ACTIVITY ASSAY OF SOME PROBIOTICS EXTRACT AS ANTI-\textit{Pseudomonas aeruginosa} THAT ISOLATED FROM POSTOPERATIVE WOUND INFECTION IN ALNAJAF GOVERNORATE -IRAQ

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ABSTRACT

Background and objectives: Probiotics was redefined as “live microorganisms administered in adequate amount that confer a health profit on the human for that aim of this study were possibility of using probiotics extract with some supporting substances in antibacterial that resistant antibiotics.

Materials and methods: The methods of this study included isolated and identification of bacterial from postoperative wound infection of 50 women subjected to surgical birth process then selected the \textit{P. aeruginosa} isolates and scanning the sensitivity test of some cephalosporin type of antibiotics and determine the presence of blaOXA-1 gene, also the study had tested activity of two types of probiotics (\textit{Bacillus clausii} and \textit{Saccharomyces boulardii}) extract with some supporting substances (acetic acid and citric acid) as antibacterial.

Results: The results of identification of bacterial isolates showed that 22(44%) isolates that related to \textit{Pseudomonas aeruginosa}, 5(10%) isolates related to \textit{E. coli}, 10(20%) isolates related to \textit{Klivesella spp.}, 10(20%) isolates related to \textit{Staphylococcus aureus} and 3(6%) isolated related to \textit{Proton mirabilis}, and Overall, 22 isolates of \textit{P. aeruginosa} were analyzed by Kirby Bauer disk diffusion method and notice the resistance or sensitivity of cephalexin, cefotaxim and cefipime where the results confirmed 14 cephalosporin resistant isolates of \textit{Pseudomonas aeruginosa}. Also detect blaOXA-1 gene by genotypic test. Amplification of b-lactamase genes shows the presence of blaOXA-1 (at 427 bp line) on among (10/22) study isolates. The results of antibacterial activity showed that inhibition zone of probiotics extract only (14and 16)mm to \textit{S. bouldarii} and \textit{B. clausii} respectively but it showed synergism effect when supporting the \textit{S. bouldarii} and \textit{B. clausii} extract with acetic acid where (18 and 20.3)mm respectively while (19 and 23.5)mm with citric acid respectively with significantly increasing differences when subjecting the bacteria to cefim ,cetrazzone and cephalinx antibiotics so, the inhibition zones were (1.3, 10.3 and 0)mm respectively.

Conclusion: In light of the foregoing, we concluded the possibility of using probiotic extract with some supporting substances as an anti-bacterial \textit{Pseudomonas aeruginosa} isolated from surgical wound infection.

Keywords: Probiotics, postoperative infection, blaOXA-1, \textit{Bacillus clausii} and \textit{Saccharomyces boulardii}

INTRODUCTION

Postoperative injury disease or infection of surgical site is a significant cause for medical services related to infection in patients of surgical. Longer clinic stays of patients that create wound infection, extra costly hospitalizations, and expanded death (Kirkland et al.,1999). The advancement of wound infection relies upon the respectability and defensive in skin functions (Calvin,1998).

\textit{Pseudomonas aeruginosa} may be a principal reason behind infection that health care relationship, classification second among negative gram microbes as informed by the United States national nosocomial infection surveillance system. \textit{P. aeruginosa} donates well to morbidity and mortality by wound infection worldwide. Entering of microbes into blood stream, inflicting sepsis which may unfold to the skin and results in (ecthyma gangrenosum), a black lesion necrosis (Khan et al.,2008).Current ways to forestall wound infections concentrate on decreasing exposure of tissues to bacterium, improving tissue integrity and defenses, and administering antibiotics. But the prevalence of antibiotics resistant among bacterium were spread wide particularly by \textit{P. aeruginosa}. The resistance mechanism to \beta-lactam antibiotics of \textit{P. aeruginosa} can be credited to the gaining of \textit{bl}a\textit{OXA-1} gene as the \textit{bl}a\textit{OXA-1} frequently has been found in plasmid and integron locations in an exceedingly many types of negative gram microbes. The \textit{blaOXA-1} sequence has often been found to be related to genes that encoded extended-spectrum b-lactamases (ESBLs). OXA-1 b-lactamase, similar most OXAs, can hydrolyze amino and ureidopenicillins (piperacillin) considerably and narrow-spectrum cephalosporins decrpet hydrolyzing. Additionally, the hydrolyzing of \textit{blaOXA-1} gene was broad-spectrum cephalosporins, reduced sensitivity conferring to both cefepime and cefipime. Current studies have reportable terribly common relationship of \textit{blaOXA-1} with the worldwide-extent CTX-M-15 ESBL contributing factor establish among human \textit{E.coli} isolates from various environmental origins. This relationship of \textit{blaOXA-1} with \textit{blaCTXM} genes creates isolates resistant b-lactam-b-lactamase substance mixtures (Khan et al.,2008). Studies showed by our cluster over the five years ago has revealed increasing ESBL proportion (Poiret et al.,2011) with several co bearing of ESBL, Amp C and NDM enzymes. There aren't several Iraqi studies on \textit{blaOXA-1} gene, through there are some studies on \textit{blaOXA-1} gene at the side of association of ESBL (SHV, CTX-M and TEM) genes. For that reason, we have a tendency to tried to assess the occurrence of \textit{blaOXA-1} gene in our sets and detect an insilico approach that discovers the resistance mechanism by \textit{OXA1} b-lactamases.

In recent decades, researchers have turned to the utilization of alternatives to combat the development of microorganism resistance to antibiotics, an example of that is that the use of probiotics. The probiotics using to boost health of human has been planned for several years (Sanders,2000). Lately, the word probiotics was redefined as “live microorganisms administered in inadequate amount that confer a health profit on the human” (FAO/WHO, 2001). Probiotics will minimize the occurrence of sure infections and weaken symptoms of such infections. By exploitation probiotics the utilization of antibiotics is also reduced and therefore give to reduce or a postponement of the increase bacteria that multi antibiotics resistant. This increasing problem worldwide has the potential to bring on a harmful like scenario in newly healthcare. Furthermore, numerous researchers have earlier stated that antimicrobial activity of probiotic in vitro and in vivo is mostly credited to their capability to provide antimicrobial constituents. Current reports recommend that the antimicrobial activity of probiotics lactobacillus includes the assembly of compounds that secreted, corresponding to organic acid, hydrogen peroxide, moreover as varied antibiotics and/or bacteriocins (Vescovo et al.,1993).

The objective of our study was possibility of using probiotics extract with some supporting substances in antibacterial that resistant antibiotics.

MATERIAL AND METHODS

Bacterial Specimens Collection

Fifty specimens of surgical wounds infection were collected from women patients who visit the gynecology clinic after a surgical birth process and had wound inflammation despite taking cephalosporin antibiotics, in Al- Najaf province.

Preparing bacterial media

All media preparing according to precautions of companies.

Cultivation of Clinical Specimens

The samples were cultured on MacConkey and blood agar, incubated at 37°C for 24hrs.
Identification the isolates by Vitek-2 Compact (Bio Mérieux, France) technique

Along with the manufacturer’s recommendation suspension of bacteria was prepared. Collecting enough number of colonies after growth. The culture was transported and suspending in 3.0 ml of sterile saline in a 12 x 75 mm clear (polystyrene) test tube. Adjusting the turbidity with 0.5 McFarland. Turbidity meter called Densi-Chek was used for that.

Also in GN-ID with VITEK-2 compact system was applied same suspension. Lastly GN-ID cassette was overlaid to the vitek 2 chamber together with suspension tubes of specimen (Karagji et al., 2015).

Prevalence of blaOXA-1 gene in Pseudomonas aeruginosa isolates

One colony of bacteria isolate from a blood agar petridish was vaccinated into 5 ml of Nutrient broth media (BD, MD, USA) and incubated for 16–18 h at 37°C. 1.5 ml of the 24 hours cell cultures were harvested by centrifugation at 8000 rpm for 5 min. After removing the supernatant, the pellet re suspended in distilled water (500 ml). Then cells was destroyed by heating at 95°C (10 min), and debris of cells was withdrawn by centrifugation at 8000 rpm for 5 min. (2 ml) of supernatant was used as the source of DNA template for amplification. PCR was achieved with an ending volume of 25 ml in 0.2 ml thin-walled tubes. The sequencing primer were as follows: blaOXA-1 forward, 5′-TTTCTGGTTTGGGTGTTTT-3′; blaOXA-1 reverse, 5′-TTTTCTGTTGTTTGGGTTTT-3′; blaOXA1 forward, 5′-TTTTCTGTTGTTTGGGTTTT-3′. The sequences were the same reaction conditions: denaturation step at 95°C for 30 s, primer annealing at 55°C for 30 s and extension 72°C for 1 min. The PCR program was performed on the thermocycler (Bert, England) 4kbp DNA ladder (Promega, USA) was used. The PCR program was performed on the thermocycler (Bert, England) 4kbp DNA ladder (Promega, USA) was used.

Probiotics sample

Bacillus clausii and Saccharomyces boulardii probiotics was gained from local pharmacy in Al-Najaf province. Both probiotics were cultivated brain heart infusion broth (DifcoLaboratory, Detroit, MI) or on MH agar for 24 to 72 hours at 30°C.

Extraction of probiotics extracellular substances

Both probiotics were cultivated in 400 ml of brain heart infusion broth for 48 h at 37°C. Growth media was filtered by 0.2 mm nanog filter membrane then concentrated at 40°C, then using the 200 μg/ml concentration at antagonistic study.

Preparation some supporting substances

Acetic acid and citric acid (GCC, England) (1%, 2%) respectively were prepared for adding to final concentration of each probiotics extracts.

Table 1. Distribution of pathogenic bacteria in postoperative wound infection

| Pathogenic bacteria | Pseudomonas aeruginosa | E. coli | Klebsiella spp | Staphylococcus aureus | Proteus mirabilis |
|---------------------|------------------------|---------|---------------|----------------------|------------------|
| 50                  | 22(44%)                | 5(10%)  | 10(20%)       | 10(20%)              | 5(10%)           |
| Antibiotics susceptibility

Overall, 22 isolates of P. aeruginosa were analysed by Kirby Bauer disk diffusion method and notice the resistance or sensitive to cephalexin, cefotaxim and cefepime (Note 2). The results of Antibiotics susceptibility lined with (Bonfiglio et al., 1998) who showed that multidrug resistance for about 8 to 11 antibiotics was detected among 1992% of the bacterial isolates and the results of disk diffusion showed 100% resistance to ampicillin, cefoperazone, cefuroxymycin, norfloxacin, and only cefotaxime, ciprofloxacin presented better action against Pseudomonas aeruginosa.

The causes of these results may be related to the fact that the bacterial isolated from clinical specimens have been exposed to the selective activities of both disinfectants and antibiotics (Marsiglia et al., 2007).

The inherent resistance mechanism of P. aeruginosa is one of the important challenges in management infections of this bacteria, that referred to as intrinsic resistance. Its multiplicity of resistance mechanisms may decrease this bacteria fewer amenable to regulator by antibiotic cycling. P. aeruginosa is distinguished for its metabolic flexibility and its exceptional capacity to colonize a wide host range, and to survive environmental stresses.
variation of environments and also for its intrinsic resistance to a widespread variety of antimicrobial agents. (Bonfiglio et al., 1998)

| Antibiotic   | Isolate number |
|--------------|----------------|
| cephalexin   | R R R R R R R R R R R R R R S R R R R R R S S | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 |
| cefotriaxone | R R S S R R R R R R R R S R R S R R S S S S |            |
| cefipime     | R R R S R R S R R S R R S R R S R S R S S S |            |
| R-resistant  | S-sensitive   |            |

Molecular investigation of the presence of a beta-lactam resistance gene:

Phenotypically confirmed 14 cephalosporin resistant isolates of Pseudomonas aeruginosa are used to detect blaOXA-1 gene by genotypic test. Amplification of b-lactamase genes shows the presence of blaOXA-1 (at 427 bp line) on among (10/22) study isolates (Figure 1).

Figure 1 Agarose gel analysis of PCR profile obtained on Amplification with primers blaOXA-1 forward and blaOXA-1 reverse, specific for P. aeruginosa. Lane(1 and 10): P. aeruginosa,(1,10) lane amplification of blaOXA-1 gene, lane (L) DNA Ladder 100–4kb. (2% Agarose gel, 80 volts for 1 hour).

Antimicrobial activity assay

This assay included tested S.boulardii and B.clausii extracts and supporting them with acetic and citric acid on Pseudomonas aeruginosa isolates then comparing it with three types of cephalosporin antibiotics. The results showed that inhibition zone of probiotics extract only (14and 16)mm to S.boulardii and B.clausii respectively but it showed synergism effect when supporting the S.boulardii and B.clausii extract with acetic acid where (18 and 20.3)mm respectively while (19 and 23.5)mm with citric acid respectively with significantly increasing differences when subjecting the bacteria to cefime ,ceftaxone and cephaxin antibiotics the inhibition zones were(1,3,10.3 and 0)mm respectively (Table3). Antimicrobial activity assay of interpreted by the probiotics may interfere with microbe attack by decreasing or repressing microorganism adherence, carrying antimicrobials, or toxin interfering (Marseglia et al., 2007). For sure, a few microbes, for example, C. difficile, B.cereus, Vibrio cholerae and Escherichia coli, may produce toxins that are involved in virulence of bacteria. Proteins secreted and delivered within environment may mediate some of the positive effects observed in probiotics (Imperial & Ibaña, 2016).

Numerous investigations mentioned that Cell lystate of yeast demonstrated preferred antimicrobial action over entire cell and supernatant of culture. Once more, the isolate demonstrated better antibacterial action against gram negative than gram positive bacteria. Culture supernatant demonstrated minimum antibacterial action showing that the antibacterial compounds are cell bound but not extracellular secretions. (Rajkovska & Kunicka, 2012). Probiotic reports yeast strains (belonging to S. cerevisiae and S. boulardii) which demonstrated inhibition effect against pathogen that infected human, for example, Listeria monocytogenes, Salmonella typhimurium, Pseudomonas aeruginosa, Escherichia coli and Enterococcus faecalis (Roostita et al., 2011). B.clausii probiotic strains which have Functional were exhibited that B. clausii discharges an antimicrobial substances active against C. difficile. Afterward, they purified and described, from culture supernatant, abacteriocin , the clausin (Marseglia et al., 2007), that represses C.difficile resist conceivable valuable MICs (0.5 to 1 g/ml).

The resistant of spores to diverse types of antibiotics and antibiotics production or enzymes were secreted inside the canal intestinal environment, particularly peptide antibiotics, which are mostly active on gram positive bacteria, but also enzymes that show lytic activity against P. aeruginosa. The B. clausii has established to be extremely resistant to gastric acidity and most antibiotics (Marseglia et al., 2007). Also the studies can be concluded that the use of probiotics can be a solution to the antibiotic resistance problem to pathogens and can be compared with (Imperial & Ibaña, 2016).

Increasing the resistance of P. aeruginosa against β-lactamase inhibitor antibiotics may be related to extreme β-lactamase construction and or activity of efflux mechanism may also add to the full expression of β-lactamase resistance in P. aeruginosa (Hoiby et al., 2010).

Table 3 Susceptibility test of some probiotics with some supporting substances against Pseudomonas aeruginosa comparing with some types of cephalosporin antibiotics.

| Treatments               | Inhibition zones±sd |
|--------------------------|---------------------|
| S.boulardii              | 14±3.6              |
| B.clausii                | 16±2.6              |
| AA+S.boulardii           | 18±6.5              |
| CA +s.boulardii          | 19±6.08             |
| AA+B.clausii             | 20.3±1.5            |
| CA+B.clausii             | 23.5±0.8            |
| cefibem                  | 1±3.2±3             |
| ceftriazone              | 10±2.08             |
| cefalexin                | 0±0                 |

CONCLUSION

The current study indicated that there are several types of bacteria that cause postoperative wound infection, important one was Pseudomonas aeruginosa which cannot be treated with classic antibiotics because they have developed many types of resistance. It is better to resort to alternative treatment methods, including the use of probiotics. So, we concluded the possibility of using probiotic extract with some supported substances as an anti-bacterial Pseudomonas aeruginosa isolated from surgical wound infection.

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