

# Molecular characterisation of *Pseudomonas* species isolated from diabetic patients with urinary tract infection (UTI) by AFLP.

Article ID: 0010

Kumar.P.P.B.S, Mahesh.M, Yogananda Murthy.V.N.

Azyme Biosciences Pvt. Ltd., Bengaluru, Karnataka, India. Ammani.K

Dept. of Botany and Microbiology, Acharya Nagarjuna University, Andra Pradesh, India.

Corresponding Author: <a href="mailto:yoga16@rediffmail.com">yoga16@rediffmail.com</a>

*Abstract:* Present work is a prospective study on UTI infected diabetic patients from Bangalore region, molecular character and antimicrobial susceptibility of *Pseudomonas* sp. infections. Among seventy seven samples, 10 % were identified as *Pseudomonas* sp. are isolated on C-TAB agar media and confirmed by morphological and biochemical tests. On testing antimicrobial activity by well diffusion methods, all organisms showed highest resistance to Ampicillin (77%) followed by amplified fragment length polymorphism. Dendrogram analysis of ten variables of *Pseudomonas* sp. by using different primer (E+CTT)(M+AAT) and (E+AAG) (M+GGC) gives total diversity among 10 accession showed within 5.4 units of genetic distance.

Key words: Diabetic, infection, antimicrobial, polymorphism, accession.

## I INTRODUCTION

Urinary tract infection represents one of the most common diseases encountered in medical practice today and occurring from the neonate to geriatric age group [1, 2]. Nearly 10 % of human population will experience a UTI during their lifetime [3]. Urinary tract infections are amongst the most common infections described in outpatients setting despite an increasing population of patients with chronic renal insufficiency [4, 5]. Literature on the management of UTI in patients is sparse. Patients with underlying diabetes are a specific population at risk [6, 7]. Urinary tract infections are very often encountered in patients with diabetes mellitus [8, 9]. UTI complications (bacteremia, renal abscesses and renal papillary necrosis) occur more often in diabetic patients, it is important to recognize UTIs in this patient group [10, 11]. Bacteriuria is more common in diabetic than in non-diabetic women because of a combination of host and local risk factors [12].

Bacterial resistance to antimicrobial agents has been increasing over the last few years due to many factors, including overall increase in number of antibiotic prescriptions. Urinary tract infections were the second in frequency to respiratory tract infections [13]. Different investigators reported the prevalence of Escherichia coli in urinary tract infections of 70-90 % [14, 15]. Pseudomonas aeruginosa colonization reportedly occurs in more than 50 % of humans and is the most common *pseudomonas* species [16]. Number of organism found in urinary tract infection was Klebsiella pneumonia, Proteus mirabilis, Proteus morganii Staphylococcus aureus and Streptococcus faecalis. Other Gram-negative

## © IJPMN, Volume 1, Issue 1, December-2014



bacteria responsible for the infection were Pseudomonas, Enterobacter sp., Proteus, Serratia sp. [17]. DNA fingerprinting techniques such as restriction fragment length polymorphism (RFLP) and random primer polymorphism amplification detection (RAPD) have been described as powerful molecular typing methods for microorganisms [18]. One of the newest and most promising methods is amplified-fragment length polymorphism (AFLP) analysis. AFLP overcomes many of the problems of RFLP and RAPD. AFLP has been used to establish genetic linkage maps and to localize disease resistant genes [19]. AFLP technique is a new high-resolution genotypic tool for classification and also emphasize that, this powerful DNA fingerprinting method is important for bacterial taxonomy in general [20]. Several typing methods have been used effectively for epidemiological studies of P. aeruginosa infection including macro restriction analysis resolved by pulsed-field gel electrophoresis (PFGE) and amplified fragment length polymorphism (AFLP). Molecular studies were performed to study the clonal transmission and determine the antibiotic resistance mechanisms that could explain this pan resistance [21].

There is not much of the work has been done on *pseudomonas sp.* isolated from UTI, for this reason made small attempt to find the variation by using AFLP. In present study to identify pseudomonas sp. responsible for causing Urinary tract infection and determine the antimicrobial susceptibility of the organisms against the following (Ampicillin, Tetracycline, Gentamycin and Ciprofloxacin) and the diversity among the organisms using markers.

## II MATERIAL AND METHODS

## Isolation of organism

77 urine samples were collected randomly from patients of the Diabetic centers in Bangalore. Midstream urine samples were collected in sterile containers. Patients on antibiotic therapy were excluded from the study. Urine samples were inoculated on Cetrimide agar to isolate *pseudomonas sp.* Identification of isolates was done by colony morphology, gram staining and standard biochemical tests.

## Siderophore Detection

Using Kings B medium (pH 7), Chrome Azurels-S (CAS) 60.5 mg dissolved in 50 ml water and mixed with 10 ml of 1mm ferric chloride solution (1 mm Fecl<sub>3</sub>6H<sub>2</sub>0 in 10 mm HCL). Solution was slowly added to 72.9 mg of hexadecyl trimethyl ammonium bromide (HDTMA) dissolved in 40 ml water. (Dark blue solution autoclaved). Nutrient agar medium containing difco bacto agar was autoclaved. One volume of CAS solution was added to nine volume of the medium (molten agar) is whirled to mix without foaming and immediately poured into sterile petri plates. After agar solidified, another layer of top agar containing only the agar solution was poured over it and incubated at 37  $^{0}$ C for 24 hours. Change in colour is observed.

## Antibiotic susceptibility

Antibiotic susceptibility test was done by disc diffusion method using Muller-Hinton agar(pH 7.4) media. The media was poured into all sterile petri plates and allowed to solidify. 100  $\mu$ l cultures spread on the media by sterile spreader and one plate was taken as control (*E. coli*), disc was placed

## © IJPMN, Volume 1, Issue 1, December-2014



in the centre of agar surface in all the inoculated plates. They were incubated at 37 °C for 24 hrs. Calculation for percentage of anti-microbial activity is

Control (cm) – Sensitivity (cm) ------ X 100 Control (cm)

## Genomic DNA extraction from Bacteria

DNA extraction was carried out by SDS method. Ten colonies of Pseudomonas sp. was inoculated into 25 ml nutrient broth and incubated at 28±2 °C overnight. 5 ml of the overnight culture was transferred into a 10 ml eppendorf tube and centrifuge for 10 min at 6000 rpm. Bacterial cells were collected by discarding the supernatant and resuspended in 6 ml lesion buffer (25 mM Tris-HCL, pH 7.4, 10 mM EDTA and 1 % SDS), mix well by vertex and incubate for 45 min in water bath at 65 °C. Allow to cool for room temperature and then add 3 ml of (5m) sodium acetate incubate at 4 °C for 10 min. Centrifuge at 10000 rpm for 10 min. Take supernatant and add double volume of ice cold ethanol, keep it for 1/2 hr at 4 °C for 10 min, then take the pellet dry, dissolve it in 25 µl TE buffer. Quantity and quality was determined by electrophoresis spectrophotometric and gel analysis.

## Molecular Characterizations of organisms by AFLP

AFLP screening was performed using different primers (E+CTT) (M+AAT) and (E+AAG) (M+GGC). Reaction mixtures (10.2 µl) were prepared as follows: [Template DNA (Pre-amp dilution) 3 µl, EcoRI + N\*N\*N\*- 2 µl, Mse I + N\*N\*N\* 2 µl, 1 mM dNTP mix 2 µl, 10X Taq buffer 1 µl, IU Taq Poly (5 U/µl) 0.2 µl].

## Amplifications were performed in a CG 1-96 thermo cycler. Amplified samples run in Urease PAGE and visualize by silver staining.

### Data analysis

Results were analyzed using static software. In the statistical matrix, only 2 characteristics of the bands were used, 0 (no band present) and 1 (band present). Clustering was carried out in Statistica 7.0 for Windows (Stat Soft Inc. USA) using algorithm "unweighted pair-group average linkage analysis". Distances between the clusters were performed using "Percent of disagreement".

## III RESULTS AND DISCUSSION

Out of 77 samples collected in this study and grew on cetrimide agar selective media to isolate Pseudomonas sp. from contaminated specimens, 10 % were confirmed as Pseudomonas sp. using different morphological and biochemical tests [22, 23]. Siderophore detection was done by using CAS method and colour changes were observed after 48 hr. Relationship between siderophore production and bacterial growth rates has led to belief that, siderophore production enhances bacterial virulence [24, 25]. All 10 organisms were highly resistant to ampicillin (77 %), ciprofloxacin (10-15 %), tetracycline (20-25 %) and Gentamycin (Table.1), but *Pseudomonas aeruginosa* is naturally resistant to  $\beta$ -lactams, including broad-spectrum of cephalosporins, chloramphenicol, quinolones and tetracyclines, mainly because of very low permeability of their cell wall [26].

On the contrary, range of sensitivity of *pseudomonas aeruginosa* to ciprofloxacin was to found be 85-96 % and 65-70 % for tetracycline [27]. Sensitivity of *P. aeruginosa* to ciprofloxacin

47

## © IJPMN, Volume 1, Issue 1, December-2014



in our isolates was 80.4 %, compared to 73.2 % in Latin America [28] and 10 %-32 % in Europe [29].

Isolates	Age/Gender	Tetracycline	Gentamycin	Ampicillin	Ciprofloxacin
E1	29/M	23.53%	25%	80.77%	6%
E2	31/F	5.89%	18.75%	57.70%	4%
E3	37/F	26.48%	12.5%	61.54%	10%
E4	47/F	32.36%	32.5%	65.39%	8%
ES	27/F	23.53%	31.25%	65.39%	2%
E6	65/M	11.77%	18.75%	84.62%	16%
E7	60/M	32.36%	25%	80.77%	20%
E8	43/F	26.48%	37.5%	88.47%	16%
E9	47/M	29.46%	37.5%	80.77%	6%
E10	49/F	14.7%	43.75%	73.08%	20%
	Ta	ble.1. Sensitivity	percentage again	st different antibi	iotics

*P. aeruginosa* isolates were susceptible to the fluoroquinolones. Resistance has now developed with 10 % strains being resistant to ciprofloxacin. A similar level of resistance has also been recorded in other areas of the world including USA [30, 31]. Ciprofloxacin and gentamicin were both weakly effective against these resistant isolates like *Klebsiella pneumonia* (36 %) and *Pseudomonas aeruginosa* (24 %). Graft survival at 2 years was similar in UTI (87.2 %) and control group (81.2 %,

## © IJPMN, Volume 1, Issue 1, December-2014

p = 0.32) [32, 33]. Selection of antibiotics based on the above references showing comparatively more resistance for the ciprofloxacin.



Fig.1. Amplification of DNA using primer (E+CTT) (M+AAT)



Fig.2. Amplification of DNA using primer (E+AAG) (M+GGC)

## Genetic diversity

A total of 61 bands were amplified from two primers combinations, out of that 15 % were monomorphic and 26 % on average polymorphic (Fig.1 and 2). Genetic relationship among all AFLP patterns of *Pseudomonas sp.* according to dendogram (Fig. 3) analysis of 10 variables of *Pseudomonas sp.* by unweighted pair group



average, Euclidean distances by using both the primers (E+CTT) (M+AAT) and (E+AAG) (M+GGC), total linkage distance among 10 variables within 5.4 units. 10 organisms can be classified into two groups like group I and group II. Group I having only PAU 1 and group II having PAU 2, PAU 3, PAU 4, PAU 5, PAU 6, PAU 7, PAU 8, PAU 9 and PAU 10. Lowest linkage distance is showing PAU 2 and PAU 3 within 4.2 units. For a wide range of taxa, including plants, fungi and bacteria, AFLP markers have been used to uncover cryptic genetic variation of strains or closely related species, that have been impossible to resolve with morphological or other molecular systematic characters. Therefore, AFLP have broad taxonomic applicability and have been used effectively in a variety of taxa including bacteria [34] and fungi [35].



Fig.3. Dendrogram of 10 variables

In view of the results in the present study, complex AFLP patterns were obtained using two different primers pairs and genomic similarity analyses derived from qualitative data enabled us to identify 10 isolates of *pseudomonas sp.* whose taxa had been uncertain based on morphological criteria.

## © IJPMN, Volume 1, Issue 1, December-2014

We have demonstrated that, AFLP markers useful in the study of genetic variation of *pseudomonas sp.* Using two primer combinations with EcoR1 (E)+1 and MseI (M)+1 at the 3' end of the primer of 10 isolates, a total of 61 bands were amplified.

### REFERENCES

- [1] Blears, MJ, De Grandis, AS, Lee, H and Trevors, JT. Amplified fragment length polymorphism (AFLP): review of the procedure and its applications. *J. Ind. Microbiol. Biotechnol.*, 1999; 21: 99-114.
- [2] Vos, P, Hogers, R, Bleeker, M, Reijans, M, Van De Lee, T and Hornes, M. AFLP: a new concept for DNA fingerprinting. *Nucleic Acids Res.*, 1995; 23: 4407-4414.
- [3] Vincet, T and Andriol. Urinary tract infection: Recent developments. J. Infect. Dis., 1987; 156(6): 865-868.
- [4] Swaminathan, B and Ghassan, MM. Molecular typing methods. Definition, applications and advantages. In: Diagnostic Molecular Microbiology: Principles and Applications. Ed. by Persing, DH, Smith TF, Tenover FC and White, TJ. Washington, DC: Rochester, Mayo Foundation 1993; pp: 26-50.
- [5] Stamm, WE and Hooton, TM. The management of urinary tract infection. N. Engl. J. Med., 1993; 329: 1328-1334.
- [6] Warren, JW, Abrutyn, E, Hebel, JR, Johnson, JR, Schaeffer, AJ and Stamm, WE. Guidelines for antimicrobial treatment of uncomplicated acute bacterial cystitis and acute pyelonephritis in women. *Clin. Infect. Dis.*, 1999; 29(4): 745-758.
- [7] Raju, CB and Tiwari, SC. Urinary tract infection-A suitable approach Lecture notes. J. Ind. Acad. Clin. Med., 2004; 2(4): 331-334.
- [8] Hoepelman, M. Urinary tract infection in patients with *diabetes mellitus*. *IJAA*., 1994; 4: 113-116.
- [9] Wheat, LJ. Infection and diabetes mellitus (Review). *Diabetes Care*, 1980; 3: 187-197.



[10] David, NG. Urinary Tract Infections in Patients with Chronic Renal Insufficiency. *Clin. J. Am. Soc. Nephrology*, 2006; 1: 327-331.

- [11] Kunin, CM. Urinary tract infections in females. *Clin. Infect. Dis.*, 1994; 18: 1-12.
- [12] Nicolle, LE, Muir, P, Harding, GK and Norris, M. Localization of urinary tract infection in elderly, institutionalized women with asymptomatic bacteriuria. J. Infect. Dis., 1988; 157(1): 65-70.
- [13] Forooqi, MK and Alam, M. Urinary tract infections. *JPMA*., 1989; 39(5): 129-131.
- [14] Cometta, A, Calandra, T, Billle, J and Glauser, MP. *Escherichia coli* resistant to fluoroquinolones in patients with cancer and neutropenia. *N. Engl. J. Med.*, 1994; 300: 1240-1241.
- [15] Javier, E, Francisco, A, Carmen, MP, Maria, DM Lopez-Perezagua and Concepcion A. Epidemiology of urinary tract infections caused By extended-spectrum beta-lactamase producing *Escherichia coli*. Urology, 2006; 68: 1169-1174.
- [16] Paul D. Brown and Anicetus Izundu. Antibiotic resistance in clinical isolates of *Pseudomonas aeruginosa* in Jamaica. *Pan. Am. J. Public Health*, 2004; 16(2): 125-130.
- [17] Boroumand, MA, Sam, L, Abbasi, SH, Salarifar, M, Kassaian, E and Forghani, S. Asymptomatic bacteriuria in type 2 Iranian diabetic women: a cross sectional study. *BMC Womens Health J.*, 2006; 23: 6-4.
- [18] Zabeau, M and Vos, P. Selective restriction fragment amplification: a general method for DNA fingerprinting. *European Patent Office*, 1993; 1: 534-858.
- [19] Thomas, CM, Vos, P, Zabeau, M, Jones, DA, Norcott, KA and Chadwick, BP. Identification of amplified restriction fragment polymorphism (AFLP) markers tightly linked to the tomato Cf-9 gene for resistance to *Cladosporium fulvum. The Plant J.*, 1995; 8: 785-794.
- [20] Huys, G, Coopman, R, Janssen, P and Kersters, K. High-resolution genotypic analysis of the genus Aeromonas by AFLP

fingerprinting. Int. J. Syst. Bacterio., 1996; 46(2): 572-580.

- [21] Deplano, A, Denis, O, Poirel, L, Hocquet, D, Nonhoff, C, Byl, B, Nordmann, P, Vincent, JL and Struelens, MJ. Molecular characterization of an epidemic clone of pan antibiotic resistant *Pseudomonas aeruginosa*. J. Clin. Microbiol., 2005; 43(3): 1198-1204.
- [22] Robin, T and Janda, JM. Enhanced recovery of *Pseudomonas aeruginosa* from diverse clinical specimens on a new selective agar. *Diag. Microbiol. Infect. Dis.*, 1984; 2: 207.
- [23] Scott, FW and Pitt, TL. Identification and characterization of transmissible *Pseudomonas aeruginosa* strains in cystic fibrosis patients in England and Wales. J. Med. Microbial., 2004; 53: 609-615.
- [24] Litwin, CM, Rayback, TW and Skinner, J. Role of catechol siderophore synthesis in *Vibrio vulnificus* virulence. *Infect Immun.*, 1996; 64: 2834-2838.
- [25] Meyer, JM, Neely, A, Stintzi, A, Georges, C and Holder, IA. Pyoverdin is essential for virulence of *Pseudomonas aeruginosa*. *Infect. Immunity*, 1996; 64(2): 518-523.
- [26] Tsering, DC, Das, S, Adhiakari, L, Pal, R and Singh, TSK. Extended spectrum betalactamase detection in gram-negative bacilli of nosocomial origin. *JGID*., 2009; 1(2): 87-92.
- [27] Jombo, GT, Jonah, P and Ayeni, JA. Multiple resistant Pseudomonas aeruginosa in contemporary medical practice: findings from urinary isolates at a Nigerian University Teaching Hospital. *Niger. J. Physiol. Sci.*, 2008; 23(1-2): 105-109.
- [28] Bouza, E, Perez-Molina, J and Munoz, P. Report of ESGNI-001 and ESGNI-002 studies. Bloodstream infections in Europe. *Clin. Microbiol. Infect.*, 1999; 5: 2S1-2S12.
- [29] Davey, PG, Bax, RP and Newey, J. Growth in the use of antibiotics in the community in England and Scotland in 1980-1993. *Br. Med. Journal*, 1996; 312-613.
- [30] Linda, LH and Freston, JW. Disease: Manifestations and Pathophysiology. In: *Remington Pharmaceutical Sciences*. 16<sup>th</sup> ed. Mack Publishing Company. Pennsylvania: 1980; pp: 615.

## © IJPMN, Volume 1, Issue 1, December-2014



- [31] Delanghe, J, Kouri, TT, Huber AR, Hannemann-pohl, K, Guder, A and Lun, WG. The role of automated urine particle flow cytometry in clinical practice. *Clin. Chim. Acta.*, 2000; 301: 1-18.
- [32] Linda P., Rosalind M and Julie, M. Staphylococcus saprophyticus as a urinary pathogen: a six year prospective survey. Br. Med. J., 1985; 291(6503): 1157-1159.
- [33] Spencer, RC. Nosocomial infection in the intensive care unit: a question of surveillance. *Intensive Care World.*, 1993; 10: 173-176.
- [34] Cepeda, PA, Balderramo, DC, De Arteaga, J, Douthat, WG and Massari, PU. Early urinary tract infection in kidney transplantation. Risk factors and impact on graft survival. *Centro Medico de Cordoba.*, 2005; 65(5): 409-414.
- [35] Majer, D, Lewis, BG and Mithen, R. Genetic variation among field isolates of *Pyrenopeziza* brassicae. Plant Pathol., 1998; 47: 22-28.