



Forward and Reverse Characterization of the CTX-m Genes Associated with Multi-Drug Resistant *Escherichia coli* Isolated from Pregnant Mothers Presenting with Asymptomatic Urinary Tract Infection in Benin City, Nigeria

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Abstract

Introduction: The determination and elimination of multi drug resistant *Escherichia coli* at the maternal levels which can culminate in reduction of fetal outcomes amongst neonates.

Aim of Study: This study was aimed at determining the forward and reverse characteristics of the CTXm genes associated with multi drug resistant *Escherichia coli* amongst pregnant mothers presented at the anti-natal clinics in Benin city, Nigeria.

Material and Method: A total of 530 vaginal swabs were collected cross sectional from pregnant women at the different trimester of pregnancy. Samples were screened and analyzed microbiological and susceptibility profiles carried out on the isolates confirmed to be *Escherichia coli* using the standard Kirby-Bauer, method, both phenotypic and genetic characterization was done, using the double disc synergy test for ESBL and reverse and forward characterization of the drug resistant plasmid CTX-M.

Result and Conclusion: The result of the study revealed that (47) 8.9% from third trimester out of the 530 Samples were positive for *E. coli*, out of the 17 positive *E. coli* isolates, 14 carried CTX-M genes from the forward and reverse characterization. The detection of CTX-M gene was more common in the third trimester when compared with the three trimesters. Vaginal *Escherichia coli* in the third trimester is challenging because they can be transferred to the neonate which can result in septicemia and pyrexia.

Keywords: Characterization; Septicemia; Susceptibility

Introduction

Escherichia coli has a place with the group of the Enterobacteriaceae with the family Escherich which was named after its author Theodore Escherich who performed the spearheading thinks about on the fecal vegetation and portrayed the living being in 1885 [2,3] in spite of the fact that they have the quality which encodes for cephalosporinase, ampC [1], the apparently wild kind of *E. coli* are defenseless to most β -lactams because of the nonappearance of a viable ampC promoter district. The predictable utilization of the β -lactam anti-infection agents birthed the development of safe strains around the world. This sort of medication protection is for the most part achieved by the procurement of β -lactamase qualities which is situated on transposable components such as plasmids. The most widely recognized β -lactamases found in *E. coli* have a place with class An Ambler and can be partitioned into tight and Broad range β -lactamases (e.g. TEM-1, TEM-2, and SHV-1, TEM-3, SHV-5, and CTX-M-like) (1– 3). Stretched out betalactamases present protection from the cephalosporin's, broadly used to treat *E. coli* contamination.

Referred to CTX-Ms are apparently observed as cefotaximases that typically hydrolyze cefotaxime other than ceftazidime, notwithstanding, now and then point transformations can stretch out their objective to incorporate ceftazidime, CTX-M-15 and CTX-M-27 are gotten by substitution of Asp240Gly separately from CTX-M-3 and CTX-M-14 [7,8]. Betalactamase of the CTX-M- sort are essentially wide range β -lactamases gotten from the encoding of β -lactamases chromosomally of *Kluyvera* sp [4-6]. More than sev-

enty sorts of CTX-M have so far been disengaged and isolated into 5 groups in view of their amino corrosive succession: CTX-M-1, CTX-M-2, CTX-M-8, CTX-M-9, and CTX-M-25.

Scarcely any bacteriologic information are accessible for Cambodia, and no investigations of protection of Enterobacteriaceae to antimicrobial operators have been accounted for. We examined *E. coli* CA-UTIs in a 2-year imminent examination. Our points were 1) to build up the predominance of group procured urinary *E. coli* protection from an extensive variety of antimicrobial medications and 2) to describe the instruments basic *E. coli* protection from β -lactams.

Materials and Methods

Test gathering

Vaginal swabs were gathered using sterile cotton swab without utilizing a speculum from the lower vaginal divider [11]. The swabs were promptly set into a vehicle medium (stuart's transport medium) and transported to the research facility.

Distinguishing proof of isolate

Tests were microbiologically dissected utilizing standard aseptic condition utilizing Mac conkey agar, blood agar which was brooded vigorously at 37°C for 24 hours. Secludes were related to the standard microbiological methods [9,10].

This was conveyed aseptically utilizing the standard Kirby bauer strategy utilizing Mueller Hinton agar routinely crosswise over different expansive multi drugs barrel, which was hatched at

370C for 24 hours, zones of restraints were deciphered after Incubation, they were recorded as delicate, transitional vulnerable and safe as per the CLSI interpretative measures for the enterobacteriaceae (CLSI, 2010).

Plasmid DNA Extraction

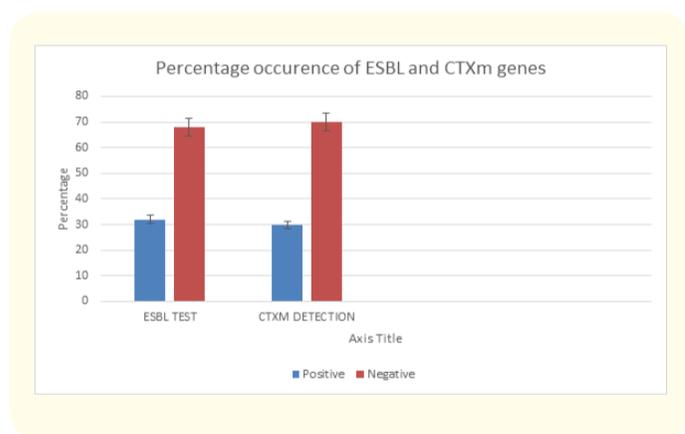
Enhancement items were decontaminated with Montage PCR Filter Units (Millipore, Billerica, MA, USA). Sequencing responses were performed in a PTC-225 Peltier Thermal Cycler (MJ Research, Waltham, MA, USA) by utilizing an ABI PRISM BigDye Terminator Cycle Sequencing Kit with AmpliTaq DNA polymerase (Applied Biosystems, Branchburg, NJ, USA), as indicated by the maker’s directions. Every format was sequenced with the proper groundwork. Fluorescence-marked pieces were sanitized from the unincorporated eliminators with an ethanol precipitation convention. The specimens were resuspended in refined water and subjected to electrophoresis in an ABI 3730xl sequencer (Applied Biosystems).

Factual Analysis

Factual Data were examined by utilizing Epi Info rendition 3.2 (www.cdc.gov/epiinfo). Hazard factors for ESBL-creating *E. coli* were evaluated by utilizing univariate investigation with the χ^2 or Fisher correct tests; notwithstanding, we utilized examination of change to decide if age had a relationship with ESBL-delivering *E. coli*. The importance edge was 0.05.

Result

Out of the 530 uropathogeneous *E. coli* confines, one hundred and forty seven (147) 27.7% multidrug safe *E. coli*, hypothetical ESBL test was done utilizing the DDST test, 47 (8.9%) was sure for ESBL, from the 47 positive ESBL, 14 conveyed CTX-M qualities from the forward and invert portrayal. The ESBL segregates demonstrated most elevated vulnerability to carbapenems and amikacin which is as per 2011 CLSI criteria for MIC test. The most astounding rate of protection was watched for the accompanying anti-infection agents: cefixime, colistin and ciprofloxacin.



Antibiotics	Resistant (R%)	Susceptible (S%)
Cefixime	100 (18.9%)	430 (81%)
Ceftriaxone	88 (16.6%)	442 (83.4%)
Ceftazidime	150 (20.3%)	380 (71.7%)
Cefotaxime	126 (23.8%)	404 (76%)
Augumentin	350 (66)	180 (34%)
Imipenem	47 (8.9%)	483 (91%)
Colistin	92 (17.3%)	438 (82.9%)
Ciprofloxacin	100 (18.9%)	430 (81%)
Amikacin	260 (49%)	270 (51%)

Table 1: Percentage antibiotics susceptibility profile across the isolates.

Key: R: Resistant; S: Susceptible; %: Percentage

Total Number of Isolate	ESBL Positive	ESBL Negative
147	47 (31.9%)	100 (68%)

Table 2: Showing the Double disk synergy test for the detection of ESBL across the multi drug resistant isolate.

Number of Isolate	CTX m positive	CTXm Negative
47	14 (29.7%)	33 (70%)

Table 3: Showing the reverse and forward characterization of the presumptive positive ESBL isolates.

Discussion

Relationship of Antimicrobial Resistance with Resistant Genes, demonstrates the nearness of safe qualities, and protection from various antimicrobial operators. As a rule, there were no noteworthy contrasts in regards to nearness or nonappearance of qualities articulation. Strangely, higher protection from cefotaxime, amikacin, and ceftriaxone was found in TEM negative. Protection from cotrimoxazole, imipenem, amikacin, and third era cephalosporins was watched more in CTX-M positive segregates than in CTX-M negative separates.

In this investigation, an endeavor has been made to genotype the ESBL-creating *E. coli* disengages utilizing the forward and turn around attributes of the CTXm qualities related with multi tranquilize safe *Escherichia coli* among pregnant moms introduced at the counter natal centers. The relationship of CTXm qualities with antimicrobial protection is seen with the expanding commonness of ESBL-creating *E. coli* (8.9%) and their abnormal state of protection from expansive range anti-microbial agents.

The predominance of ESBL-creating *E. coli* confines fluctuates in various parts of the world and even among various healing centers inside a nation. The rate of predominance in our middle was around 8.9% which is near the outcomes announced by different examinations [11-25] and like rates of ESBL-delivering *E. coli* revealed in nations, for example, India (27%), Lebanon (13.3%), Korea (9.2%), and turkey (17%) [26,27].

In, our examination the disengages demonstrated high protection from amikacin, and colistin, which is additionally found in an investigation by Babypadmini and Appalaraju which revealed around 74% protection from trimethoprim/sulfamethoxazole and 91.6% protection from fluoroquinolone in ESBL-delivering *E. coli* pathogens by circle dispersion technique [29], which is considerably higher than our outcomes (65% protection from trimethoprim/sulfamethoxazole and 76%. Results from different examinations from Malaysia and Spain demonstrated lower protection from trimethoprim/sulfamethoxazole and ciprofloxacin in pee tests from grown-ups than this investigation which might be because of various patient populace (grown-ups versus pediatrics). Absolutely, the expanding protection of *E. coli* to trimethoprim makes this medication less powerful as empiric treatment of UTI [30-35].

The protection from cefotaxime in CTX-M makers in our investigation was higher than those revealed around 29.7% of CTX-M creating strains were impervious to quinolones and aminoglycosides, individually, which was higher contrasted with Edelstein, et al. [36] contemplate (21%) however it was lower than the Mendonca, et al. think about (93%).

Conclusion

In spite of the fact that the CTXm was observed to be the second most predominant safe quality, the pervasiveness of other qualities alongside antimicrobial protection is on the ascent. Carbapenems were the best anti-infection agents against ESBL-delivering *E. coli* in urinary tract contamination among pregnant moms.

Conflict of Interest

There was no conflict of interest during and after this study.

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Bibliography

1. N Girish., et al. "Extended spectrum beta-lactamase producing *Klebsiella pneumoniae* and *Escherichia coli* in neonatal intensive care unit". *Journal of Bacteriology and Parasitology* 3 (2012): 4.
2. A Poulou., et al. "Modified CLSI extended-spectrum β -lactamase (ESBL) confirmatory test for phenotypic detection of ESBLs among Enterobacteriaceae producing various β -lactamases". *Journal of Clinical Microbiology* 52.5 (2014): 1483-1489.
3. MA Bhat., et al. "The occurrence of CTX-M3 type extended spectrum beta lactamases among *Escherichia coli* causing urinary tract infections in a tertiary care hospital in puducherry". *Journal of Clinical and Diagnostic Research* 6.7 (2012): 1203-1206.
4. A Bhattacharjee., et al. "Increased prevalence of extended spectrum β lactamase producers in neonatal septicaemic cases at a tertiary referral hospital". *Indian Journal of Medical Microbiology* 26.4 (2008): 356-360.
5. PA Bradford. "Extended-spectrum β -lactamases in the 21st century: characterization, epidemiology, and detection of this important resistance threat". *Clinical Microbiology Reviews* 14.4 (2001): 933-951.
6. DL Paterson., et al. "Extended- spectrum β -lactamases in *klebsiella pneumoniae* bloodstream isolates from seven countries: dominance and widespread prevalence of SHV- and CTX-M-Type β -lactamases". *Antimicrobial Agents and Chemotherapy* 47.11 (2003): 3554-3560.
7. P Lal., et al. "Occurrence of TEM & SHV gene in extended spectrum β -lactamases (ESBLs) producing *Klebsiella* sp. isolated from a tertiary care hospital". *Indian Journal of Medical Research* 125.2 (2007): 173-178.
8. J Rodriguez-Bano., et al. "Clinical and molecular epidemiology of extended-spectrum β - lactamase. Producing *Escherichia coli* as a cause of nosocomial infection or colonization: implications for control". *Clinical Infectious Diseases* 42.1 (2006): 37-45.
9. J Kim., et al. "Emergence of *Escherichia coli* sequence type ST131 carrying both the bla GES-5 and bla CTX- M-15 genes". *Antimicrobial Agents and Chemotherapy* 55.6 (2011): 2974-2975.
10. SA Jemima and S Verghese. "Multiplex PCR for blaCTX- M & blaSHV in the extended spectrum beta lactamase (ESBL) producing gram-negative isolates". *Indian Journal of Medical Research* 128.3 (2008): 313-317.
11. E Ruppe., et al. "CTX-M β -lactamases in *Escherichia coli* from community-acquired urinary tract infections, Cambodia". *Emerging Infectious Diseases* 15.5 (2009): 741-748.
12. I Shukla., et al. "Prevalence of extended spectrum β -lactamase producing *Klebsiella pneumoniae* in a tertiary care hospital". *Indian Journal of Medical Microbiology* 22.2 (2004): 87-91.
13. TBY Liem., et al. "3.1 Changes in antibiotic use in Dutch hospitals over a 6-year period: 1997-2002". *Antimicrobial Drug Use in Hospitalized Children* 63 (2011): 60.
14. J Oteo., et al. "Parallel increase in community use of fosfomycin and resistance to fosfomycin in extended-spectrum β -lactamase (ESBL)-producing *Escherichia coli*". *Journal of Antimicrobial Chemotherapy* 65.11 (2010): 2459-2463.
15. Liaison Representatives. "Practice parameter: the diagnosis, treatment, and evaluation of the initial urinary tract infection in febrile infants and young children. American Academy of Pediatrics. Committee on Quality Improvement. Subcommittee on Urinary Tract Infection". *Pediatrics* 103.4 (1999): 843-852.
16. FR Cockerill. "Performance Standards for Antimicrobial Susceptibility Testing: Twenty-First Informational Supplement". Clinical and Laboratory Standards Institute (CLSI) (2011).
17. P Wayne. "Performance standards for antimicrobial susceptibility testing. Twenty first informational supplement". CLSI Document M100-S21, Clinical and Laboratory Standards Institute (2011).
18. A Manoharan., et al. "Correlation of TEM, SHV and CTX-M extended-spectrum beta lactamases among Enterobacteriaceae with their in vitro antimicrobial susceptibility". *Indian Journal of Medical Microbiology* 29.2 (2011): 161-164.
19. L Poirel., et al. "Biochemical sequence analyses of GES-1, a novel class A extended-spectrum β -lactamase, and the class 1 integron In52 from *Klebsiella pneumoniae*". *Antimicrobial Agents and Chemotherapy* 44.3 (2000): 622-632.
20. MY Alikhani., et al. "Antimicrobial resistance patterns and prevalence of blaPER-1 and blaVEB-1 genes among ESBL-producing *Pseudomonas aeruginosa* isolates in West of Iran". *Jundishapur Journal of Microbiology* 7.1 (2014): e8888.
21. S Benenson., et al. "Carbapenem-resistant *Klebsiella pneumoniae* endocarditis in a young adult. Successful treatment with gentamicin and colistin". *International Journal of Infectious Diseases* 13.5 (2009): e295-e298.
22. YH Lee., et al. "*Klebsiella pneumoniae* strains carrying the chromosomal SHV-11 β -lactamase gene produce the plasmid-mediated SHV-12 extended-spectrum β -lactamase more frequently than those carrying the chromosomal SHV-1 β -lactamase gene". *Journal of Antimicrobial Chemotherapy* 57.6 (2006): 1259-1261.
23. B Kochaksaraii., et al. "Extended spectrum beta lactamase producing *E.coli* isolated from Gorgan, North of Iran". *Medical Laboratory Journal* 6.1 (2012).
24. M Moosavian and B Deiham. "Distribution of TEM, SHV and CTX-M Genes among ESBL-producing Enterobacteriaceae isolates in Iran". *African Journal of Microbiology Research* 6.26 (2012): 5433-5439.
25. L Arbabi., et al. "Extended-spectrum beta-lactamase-producing *E. coli* and *Klebsiella pneumoniae* isolated from urinary tract infections in Milad Hospital, Tehran, Iran". *HealthMED Journal* 6.11 (2012).

26. F Shahcheraghi, *et al.* "Prevalence of ESBLs genes among multidrug-resistant isolates of pseudomonas aeruginosa isolated from patients in Tehran". *Microbial Drug Resistance* 15.1 (2009): 37-39.
27. S Ananthan and A Subha. "Cefoxitin resistance mediated by loss of a porin in clinical strains of Klebsiella pneumoniae and Escherichia coli". *Indian Journal of Medical Microbiology* 23.1 (2005): 20-23.
28. C Branger, *et al.* "Genetic background of Escherichia coli and extended-spectrum β -lactamase type". *Emerging Infectious Diseases* 11.1 (2005): 54-61.
29. S Babypadmini and B Appalaraju. "Extended spectrum β -lactamases in urinary isolates of Escherichia coli and Klebsiella pneumoniae-prevalence and susceptibility pattern in a tertiary care hospital". *Indian Journal of Medical Microbiology* 22.3 (2004): 172-174.
30. S Swerkersson, *et al.* "Urinary tract infection in small outpatient children: the influence of age and gender on resistance to oral antimicrobials". *European Journal of Pediatrics* 173.8 (2014): 1075-1081.
31. YH Ku, *et al.* "In vitro activity of colistin sulfate against Enterobacteriaceae producing extended-spectrum beta lactamases". *Journal of Microbiology, Immunology and Infection* 48.6 (2014): 699-702.
32. A Walkty, *et al.* "In vitro activity of colistin (polymyxin E) against 3,480 isolates of gram-negative bacilli obtained from patients in Canadian hospitals in the CANWARD study, 2007-2008". *Antimicrobial Agents and Chemotherapy* 53.11 (2009): 4924-4926.
33. AA Kader and AK Kumar. "Prevalence of extended spectrum β -lactamase among multidrug resistant gram-negative isolates from a general hospital in Saudi Arabia". *Saudi Medical Journal* 25.5 (2004): 570-574.
34. F Shahcheraghi, *et al.* "Detection of extended-spectrum β -lactamases (ESBLs) in Escherichia coli". *Iranian Journal of Clinical Infectious Diseases* 4.2 (2009): 65-70.
35. PM Hawkey. "Prevalence and clonality of extended-spectrum β -lactamases in Asia". *Clinical Microbiology and Infection* 14.1 (2008): 159-165.
36. E Salehifar, *et al.* "Determination of antibiotics consumption in Buali-Sina pediatric Hospital, Sari 2010-2011". *Iranian Journal of Pharmaceutical Research* 13.3 (2014): 995-1001.

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