Prevalence of Carbapenem Resistant *Klebsiella* and *Proteus* Clinical Isolates: A Real Threat to the Egyptian Health Care System

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**A B S T R A C T**

The worldwide spread of carbapenem-resistant Enterobacteriaceae (CRE) has become a major challenge in healthcare settings. This study aimed to screen the susceptibility to imipenem and meropenem, among 49 *Klebsiella* and 7 *Proteus vulgaris* clinical isolates from Egypt. The combinations of carbapenems with ciprofloxacin, rifampicin, amikacin and colistin were tested against CRE. Attempts to cure plasmids mediating carbapenem resistance using menthol, as a natural curing agent, as well as to test its efficacy when combined with other antibiotics against CRE, were done. A comparison was done between phenotypic methods and polymerase chain reaction for the differentiation of carbapenemases. Among our isolates, 80.36% and 84.33% were resistant to imipenem and meropenem, respectively. The tested carbapenem/antibiotic combinations proved their efficacy against CRE. Menthol showed good curing rates (up to 100%) for carbapenem resistance plasmids. Also, in 71.43% of the studied cases, it improved the efficacy of the tested combinations. Polymerase chain reaction was more precise for the detection of carbapenemases. Among the tested isolates, *bla*\(_{NDM}\) and *bla*\(_{OXA-48-like}\) were the most prevalent carbapenemases. Our results demonstrated that carbapenem resistant *Klebsiella* and *Proteus vulgaris* clinical isolates have become a serious threat in Egypt. Combination therapy including menthol was the most appropriate for combating CRE.

**Keywords**

*Klebsiella*, *Proteus vulgaris*, Carbapenems, Menthol, Polymerase chain reaction, Phenotypic methods

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**Introduction**

The war against multidrug-resistant bacteria is very challenging and of a great concern worldwide. Media attention on antibiotic resistance has focused in the recent years on the Gram-positive cocci. However, the Gram-negative bacilli, especially Enterobacteriaceae, have begun to take the center stage clinically (Logan, 2012). Among the pathogens that are considered to be of particular concern are the carbapenem-resistant Enterobacteriaceae (CRE) (Kanj and Kanafani, 2011). Carbapenems act as mechanism-based inhibitors of the peptidase domain of PBPs. They possess a broad spectrum of activity against both Gram-positive and Gram-negative bacteria. Consequently, they are often used as “last-line agents” when infected patients are gravely ill (Papp-Wallace *et al*., 2011). In Enterobacteriaceae, resistance to
Carbapenems arises from two main mechanisms: (i) non-carbapenemase-mediated carbapenem resistance and, (ii) carbapenemase-mediated carbapenem resistance (Nordmann et al., 2012). The worldwide spread of CRE has become a major challenge (Yamamoto and Pop-Vicas, 2014). Unfortunately, the antibiotics available for clinicians for treating CRE infections are really very few. Among the “drugs of last resort”, for treating CRE infections, there are polymyxins, aminoglycosides, tigecycline and fosfomycin. Carbapenem therapy, mostly in combination regimens, might play a significant role, but, still, this role remains to be determined (Perez and Van Duin, 2013).

Among the most important members of the Enterobacteriaceae family are the Klebsiella spp. and the Proteus spp. Klebsiella is well known as a common cause of pneumonia (Podschun and Ullmann, 1998), bacteremia, septicemia and urinary tract infections (Jamil et al., 2014). Also, Proteus bacilli can result in various types of infections, including infections of the urinary tract and the respiratory tract (Rozalski et al., 1997).

The objectives of our study were: (i) the detection of the resistance to both carbapenems: imipenem (IPM) and meropenem (MEM) among different Klebsiella and Proteus vulgaris clinical isolates, in Egypt, (ii) studying the efficacy of different carbapenem/antibiotic combinations for the eradication of CRE, (iii) curing the plasmids mediating carbapenem resistance, from selected CRE isolates, using menthol as a natural curing agent, as well as testing its efficacy when used in combination with other antibiotics against CRE, (iv) differentiation of carbapenemases among selected isolates using three different phenotypic methods and (v) screening for genes encoding for carbapenemases among selected CRE isolates using the polymerase chain reaction (PCR).

Materials and Methods

Bacterial strains

Forty-nine Klebsiella and 7 P. vulgaris clinical isolates were collected from different specimens of Egyptian patients, from three different governorates in Egypt: Alexandria, Cairo and Al Beheira. They were identified by classical microscopical and biochemical methods (Bailey et al., 1986). Commonly used Klebsiella clinical isolates, in this study, were selected to be further identified to the species level by the Matrix-Assisted Laser Desorption/Ionization – Time of Flight (MALDI-TOF) mass spectrometry (De Carolis et al., 2014) using the MALDI Biotyper (Bruker Daltonik, USA).

Determination of the minimum inhibitory concentration (MIC) of the tested antibiotics among different clinical isolates

The MICs of both IPM and MEM were determined against all the isolates using the agar dilution technique (Barry, 1986). As a prerequisite for the checkerboard test and the time-kill assay, the MICs of IPM, MEM, ciprofloxacin (CIP), rifampicin (RA), colistin (COL), amikacin (AK) were determined against selected isolates using the broth dilution technique (Andrews, 2001).

The antimicrobial agents used in this study were purchased from community pharmacies in Alexandria: amikacin (as amikacin sulphate), Amikin® 500 mg (Smithkline Beecham, Egypt), ciprofloxacin (as lactate), Ciprofloxacin® 200 mg/100 mL (AMRIYA PHARM. IND.), colistin (as colistimethate sodium), Colomycin® 1 million IU (Forest Laboratories, UK), imipenem, Tienem® 500 mg (Merch Sharp and dohme B/V), meropenem, Meronem® 1g (Astrazenca, UK) and rifampicin, Rimactane® 300 mg (SANDOZ).
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Studying the efficacy of different carbapenem/antibiotic combinations for the eradication of CRE using the checkerboard technique (Krogstad and Moellering, 1986)

The tested antibiotic combinations were: IPM/RA, IPM/AK, IPM/CIP, IPM/COL, MEM/RA, MEM/AK, MEM/CIP and MEM/COL. The antibacterial activity of each combination was determined by calculating the Fractional Inhibitory Concentration (FIC) index, as described by Fernandez-Cuenca et al., (2003). FIC index value of < 0.5 indicated synergism, while an index value of >0.5 - 0.75 indicated moderate synergism. Additivity was indicated by FIC index value of >0.75 - < 2 and antagonism by an index value of > 2.

Curing of plasmids mediating carbapenem resistance, from selected CRE isolates, using menthol as a natural curing agent

At first, the MIC of menthol (BORG Pharmaceutical Ind., Egypt) was determined using the broth dilution method (Andrews, 2001). Then, the curing experiment was done using different concentrations of menthol (Kon and Rai, 2012; Sachan et al., 2013), as a natural curing agent. The tested menthol concentrations were: the concentration reported in the literature (Kon and Rai, 2012): 0.325 mg/ml, 2X this concentration (0.65 mg/ml) and 3X the same concentration (0.975 mg/ml). At each time ten mL aliquots of sterile Müller-Hinton broth containing the specified menthol concentration were aseptically distributed in sterile flasks and inoculated with 0.2 mL of overnight broth culture of the tested organism. The mixtures were shaken gently at 37°C for 24 hours at 250 rpm, then, diluted and spread over the surface of sterile nutrient agar plates. After overnight incubation at 37 °C, 200 representative colonies were aseptically picked up onto sterile nutrient agar plates as master plates, as well as two antibiotic plates (one containing ½ MIC of IPM and the other containing ½ MIC of MEM). The plates were incubated at 37°C for 24 hours, then, examined for the presence of the cured colonies. The curing rate (%) was calculated as follows:

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\text{Curing rate (\%) = } \frac{\text{No. of cured colonies}}{\text{Total no. of tested colonies}} \times 100
\]

The time-kill assay for the triple combinations of menthol, a carbapenem (IPM or MEM) and a third antibiotic against representative carbapenem resistant isolates (Krogstad and Moellering, 1986)

The antibiotic combinations tested were the same as those tested by the checkerboard technique, but after the addition of menthol. The antibiotic solutions were prepared to reach final concentrations equivalent to those which yielded the lowest FIC indices in the checkerboard experiment. A concentration of menthol equivalent to 0.975 mg/ml was tested (the concentration which achieved the best curing rates of carbapenem resistance plasmids). For each tested isolate, six test tubes were prepared. The first test tube received a single carbapanem (IPM or MEM), the second received the other antibiotic (RA, AK, CIP or COL). The third received menthol and the fourth received both the carbapenem (IPM or MEM) and one of the other tested antibiotics (RA, AK, CIP or COL).

The fifth test tube received the triple combination of one of the carbapenems (IPM or MEM) plus one of the other antibiotics (RA, AK, CIP or COL) plus menthol, while the sixth test tube received only sterile distilled water as a control. The final volume in all test tubes was 10 ml. The organism was diluted and added to each test tube to reach a
final count of approximately 10^6 CFU/ml. The results were presented as curves relating log number of survivors per mL against the killing time (at 3, 6 and 24 hours). The results were interpreted as described by Chambers and Sande (1996). Synergistic interaction was defined as ≥ 2 log_{10} decrease in survivors between the combination and the most active constituent. Additive effect was defined as < 1 log_{10} change (increase or decrease) in killing when comparing the combination with the most active single drug alone. Antagonism was described as > 2 log_{10} decrease in killing for the combination in comparison to the most active single drug alone. The combination was compared to the most active single drug alone at any point along the time-kill curve (3, 6, or 24 hours) (all time periods were evaluated).

**Determination of the effect of menthol on the ultrastructure of a selected Klebsiella isolate by examination using transmission electron microscopy (TEM)**

TEM was used to examine the effect of menthol on the ultrastructure of the cells of the *K. pneumoniae* isolate (K89), according to Kim et al., (2007), using the transmission electron microscope (JEOL, CX 100, Japan). The effect of menthol (in a concentration equivalent to 1/16 MIC) on the treated bacterial cells was compared with a control sample of untreated K89. The sample preparation and examination were carried out at the Electron Microscopy Unit, Faculty of Science, Alexandria University.

**Phenotypic methods for the differentiation of carbapenemases in carbapenem-resistant clinical isolates**

Three different phenotypic methods were carried out for the differentiation of carbapenemases among 37 selected CRE isolates, classified as follows: 35 *Klebsiella* and 2 *P. vulgaris* isolates. These three methods were:

**The inhibitor based method (Datta et al., 2012)**

Phenyl boronic acid (PBA), or ethylenediaminetetra acetic acid (EDTA) or both together with meropenem disc were used for the detection of KPC and MBL enzymes, respectively. The stock solution of PBA, in the concentration of 20 mg/mL, was prepared by dissolving PBA in dimethyl sulfoxide (DMSO). Twenty microliters (400 μg of PBA) from this solution were aseptically dispensed onto meropenem discs. The stock solution of EDTA was prepared by dissolving anhydrous disodium EDTA in distilled water at a concentration of 0.1 M. Ten microliters (292 μg of EDTA) from this solution were aseptically dispensed onto meropenem discs. The meropenem discs, with the added inhibitor(s), were dried and used within 60 min. On a Müller-Hinton agar plate inoculated with the test strain, four discs of meropenem were used. One disc of meropenem was without any inhibitor, one disc had PBA (400 μg) only, one disc had EDTA (292 μg) only and the fourth meropenem disc had both PBA plus EDTA (in the same previously mentioned concentrations). In addition, two other discs with the concentrations of PBA and EDTA employed in this experiment were also included on the same plate, as controls, so as to make sure that such concentrations of PBA and EDTA did not show any detectable effect on the bacterial growth. The agar plates were then incubated at 37 °C overnight and the diameters of the inhibition zones around these meropenem discs with the added inhibitor(s) were compared with the diameter around the plain meropenem disc. The results were interpreted according to Datta et al., (2012).

**The imipenem-EDTA double disc synergy test (Lee et al., 2003)**

The detection of metallo-β-lactamases was performed by the double disc synergy method. A 10 μgimipenem disc was aseptically placed
in the center of a Müller-Hinton agar plate inoculated with the test strain. An EDTA disc (1900 μg) was aseptically placed at a distance of 15 mm center to center from the imipenem disc. The plate was incubated at 37 ºC overnight. The zone around the imipenem disc would be extended on the side nearest the EDTA disc for a metallo-β-lactamase producer.

The modified Hodge test (MHT) (Parveen et al., 2010)

MHT was carried out to, according to Parveen et al., (2010), to detect the production of carbapenemases among the tested isolates.

Detection of resistance genes to carbapenems among selected carbapenem-resistant isolates using PCR (Aubron et al., 2005; Navon-Venez et al., 2006; Cabral et al., 2012; Doyle et al., 2012; Hong et al., 2012; Kaase et al., 2012; Shahid et al., 2012; Wendel et al., 2013; Zeitoun et al., 2015):

The distribution of genes responsible for resistance to IPM and MEM was screened among 13 selected carbapenem resistant isolates, classified as: 11 Klebsiella isolates and 2 P. vulgaris isolates. The used primers are listed in Table 1. In addition, the gene for 16S r RNA (Zeitoun et al., 2015) was included in the test, as a positive control.

All primers used in this study were purchased from Macrogen company (Seoul, Republic of South Korea). PCR reactions were conducted in the thermocycler apparatus (Perkin Elmer, Gene Amp PCR system). The amplified samples were then analyzed by agarose gel electrophoresis using 1.7 % agarose gels that had been prestained with ethidium bromide. The bands of the amplified products were visualized on a 254 nm UV transilluminator (Entela UVP Upland CA 91786, USA).

Results and Discussion

Bacterial strains

The collected isolates were identified as follows: forty-nine (87.5%) Klebsiella spp. and seven (12.5%) P. vulgaris. Concerning the results of the MALDI-TOF mass spectrometry, 12 (out of 18 selected) Klebsiella isolates were identified as K. pneumoniae. On the other hand, 6 isolates were identified as K. variicola.

Determination of the minimum inhibitory concentration (MIC) of the tested carbapenems: IPM and MEM among different clinical isolates

Out of the fifty-six tested isolates, 45 isolates were resistant to IPM, while 47 isolates were resistant to MEM.

In case of the tested Klebsiella isolates, 39 isolates were found to be resistant to both IPM and MEM, while in case of the P. vulgaris isolates, 2 isolates (P4 and P10) were resistant to both carbapenems.

Studying the efficacy of different carbapenem/antibiotic combinations for the eradication of CRE using the checkerboard technique

The chosen combinations were tested against 9 selected CRE isolates: 7 Klebsiella isolates (K. pneumoniae K44, K76, K81, K85, K89 and K. variicola K37, K56) and 2 P. vulgaris isolates (P4 and P10). However, the combinations of carbapenems (IPM and MEM) with colistin (COL) were not tested against the P. vulgaris clinical isolates, as colistin has no activity against Proteus spp. (Conly and Johnston, 2006). The efficacy of all tested combinations varied between synergism, moderate synergism and additivity. No antagonism was detected at all.
Regarding IPM/CIP combinations, a synergistic effect was detected in case of K37, K76 and P4 (FIC indices= 0.5, 0.375 and 0.5, respectively). For IPM/RA combinations, synergism was observed in case of K37, K56, K44 and P10 (FIC indices= 0.313, 0.5, 0.25 and 0.375, respectively). In case of IPM/AK combinations, synergism was obtained in case of K37, K56, K81, K85 and P4 (FIC indices= 0.25, 0.5, 0.5, 0.375 and 0.313, respectively). For IPM/COL combinations, a synergistic effect was noticed in case of K37, K44 and K76 (FIC indices= 0.5, 0.375 and 0.5, respectively).

Concerning MEM/CIP combinations, a synergistic effect was only detected in case of K44, K76 and K81 (FIC indices= 0.375, 0.375 and 0.313, respectively). For MEM/RA combinations, synergism was observed in case of K44, K81 and P10 (FIC indices= 0.5, 0.188 and 0.25, respectively). Regarding MEM/AK combinations, a synergistic effect was obtained in case of K37, K44, K81 and P4 (FIC indices= 0.188, 0.313, 0.375 and 0.375, respectively). In case of MEM/COL combinations, synergism was noticed in case of K37, K56, K44, K76, K81 and K85 (FIC indices= 0.188, 0.375, 0.313, 0.375, 0.375 and 0.375, respectively).

Curing of plasmids responsible for carbapenem resistance using different concentrations of menthol as a natural curing agent

Four CRE isolates were selected for the curing experiment: 3 K. pneumoniae isolates (K48, K58 and K89) and 1 P. vulgaris isolate (P10). The MIC of menthol was 8192 µg/mL against K48, K58 and K89. However, for P10, it was 4096 µg/mL.

Concerning the results of the curing experiment, and in case of K48, upon using menthol concentrations equivalent to 1X, 2X and 3X the published concentration, curing rates of 0.5, 1.5 and 5.5%, respectively, were obtained. For K58, and when using 1X and 2X the reported concentration of menthol, curing rates of 0.5 and 2% were obtained, respectively. The most promising effect was observed upon applying a menthol concentration equivalent to 3X the reported concentration where a curing rate of 100% was obtained. For both isolates K89 and P10, both concentrations of menthol equivalent to 1X and 2X the reported concentration failed to cure carbapenem resistance plasmids. However, upon applying menthol in a concentration equal to 3X the published concentration, a curing rate of 1.5% was detected.

The time-kill assay for the triple combinations of menthol, a carbapenem (IPM or MEM) and a third antibiotic against representative carbapenem resistant isolates

The studied combinations were tested against 2 representative CRE isolates: K. pneumoniae K89 and P. vulgaris P10. However, in case of carbapenem/colistin combination, P10 was not included. We compared the efficacy of each of the eight tested triple combinations with that of the combinations of the two antibiotics alone (without menthol) in order to investigate the effect of menthol when added to carbapenem/antibiotic combinations for the eradication of CRE. In 4 (out of 14 tested) combinations, a synergistic effect was observed when menthol was added to the antibiotic combinations, while only an additive effect was noticed when the combinations were tested without menthol. These combinations were: IPM/CIP/Menthol combination against P10, IPM/RA/Menthol combination against K89, IPM/RA/Menthol combination against P10 and MEM/RA/Menthol combination against P10.
In other 6 (out of 14 tested) combinations, the addition of menthol to the tested combinations enhanced the synergistic effect that was obtained upon trying such combinations without menthol. These combinations were: IPM/CIP/Menthol combination against K89, MEM/CIP/Menthol combination against K89, MEM/RA/Menthol combination against K89, IPM/AK/Menthol combination against K89, IPM/COL/Menthol combination against K89, and MEM/COL/Menthol combination against K89. Concerning the four remaining combinations, the addition of menthol showed either no considerable difference compared to the combinations of two antibiotics (without menthol), or just resulted in an additive effect. However, no antagonism was detected in any of the tested combinations.

**Detection of genes encoding for carbapenemases among selected carbapenem-resistant isolates using PCR**

The distribution of genes encoding for carbapenemases was screened among 13 CRE clinical isolates, classified as follows: 2 *P. vulgaris* isolates (P4 and P10), 8 *K. pneumoniae* isolates (K44, K45, K48, K58, K62, K73, K81 and K89) and 3 *K. variicola* isolates (K40, K77 and K92). Concerning the genes encoding for class A carbapenemases, *blaIMI* was detected in K44, K45 and K48. On the other hand, *blaNDM* was only detected in K58.

Among the six tested genes encoding for class B carbapenemases, *blaSPM*, it was detected in K81, while *blaNDM*, being the most predominant gene, was detected in 10 isolates: P10, K40, K44, K45, K48, K58, K73, K77, K89 and K92 (Fig. 5). Regarding the genes encoding for class D carbapenemases, *blaOXA-48-like* was detected in 5 isolates: K40, K73, K77, K89 and K92 (Fig. 6).

**Comparison between different phenotypic methods and the genotypic method (PCR) for the differentiation of carbapenemases among selected CRE clinical isolates**

A comparison was done between the results obtained from the tested phenotypic methods and those of PCR among the thirteen isolates for which screening for the carbapenemases was done both phenotypically and genotypically. This comparison could be summarized in Table 2.
Table 1: Primers of the carbapenemase genes

| Gene          | Forward primer (5'-3') | Reverse primer (5'-3') | Size of the amplified product in base pairs (bp) |
|---------------|------------------------|------------------------|-----------------------------------------------|
| **Class A carbapenemases** |                         |                        |                                               |
| bla\textsubscript{IMI} | ATAGCCATCTTTTTAGCTC     | TCTGCGATTACTTTATCCTCA | 818                                           |
| bla\textsubscript{NMC} | TAGGTGATATGGCTGCTGCTGTT | ACTGCTGCAGGTTAGGATGTTCA | 205                                          |
| bla\textsubscript{SME} | ACTTTGATGGGAGGATTTGGC  | ACCAATTCGAGCACTACCACTCAG | 551                                          |
| bla\textsubscript{GES} | GCTTCATTCACGCACTATT    | CGATGCTAGAAACCGCTCT    | 323                                           |
| bla\textsubscript{KPC} | GTATCGCCGTCTAGGTCTGC   | GGTCTGTTTTCTTTAGCC     | 637                                           |
| **Class B carbapenemases** |                         |                        |                                               |
| bla\textsubscript{IMP} | GAAGGCGTTTATGTTCATAC   | GGAATTTCAGAGTGATG       | 587                                           |
| bla\textsubscript{VIM} | GTTGTGGTCATATCGCAAC    | AATGCCGACCAACCAGGATAG   | 382                                           |
| bla\textsubscript{SIM} | GTACAAGGGATTGGCTGACATCG | TGGCCTGTCCCATGTGAG      | 569                                           |
| bla\textsubscript{SPM} | CCTACAATCTAAGCCGACC    | TCCCGTGTCAGGTATAAC      | 649                                           |
| bla\textsubscript{GIM} | CGACACACCTTGGTGCTGAAGAA | GATGCTAGCCATAACCTTGGATCC | 82                                            |
| bla\textsubscript{NDM} | CAATATTATGCACCGTCG     | CTTTGCTGTCTCTGATCAG     | 632                                           |
| **Class D carbapenemases** |                         |                        |                                               |
| bla\textsubscript{OXA-48-like} | GCGTGCTAAGGATGAC      | CATCAAGTTCACCCACCCGCG   | 438                                           |

Table 2: Comparison between different phenotypic methods and PCR for the differentiation of carbapenemases among selected CRE clinical isolates

| Isolate code | Phenotypic methods | PCR |
|--------------|--------------------|-----|
| P10, K44, K45, K48, K58, K73, K81, K89 | Carbapenemase producers | MBL\textsuperscript{a} producers | MBL producers | MBLs were detected |
| K62 | Carbapenemase producer | MBL producer | MBL producer | No carbapenemase genes were detected |
| K40, K77, K92 | Carbapenemase producers | Negative for both MBL and KPC\textsuperscript{b} | Non-MBL producers | MBLs were detected |
| P4 | Carbapenemase producer | Negative for both MBL and KPC | Non-MBL producer | No carbapenemase genes were detected |

\textsuperscript{a}: MBL: metallo-\beta-lactamase.  
\textsuperscript{b}: KPC: \textit{Klebsiella pneumoniae} carbapenemase.
Fig. 1 Comparative bactericidal activity of MEM (1 µg/mL), RA (256 µg/mL) and menthol (0.975 mg/mL) each alone and in combination against the *P. vulgaris* clinical isolate (P10).

![Graph 1](image1)

Fig. 2 Comparative bactericidal activity of IPM (16 µg/mL), COL (0.25 µg/mL) and menthol (0.975 mg/mL) each alone and in combination against the *K. pneumoniae* clinical isolate (K89).

![Graph 2](image2)
**Fig. 3** TEM demonstrating cells of the control (untreated) *K. pneumoniae* clinical isolate (K89) appearing as normal rod-shaped bacterial cells with intact outer membrane.

**Fig. 4** TEM demonstrating cells of the menthol-treated *K. pneumoniae* clinical isolate (K89) showing rupture and pores in the outer membrane (indicated by arrows) and leakage of the intracellular components.
**Fig. 5** PCR amplification of the constitutive genes encoding for class B carbapenemases ($\text{bla}_{\text{NDM}}$) (632 bp) in selected CRE clinical isolates. Lanes: 1: P10; 2: K48; 3: 100 bp DNA ladder; 4: K89; 5: K58; 6: K44; 7: K73; 8: K45; 9: K40; 10: K92; 11: K77; and 12: 100 bp DNA ladder.

**Fig. 6** PCR amplification of the $16S$ rRNA gene using the universal primer pair and the constitutive genes encoding for class D carbapenemases ($\text{bla}_{\text{OXA-48-like}}$) in selected CRE clinical isolates. Lanes: 1: $16S$ rRNA gene (positive control) (1500 bp); 2: negative control; 3: 100 bp DNA ladder; 4: K89 ($\text{bla}_{\text{OXA-48-like}}$) (438 bp); 5: K73 ($\text{bla}_{\text{OXA-48-like}}$) (438 bp); 6: K40 ($\text{bla}_{\text{OXA-48-like}}$) (438 bp); 7: K92 ($\text{bla}_{\text{OXA-48-like}}$) (438 bp); and 8: K77 ($\text{bla}_{\text{OXA-48-like}}$) (438 bp).
The worldwide spread of CRE has become a great challenge in clinical and public healthcare settings (Yamamoto and Pop-Vicas, 2014). Usually, combination therapy is recommended for the treatment of CRE (Van Duin et al., 2013). Chin and Neu (1987) had previously studied the efficacy of the combination of IPM and CIP against some members of Enterobacteriaceae. They demonstrated that this combination was synergistic only for 22% of the tested isolates belonging to the Enterobacter spp. In addition, they studied the efficacy of the combination of IPM and RA. They found that, with 32 isolates belonging to the Enterobacter spp., 35% were synergically inhibited.

Concerning carbapenems/AK combinations, Le et al., (2011) had reported that the combination of MEM or IPM with AK displayed a synergistic activity against all the tested KPC-producing K. pneumoniae isolates. Regarding carbapenem/colistin combinations, Souli et al., (2009) studied the efficacy of IPM/COL combination against 42 K. pneumoniae clinical isolates carrying a blaVIM-1-type gene. They found that the combination showed improved bactericidal activity against isolates sensitive either to both agents or to colistin.

Schelz et al., (2006) reported that menthol has a significant antiplasmid activity that can approximate 100%. It has been previously assumed that the mechanism of action of menthol is similar to that of the curing agent sodium dodecyl sulphate. The curing agent may be capable of dislodging the plasmid free of its site of attachment, which consequently results in the imperfect replication and unsuccessful segregation of the plasmid (Kai et al., 2002). Also, Kon and Rai (2012) reported that a menthol concentration of 0.325 mg/mL resulted in up to a 96% plasmid elimination. Of course, the variation in the efficacy of the tried concentrations of menthol between different studies could be simply attributed to strain variation.

Yap et al., (2013) had previously emphasized on the potential of peppermint oil being as antibiotic resistance modifying agent. Also, Schelz et al., (2006) reported that the benefit of menthol-antibiotic(s) combinations could be correlated to the antiplasmid activity of menthol. Consequently, they confirmed the significance of peppermint oil and menthol as adjuvant antimicrobial agents by virtue of their antiplasmid activity.

Regarding the results of TEM, the antibacterial activity of menthol had been previously elucidated by Trombetta et al., (2005). They speculated that the antimicrobial effect of menthol may be due to a perturbation of the lipid fraction of the microorganism plasma membrane, thus, leading to alterations of membrane permeability and the leakage of intracellular materials.

Matching with our results, Pavelkovich et al., (2014) had reported the high prevalence of NDM-type carbapenemase-producing K. pneumoniae from one Saint Petersburg hospital. In our study, the predominance of blaNDM-1 in the tested isolates was considered to be matching with what has been reported in the literature. The international spread of NDM-1 has already been reported in various locations including the Middle East (Ong et al., 2011). In addition, it should be noticed that carbapenem resistance in both isolates P4 and K62, in which no carbapenemase genes were detected, could be due to efflux changes co-mediated by chromosomal AmpC β-lactamase overproduction, as well as outer membrane protein loss (Nagaraj et al., 2012).

Concerning the comparison between phenotypic methods and PCR, it was noticed that all the results were in accordance in case
of 8 (out of 13 tested) isolates, while a contradiction was detected among the remaining five isolates. This could reveal the poor specificity and sensitivity of the tested phenotypic methods in some cases.

Regarding the comparison between phenotypic and genotypic methods for the detection of carbapenemases, Doyle et al., (2012) reported that PCR had 100% sensitivity and specificity, while the sensitivity and specificity were 58% and 93%, respectively, for MHT. For the inhibitor based method, Tsakris et al., (2010) reported that this phenotypic method detected KPC or MBL producers with 100% sensitivity, as well as the KPC and MBL producers with 96.8% sensitivity. Also, it should be taken into consideration that the double disc synergy test may have some limitations. EDTA may be able to potentiate the effect of IPM, perhaps because it increases the permeability of the bacterial cell (Vaara, 1992), or because zinc (which EDTA sequesters) potentiates the chemical breakdown of IPM (Baxter and Lambert, 1997).

From this study, we concluded that CRE are becoming widely spread in Egypt. The combinations of carbapenems (IPM or MEM) with CIP, RA, AK or COL have proved their efficacy in vitro for combating CRE. The efficacy of such combinations was much more enhanced by the addition of menthol. Concerning the predominance of the genes encoding for carbapenemases, $bla_{NDM}$ and $bla_{OXA-48-like}$ were the most prevalent. PCR was much more preferred than the phenotypic tests for the detection of carbapenemases. Finally, the great significance of the problem of the widespread of CRE in Egypt highlights the importance of the development of new antimicrobial agents and non-traditional antimicrobial methods to overcome the development of resistance towards these lifesaving antibiotics in Egypt.

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