EMERGING METRONIDAZOLE RESISTANCE IN ANAEROBES AND MAPPING THEIR SUSCEPTIBILITY BEHAVIOUR

Manu Chaudhary and Anurag Payasi

Venus Medicine Research Centre, Hill Top Industrial Estate, Bhatoli Kalan, Baddi, H.P.-173205 India

Received 2014-02-26; Received 2014-04-07; Accepted 2014-04-12

ABSTRACT

In the present study, anaerobic clinical isolates of Bacteroides fragilis, Escherichia coli, Staphylococcus aureus and Yersinia enterocolitica were obtained from different clinical specimens and were subjected to molecular typing to detect the gene encoding metronidazole resistance in these isolates. Subsequently, antibacterial activity of drugs was tested against the selected clinical isolates. A total of 53 clinical isolates involving 18 obligate and 35 facultative anaerobic bacteria were recovered from clinical samples of 67 patients who were suspected to have anaerobic infection. A disk diffusion method was employed to screen for metronidazole-resistance among these isolates. PCR assay was used to detect the metronidazole resistant gene (nim). Susceptibility studies in metronidazole resistant clinical isolates as well as positive controls were performed according to Clinical and Laboratory Standards Institute (CLSI) guidelines. According to disc diffusion method, of 53 isolates, 21 isolates (39.6%) were found to be metronidazole resistant. Further screening of these isolates with PCR revealed only 13 isolates (24.5%) carry nim gene. Out of which 7 were of B. fragilis, 3 were of Y. enterocolitica, 2 were of E. coli and 1 was of S. aureus. The highest number of metronidazole resistant isolates were found in abscess (7) followed by intra-abdominal infection (5) and bone and joint infection (1). When metronidazole resistant isolates were subjected to screen for the presence of nim gene, all isolates were found to carry nim gene. According to minimum inhibitory concentration (MIC) data, among the tested antibacterial agents, Mebatic emerged as the most active antibacterial against metronidazole resistant isolates of B. fragilis, E. coli, S. aureus and Y. enterocolitica with MIC values 0.125 to 1.0 µg mL\(^{-1}\). Similarly, Antimicrobial Susceptibility Test (AST) data also revealed that Mebatic was most efficacious in the metronidazole resistant organisms. From the above results, it is evident that Mebatic has enhanced in vitro antibacterial activity compared to other drugs in metronidazole resistant isolates thus can be a potent antibacterial agent for the treatment of infections caused by metronidazole resistant organisms.

Keywords: Anaerobes, Resistance, Clinical Isolates, Metronidazole, Mebatic, Nim Gene

1. INTRODUCTION

Obligate and facultative anaerobic bacteria are a common causes of infections, some of which can be serious and life-threatening. Bacteroides species are an important opportunistic obligate anaerobic pathogens that are commonly isolated from human polymicrobial infections. Some common pathogenic facultative anaerobic bacteria include Staphylococcus spp., Streptococcus spp., Shigella, Yersinia enterocolitica and Escherichia coli (Gaetti-Jardim et al., 2010; Guss et al., 2011). Among the Bacteroides species, Bacteroides fragilis group is the most prevalent organism accounting for 41 to 78% of the isolates of this group. B. fragilis constitute major part of gastrointestinal flora (Brook, 2008) but comprising least common Bacteroides occur in...
fecal flora accounting only 0.5% of the bacteria present in stool. Obligate and facultative anaerobic bacteria have been reported to be involved in peritoneal infections (Levinson, 2010), bacteremia (Brook, 2010) intra-abdominal infections, diarrhea (Merino et al., 2011) and subcutaneous abscesses or burns near the anus (Brook, 2008). The pathogenicity of these groups of organisms is mainly due to capsular polysaccharide which makes it protective against phagocytosis (Levinson, 2010).

Apart from Metronidazole which has been the drug of choice for the treatment of infections caused by anaerobic bacteria across the world for nearly 40 years (Cohen et al., 2010), anaerobic microbes show sensitivity to carbapenems, tigecycline, beta-lactam and beta-lactamase inhibitor combinations. However, in the past few years, metronidazole resistance among obligate anaerobes is a matter of concern as intermediate or high-level resistance to metronidazole have been reported (Alauzet et al., 2010). These species can also be resistant to a number of other antimicrobial agents such as beta-lactam agents (imipenem and cefoxitin), tetracycline and clindamycin (Boente et al., 2010; Nakano et al., 2011). Metronidazole resistance has been reported in Europe (Nagy et al., 2011; Hartmeyer et al., 2012), United states of America (USA) (Schapiro et al., 2004) and Africa (Buta et al., 2010).

It has been observed that resistance to beta-lactams in obligate and facultative anaerobic organisms is mainly associated with Extended Spectrum Beta Lactamase (ESBL) and Metallo Beta Lactamase (MBL) production (Snydman et al., 2010). Whereas mechanism for metronidazole resistance in B. fragilis include the presence of nim genes, which encode 5-nitroimidazole reductases that convert metronidazole to a non-toxic amino derivative (Pumbwe et al., 2008), overexpression of the DNA repair protein, RecA (Steffens et al., 2010) and disruption of the electron transport chain (Lynch et al., 2013). 5-nitroimidazole resistance genes, nimA to E, have been identified to confer reduced susceptibility to 5-nitroimidazole antibiotics on species of the B. fragilis group (Hartmeyer et al., 2012). The nim genes encode a 5-nitroimidazole reductase (Nagy et al., 2011).

A very few data exist on the susceptibility of obligate and facultative organisms to antimicrobial agents commonly used for eradication of these pathogens. The reports of acquisition of metronidazole resistance by B. fragilis from India emphasizes the need for a study to assess more accurately the susceptibility profile of clinical isolates of obligate and facultative anaerobic organisms. Since antimicrobial resistance in anaerobes varies from one hospital to another and between different geographic locations, all hospitals must survey their sensitivity patterns and report any emerging resistance. Unfortunately, most of the Indian hospitals are ill-equipped for anaerobes culture, hence detection of anaerobic resistance becomes even a more challenging issue.

This study involved screening of the presence of nim gene in clinical isolates collected from various hospitals of India and to study susceptibility of commonly used antibacterial agents against these nim positive isolates.

2. MATERIALS AND METHODS

2.1. Samples Collection

A total of 53 (18 obligate and 35 facultative) anaerobic bacterial isolates were obtained from various clinical samples of 67 patients who are suspected to have anaerobe infection and have been hospitalized in various hospitals of India (The name of hospitals can not be disclosed due to confidential agreement). The isolates were identified as: B. fragilis (n = 18), Escherichia coli (n = 17), Staphylococcus aureus (n = 11), Yersinia enterocolitica (n = 7). All the samples were collected with aseptic precautions from intra-abdominal infection, abscess and bone and joint infections. The clinical specimens were taken into Hi-Media Anaerobe Transport Medium and have been delivered to the Venus Medicine Research Center, Baddi, Himachal Pradesh, India, at the shortest possible time. Subsequently, specimens were cultured in BBL CDC Anaerobe 5% Sheep Blood Agar plates (Becton, Dickinson, USA). Plates were incubated at 37°C for 48 h.

Clinical isolates were identified to species level using Vitek 2 system (BioMérieux, Marcy, France).

All these isolates were stored at 80°C and were cultured on an-aerobic agar medium (Hi-Media, Mumbai, India) supplemented with 6% horse blood in an anaerobic atmosphere [10 CO₂, 10 H₂, 80% N₂ (v/v)] at 37°C. B. fragilis ATCC25285 was included as a control organism. Organism collection, transport, confirmation of organism identification and development and management of a centralized database were coordinated by Venus Medicine Research Centre (VMRC), Baddi, India in assistance with Emerging Antimicrobial Resistance Society (EARS).

2.2. Antibacterial Agents

The following antibacterial agents were used in this study: Ofloxacin+ornidazole (Mebatic, a novel antibiotic adjuvant entity, Venus Remedies Limited, Panchkula, Haryana, India), ofloxacin (Oflonir, Aishwarya Healthcare, Mumbai, India), ornidazole (Nidazole, Sipla Remedies, Mumbai India), metronidazole.
and nim-R-5'-GCTTCCTTGCTGTCACTGTGCTC-3' that amplify a fragment of about 458 bp. PCR amplification was performed in a total volume of 20 µL containing 200 pg of DNA, 0.5 mM of dNTPs, 1.25 µM of each primer and 1.5 U of Taq polymerase (Banglore Genei). PCR amplification was carried out on an Eppendorf thermocycler (Germany) with cycling conditions: Initial denaturation at 96°C for 5 min followed by 32 cycles each of denaturation (94°C for 60 sec), annealing (52°C for 120 sec), extension (72°C for 120 sec) and final extension (72°C for 7 min), for the amplification of nim gene. After amplification, PCR products were separated on a 1% (w/v) agarose gel containing 25 µg of ethidium bromide in Tris-EDTA buffer and the gel was photographed under ultraviolet illumination using gel documentation system (Bio-Rad, USA). A 100-bp DNA ladder (GeNei, Banglore, India) was included in each run. PCR products from control strains B. fragilis 638R (kindly gifted by Dr. ND Chaurasiya, National Center for Natural Products Research, Research Institute of Pharmaceutical Sciences, School of Pharmacy, University of Mississippi, University, MS, USA) was used as references for nim gene sizing analysis. The presence of an amplicon of 458 bp were considered as presumptive positive.

2.8. Determination of Minimum Inhibitory Concentrations (MICs)

MICs were determined by agar dilution method according to the Clinical and Laboratory Standards Institute (CLSI) guidelines (CLSI, 2013) using the test organism at a concentration of 2×10^6 cfu mL^{-1}. B. fragilis ATCC25285 was used as reference strain.

2.9. Determination of Antimicrobial Susceptibility (AST) by Cup Plate Method

The cup-plate agar diffusion method, a modification described by chaudhary et al. (2012), was adopted to assess the antimicrobial susceptibility of the selected drugs. Inoculum containing 10^6 cfu mL^{-1} of test strain was spread with a sterile swab on a petri dish containing CDC blood agar plates and the cups were made in the agar plate using a sterile cork borer (6.5 mm). Then, 30 µL of the drug preparation was placed in the wells using a micro-pipette. The plates were incubated in an anaerobic atmosphere [10% CO2, 10% H2, 80% N2 (v/v)] at 37°C for 48 h. After incubation the zone of inhibition around the wells was measured in mm (millimeter), averaged and the mean values were recorded.
3. RESULTS

3.1. Identification of Clinical Isolates

All of the clinical isolates obtained from various clinical specimens were identified to be *B. fragilis* (18), *E. coli* (17), *S. aureus* (11) and *Y. enterocolitica* (7) based on their morphological and biochemical characterization. Our data showed the highest number of *B. fragilis* isolates were recovered from intra-abdominal infection (9) followed by abscess (7) and bone and joint infection (2). For *E. coli*, the greatest number of isolates were recovered from intra-abdominal infection (9) followed by abscess (8). Of 11 *S. aureus* isolates, 6 were obtained from bone and joint infections and 5 were from abscess. *Y. enterocolitica* was only recovered from intra-abdominal infection. Overall, the greatest number of isolates were recovered from intra-abdominal (25; 47.1%), followed by abscess (20; 37.7%) and bone and joint infections (8; 15.1%). When all of these 53 isolates were subjected for selection of metronidazole resistance by disc diffusion method, 21 isolates (39.6%) were found to be metronidazole resistant. When these metronidazole resistant isolates were subjected to PCR to screen for the presence of *nim* gene, only 13 isolates were confirmed to be positive with *nim* gene. Of which 7 were of *B. fragilis*, 3 were of *Y. enterocolitica*, 2 were of *E. coli* and 1 was of *S. aureus* (Table 1 and Fig. 1). The highest number of metronidazole resistant isolates were found in abscess (7) followed by intra-abdominal infection (5) and bone and joint infection (1). The *nim* gene positive isolates were used for further study.

3.2. Nitroreductase Enzyme Assay

The effect of all selected drugs on nitroreductase enzyme inhibition was determined and results showed that Mebatic brought about 86 to 89% inhibition in nitroreductase activity whereas other comparator drugs produced only 7 to 10% inhibition (Table 2).

3.3. MIC

As shown in the Table 3, Mebatic emerged as the most active antibacterial against metronidazole resistant facultative and obligate anaerobic isolates of *B. fragilis*, *E. coli*, *S. aureus* and *Y. enterocolitica* with MIC values 0.125 to 1.0 µg mL\(^{-1}\). Ofloxacin was found to be second most active antibacterial agent with MIC values 1 to 8 µg mL\(^{-1}\) for *E. coli*, *S. aureus* and *Y. enterocolitica* whereas MIC for *B. fragilis* was 8 to 128 µg mL\(^{-1}\). The MIC values for ciprofloxacin against *E. coli* and *S. aureus* was 2 to 16 µg mL\(^{-1}\) and 2 to 32 µg mL\(^{-1}\) and 8 to 128 µg mL\(^{-1}\) were observed for *Y. enterocolitica* and *B. fragilis*, respectively. Ornidazole MIC values for was 8 to 64 µg mL\(^{-1}\) for *B. fragilis* and *S. aureus* and 8 to 128 µg mL\(^{-1}\) for *E. coli* and *Y. enterocolitica* and Mebatic MIC values for *B. fragilis* was 8 to 64 µg mL\(^{-1}\) whereas 16 to 128 µg mL\(^{-1}\) for *S. aureus* and 16 to 128 µg mL\(^{-1}\) for *E. coli* and *Y. enterocolitica*.

Fig. 1. Agarose gel showing PCR amplified products of *nim* gene in clinical isolates. Lane H 100 bp DNA size marker; Lane A to G and I to N *nim* (458 bp); lane O *nim* Positive control *B. fragilis* 638R (458 bp)

Table 1. Source of clinical isolates

<table>
<thead>
<tr>
<th>Name of isolates</th>
<th>Intra abdominal</th>
<th>Abscess</th>
<th>Bone and joint infections</th>
<th>Total (53)</th>
<th>Metronidazole resistant isolates by phenotypic method (%)</th>
<th>Metronidazole resistant isolates by PCR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Bacteroides fragilis</em></td>
<td>9</td>
<td>7</td>
<td>2</td>
<td>18</td>
<td>10 (55.5)</td>
<td>7 (38.9)</td>
</tr>
<tr>
<td><em>Escherichia coli</em></td>
<td>9</td>
<td>8</td>
<td>0</td>
<td>17</td>
<td>4 (23.5)</td>
<td>2 (11.7)</td>
</tr>
<tr>
<td><em>Staphylococcus aureus</em></td>
<td>0</td>
<td>5</td>
<td>6</td>
<td>11</td>
<td>2 (18.2)</td>
<td>1 (9.1)</td>
</tr>
<tr>
<td><em>Yersinia enterocolitica</em></td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>5 (71.4)</td>
<td>3 (42.8)</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>20</td>
<td>8</td>
<td>53</td>
<td>21 (39.6)</td>
<td>13 (24.5)</td>
</tr>
</tbody>
</table>
Table 2. Effect of drugs on nitro-reductase activity of nim positive isolates

<table>
<thead>
<tr>
<th>Name of drugs</th>
<th>Bacteroides fragilis</th>
<th>Escherichia coli</th>
<th>Staphylococcus aureus</th>
<th>Yersinia enterocolitica</th>
<th>B. fragilis 638R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mebatic (Ofloxacin+Ornidazole+VRP006)</td>
<td>86.3±6.5</td>
<td>87.5±7.3</td>
<td>86.8±8.1</td>
<td>89.3±8.5</td>
<td>88.3±7.8</td>
</tr>
<tr>
<td>Oridazine</td>
<td>10.1±1.2</td>
<td>8.4±0.9</td>
<td>9.3±1.1</td>
<td>9.4±0.9</td>
<td>8.1±0.9</td>
</tr>
<tr>
<td>Ofloxacin</td>
<td>9.8±1.1</td>
<td>8.6±1.0</td>
<td>8.5±0.9</td>
<td>8.7±1.0</td>
<td>8.4±0.8</td>
</tr>
<tr>
<td>Metronidazole</td>
<td>8.8±1.3</td>
<td>8.6±0.9</td>
<td>9.2±1.1</td>
<td>8.6±0.9</td>
<td>8.7±0.7</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>7.4±0.8</td>
<td>7.5±0.8</td>
<td>8.5±1.0</td>
<td>10.3±0.9</td>
<td>7.9±8.3</td>
</tr>
</tbody>
</table>

Table 3. Minimum inhibitory concentration test of drugs against anaerobic strains

<table>
<thead>
<tr>
<th>Name of drugs</th>
<th>Bacteroides fragilis</th>
<th>Escherichia coli</th>
<th>Staphylococcus aureus</th>
<th>Yersinia enterocolitica</th>
<th>B. fragilis ATCC25285</th>
<th>B. fragilis 638R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mebatic (Ofloxacin+Ornidazole+VRP006)</td>
<td>0.25-1.0</td>
<td>0.125-1.0</td>
<td>0.25-1.0</td>
<td>0.125-1.0</td>
<td>0.13</td>
<td>0.25</td>
</tr>
<tr>
<td>Oridazine</td>
<td>8.0-64</td>
<td>8.0-128</td>
<td>8.0-64</td>
<td>8.0-128</td>
<td>2.00</td>
<td>16.0</td>
</tr>
<tr>
<td>Ofloxacin</td>
<td>8.0-128</td>
<td>1.0-8.0</td>
<td>1.0-8.0</td>
<td>1.0-8.0</td>
<td>1.00</td>
<td>16.0</td>
</tr>
<tr>
<td>Metronidazole</td>
<td>8.0-64</td>
<td>16-28</td>
<td>16-64</td>
<td>16-128</td>
<td>0.25</td>
<td>16.0</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>8.0-128,0</td>
<td>2.0-6</td>
<td>2.0-16</td>
<td>2.0-32.0</td>
<td>2.00</td>
<td>32.0</td>
</tr>
</tbody>
</table>

Table 4. Antimicrobial susceptibility of drugs against anaerobic strains

<table>
<thead>
<tr>
<th>Name of drugs</th>
<th>Bacteroides fragilis</th>
<th>Escherichia coli</th>
<th>Staphylococcus aureus</th>
<th>Yersinia enterocolitica</th>
<th>B. fragilis ATCC25285</th>
<th>B. fragilis 638R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mebatic Ofloxacin +Ornidazole +VRP006 (5:12.5 µg)</td>
<td>22.7±2.1</td>
<td>26.5±2.4</td>
<td>24.7±2.3</td>
<td>25.9±2.2</td>
<td>29.2±2.4</td>
<td>26.3±2.3</td>
</tr>
<tr>
<td>Oridazine (30 µg)</td>
<td>15.5±1.1</td>
<td>No zone</td>
<td>No zone</td>
<td>No zone</td>
<td>20.4±1.9</td>
<td>10.5±1.6</td>
</tr>
<tr>
<td>Ofloxacin (5 µg)</td>
<td>No zone</td>
<td>19.4±1.8</td>
<td>18.2±1.2</td>
<td>17.4±1.5</td>
<td>22.4±2.2</td>
<td>11.2±1.3</td>
</tr>
<tr>
<td>Metronidazole (30 µg)</td>
<td>11.2±1.1</td>
<td>8.4±1.0</td>
<td>7.2±0.8</td>
<td>7.4±1.0</td>
<td>22.2±2.1</td>
<td>8.2±1.0</td>
</tr>
<tr>
<td>Ciprofloxacin (5 µg)</td>
<td>8.6±1.2</td>
<td>14.6±1.1</td>
<td>13.5±1.2</td>
<td>12.1±1.0</td>
<td>21.6±1.7</td>
<td>12.5±1.1</td>
</tr>
</tbody>
</table>

S = ≥21, I = 16-20, R = ≤15

3.4. AST

The zones of inhibition were calculated in millimetre for all strains and presented in the Table 4. Mebatic was found to be most effective against all clinical isolates as evident by zone of inhibition values between 22 to 26 mm. Other tested drugs including ofloxacin, ornidazole, metronidazole and ciprofloxacin displayed intermediate to resistant profile against all of the clinical isolates.

4. DISCUSSION

The implications of anaerobic microbes in the human infections is well known. The infections caused by anaerobic bacteria are some of the most important causes of morbidity and mortality in developing countries (Akhi et al., 2013). The development of resistance to metronidazole leading to treatment failure during the course of metronidazole therapy in a patient has been reported (Buta et al., 2010; Soki et al., 2013). Numerous studies have demonstrated the incidence of metronidazole resistance in recent years (Alauzet et al., 2010; Lynch et al., 2013; Abdollahi et al., 2011). In a study conducted by Datta et al. (2005) reported that 85% strains of Helicobacter pylori were resistant to metronidazole. In other previous studies, metronidazole resistance in Bacteroides spp. has been noted to be varied from 5 to >15% (Gal and Brazier, 2004).

Our PCR data revealed that 13 (24.5%) isolates were metronidazole resistant suggesting nim genes are quite...
common in metronidazole resistant clinical isolates. Interestingly, our results showed that in addition to B. fragilis, nim gene was detected across a number of facultative anaerobes specieses, E. coli, S. aureus and Y. enterocolitica which indicates transferability of nimA gene from one species to another in anaerobic environments. It has also been reported earlier that metronidazole resistance could be a consequence of the activation of nim gene as a result of point mutation (Gal and Brazier, 2004). We observed that the metronidazole resistant isolates were mainly found in abscess 53.8% (7/13) followed by intra-abdominal 38.5% (5/13) and bone and joint infection 7.7% (1/13). This study is hospital based and does not reflect the prevalence or incidence of metronidazole resistance in the community. Leiros et al. (2010) studied the hydrophobicity profile of the nim gene products and reported that it decreases penetration of metronidazole into the cells. It has also been noted that the nim genes encode a 5-nitroimidazole reductase that converts 5-nitroimidazole to its non-toxic amino derivative, thus preventing the accumulation of toxic nitroradicals (Lofmark et al., 2010).

In our study, Mebatic was found to be most efficacious antibacterial agent against metronidazole resistant organisms. The enhanced antimicrobial efficacy of Mebatic against these isolates may be due to the synergistic effect of ofloxacin and ornidazole along with a non antibiotic adjuvant VRP006 (disclosed by Venus Remedies on request) which enhanced the penetration of the drug inside the bacterial cells and inhibits the nitro reductase activity thus prevents the conversion of non toxic form of the drug.

It has been reported that metronidazole-resistant and susceptible strains of B. fragilis became more virulent following exposure to low doses of metronidazole. Probably low concentration of Metronidazole may paved the way for the development of either non-stable phenotypes or permanently resistant mutants (Diniz et al., 2003), therefore, rapid identification of Metronidazole resistance is essential for early initiation of appropriate antimicrobial therapy and to limit the inappropriate use of antibacterial agents.

5. CONCLUSION

In conclusion, from the above results, it is evident that Mebatic has synergisticin vitro antibacterial activity as compared to other drugs in Metronidazole resistant isolates thus can be a potent antibacterial agent for the treatment of infections caused by Metronidazole resistant organisms.

6. ACKNOWLEDGMENT

Researchers are thankful to Emerging Antimicrobial Resistance Society (EARS), Chandigadh, India for providing assistance to carry out this study. We are also thankful to all centres for providing clinical isolates.

7. REFERENCES


Datta, S., S. Chattopadhyay, R. Patra, R. De and T. Ramamurthy et al ., 2005. Most Helicobacter pylori strains of Kolkata in India are resistant to metronidazole but susceptible to other drugs commonly used for eradication and ulcer therapy. Alimen. Pharmacol. Therapy, 22: 51-57. DOI: 10.1111/j.1365-2036.2005.02533.x


Lynch, T., P. Chong, J. Zhang, R. Hizon and T. Du et al ., 2013. Characterization of a stable, metronidazole-resistant Clostridium difficile clinical isolate. PLoS ONE, 8: e53757-e53757. DOI: 10.1371/journal.pone.0053757


Lynch, T., P. Chong, J. Zhang, R. Hizon and T. Du et al ., 2013. Characterization of a stable, metronidazole-resistant Clostridium difficile clinical isolate. PLoS ONE, 8: e53757-e53757. DOI: 10.1371/journal.pone.0053757


