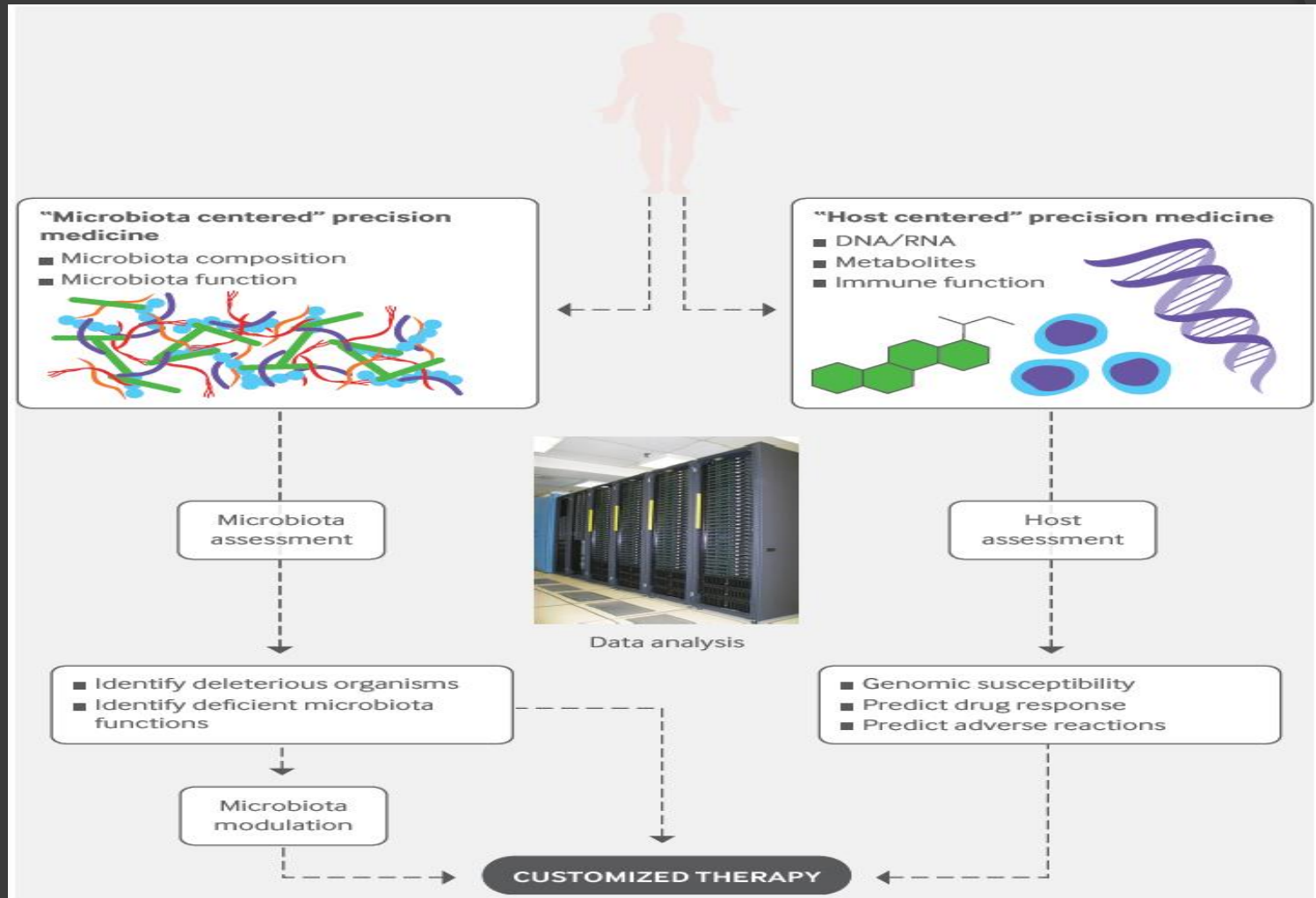
## *Enterococcus hirae* and *Barnesiella intestinihominis* Facilitate Cyclophosphamide-Induced Therapeutic Immunomodulatory Effects



### Highlights

- *E. hirae* restored the efficacy of CTX in antibiotics-treated mice
- *E. hirae* and *B. intestinihominis* enhanced cognate anticancer immune responses
- NOD2 receptors limit the bioactivity of *E. hirae* and *B. intestinihominis*
- $\text{CD4}^+$  T cell responses against *E. hirae* are associated with survival in cancer patients

# Médecine personnalisée



# Merci pour votre attention

