



ORIGINAL ARTICLE

# High Prevalence of AmpC $\beta$ -Lactamases in Clinical Isolates of *Escherichia coli* in Ilam, Iran

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## Abstract

**Objectives:** Widespread use of  $\beta$ -lactam antibiotics could cause resistance to this group of antibiotics in pathogenic bacteria through the production of the enzyme  $\beta$ -lactamases. The aim of this study is to determine the molecular detection of AmpC  $\beta$ -lactamases among clinical *Escherichia coli* isolated from Ilam hospitals in Ilam, Iran.

**Methods:** One hundred and twelve clinical isolates of *E. coli* were collected from hospitalized patients and were identified by biochemical tests. They were evaluated for extended spectrum beta-lactamases (ESBLs) production, and the positive strains were subjected to AmpC enzymes; for detection of AmpC cluster genes, multiplex polymerase chain reaction was applied.

**Results:** The analysis showed 62.5% of isolates were ESBLs positive and that five strains revealed the AmpC cluster genes. This is the first report of *FOX* cluster genes in *E. coli* in Iran.

**Conclusion:** Based on our results, the prevalence of AmpC  $\beta$ -lactamases is increasing in Iran, which caused failure in antibiotic therapy. So, the current study recommended the revision of antibiotic policy in Iranian hospitals.

## 1. Introduction

Production of  $\beta$ -lactamases are the main mechanism of resistance to  $\beta$ -lactam antibiotics in bacteria. These enzymes hydrolyze the  $\beta$ -lactam ring, which leads to the inactivation of  $\beta$ -lactam antibiotics. In recent years, new types of  $\beta$ -lactamase enzymes including extended spectrum beta-lactamases (ESBLs), AmpC

$\beta$ -lactamases, and metallo  $\beta$ -lactamases have emerged. [1–3]. These enzymes are able to hydrolyze broad-spectrum cephalosporins including ceftazidime, ceftriaxone, cefepime, and monobactams (aztreonam and ceftazidime). AmpC  $\beta$ -lactamases are resistant to 7- $\alpha$ -methoxy cephalosporin and monobactams. In the late 1980s, the plasmid-borne AmpC  $\beta$ -lactamases were found in bacteria such as *Escherichia coli* and

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*Klebsiella* spp [4,5]. Currently, resistance to  $\beta$ -lactam antibiotics via AmpC  $\beta$ -lactamases in *E. coli* strains is a clinical concern [6,7]. It seems necessary to identify the AmpC  $\beta$ -lactamases producing bacteria in clinical isolates. For this propose we aim to identify the prevalence of AmpC  $\beta$ -lactamases genes in clinical isolates of *E. coli*.

## 2. Materials and methods

### 2.1. Bacterial isolates

One hundred and twelve clinical isolates of *E. coli* were collected during the period February to July 2012 from hospitalized patients in Ilam hospitals (Ilam, Iran). All the isolates were identified by biochemical tests.

### 2.2. Determination of antibiotic susceptibility

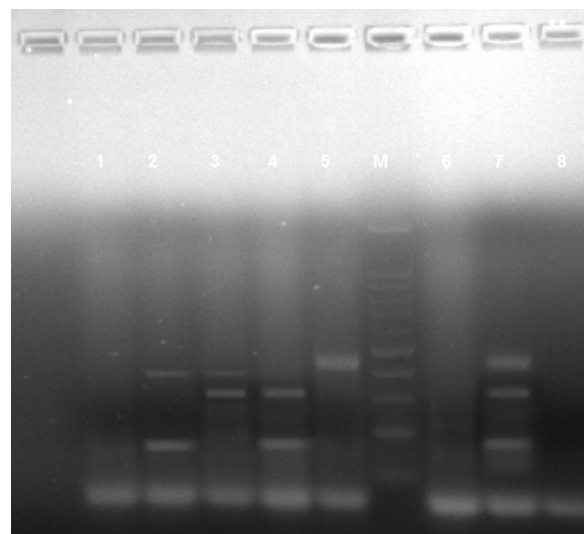
The antibiotic susceptibility assay was performed according to Clinical and Laboratory Standards Institute (CLSI) guidelines. An inoculum containing  $1.5 \times 10^8$  CFU/mL of bacteria were placed on Mueller-Hinton agar. The antibiotics were cefotaxime (30  $\mu$ g), ceftazidime (30  $\mu$ g), and ceftieraxone (30  $\mu$ g). In addition, cefoxitin as a marker for AmpC production was used. AmpC  $\beta$ -lactamase production was evaluated by cefoxitin minimum inhibitory concentrations (MICs) using the microdilution broth method according to CLSI guidelines [8].

### 2.3. DNA extraction

*E. coli* strains were cultured in lysogeny broth at 37°C overnight, and then DNA was extracted using the DNA extraction kit (Bionner Company, Daejeon, Korea).

### 2.4. Multiplex polymerase chain reaction assay

Multiplex polymerase chain reaction (PCR) assay was performed for identification of the most common plasmid mediated AmpC cluster genes including *ACC*,



**Figure 1.** 1 and 8 = negative control; 2 = FOXM (190 bp) and DHAM (405 bp); 3 = EBCM (302 bp) and DHAM (405 bp); 4 = EBCM (302 bp) and FOXM (190 bp); 5 = CITM (462 bp); M = size marker 100 bp; 6 = FOXM (190 bp); 7 = FOXM (190bp), EBCM (302 bp) and CITM (462 bp).

*FOX*, *MOX*, *DHA*, *CIT*, and *EBC*. The PCR system (25  $\mu$ L) was composed of  $1 \times$  PCR buffer, 2 mM  $MgCl_2$ , 0.2 mM dNTP, 10 pmol of primers, 1U Taq DNA polymerase (Ferments, UK), and a total of 1  $\mu$ L of DNA extract was used for each reaction. The sequences of primers are presented in Table 1. PCR conditions were 35 cycles of amplification under the following conditions: denaturation at 95°C for 30 seconds, annealing at 64°C for 1 minute, and extension at 72°C for 1 minute. Cycling was followed by a final extension at 72°C for 10 minutes. PCR product (10  $\mu$ L) was analyzed using gel electrophoresis with 1.5% agarose. Gels were stained with DNA Safe Stain and visualized using gel documentation. A 100-bp DNA ladder was used as a molecular marker.

**Table 1.** Sequences of primers.

Primer	Sequence (5' to 3')	Expected amplicon size (bp)	Annealing
MOXM-F	GCT GCT CAA GGA GCA CAG GAT	520	64
MOXM-R	CAC ATT GAC ATA GGT GTG GTG G		
CITM-F	TGG CCA GAA CTG ACA GGC AAA	462	64
CITM-R	TTT CTC CTG AAC GTG GCT GGC		
DHAM-F	AAC TTT CAC AGG TGT GCT GGG T	405	64
DHAM-R	CCG TAC GCA TAC TGG CTT TGC		
ACCM-F	AAC AGC CTC AGC AGC CGG TTA	346	64
ACCM-R	TTC GCC GCA ATC ATC CCT AGC		
EBCM-F	TCG GTA AAG CCG ATG TTG CGG	302	64
EBCM-R	CTT CCA CTG CGG CTG CCA GTT		
FOXM-F	AAC ATG GGG TAT CAG GGA GAT G	190	64
FOXM-R	CAA AGC GCG TAA CCG GAT TGG		

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