

Multilocus sequence typing of *Candida tropicalis* shows clonal cluster enriched in isolates with resistance or trailing growth of fluconazole

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Received 24 November 2006; accepted 20 March 2007

Abstract

Multilocus sequence typing (MLST) was used to characterize the genetic profiles of 52 *Candida tropicalis* isolates collected from 10 hospitals in Taiwan. A total of 33 diploid sequence types (DSTs) were differentiated among the 52 isolates and all were novel to the Internet *C. tropicalis* DST database (<http://pubmlst.org/ctropicalis/>). Eleven (33.3%) of the 33 DSTs could be assigned to 3 major clonal clusters (1–3) based on eBURST calculation. Only clonal cluster 1 co-clustered isolates from UK and the United States. Clonal cluster 2 was enriched with isolates with resistance or trailing growth of fluconazole (14/20, 70%). Furthermore, there are a number of pulsed-field gel electrophoresis subtypes associated with the isolates in this cluster, demonstrating that possibly more than one clone with resistant or trailing property have emerged and spread in Taiwan in 1999.

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Keywords: Molecular typing; *Candida tropicalis*; MLST; PFGE

1. Introduction

Invasive *Candida* infections continue to cause major problems of morbidity and mortality in a diverse range of debilitated and immunocompromised hosts (Tortorano et al., 2003; Hajjeh et al., 2004; Wisplinghoff et al., 2004; Kao et al., 1999; Gudlaugsson et al., 2003). The infections caused by *Candida* spp. result in increased length of hospital stay and medical costs that constitute an important public health problem (Sheng et al., 2005; Rentz et al., 1998). In Taiwan, *Candida tropicalis* ranked the second most frequently isolated *Candida* species and was the species most frequently resistant to fluconazole (Yang et al., 2003; Yang et al., 2004). To gain an insight into the reasons for the high prevalence of *C. tropicalis* as well as to establish a surveillance network, understanding of the molecular epidemiology of fungal infections is needed.

Pulsed-field gel electrophoresis (PFGE) is a well-established subtyping method for outbreak investigation and for the study of the epidemiology of *C. tropicalis* (Jang

et al., 2005; Rho et al., 2004; Roilides et al., 2003). Recently, multilocus sequence typing (MLST) has been developed to meet the increasing need for global surveillance and comparison of genotypes in a central database via the Internet (Chen et al., 2006; Tavanti et al., 2005). MLST is based on the sequencing of selected housekeeping genes and the identification of polymorphic nucleotide sites. Combination of the alleles at the different loci results in unique diploid sequence types (DSTs) that can be used to discriminate strains. MLST for typing of pathogenic fungal species has been developed, including *Candida albicans* (Bougnoux et al., 2002; Bougnoux et al., 2003) and *Candida glabrata* (Dodgson et al., 2003). A set of 6 genes encoding housekeeping functions comprising the fragments *ICL1*, *MDR1*, *SAPT2*, *SAPT4*, *XYR1*, and *ZWF1a* is recommended for MLST with *C. tropicalis* (<http://pubmlst.org/ctropicalis/>) (Tavanti et al., 2005).

C. tropicalis isolates with “trailing growth” phenotype exhibit reduced but persistent growth at drug concentrations above the MIC in broth dilution tests with azole antifungal agents, such as fluconazole. Isolates show trailing with an MIC at 48 h approximately 4-fold higher than that at 24 h. Thus, the trailing growth can make an isolate that appears susceptible (MIC <64 mg/L) at 24 h of incubation to

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become resistant (MIC ≥ 64 mg/L) at 48 h (Arthington-Skaggs et al., 2002). In this article, we use MLST to assess the clonality of *C. tropicalis* and to ascertain whether different characteristics such as fluconazole susceptibility, hospital origin, and anatomic source can be attributed to certain specific MLST DST types in Taiwan.

2. Materials and methods

2.1. Fungal strains

A total of 52 *C. tropicalis* clinical isolates collected from 10 hospitals in different geographic origins in Taiwan were used in this study. The fluconazole MIC, geographic origin,

Table 1
Details of *C. tropicalis* isolates tested by MLST and PFGE

| Strain no. | Hospital | Source | MIC—48 h | Collection date | DST | MLST clonal cluster | PFGE types |
|------------|----------|--------|----------|-----------------|-----|---------------------|------------|
| YM020273 | E2 | Sputum | 4 | 2002/7/31 | 140 | 2-2 | |
| YM020274 | E2 | Sputum | 0.3 | 2002/7/31 | 153 | 1-2 | III-1 |
| YM020287 | M1 | Urine | 0.3 | 2002/7/3 | 154 | | |
| YM020291 | M1 | Sputum | 0.3 | 2002/7/6 | 155 | 1-4 | III-5 |
| YM020294 | M1 | Urine | 16 | 2002/7/11 | 144 | 2-1 | II-1 |
| YM020309 | M1 | Urine | 4 | 2002/8/3 | 140 | 2-2 | |
| YM020311 | M1 | Urine | 16 | 2002/8/5 | 90 | 1-3 | |
| YM020649 | S1 | others | 8 | 2002/8/19 | 156 | | I-4 |
| YM020659 | S1 | Sputum | 0.1 | 2002/8/25 | 157 | | V-2 |
| YM020671 | S1 | Blood | 8 | 2002/7/17 | 158 | | IV-2 |
| YM020693 | S1 | Blood | 0.5 | 2002/8/26 | 90 | 1-3 | III-4 |
| YM020709 | S2 | Sputum | 8 | 2002/8/6 | 159 | | |
| YM020715 | S2 | Urine | 0.3 | 2002/8/23 | 160 | | V-1 |
| YM020725 | S2 | Urine | 8 | 2002/9/3 | 161 | | II-12 |
| YM020743 | S2 | Blood | 0.1 | 2002/8/9 | 134 | 1-5 | III-2 |
| YM020919 | S3 | Sputum | 1 | 2002/7/16 | 140 | 2-2 | II-14 |
| YM020948 | S3 | Blood | 1 | 2002/9/2 | 162 | | I-5 |
| Ym990131 | E2 | Urine | 64 | 1999/5/10 | 98 | 2-4 | II-7 |
| Ym990135 | E2 | Sputum | 64 | 1999/5/14 | 98 | 2-4 | II-3 |
| Ym990136 | E2 | Blood | 64 | 1999/5/15 | 133 | | IV-1 |
| Ym990138 | E2 | Sputum | 0.5 | 1999/5/18 | 134 | 1-5 | II-9 |
| Ym990144 | E2 | Urine | 64 | 1999/5/20 | 135 | | |
| Ym990145 | E2 | Sputum | 64 | 1999/5/21 | 136 | | II-5 |
| Ym990148 | E2 | Urine | 0.5 | 1999/5/24 | 137 | 2-3 | |
| Ym990236 | N3 | Urine | 64 | 1999/5/11 | 138 | 3-1 | VI-2 |
| Ym990268 | S2 | Urine | 0.5 | 1999/5/15 | 139 | 3-2 | I-2 |
| Ym990275 | S2 | Urine | 64 | 1999/5/24 | 140 | 2-2 | II-1 |
| Ym990323 | M1 | Sputum | 64 | 1999/4/26 | 141 | | |
| Ym990329 | M1 | Urine | 1 | 1999/4/7 | 142 | | IV-3 |
| Ym990444 | N1 | Blood | 2 | 1999/5/1 | 143 | | II-10 |
| Ym990458 | N1 | Blood | 64 | 1999/5/10 | 144 | 2-1 | II-8 |
| Ym990488 | S1 | Urine | 0.3 | 1999/5/12 | 163 | | I-3 |
| Ym990490 | S1 | Urine | 64 | 1999/5/13 | 140 | 2-2 | II-6 |
| Ym990533 | E1 | Sputum | 0.5 | 1999/5/17 | 145 | 1-1 | I-1 |
| Ym990537 | E1 | Urine | 64 | 1999/6/5 | 140 | 2-2 | II-3 |
| Ym990553 | N4 | Urine | 1 | 1999/4/21 | 146 | | |
| Ym990554 | N4 | Urine | 64 | 1999/4/23 | 147 | | II-13 |
| Ym990574 | N4 | Blood | 2 | 1999/5/12 | 148 | | V-3 |
| Ym990577 | N4 | Sputum | 64 | 1999/5/21 | 140 | 2-2 | II-4 |
| Ym990579 | N4 | Urine | 64 | 1999/6/1 | 149 | | VI-1 |
| Ym990592 | S3 | Blood | 64 | 1999/5/5 | 140 | 2-2 | II-1 |
| Ym990593 | S3 | Wound | 0.5 | 1999/5/7 | 150 | | |
| Ym990598 | S3 | Sputum | 64 | 1999/5/19 | 90 | 1-3 | III-3 |
| Ym990599 | S3 | Urine | 2 | 1999/5/20 | 151 | | V-1 |
| Ym990603 | S3 | Sputum | 64 | 1999/6/8 | 140 | 2-2 | II-2 |
| Ym990645 | N2 | Urine | 64 | 1999/4/2 | 140 | 2-2 | II-11 |
| Ym990647 | N2 | Urine | 0.1 | 1999/4/8 | 140 | 2-2 | II-11 |
| Ym990649 | N2 | Urine | 64 | 1999/4/13 | 140 | 2-2 | II-11 |
| Ym990652 | N2 | Urine | 1 | 1999/4/23 | 152 | | VI-3 |
| Ym990659 | N2 | Blood | 64 | 1999/5/17 | 140 | 2-2 | II-11 |
| Ym990660 | N2 | Urine | 64 | 1999/5/20 | 140 | 2-2 | II-11 |
| Ym990662 | N2 | Urine | 64 | 1999/5/31 | 140 | 2-2 | II-11 |

N, north; S, south; M, middle; E, east.

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