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اصول تنظیم قراردادها

پروپزالت نویسی

آموزش مهارت های کاربردی در ندوین و چاپ مقاله
Detection of vim- and ipm-type metallo-beta-lactamases in Pseudomonas aeruginosa clinical isolates

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Abstract

Background: Pseudomonas aeruginosa is the most important bacterium isolated from burn wounds, and its resistance to imipenem due to metallo-beta-lactamases is increasing. This study was designed to detect vim1, vim2, ipm1 and ipm2 metallo-beta-lactamases genes between Pseudomonas aeruginosa isolates isolated from Shahid Motahari Burns Hospital, Iran.

Methods: To that end, we isolated 483 nonduplicate consecutive isolates of P. aeruginosa from burn infections; and after biochemical confirmation, we examined the imipenem susceptibility via the Kirby-Bauer method. All the imipenem-resistant and imipenem-intermediate isolates were screened for vim1, vim2, ipm1 and ipm2 genes through the PCR method.

Results: From the 483 isolates, 272 (56%) and 64 (13%) isolates had resistant and intermediate zones in their imipenem antibiogram pattern, respectively. Fifty-four (16.1%), 7 (2.1%), 22 (6.6%), and 11 (3.3%) of the resistant and intermediate isolates had vim1, vim2, ipm1 and ipm2 genes in their PCR results, respectively.

Conclusion: MBL-mediated imipenem resistance in P. aeruginosa is a cause for concern in the treatment of infective burn patients. The rate of imipenem resistance due to MBL was increased dramatically and newer versions of MBL families were detected for the first time. These results suggest that an effective method should be provided to fight MBL production in clinical isolates.

Keywords: Burn wounds, Imipenem, Metallo-beta-lactamases, Pseudomonas aeruginosa


Introduction

Pseudomonas aeruginosa is one of the commonest causes of infection in burn units, and is responsible for numerous nosocomial infections.1 Despite the use of potent antibiotics, invasive P. aeruginosa infection is associated with high mortality.2 In the past decade, acquired multidrug resistance, relating to selective antibiotic pressure, has emerged in several countries; and in some cases, infections caused by multidrug resistant P. aeruginosa have been untreatable.3 Standard therapy for P. aeruginosa infections includes broad-spectrum beta-lactamases-resistant penicillins, cephalosporins, carbapenems, and monobactams. Selected fluoroquinolones, such as Ciprofloxacin and Levofloxacin previously offered a reasonable alternative for treating pseudomonal infections,4,5 which have a high rate of morbidity and mortality; nevertheless, today beta-lactams are the most effective antibiotics against this microorganism. Several mechanisms can contribute to acquired beta-lactam resistance in P. aeruginosa, including beta-lactamase production, upregulation of efflux systems, and decreased outer membrane permeability.6 Among beta-lactams, imipenem is the selective antibiotic against this bacterium, but P. aeruginosa can hydrolyze this antibiotic through metallo-beta-lactamases.10 Several kinds of metallo-beta-lactamases which belong to different families have been recognized.11 In this study, we evaluated the existence of vim1, vim2, ipm1 and ipm2 metallo-beta-lactamases encoding genes between imipenem-resistant and intermediate P. aeruginosa strains isolated from burn wounds in Shahid Motahari Burns Hospital in Tehran-Iran.

Materials and Methods

Collection of strains

P. aeruginosa used in this study were clinical isolates isolated from hospitalized burn patients in Shahid Motahari Burns Hospital, Tehran-Iran. A total of 483 nonduplicate consecutive isolates were collected from the Diagnostic Laboratory Department of the hospital between April 2008 and February 2009 and identified according to standard techniques.12

Imipenem susceptibility pattern

Imipenem susceptibility patterns of the 483 isolates were determined via the method of Bauer et al.13 on Mueller-Hinton agar (Hi-Media, India) using imipenem 10 commercially available paper discs (MAST Co., England). Pseudomonas aeruginosa ATCC 27853 was used as standard strain. The results were interpreted according to the CLSI standard tables.

Extraction of total DNA

For molecular diagnosis, the total DNA content of each isolate was extracted via the boiling method. Briefly, 1 to 3 colony of
each isolate was selected from a 16 h culture on the LB agar (Hi-Media, India) and was washed twice with sterile distilled water. The bacterial pellet was resuspended in 200 μl sterile distilled water in a microtube and placed for 10 minutes in boiling water, followed by 3 minutes centrifugation in 10000rpm to isolate the cell debris as pellets. DNA containing supernatant was transferred to new sterile DNase free-RNase free microtubes. The bacterial strains used as controls included P. putida NTU-91/99; and two separate plasmids one carrying blalMP1 and the other one carrying blalMP2, which were kindly presented by Kunikazu Yamane (Department of Bacterial Pathogenesis and Infection Control, National Institute of Infectious Diseases, Tokyo, Japan), were used as positive controls for imp1 and imp2 genes, respectively. Agarose gel electrophoresis of PCR products

Horizontal electrophoresis system containing 1% agarose gel in the TAE buffer was used. Voltage was set at 5V per each centimeter distance between the two electrodes. To determine molecular weight, 100 – 1000bp ladder (CinnaGen, Iran) was used and ethidium bromide staining (0.5μg/ml) was performed for 20 minutes. Additionally, 254 nanometer UV waves through the Gel Doc Instrument (Biometra, Germany) were employed for gel imaging.

Table 1. Primer sequences and predicted lengths of PCR amplification products

<table>
<thead>
<tr>
<th>Target gene</th>
<th>Primer</th>
<th>Oligonucleotide sequence (5’–3’)</th>
<th>Fragment size (pb)</th>
<th>Annealing temperature (°C)</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>ipm1</td>
<td>blaIMP1</td>
<td>Forward: ACC GCA GCA GAG TCT TTG CC</td>
<td>587</td>
<td>51</td>
<td>Shibata et al.(2003)</td>
</tr>
<tr>
<td>ipm2</td>
<td>blaIMP2</td>
<td>Forward: GTT TTA TGT GTA TGC TTC CC</td>
<td>678</td>
<td>51</td>
<td>Shibata et al.(2003)</td>
</tr>
</tbody>
</table>

Statistical analysis

The results are expressed as absolute frequencies and percentages. For the statistical analyses, the statistical software SPSS version 13.0 for Windows (SPSS Inc., Chicago, IL) was utilized. The curves were plotted using Excel software version 2003 (Microsoft Corporation, USA).
Results

In total, 483 Pseudomonas aeruginosa nonduplicate consecutive isolates were collected from the burn wound infections of the patients in Shahid Motahari Burns Hospital, Tehran, Iran during 2008. From this total, 360 and 123 were isolated from men and women, respectively. From the 483 isolates, 272 (56%) were resistant to imipenem with a growth zone < 13 mm, 63 (13%) isolates had an intermediate pattern with a growth zone of between 13 – 15 mm, and 148 (31%) were susceptible to imipenem with a growth zone > 15 mm.

The isolates with resistant and intermediate patterns to imipenem were subjected to PCR for vim1, vim2, ipm1 and ipm2 genes (Figures 1 and 2). 54 (16.1%), 7 (2.1%), 22 (6.6%), and 11 (3.3%) of these isolates had vim1, vim2, ipm1 and ipm2 genes in their PCR results, respectively.

Fourteen (4.2%) isolates had both vim1 and ipm1 genes, 4 (1.2%) isolates had both vim1 and ipm2 genes, 4 (1.2%) isolates had both ipm1 and ipm2 genes, only one (0.3%) isolate had vim2 and ipm1 genes, and only one (0.3%) isolate had both vim2 and ipm2 genes simultaneously. There was one isolate which carried vim1, ipm1 and ipm2 genes and another isolate which carried vim2, ipm1 and ipm2 simultaneously.

From the 483 isolates, 272 (56%) and 63 (13%) isolates had resistant and intermediate patterns in their imipenem antibioticogram, respectively. The rates of the incidence of vim1, vim2, ipm1 and ipm2 genes between the imipenem resistant isolates were 15.4%, 18.0%, 6.6%, and 3.3%, respectively; whereas between the intermediate isolates, these rates were 4.8%, 3.1%, 6.3%, and 3.1%, respectively (Figure 3).

Discussion

P. aeruginosa is an opportunistic pathogen which causes serious diseases in immunodeficient patients such as burn patients. Different antibiotics are used for the treatment of its infections, including beta lactams, aminoglycosides, and quinolones. Be that as it may, this microorganism can achieve different ways to protect itself against these antibiotics. One of the most important ways to become resistant against imipenem is metallo-beta-lactamases (MBL) production, of which the vim and ipm MBL families are very prevalent between Gram negative rods. The presence of vim-type and ipm-type MBLs between the isolates of different bacteria such as Acinetobacter baumannii, Serratia marcescens, Morganella morganii, Enterobacter cloacae, Klebsiella pneumoniae, Citrobacter freundii, and Aeromonas hydrophila has been shown by different researchers. The present study was designed to evaluate the rate of vim1, vim2, ipm1, and ipm2 MBLs genes between the P. aeruginosa isolates of Motahari Hospital Burns patients.

In the present study, we demonstrated that from 483 P. aeruginosa isolates, 272 (56%) and 63 (13%) had resistant or intermediate patterns to imipenem. Shahcheraghi et al. assessed 350 P. aeruginosa clinical isolates collected from two Iranian general hospitals (Imam Khomeini Hospital and Tehran Children Center) and showed that only 5% of the isolates were resistant to imipenem. However, Saderi et al. evaluated 128 P. aeruginosa clinical isolates collected from Shahid Motahari Burns Hospital and demonstrated that 38.28% of the isolates were resistant to imipenem. Shahid Motahari Burns Hospital is a specific center for burns patients and unfortunately, imipenem therapy is the choice treatment for burn infections caused by Gram negative bacteria. On the other hand, some metallo-beta-lactamases encoding genes are located on transposable genetic elements and can transfer between bacterial strains and isolates. So the difference between our results and Shahcheraghi’s results may be because of the difference between the antibiotic therapy regimens in our respective hospitals. According to our study and in comparison with Saderi’s study, the resistance rate of P. aeruginosa is rising in Shahid Motahari Burns Hospital and preventive strategies such as more precise antibiotic selection for infection treatment and less physical contact between patients should be taken against this phenomenon. Rasmussen and Bush stated that because of an increase in the carbapenem usage, the increase of MBL-producing organisms would be inevitable. Lee et al. showed that after nine years of the usage of carbapens in Korea, the imipenem-resistance rate of P. aeruginosa had rapidly risen from 6% in 1996 to 19% in 2001.
in their PCR results, respectively. Shibata et al. screened 180 P. aeruginosa MBL producers for vim-type and imp-type genes through the PCR method and showed that 35%, 0.5%, and 64.5% of the isolates carried vim2, imp1, and imp2 genes, respectively. None of the isolates carried vim1 gene.14 Laupland et al. evaluated the presence of vim2 gene between 98 MBL producing P. aeruginosa isolates in Calgary Health Region in Canada between May 2002 and April 2004 and showed that 92% of them were vim2 positive.27 Lee et al. assessed the prevalence of vim2 and imp1 MBLs between 415 P. aeruginosa clinical isolates in Korea and demonstrated that 45 isolates were MBL producers, of which 7 (1.7%) and 0 (0%) of isolates were vim2 and imp1 producers, respectively.28 It seems that the spread patterns of different MBLs between countries are different and their relationships with geographical areas, hygienic conditions and chromosomal structure of bacterial strains should, therefore, be evaluated.

Imp types of MBLs were rare in Iran until the time of the commencement of our study, which recorded the first isolation of imp1 and imp2 carrying P. aeruginosa isolates from Shahid Motahari Burns Hospital. Because of the sudden high prevalence of imp1 (22 out of 335) and imp2 (11 out of 335) carrying isolates, it is necessary to assess the distribution and transportation pattern of these pathogens between the patients of this hospital.

MBL-mediated imipenem resistance in P. aeruginosa is a cause for concern in the treatment of infected burns patients. The rate of imipenem resistance due to MBLs was increased dramatically and newer versions of MBL families were detected for the first time. These results suggest that an effective method should be provided to fight new versions of MBL in clinical isolates.

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References


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