Acquired and Native Resistance of *Staphylococcus aureus* to Cephalaxin and Other β-Lactam Antibiotics

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*Staphylococcus aureus* cells that are initially susceptible to cephalaxin can be induced to acquire intrinsic resistance to cephalaxin in comparatively few steps. Concurrently, resistance to cephalothin, oxacillin, and dicloxacinillin increases. By population analysis, there is heteroresistance to cephalaxin in some strains of *S. aureus*. Heterogeneity in colonial morphology on prolonged incubation in the presence of subinhibitory concentrations of cephalaxin may constitute an expression of such heteroresistance.

Some strains of *Staphylococcus aureus* are resistant to the penicillins and cephalosporins by mechanisms that are independent of β-lactamase inactivation of these antibiotics; such strains are of increasing clinical importance (1). Intrinsic resistance may be acquired by a multistep increase in resistance in the course of serial transfer on culture media containing progressively greater concentrations of a penicillin (3). In addition, intrinsic resistance can be a property possessed by some strains never known to have been exposed to a penicillin or a cephalosporin. Such native intrinsic resistance is often termed "methicillin" resistance (7, 9).

In earlier work (5), we reported that cephalaxin, the newest of the semisynthetic cephalosporins, was active at therapeutic concentrations against only 6 of 70 strains of *S. aureus* with intrinsic "methicillin" resistance. Since cephalaxin is less active against *S. aureus* than other β-lactam antibiotics (4, 5, 12), it seemed reasonable to suppose that initially susceptible strains might acquire resistance to it in a multistep pattern. In this report, we document the step-wise development in vitro of acquired intrinsic resistance by *S. aureus* to cephalaxin, concomitant with cross-resistance to other cephalosporins and penicillins.

**MATERIALS AND METHODS**

**S. aureus**. Seven of the eight strains of *S. aureus* that were studied were recent clinical isolates. The special properties of these strains are given in Table 1.

**Culture medium.** Commercial formulations of Brain Heart Infusion (Bioquest Laboratories, Baltimore, Md.) as broth and as agar were used.

**Antimicrobial agents.** Cephalaxin and cephalothin were supplied by Eli Lilly & Co.; oxacillin and dicloxacinillin were supplied by Bristol Laboratories.

**Susceptibility testing.** Using a simplified modification of the Steers replicator (11), the minimal inhibitory concentrations (MIC) of original strains and variants that were developed were determined by using an agar-dilution technique. Overnight cultures in broth were diluted in sterile 0.9% NaCl solution to provide inocula of 3 × 10⁸ to 6 × 10⁸ bacteria at each point on the agar plate. The test plates were examined for growth after 24 hr and again after 48 hr of incubation at 37 C. In some experiments, testing was done with inocula of 10 to 50 viable units per ml. The susceptibility of several single-colony isolates was examined by using the replica plate technique of Lederberg and Lederberg (10).

**Population analyses.** Disaggregation of 24-hr broth cultures (by brief, controlled exposure to 20-kc sound) was followed by serial dilution (0.9% NaCl) and surface inoculation of agar petri plates containing 0 to 512 µg of either cephalaxin, cephalothin, oxacillin, or dicloxacinillin per ml. Colony counts after 48 and after 72 hr of incubation at 37 C allowed calculation of the per cent of viable units resistant to each concentration of antimicrobial agent. A single colony from the plate containing the highest concentration of cephalaxin at which there was growth was picked to inoculate a tube of broth; population analysis was then repeated as described.

**Development of resistant strains.** Development of resistance was attempted by both a disc method (8) and by serial transfer in broth. Single colonies growing within the zone of inhibition about a disc containing 30 µg of cephalaxin were subcultured in broth prep-
Table 1. Eight strains of S. aureus were used for study of acquisition of intrinsic resistance to cephalixin and other β-lactam antibiotics

| Isolate | Susceptible to Penicillin G | Penicillinase production |
|---------|-----------------------------|--------------------------|
| Pr      | +                           | 0                        |
| Ps      | +                           | 0                        |
| Ps 80   | +                           | 0                        |
| 545     | +                           | 0                        |
| 611     | +                           | +                        |
| 548     | +                           | +                        |
| E-208   | +                           | +                        |
| 49      | +                           | 0                        |

* Propagation strain for staphylococcal bacteriophage type 80.

Results

Strains 49 and E-208 (Fig. 1) were comprised of staphylococci with differing levels of resistance to cephalixin; i.e., they were heteroresistant to cephalixin. Heteroresistance was also present with oxacillin. The basic resistance (that concentration of an antimicrobial agent that can be tolerated by 20% of the cells of the bacterial strain under study) to cephalixin was higher than it was to oxacillin; however, the maximum resistance of a minority population of each strain was similar with cephalixin and oxacillin.

With the disc method, acquired intrinsic resistance was successfully induced in three strains (Table 2). Only three single-colony isolations of strain 545 were necessary to yield a variant exhibiting complete resistance by the disc test. The MIC of cephalixin increased eightfold from parent to third-step variant. With strain 611, eight exposures to cephalixin were required to obtain a variant that was not inhibited by the 30-µg disc. With the Pr strain, 11 exposures were necessary. According to replica plate MIC testing, there was simultaneous increase in resistance to cephalothin, oxacillin, and dicloxacillin. Strain Ps failed to acquire intrinsic resistance by the disc-agar diffusion method.

Serial transfer in broth (Table 3) yielded a markedly resistant variant from strain Ps after 12 transfers. Eight, seven, and five transfers were necessary with strains 545, 611, and Ps, respectively. Again, there was concomitant acquisition of intrinsic resistance to cephalothin, oxacillin, and dicloxacillin.

Resistant variants were disclosed in the course of population analyses. In Fig. 2, the number of
survivors is plotted against the concentration of cephalexin for parent strains Ps 80 and 545 and three strains developed from each parent strain. Only three to four selections were necessary with both strains to obtain highly resistant variants.

To obtain more accuracy in population studies and to eliminate the possible influence of penicillinase on the results, strain Ps was used for further analyses. In Fig. 3, the numbers of surviving staphylococci are related to the concentrations of cephalexin for the parent strain Ps and two resistant variants derived from Ps. Arrows mark the concentrations at which the variants were selected. Note that the buildup of resistance accelerated with each selection step. After only three steps, a highly resistant variant was isolated.

A remarkable heterogeneity of colony morphology resulted when sonically disaggregated strain Ps was incubated at 37°C for 48 hr on agar containing 0.5 to 4.0 μg of cephalexin per ml. The colonies differed in size and there was a high degree of irregularity (Fig. 4, 5). The large colonies were often composed of a flat, translucent zone and a denser, yellow part (Fig. 4). Protru-

### Table 3. Induction of intrinsic resistance to cephalexin in three strains of S. aureus by serial transfer in broth

| Strain/passage | Minimal inhibitory concn (μg per ml) | Cephalin | Cephalothin | Oxacillin | Dicloxacillin |
|----------------|-------------------------------------|---------|-------------|-----------|--------------|
| 545/0          | 8                                   | 0.5     | 0.5         | 0.25      |              |
| 545/4          | 64                                  | 2       | 2           | 1         |              |
| 545/9          | 512                                 | 32      | 32          | 32        |              |
| 611/0          | 4                                   | 0.25    | 0.25        | 0.125     |              |
| 611/3          | 64                                  | 2       | 2           | 1         |              |
| 611/9          | 512                                 | 16      | 16          | 8         |              |
| Ps/0           | 2                                   | 0.125   | 0.125       | 0.125     |              |
| Ps/4           | 128                                 | 2       | 2           | 0.5       |              |
| Ps/12          | 512                                 | 32      | 32          | 32        |              |

* There was a concomitant increase in resistance to cephalexin,
sions frequently marred the circumference of the large colonies (Fig. 5). The small colonies often contained daughter colonies that differed in density and color. Similar daughter colonies were also observed within the large colonies. These peculiarities of colonial morphology were not evident after 12 hr of incubation.

Differences in susceptibility to cephalixin were found when various portions of the irregular colonies were compared with colonies grown on agar free from cephalixin (Table 4). For testing of susceptibility, portions of colonies selected according to morphology were inoculated into broth, incubated overnight, and then diluted to provide inocula of 10 to 50 viable units. Fifty-five colonies from antibiotic-free agar exhibited uniform susceptibility to 2.0 μg of cephalixin per ml. In addition, with the replica plate method (10), in which the inoculum is higher, 771 of 812 colonies yielded cells that were inhibited by 2.0 μg of cephalixin per ml; 41 were inhibited by 2.5 μg per ml. Regular, large colonies were more resistant than small colonies. Intracolony daughter colonies and protuberances were more resistant to cephalixin than the remainder of the colony. Similar, though less striking, results were obtained with first and second step variants.

**DISCUSSION**

In strains of *S. aureus* with native intrinsic resistance, at the same time the basic resistance to oxacillin was low, the basic resistance to cephalixin was high. For example, the basic resistance

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**FIG. 4.** Heterogeneity in colony morphology of *S. aureus* strain Ps after 48 hr of incubation in the presence of 1.2 μg of cephalixin per ml. × 100.

**FIG. 5.** Protuberant growth distorting the circumference of a large colony of *S. aureus* strain Ps after 48 hr of incubation in the presence of 1.5 μg of cephalixin per ml. × 100.
of strain 49 was 16 times higher for cephalixin than for oxacillin. These data not only substantiate the earlier observations of the comparatively low potency of cephalixin (4, 5, 12), but also define a characteristic profile of activity in relating degree of resistance to fraction of staphylococcal population.

Acquisition of intrinsic resistance to cephalixin was readily achieved. The buildup of resistance followed a multistep pattern. However, unlike other β-lactam antibiotics, the steps were huge since as few as three yielded variants resistant to high concentrations of cephalixin.

It is possible that rapid, multistep acquisition of intrinsic resistance can be achieved during treatment of staphylococcal infections with cephalixin. However, should such variants arise, it may be that they would also be reduced in virulence after the fashion of variants with acquired intrinsic resistance to oxacillin (7).

Unquestionably, increased resistance to cephalixin is associated with increased resistance to cephalothin, oxacillin, and dicloxacillin. Yet, it cannot be said that complete cross-resistance exists; the term decreased susceptibility is preferable. It is possible that a stepwise increase in resistance results from independent mutations at genetic loci that direct the synthesis of target sites of the β-lactam antibiotics, affecting, with each step, a reduction in the affinity of antibiotic: target site. The isolation of variants with different degrees of resistance could be explained in this way, since mutations at different loci might result in different degrees of resistance. Only a genetic analysis can confirm or refute this hypothesis. Since cephalixin is a β-lactam antibiotic of low potency, it may be of particular utility to the study of the multistep pattern of development of resistance.

Colon size correlates with the observed differences in resistance. Thus, the more resistant cells are inhibited less and form large colonies; the less resistant cells are restrained in growth and form small colonies.

Heterogeneity in colonial morphology may reflect mutations occurring during growth, since young colonies were morphologically homogeneous. If, as colonies age, mutants with different degrees of resistance arise, their multiplication at the edge of a colony would result in a protuberance or an intracolony daughter if centrally located.

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