Comparison and Detection of biofilms layers in Staphylococcus aureus and Escherichia coli Isolated from Clinical Specimens

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Abstract

Biofilms are the community that probably represents the mode of growth for microbes in most environments. Biofilms are typically surrounded by an extracellular matrix that provides structure and protection to the community. The mechanisms that different bacteria employ to form biofilms vary, frequently depending on environmental conditions and specific strain attributes. Biofilm formation begins with attachment of bacteria to biotic surface such as host cell. After attachment, aggregation of bacteria is started by cell-cell adhesion. Dispersion is started by certain conditions such as phenol-soluble modulinos. For studying and comparing the different layers of biofilm formation in our model organism like Staphylococcus and Escherichia we used slide detection technique and the extent of biofilm formation is measured using the crystal violet (CV) dye. Using these bacteria as examples, we compared the key sizes of 3 layers of the biofilms as well as effect of antibiotics on these layers.

Keywords: Biofilm; Staphylococcus aureus; Escherichia coli

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Introduction

Biofilm is a microbial community which is embedded in extracellular matrix channel. They are unaffected by the defense mechanisms of phagocytosis and antibiotic treatment. The ability of a microorganism to develop biofilm is due to virulence factor which cause many chronic infections. They have emerged as multidrug resistant strains resulting in treatment failure. For better detection especially chronic infections, nowadays it is necessary to detect production of biofilm. Microtiter plate method, tube adherence method and Congo red stain method, are various methods of detection. Both gram positive and gram-negative bacteria have the ability to form biofilms. Bacteria which are commonly involved include E. faecalis, S. aureus, S. epidermidis, E. coli, K. pneumoniae, and P. aeruginosa. Our present study was undertaken with the aim to detect the structure of gram-positive and gram-negative bacterial
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Materials and Methods

For growing a biofilm firstly, we brought two slides and gently heated it over the Bunsen burner. We had grown a culture of the Staphylococcus aureus and Escherichia coli in a rich medium for 48 hours at 37°C. Meanwhile we gently submerged the slides in a small tub of water for washing. Then we used Gram method for staining biofilms. Then at the last step we observed it under the microscope (x100). We measured the layers in Scope Photo 3 times every layer and calculated its mean and error.

Results

After performing the above steps, we have obtained the following results. Biofilms consist of several layers and contain channels and chambers. This composition depends on strains. We established 4 layers in which the names of the layers were: Ist layer- Layer of new paricles, IInd layer- Layer of channels, IIIrd layer- Dark layer (matrix production), IV th layer- Layer of per sisters. Average size of Ist layer of S. aureus biofilm- 203,30±47.01 μm and for E. coli -261,51± 54.09 μm (p<0.05). Average size of IInd layer of S. aureus biofilm - 235.37 ± 93.49 μm and for E. coli - 163.85±87.97 μm (p>0.05). Average size of IIIrd layer of S. aureus biofilm - 531, 39±61.04 μm and for E. coli - 177,94 ± 31.96 μm (p<0.05). Average size of channel of S. aureus biofilm - 51,80±35.00 μm and for E. coli -12,30±8.02 μm (p>0.05).

Discussion

The first biofilm was discovered by Antony Von Leeuwenhoek in 17th century when he saw his microbial aggregates of his plaques of teeth. Then the term “Biofilm” was coined by Bill Costerton in 1978. There are various methods to detect biofilm production like Tissue Culture Plate (TCP), Tube method (TM), Congo Red Agar method (CRA), bioluminescent assay, piezoelectric sensors, and fluorescent microscopic examination. By our opinion S. aureus needs more matrix production than E. coli and use this mechanism as protection from antibiotic action. S. aureus can produce a multilayered biofilm embedded within glycocalyx and so it is antimicrobial resistant. The ability of Staphylococcus aureus to produce a biofilm is an important factor for long term persistence bacteria and also can decrease the efficacy of antibiotic therapy. It can also be identified by the presence of genes participating in the biofilm activity. Sauers has a largest IIIrd layer while the E. coli has largest Ist layer when we compared the layers of the biofilms [1-23].

Conclusions

From these results, it can be concluded that Ist and IIInd layer of both the biofilms are of same size but the IIIrd layer is about 5 times bigger in the S. aureus as compared to E. coli. Biofilm contains a layer but different microorganisms have same structure of layer and we have found
that the size of S. aureus have bigger third layer than E. coli.

References

1. Dall’ Antonia M, Wilks M. 2005. between methicillin sensitive and resistant Staphylococcus aureus. 61: 62-67. Ref.: https://bit.ly/2HoLEp1
2. Reba Kanungo. Ananthanarayan and Paniker textbook of Microbiology (10th edition). 2017. Hyderabad: Universities Press Pvt. Limited. 201-208,280-282. Ref.: https://bit.ly/37xN7nr
3. Guilar B, Iturralde M. 2001. Binding of a surface protein of Staphylococcus aureus to cultured ovine mammary gland epithelial cells. Vet Microbiol. 82: 165-175. Ref.: https://bit.ly/2Sra8nZ
4. Cramton SE, Ulrich M, Gotz F, et al. 2001. Anaerobic conditions induce expression of polysaccharide intercellular adhesin in Staphylococcus aureus and Staphylococcus epidermidis. Infect Immun. 69: 4079-4085. Ref.: https://bit.ly/3bF41nx
5. Donlan RM, Costerton JW. 2002. Biofilms: survival mechanisms of clinically relevant microorganisms. Clin Microbiol Rev.15: 167-193. Re.: https://bit.ly/38v2r5Q
6. Holden MT, Feil EJ, Lindsay JA, et al. 2004. Complete genomes of two clinical Staphylococcus aureus strains: evidence for the rapid evolution of virulence and drug resistance. Proc Natl Acad Sci USA. 101: 9786-9791. Ref.: https://bit.ly/3bDIR9f
7. Joyce JG, Abeygunawardana C, Xu Q, et al. 2003. Isolation, structural characterization and immunological evaluation of a high-molecular-weight exopolysaccharide from Staphylococcus aureus. Carbohydr Res. 338: 903-922. Ref.: https://bit.ly/38uTgJU
8. Karen Smith, Ana Perez, Gordon Ramage, et al. 2008. Biofilm formation by Scottish clinical isolates of Staphylococcus aureus. Journal of Medical Microbiology. 57: 1018-1023. Ref.: https://bit.ly/37v0ULN
9. Indrawattana N, Sungkhachat O, Soorakun N, et al. 2013. Staphylococcus aureus Clinical Isolates: Antibiotic Susceptibility, Molecular Characteristics, and Ability to Form Biofilm. Bio Med Research International. 1-11. Ref.: https://bit.ly/38wcfIt
10. Michael Otto. 2008. Staphyloccocal Biofilms. Curr Top Microbiol Immunol, 322: 207-228. Ref.: https://bit.ly/3bIZEOQ
11. Chinithung Ngullie, Ashma Khatun, Varsha A, et al. 2017. Detection of Biofilm Formation in Multi-Drug Resistant Staphylococcus aureus from Rural Tertiary Care Hospital in North India.Int. J. Curr. Microbiol. App. Sci. 6: 522-526. Ref.: https://bit.ly/2uDe5jo
12. Jamal M, Ahmad W, Andleeb S, et al. 2018. Bacterial biofilm and associated infections. J. Chin. Med. Assoc. 81: 7-11. Ref.: https://www.ncbi.nlm.nih.gov/pubmed/29042186
13. Giannelli M, Landini G, Materassi F, et al. 2017. Effects of photodynamic laser and violet-blue led irradiation on Staphylococcus aureus biofilm and Escherichia coli lipopolysaccharide attached to moderately rough titanium surface: in vitro study. Lasers Med. Sci. 32: 857-864. Ref.: https://bit.ly/3bEzK7M
14. Vollmerhausen TL, Conneely A, Bennett C, et al. 2017. Visible and UVA light as a potential means of preventing Escherichia coli biofilm formation in urine and on materials used in urethral catheters. J. Photochem. Photobiol.170: 295-303. Ref.: https://bit.ly/2HqovCG
15. Baselga R, Albizu I, De La Cruz M, et al. 1993. Phase variation of slime production in Staphylococcus aureus: implications in colonization and virulence. Infect Immun. 61: 4857-4862. Ref.: https://bit.ly/3bGrtAM
16. National Institutes of Health. 1999. SBIR/STTR Study and control of microbial biofilms (PA-99-084). Published April 21.
17. Livornese LL, Korzeniowski OM. 1992. Pathogenesis of infective endocarditis. In: Kaye, D, ed. Infective Endocarditis. 2nd ed. New York, NY: Raven Press. 19-35.
18. Bendouah Z, Barbeau J, Hamad WA, et al. 2006. Use of an in vitro assay for determination of biofilm-forming capacity of bacteria in chronic rhinosinusitis. Am J Rhinol. 20: 434-438. Ref.: https://bit.ly/2vDjuUs

19. Muenks CE, Hogan PG, Wang JW, et al. 2016. Diversity of Staphylococcus aureus strains colonizing various niches of the human body. J Inf Secur. 72: 698-705. Ref.: https://bit.ly/31Yp2Fb

20. Tuchscherr L, Heitmann V, Hussain M, et al. 2010. Staphylococcus aureus small-colony variants are adapted phenotypes for intracellular persistence. J Infect Dis. 202: 1031-1040. Ref.: https://bit.ly/2UTnOd9

21. Molina JM, Cordoba J, Ramirez P, et al. 2008. Automatic detection of bacterial and fungal infections in blood. Enferm Infecc Microbiol Clin. 26: 75-80. Ref.: https://bit.ly/2UVjxFY

22. Pilecky M, Schildberger A, Orth-Höller D, et al. 2019. Pathogen enrichment from human whole blood for the diagnosis of bloodstream infection: prospects and limitations. Diagn Microbiol Infect Dis. 94: 7-14. Ref.: https://bit.ly/2tYdrcM

23. Sarkar P, Yarlagadda V, Ghosh C, et al. 2017. A review on cell wall synthesis inhibitors with an emphasis on glycopeptide antibiotics. Medchemcomm. 8: 516-533. Ref.: https://rsc.li/2StXMeM