



Original Research Article

ESBL & AmpC detection in *Klebsiella* species by Non Molecular methods

B.L.Chaudhary*, Nitin Goel Insan, Nikhil Payal,
Ravi Vashistha¹ and Ankita

Department of Microbiology, MGM Medical College and Hospital, Sector-18, Kamothe, Navi
Mumbai- 410209, Maharashtra, India

**Corresponding author*

A B S T R A C T

Keywords

ESBL;
AmpC; β -
lactamase;
Klebsiella
species.

The β -lactamase are the most significant group of enzymes involved in conferring resistance to β -lactam antibiotics in gram-negative bacteria. They work by hydrolysing the β -lactam bond of any number of substrates thus rendering the antibiotic ineffective. In this study, a total of 92 *Klebsiella* species isolates obtained from 693 sputum samples and processed for antibiotic sensitivity pattern. The Isolates were also checked for ESBL & AmpC detection by simple, non molecular methods. Total 10.20% isolates were ESBL producers and 7.14% were AmpC producers. Most effective antibiotics for *Klebsiella* species were Amikacin and Gentamicin.

Introduction

Klebsiella species are opportunistic pathogens that cause hospital and community acquired infections such as pneumonia, urinary tract infection, septicaemia, soft tissue infections, liver abscess, and meningitis (Abdelgayed Metwaly younes, 2010). Extended spectrum β - lactamases (ESBLs) are plasmid mediated, TEM and SHV derived enzymes, first isolated in Western Europe in mid 1980s, most commonly in *Klebsiella* species, followed by *Escherichia coli*. These enzymes are capable of hydrolyzing broad spectrum Cephalosporins, Penicillins and

Monobactams such as Aztreonam, but inactive against Cephamycins and Imipenem & are usually inhibited by β -Lactamase inhibitors such as Clavulanic acid. In addition, Plasmids responsible for ESBL production tend to be large (80 Kb or more in size) and carry resistance to several agents, an important limitation in the design of treatment alternatives. The most frequent co-resistances found in ESBL producing organisms are Aminoglycosides, Fluoroquinolones, Tetracyclines, Chloramphenicol and Sulfamethoxazole + Trimethoprim resulting in limitation of therapeutic option

(Chaudhary, et al., 2004). AmpC β -lactamase have gained importance since the late 1970s as one of the mediators of antimicrobial resistance in Gram negative bacilli. These enzymes are Cephalosporinases capable of hydrolyzing all β -lactams to some extent. AmpC β -lactamases are of two types plasmid-mediated and chromosomal or inducible AmpC (Hemalatha et al., 2007).

Plasmid-mediated AmpC β -lactamases produced by isolates of *Klebsiella pneumoniae* associated with decreased outer membrane permeability can even confer resistance to the Carbapenems (Jennifer A. Black et al., 2005). Plasmid-encoded AmpC genes have been found around the world since 1989, in nosocomial and non nosocomial isolates, having been most easily detected in those enterobacteria not expected to produce an AmpC β -lactamase (George A. Jacoby 2009). Plasmid-mediated AmpC-resistance has arisen through the transfer of chromosomal genes for the inducible AmpC betalactamases onto plasmids. Plasmids with these genes can spread among other members of the family Enterobacteriaceae (Nasim, et al., 2004).

Materials and Methods

The present investigation comprised of a total of 92 *Klebsiella* species isolates obtained from 693 sputum samples collected in Mahatma Gandhi Mission Hospital Kamothe Navi Mumbai from February 2012 to February 2013. All the samples were processed and identified as per the standard microbiological protocols and procedures (Ho, et al., 2000). Isolates confirmed as *Klebsiella* species were studied for their antimicrobial susceptibility pattern, extended spectrum β -lactamase, combined ESBL+AmpC and pure AmpC production.

Antimicrobial Susceptibility Test

Antimicrobial susceptibility testing was performed using the Kirby-Bauer disk diffusion method with the following set of antibiotics- Netilline (30mcg), Amikacin (30mcg), Cefaperazone (30mcg), Lomefloxacin (30mcg), Cefotaxime (30mcg), Ceftazidime (30mcg), Cefuroxime (30mcg), Ciprofloxacin (5mcg), Gentamicin (10mcg), Pefloxacin (5mcg), Ofloxacin (5mcg)

Method for ESBL detection

National Committee for Clinical Laboratory Standard (NCCLS) Phenotypic confirmatory combination disc diffusion test. A disc of Ceftazidime (30 μ g) alone and Ceftazidime + Clavulanic acid (30 μ g/10) were placed at a distance of 25 mm center to center, on a MHA plate inoculated with a bacterial suspension of 0.5 McFarland turbidity standards and incubated overnight at 37°C. An increase in inhibition zone diameter of ≥ 5 mm for a combination disc versus Ceftazidime disc alone confirmed ESBL production (Cormican et al., 1996).

AmpC detection: (Inhibitor based test)

All isolates were tested for AmpC β -lactamase production on disks containing Boronic acid. A disk containing 30 μ g of Cefoxitin and another containing 30 μ g of Cefoxitin with 400 μ g of Boronic acid was placed on the agar. Boronic acid were prepared by dissolving 120 mg of phenylboronic acid (Benzeneboronic acid;Hi media.) in 3 ml of Dimethyl Sulfoxide. 3ml of sterile distilled water was added to this solution. 20 μ l of the stock solution was dispensed onto disks containing 30 μ g of Cefoxitin. Disks were allowed to dry for 30 min and used.

Inoculated plates incubated overnight at 35°C. An organism demonstrating a zone diameter around the disk containing Cefoxitin and Boronic acid ≥ 5 mm than the zone diameter around the disk containing Cefoxitin alone will be considered an AmpC producer (Kim et al., 2002; Steward et al., 2001).

Results and Discussion

Out of total 693 Sputum samples, 98 (14.14%) Klebsiella species were isolated (Chart 1). Out of 98 Klebsiella species, 77 (77.10%) were isolated from Male patients and 21 (22.90%) were isolated from Female patients (Chart 2). The patients of all age groups were included in this study but highest 41.30% patients were of 56 -75 years of age group (Chart 3). Out of 98 Klebsiella species, 10 (10.20%) were ESBL producers, 7 (7.14%) were AmpC producers and 16 (16.32%) were both ESBL as well as AmpC producers (Chart 4). Klebsiella species showed the variable sensitivity pattern against different antibiotics. The most effective antibiotics were Amikacin and Gentamicin (94.89%) whereas the least effective antibiotic was Cefuroxime (73.4%).

The knowledge on the extent of the ESBL mediated resistance appears to be limited due to the inability of the standardized methods of susceptibility testing or the commercially available systems to detect this resistance (Bonnet, 2004). The emergence and the spread of the ESBL producing strains have led to questions regarding the optimal therapy for infections which are caused by the ESBL producing strains (Philippon, et al., 2002). The confirmation of the ESBL production by clavulanic acid inhibition can be difficult in some strains, not only because the activity of the β -lactamase varies with

different substrates, but also because the organism may contain additional resistance mechanisms that can mask the presence of the ESBL activity (Hanson, 2003).

The prevalence of Klebsiella in sputum sample was 14.14%. Study by Shamweel Ahmad et al. showed the prevalence of Klebsiella in sputum 7.69%. (Shamweel Ahmad. 2009) In another study by D.O Acheamporg et al. showed the prevalence from sputum 14.0% (Acheampong et al. 2011).

Out of total 98 klebsiella isolates, 77 (77.10%) were isolated from males and 21(22.90%) were from females. The male: female ratio was 2.4:1. In the study by A.O.Okelola et al. (2012) Who reported that 30 (34.1%) were males and 58 (65.9%) were females. The male: female ratio was 0.6:1. Renuka Rampure et al. (2013) have reported that 199 (51.8%) were males and 185 (48.2%) were females in their study.

Prevalence of total ESBL in sputum samples was 10.20%. Prevalence of both ESBL and AmpC was 16.32 %. The total AmpC producers were 7.14%. A study by Shamweel Ahmad et al. showed 20% prevalence of ESBL producing Klebsiella in sputum samples. (Shamweel Ahmad, 2009) Laghawe Avinash showed 11.7% prevalence of AmpC in Klebsiella species. (Laghve Avinah et al., 2005)

The prevalence of Klebsiella species was 14.14% in sputum samples. 10.20% of Klebsiella isolates were ESBL producers. 7.14% of Klebsiella showed AmpC production. 16.32% of Klebsiella isolates were both ESBL as well as AmpC producer.

Chart.1

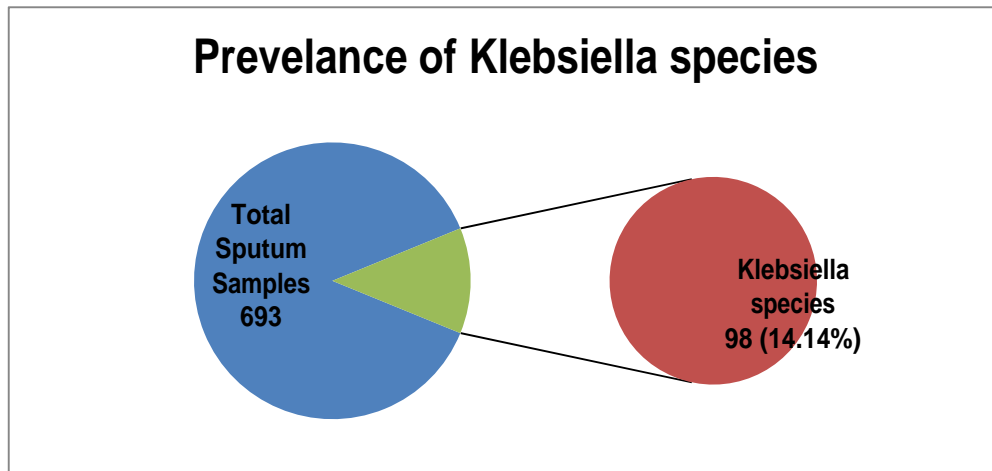


Chart.2

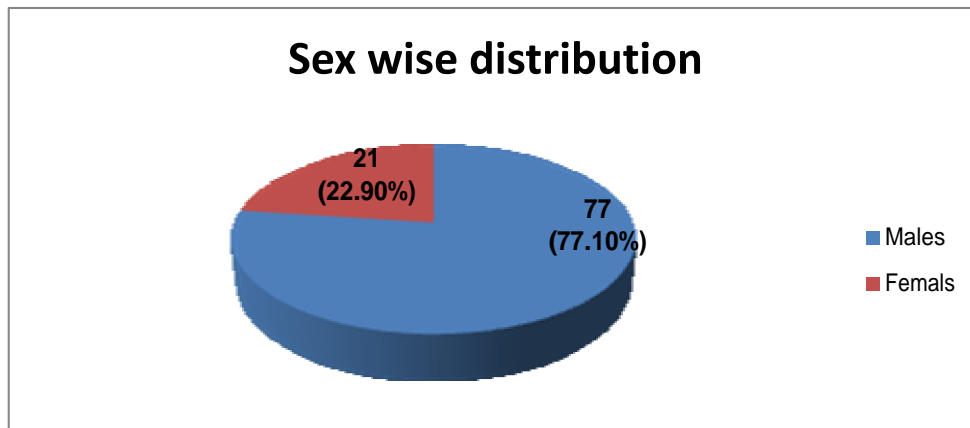


Chart.3

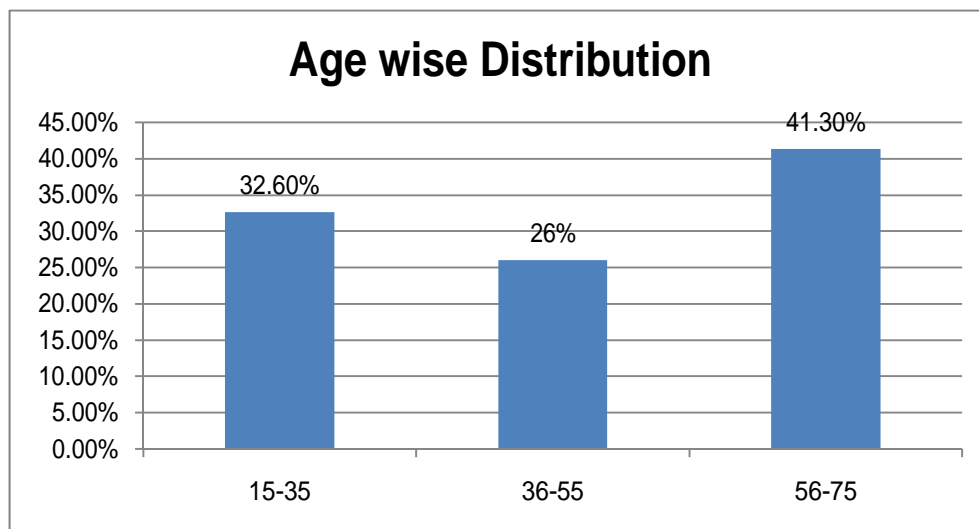


Chart.4 Prevalence of ESBL & AmpC Producers among Klebsiella species

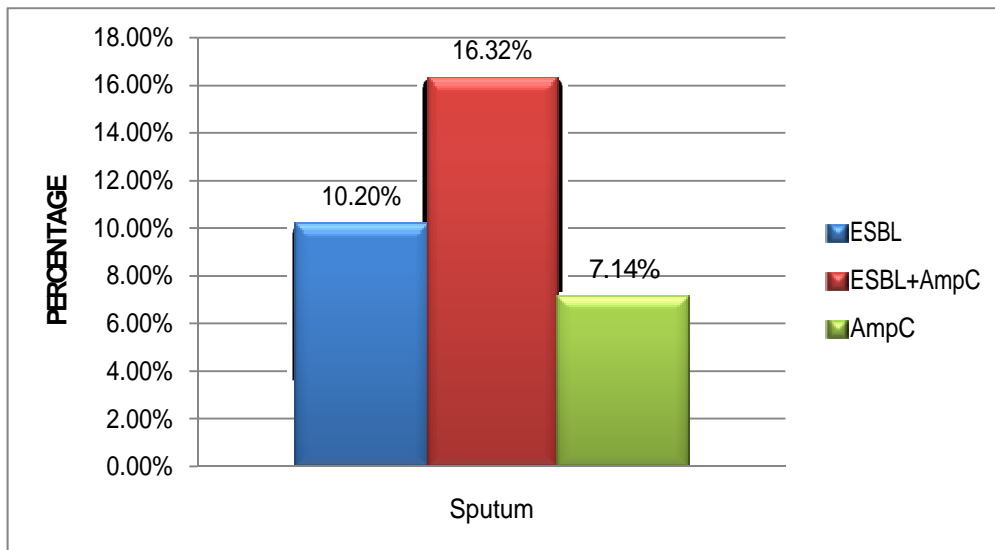


Chart.5 Antibiotic sensitivity pattern of Klebsiella species

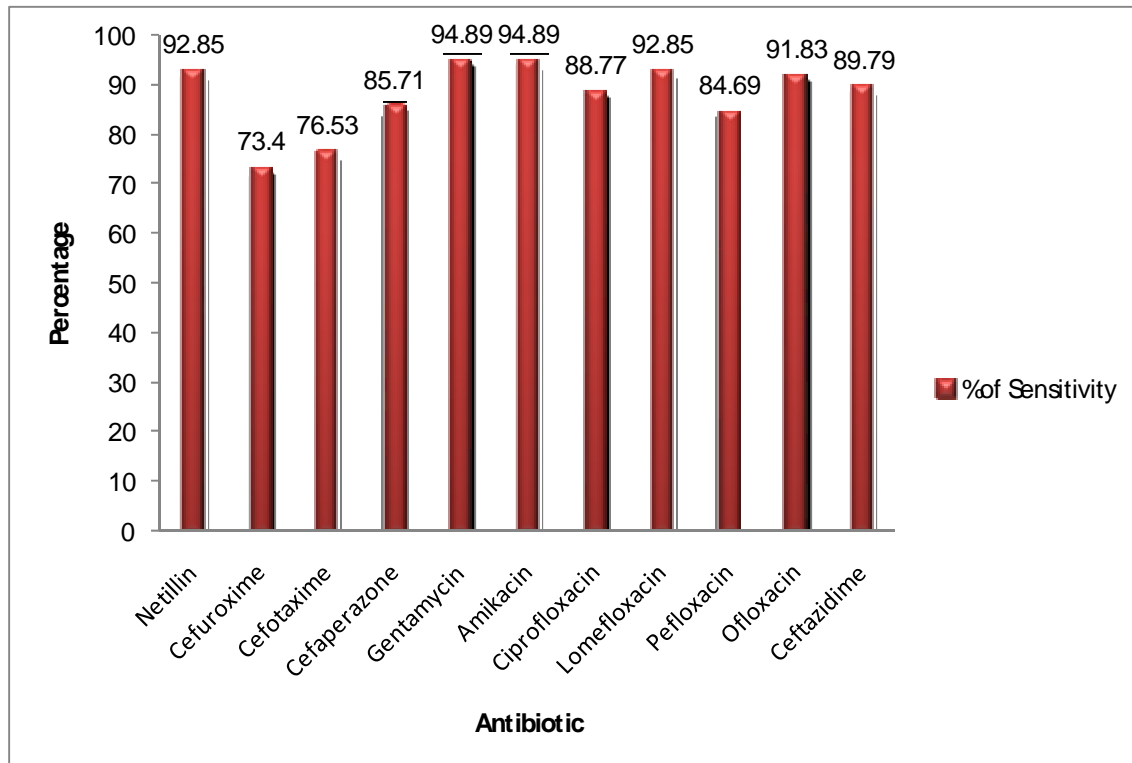


Fig.1 ESBL positive & AmpC negative



AmpC positive & ESBL negative



Maximum sensitivity was observed against Gentamicin (94.89%) and Amikacin (94.89%). The least effective antibiotic was cefuroxime (73.4%).

The detection of ESBLs and AmpC β -lactamases by this method is simple and any microbiology laboratory can do it along with the routine antibiotic susceptibility testing

References

- Abdelgayed Metwaly younes, 2010, Molecular diversity and genetic organization antibiotic resistance in *Klebsiella* species. University of Edinbuergh. www.lib.ed.ac.uk
- Chaudhary U, Aggarwal R. Extended spectrum β -lactamases (ESBL) - An emerging threat to clinical therapeutics. *Indian J Med Microbiol* 2004;22:75-80.
- Hemalatha, V., M. Padma, Uma Sekar, T. M. Vinodh & A. S. Arunkumar Detection of AmpC β -lactamases production in *Escherichia coli* & *Klebsiella* by an inhibitor based method. *Indian Journal of Medical Reserch*.2007: 220-223.
- Jennifer A. Black, Kenneth S. Thomson, John D. Buyank, et al. Evaluation of β -Lactamase Inhibitors in Disk Tests for Detection of Plasmid-Mediated AmpC β -Lactamases in Well-Characterized Clinical Strains of *Klebsiella* spp. *Journal of Clinical microbiology* 2005: 43 (8): 4168-4171.
- George A.Jacoby AmpC β -Lactamases *Clinical microbiology reviews* 2009. 22(1):161-18. 77
- Nasim,K., S. Elsayed, J. D. D. Piout, J. Conly, D. L. Church and D. B. Gregson.New Method for Laboratory Detection of AmpC β -Lactamases in *Escherichia coli* and *Klebsiella pneumoniae* *Journal of clinical microbiology*. 2004;42(10): 4799–4802.
- Ho, P,L., Tsang, D,N., Ho, M., Yuen, K,Y. 2000. *APIMS* 2000; 108 : 237-40.
- Cormican MG, Marshall SA, Jones RN. Detection of the extended spectrum β -Lactamases (ESBL)- producing strains by the E-test ESBL screen. *J Clin Microbiol*. 1996; 34:1880-84.

- Kim YK, Pai H, Lee HJ, et al. J. Bloodstream infections which were caused by extended-spectrum β -lactamase-producing *Escherichia coli* and *Klebsiella pneumoniae* in children: Epidemiology and clinical outcome. *Antimicrob Agents Chemother.* 2002 ; 46 : 1481-91.
- Steward CD, Rasheed JK, Hubert SK, et al. Characterization of the clinical isolates of *Klebsiella pneumoniae* from 19 laboratories by using the National Committee for Clinical Laboratory Standards extended – spectrum β -lactamase detection methods. *J. Clin Microbiol* 2001 ; 39 :2864-72.86.
- Bonnet, R. Growing group of extended-spectrum β -lactamases: the CTX-Menzymes. *Antimicrob Agents Chemother.* 2004; 48: 1-14.
- Philippon, A., Arlet, G. & Jacoby, G. A. Plasmid-determined AmpC-type β -lactamases. *Antimicrob Agents Chemother.* 2002;46: 1-11.
- Hanson, N. D. AmpC β -lactamases: what do we need to know for the future? *J Antimicrob Chemother.* 2003;52: 2-4.
- Shamweel Ahmad. Prevalence, Antibiotic Susceptibility Pattern and Production of Extended-Spectrum β -Lactamases Amongst Clinical Isolates of *Klebsiella pneumoniae* at Armed Forces Hospital in Saudi Arabia. *Journal of the College of Physicians and Surgeons Pakistan.* 2009;19 (4):264-265.
- Acheampong , D.O. et al. Occurrence and species distribution of *Klebsiella* Isolates: A case study at Komfo Anokye teaching hospital (Kath) in Ghana *Advances in Applied Science Research*, 2011, 2 (4):187-193.
- Okesola . A.O. Prevalence of extended-spectrum β -lactamase producing *Klebsiella* in a tertiary care hospital in South West Nigeria. *Int J Pharm Biomed Sci.*2012;3(4): 0976-5263.
- Renuka Rampure. Prevalence of MDR-ESBL producing *Klebsiella pneumoniae* isolated from clinical Samples. *J. Microbiol. Biotech.* 2013; 3(1):32-39.
- Shamweel Ahmad. Prevalence Antibiotic Susceptibility Pattern and Production of Extended-Spectrum β -Lactamases Amongst Clinical Isolates of *Klebsiella pneumoniae* at Armed Forces Hospital in Saudi Arabia *Journal of the College of Physicians and Surgeons Pakistan.* 2009;19(4):264-265.
- Laghve Avinah. The simultaneous detection of ESBL and AmpC β -lactamases in Gram negative bacilli. *Indian Med Microbio.* 2005; 23:120-124.