



## Correlation between virulence factor and biofilm formation in *Proteus* spp.

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### Abstract

Urinary Tract Infection is an infection that caused by the members of the genus *Proteus* that depends mainly on the availability of virulence factors; Various virulence factors including biofilm, swarming migration, polysaccharide, hemolysin, protease, DNase, urease production were determined for 45 *Proteus* isolates that obtained from clinical specimens of Urinary Tract Infection patient. The distribution of virulence factors was showed variation among the tested isolates and strain specific in most cases. All *Proteus* isolates showed 45 (100%) biofilm, polysaccharide and swarming capabilities with different extents. High urease production was demonstrated in most isolates 40 (88.8%); In addition, they were able to produce protease, DNase and hemolysin, in 30 (66.6%), 28 (62.2%) and 26 (57.7%) respectively.

The result of susceptibility test for *Proteus* spp. against seven antibiotics commonly used to treat UTI infection caused by *Proteus* spp.; *P. mirabilis* were 90% sensitive for Meropenem, 80% to Ciprofloxacin, 60% for both Cephalothin, Nitrofurantion, 50%, 40% and 30% for Amikacin, gentamicin and ceftriaxone respectively, but *P. vulgaris* isolates were sensitive to 80% for Meropenem, 70% Ciprofloxacin and Nitrofurantion and sensitive to 60%, 50%, 40% and 30% for Cephalothin, gentamicin, Amikacin and ceftriaxone respectively. (This study aimed to detect and evaluate the presence of some virulence factors in *Proteus* species isolates causing Urinary Tract Infection).

**Keywords:**-Biofilm, Swarming, DNase.

### العلاقة بين عوامل الضراوه وتكوين الغشاء الحيائي في جنس *Proteus* spp.

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## الخلاصة

التهاب المسالك البولية هو التهاب يصيب جزء من المسالك البولية والناجمة عن الاصابه بجنس *Proteus spp* حيث يعتمد بشكل رئيسي على توافر عوامل الفوعة . حددت عوامل امراضية مختلفة والمتضمنة الغشاء الحيائي والانتشار السطحي وانتاج السكريات المتعدد وقابليه انتاج انزيم اليوريز والدينيز والبروتيز والهيمولايسين ل 45 عزلة تم الحصول عليه من مرضى التهاب المسالك البولية. لقد اظهرت النتائج تباينا في توزيع عوامل الفوعة بين العزلات المختبرة وهي خاصيه متعلقة بالسلاله في معظم الاحيان. اظهرت معظم العزلات 45 (100%) قابليات مختلفه على انتاج الغشاء الحيائي والسكريات المتعدده والانتشار السطحي، كانت العزلات قادره على انتاج انزيم اليوريز بنسبة عالية ( 88.8 ) 40 عزلة وبالإضافة الى قدرتها على انتاج انزيم البروتيز والدينيز والهيمولايسين بنسب (66.6%) 30 ، (62.2%) 28 و (57.7%) 26. اظهرت نتائج اختبار الحساسيه لعزلات *Proteus spp* ضد سبع مضادات حيائية شائعة الاستعمال لمعالجه الاصابه بالتهاب المجاري البولية الناتجه من *Proteus spp*. حيث اظهرت العزلات العائده ل *Proteus mirabilis* بانها حساسه لل Meropenem و Ciprofloxacin بنسبه 90% و 80% وال Cephalothin و Nitrofurantion بنسبه 60% ولل Amikicin بنسبه 50% ولل gentamicin و ceftriaxone بنسبه 40% و 30% على التوالي اما بالنسبه لعزلات *Proteus vulgaris* فانها كانت حساسه بنسبه 80% و Meropenem و 70% لكل من Ciprofloxacin و Nitrofurantion و Amikacin و Cephalothin و gentamicin و ceftriaxone بنسبه 60%، 50%، 40% و 30% على التوالي .(الهدف من الدراسة هو كشف وتقييم وجود عوامل الفوعة في عزلات محلية تابعة الى جنس *Proteus spp* تسبب الاصابه في المسالك البولية).

## Introduction

*Proteus spp.* is a common causative agent of human urinary tract infection (U.T.I.) and a major cause of nosocomial infection [1]. These bacteria also cause wound infection, pneumonia and septicaemia [2]. Several pathogenic factors -associated with *Proteus spp.* including swarming (3), urease [4], haemolysin [5], protease [6], DNases [7] and polysaccharide [8].

Biofilms are aggregates of microorganisms, which are formed due to the attachment of cells to each other and/or to a host surface in an aqueous environment [9]. Bacterial adhesion to surfaces is one of the initial steps that lead to biofilm formation [10]. Biofilms are a matter of concern to many medical industries, since bacteria can colonize medical devices, altering their properties. Furthermore, it may represent an important source of contamination, releasing pathogenic bacteria. Biofilms are more resistant to antimicrobial agents, impairing the control of this form of microbial organization, when compared to free cells [10]. The crystalline biofilms formed by *Proteus mirabilis* can seriously complicate the care of patients undergoing bladder catheterization. They are capable of generating ammonia from urea by urease and elevating the pH of the urine and biofilm. The generation of alkaline causes calcium and magnesium phosphates to precipitate from urine and accumulate in the catheter biofilm, blocking the flow of urine from the bladder. Aggregates of crystals and bacteria form in the urine and these also become incorporated into the developing crystalline biofilm [11]. Due to biofilm important in bacterial pathogenicity for human, the behavior of antibiotic susceptibility was detected against highest biofilm production among *Proteus spp.*

## Materials and methods

**Bacterial isolate:** *Proteus spp.* Isolates were isolated from a patient with U.T.I. attended to different Hospitals in Baghdad, as, Medical City, Hospital Ibn al-Nafis and Al-Kindi hospital and identified by morphological characteristic and biochemical tests beside to re-conformed by API 20 E system.

**Swarming motility assays:** Overnight culture (5ul) was inoculated centrally onto the surface of the dried swarming plates containing nutrient broth, agar 1.5% and incubated overnight at 37°C [12].

Blood agar plate was used to detection of hemolysin production, skim milk agar was used to detection protease production and Urea agar was used to detection of urease production [13]. Congo red agar was used to detection polysaccharide production [14]. DNase agar was used to detection DNase production [15].

### Quantitative Assays of Biofilm Formation

Twenty microliter of *P. mirabilis* overnight culture was used to inoculate microtiter wells containing 180  $\mu$ l of brain heart infusion broth supported with 2% glucose and covered sealed with parafilm then incubated at 37°C for different periods. Cultures were removed and the wells were rinsed with (PBS phosphate buffer solution) pH 7.2. to determine the optical density at 630nm (OD630), and drying at room temperature for 15 min, then 200  $\mu$ l of crystal violet (1%) was added to the wells for 20 min. The stained biofilms were rinsed three times with PBS pH 7.2, and allowed to dry at room temperature for 15 min, then extracted twice with 200  $\mu$ l of 95% ethanol. The OD 630 was estimated using automatic microtiter plates reader [16]

### Antimicrobial susceptibility test

This test was performed by modified Kirby-Bauer method [17] Susceptibility test were determined for all isolates to 7 different of (Meropenem, Ciprofloxacin, Cephalothin's, Nitrofurantion, Amikicin, gentamicin and ceftriaxone) antibiotics by disc diffusion method recommended by National Committee for Clinical Laboratory Standards (NCCLS) (2011) [18].

### Results and discussion

Out of 185 clinical specimens urine collected from patients attended to different hospitals in Baghdad, 45 isolates that represent 24.3% were successfully diagnosed as *Proteus spp.*, 30 (67%) isolates belong to *P. mirabilis* and 15 (33%) isolates belong to *P. vulgaris*. The investigation for 7 virulence factors showed that not all the isolates had the same number of the factors. All isolates appeared (100%) positive for biofilm, swarming and slime layer production, 40 isolates (88.8%) were urease producer, 30 (66.6%) of the isolates showed the ability to produce protease. DNase production was appeared in 28 (62.2%) of isolates, also the *Proteus spp.* were showed lysis of human RBCs by haemolysin production with 26 (57.7%) isolates, (table-1).

The virulence score of each of 45 isolates were also estimated. Nine isolate (20%) only have all factors, 21 (46%) isolates produced six factors, while 12 (26.6%) isolates produced five factors, two isolates (4.4%) produced four factors and only one isolate (2.2%) produce three factors, (table -2)

**Table 1-**virulence factors of *Proteus spp.*

Proteus spp.	Slime layer	Biofilm	Swarming	Urease	Protease	Dnase	Heamolysin
pm1	++++	0.693*	90.00	++	++	++	++
pm2	+++	0.235	77.00	++	++	++	++
Pm3	++++	0.573*	78.00	++	++	++	++
Pm4	+++	0.424	89.00	++	++		++
pm5	++++	0.573*	84.00	++		++	++
Pm6	++++	0.830*	79.00	++			
Pm7	+++	0.437	69.00	++	++	++	
pm8	++++	1.13*	86.00	++	++	++	
Pm9	++++	0.351	76.00	++		++	++
pm10	++++	0.656*	73.00	++	++		
Pm11	+++	0.214	85.00	++			++
pm12	++++	0.703*	69.00	++	++	++	++
Pm13	+++	0.513	74.00	++	++		++
lm14	++++	0.610*	71.00	++	++	++	++
Pm15	+++	0.325	90.00	++			++
Pm16	+++	0.505	87.00	++	++	++	
Pm17	++++	0.397	78.00	++		++	++
Pm18	++++	0.459	69.00		++	++	
Pm19	+++	0.432	82.00	++	++		++
Pm20	++++	0.450	77.00	++	++	++	
Pm21	+++	0.513	67.00	++	++		++
Pm22	+++	0.291	88.00	++			
Pm23	+++	0.501	77.00	++	++		++
pm24	++++	0.863*	90.00	++	++	++	
pm25	++++	0.653*	83.00	++	++	++	
Pm26	+++	0.531	66.00	++	++		
Pm27	++++	0.472	86.00	++		++	++

Pm28	+++	0.459	68.00	++	—	++	++
Pm29	++++	0.354	72.00	++	++	++	—
Pm30	+++	0.355	85.00	++	++	—	++
pv1	++++	0.523*	71.00	++	++	++	++
Pv2	+++	0.327	87.00	—	—	—	—
pv3	++++	0.770*	89.00	++	—	++	—
pv4	++++	0.553*	68.00	++	++	—	—
Pv5	++++	0.348	77.00	++	++	++	++
pv6	++++	0.526*	90.00	++	—	—	++
pv7	++++	0.830*	77.00	++	—	—	++
pv8	++++	0.786*	75.00	++	—	++	—
pv9	++++	0.916*	81.00	++	++	++	—
Pv10	++++	0.448	89.00	++	++	++	++
Pv11	++++	0.8438*	84.00	++	++	++	++
Pv12	+++	0.510	80.00	—	—	++	++
Pv13	++++	0.432	90.00	++	++	—	—
Pv14	++++	0.550*	73.00	++	++	++	—
Pv15	++++	0.352	78.00	—	++	++	+

\*(best biofilm producing strain) ++++(very good slime layer producing strain) +++( good slime layer producing strain) ++(positive producing strain) – (neativenesson producing strain)

**Table 2-** Virulence factors score of *Proteus* isolates.

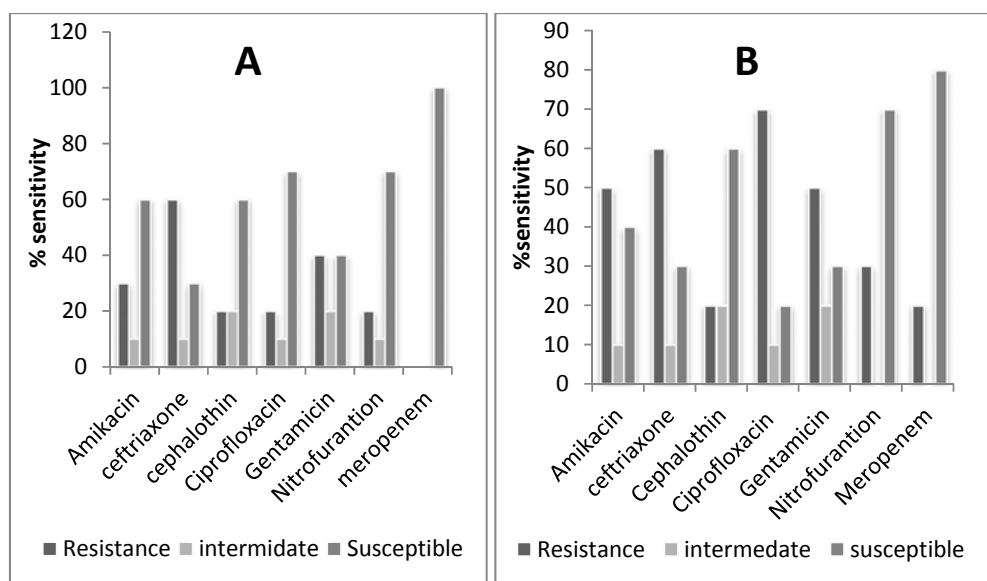
No.of the virulenceFactors	Number ofisolates	%	Cumulative percentage
3	1	2.2	2.2
4	2	4.4	6.6
5	12	26.6	33.2
6	21	46.6	79.8
7	9	20.2	100
Total	45	100	

Pathogenic bacteria have developed numerous means of adapting to their host environment [19]. Quantification of the main *P. mirabilis* virulence factors would increase our understanding of their role in the infection and colonization of the human urinary tract [20]. As the present study aimed to investigate the isolation rate of *Proteus* species from UTI patients and to explore their relevant virulence factors. Results found that 24.3% of the urine culture were positive for *Proteus* species. Actually, these results were almost dissimilar to that reported by another worker such as [21, 22]. Our result disagree with result of [23], who found

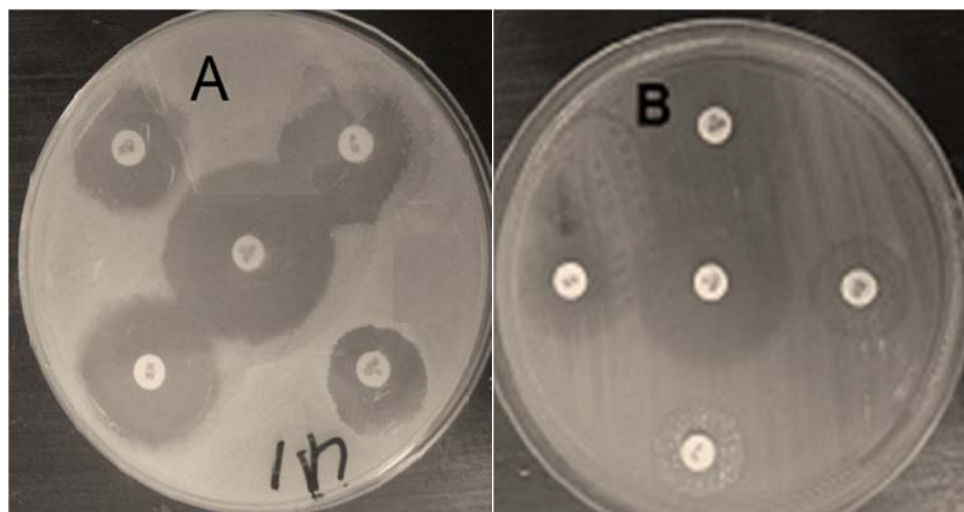
that 100% *Proteus spp.* were urease producer, 91% biofilm producer and 48.3% protease producer, and our results were lower than result reported by other workers [24,25] found that 64% of *P. mirabilis* isolated from UTIs protease enzyme producer, and in another study he reported that 94% of *P. mirabilis*, 71% of *P. vulgaris* [26] In a final conclusion, *Proteus spp.* appeared as one of the main causative agent of urinary tract infection. Most of these isolates had multiple virulence factors that increase their infectivity and worsen the clinical picture of the disease and may interfere with the efficiency of antimicrobial therapy.

Our results showed *P. mirabilis* isolates were sensitive to meropenem with 90%, 80% for ciprofloxacin, 60% for both nitrofurantoin and cephalothin, sensitive to 50%, 40%, 30% for amikacin, gentamicin and ceftriaxone respectively. While, *P. vulgaris* isolates were sensitive to meropenem with 80%, 70% for both ciprofloxacin, nitrofurantoin and sensitive with 60%, 50%, 40% and 30% for cephalothin, gentamicin, amikacin and ceftriaxone respectively (fig 1 and 2). Our result showed variation in antibiogram with other author report such as [27], they found that *P. mirabilis* were resistance to amikacin, to ciprofloxacin and gentamicin. Also, [28] and [29] they reported that *P. mirabilis* were resistance to gentamicin and sensitive for ciprofloxacin, While [30] results were shown 100% *P. vulgaris* resistant to cephalothin and 93.3% for nitrofurantoin and 96.6% of isolate were sensitive for ciprofloxacin and 80% for gentamicin and 65.7% for amikacin; However, [31], they are demonstrated that *P. vulgaris* were 100% sensitive to ciprofloxacin, and 85% were sensitive to gentamicin. The antibiotic susceptibility tests demonstrated that *Proteus spp.* have a wide range of

resistance to several antibiotics. This could be a result of the extra outer cytoplasmic membrane which contains a lipid bilayer, lipoproteins, polysaccharides and lipopolysaccharides. And the abuse and misuse of antibiotics could be part of the contributing factors of resistance to antibiotics (31). The ciprofloxacin was a bacterial antibiotic that interferes with nucleic acid synthesis by inhibiting the gyrase enzyme, this antibiotic has several binding sites on the enzyme. This decreases the likelihood of resistance (32; 33), therefore, it appeared to be drug of choice for urinary tract infection. The routine use of antibiotics in both medical and veterinary medicine has resulted in wide spread antibiotic resistance and development of antibiotic resistance genes especially within the gram negative organisms (33).



**Figure 1-** Antibiotics susceptibility pattern for *Proteus* spp., A :*P. mirabilis* ,B:*P.vulgaris*



**Figure 2-**Antibiotic susceptibility test of *Proteus* spp, A :*P. mirabilis* B:*P.vulgaris*

#### References

- Orett, F.A. 1999. Prevalence of *Proteus* spp. in U.T.I. in a regional hospital in Trinidad. *Chung-Hua-I-Hsueh-Isa-Chin-Taibei*. 62:343-344.
- Swierzko; A.S. and Kirikae, T.; F. 2000. Biological activities of L.P.S. of *Proteus* and their interactions with polymyxin - B and a n 18- Kda cationic antimicrobial protein (CAp 18) derived peptide *J. Med. Microb.* 49 127-138.

3. Jones, B. V., R. Young, E. Mahenthalingam, and Stickler, D. J. **2004**. Ultra structure of *Proteus mirabilis* swarmer cell rafts and role of swarming in catheter-associated urinary tract infection. *Infection and Immunity* 72 (7) :3941-3950.
4. Dattelbam, J.D., Lockatell, C.V., Johanson, D.E. and Mobley, H.L.T. **2003**. Ure R, the transcription activator of the *Proteus mirabilis* urease gene cluster, is required for urease activity and virulence in experimental urinary tract infections, *Infect. Immun.* 71:1026-1030
5. Braun, V., and Focareta, T. **1991**. Pore-forming bacterial protein hemolysins (cytolysins). *Critical Reviews in Microbiology* 18 (2): 115-158.
6. Belas, R., Manos, J. and Suvanasuthi, R. **2004**. *Proteus mirabilis* ZapA metalloprotease degrades a broad spectrum of substrates, including antimicrobial peptides. *Infect. Immun.* 72:5159–5167.
7. Nestle, M. and Roberts, W.K. **1969**: An extracellular nuclease from *Serratia marcescens*. *The j. of Biological.chemistry*, 244:5219-5225.
8. Rietschel, E. T., Kirikae, T., Schade, F. U., Mamat, U., Schmidt, G., Loppnow, H., Ulmer, A. J., Zaehring, U., Seydel, U., Padova, F., Schreier, D.M. and Brade, H. **1994**. Bacterial endotoxin: molecular relationships of structure to activity and function. *Fed. Am. Soci. Exp. Biol. J.* 8:217–225.
9. Lynch, J. F.; Lappin-Scott, H. M. and Costerton, J. W. **2003**. Microbial
10. biofilms, Cambridge University Press, Cambridge.
11. Morris, N. S., Stickler, D. J. and McLean, R. J.C. **1999**. The development of bacterial biofilms on indwelling catheters. *World J Urol* 17: 345–350.
12. Collee, J. G., Miles, R. S. and Watt, B. **1996**. Test for the identification of bacteria. In: *Practical Medical Microbiology*. 14<sup>th</sup> ed. ( Collee. J. G., Fraser, A. G., Marmion, B. P. and Simmons, A. (eds)). Churchill Livingstone New York. pp. 131-146.
13. Handke, L.D., Conlon, K.M., Slater, S.R., Elbaruni, S., Fitzpatrick, F., Humphreys, H., Giles, W.P., Rupp, M.E., Fey, P.D. and O’Gara, J.P. **2004**. Genetic and phenotypic analysis of biofilm phenotypic variation in multiple *Staphylococcus epidermidis* strains. *J. Med. Microbiol.* 53: 367-374.
14. Laftaah, B.A. **2001**. Enzymatic study on the protease produced by *Proteus mirabilis* causes urinary tract infections. MSc thesis. Biology Department. College of Science . University of Baghdad. Iraq.
15. MacFaddin, J.F. **1985**. Media for isolation-cultivation-identification maintenance of medical bacteria. Williams and Wilkins. Baltimore.
16. Mireles J. R., Adam T., and Rsaika M. H. **2001**. *Salmonella enterica* Serovar Typhimurium swarming mutants with altered biofilm-forming abilities: Surfactin inhibits biofilm formation. *J. of Bacteriology*. 183(20). 5848–5854
17. Morello, J. A.; Mizer, H. E. and Granato, P. A. **2006**. *Laboratory manual and workbook in microbiology applications to Patient Care*. McGraw Hill, Boston.
18. Clinical Laboratory Standards Institute (CLSI) **2011**. Performance
19. standard for antimicrobial disk susceptibility tests.
20. Ulitzur S. H-NS . **1998**. controls the transcription of three promoters of *Vibrio fischeri* lux cloned in *Escherichia coli*. *J Biolumin Chemilumin*. 13:185-188.
21. Poore CA and Mobley HL. **2003**. Differential regulation of the *Proteus mirabilis* urease gene cluster by UreR and H-NS. *Microbiology*. 149:3383-3394.
22. AL-Shaana, R.J.T. **2008**. Genetic effects of L-asparaginase II extracted from *Proteus vulgaris* on two cancer cell lines RD and help-2. M.Sc. Thesis. College of Science/ Biology Department/ university of Baghdad/ Iraq.
23. Malik, S.N. **2006**. Extraction and purification of lipopolysaccharide of local isolated *Proteus mirabilis* and study of its effect to prevent urinary tract infection in an animal model. MSc thesis .Biology Department. College of Science .University of Baghdad. IRAQ.
24. Al-Duliami, A. A., Nauman, N. G., Hasan, A. SH. and Al-Azawi Z. H. **2011**. Virulence factors of *Proteus mirabilis* isolated from patients otitis media Abbas A. Al-Duliami in Baquba and its peripheries. *Diyala Journal of Medicine* .1 (1)68 -75.
25. Jones, S.M.; Yerly, J.; Hu, Y.; Ceri, H. and Martinuzzi, R. **2007**. Structure of *Proteus mirabilis* biofilms grown in artificial urine and standard laboratory media. *FEMS Microbiol. Lett*; 268(1):16-21.

26. Senior, B.W.; Loomes, L.M. and Kerr M.A.(1991). The production and activity *in vivo* of *Proteus mirabilis* IgA protease in infections of the urinary tract. *J. Med. Microbiol.* 35(4):203-207.
27. Senior, B.W. **1999**. Investigation of the types and characteristics of the proteolytic enzymes formed by diverse strains of *Proteus* species. *J. Med. Microbiol.*; 48(7):623-628.
28. Al-Jebouri, M.M. and Mdish, S.A. **2013**. Antibiotic resistance pattern of bacteria isolated from patients of urinary tract infections in Iraq. *Open Journal of Urology* .3.p: 124-131.
29. Jombo, G.T.A., Emanghe, U.E., Amefule, E.N. and Damen, J.G. **2012**. Nosocomial and community acquired uropathogenic isolates of *Proteus mirabilis* and antimicrobial susceptibility profiles at a university hospital in Sub-Saharan Africa. *Asian Pacific Journal of Tropical Disease*. 13.p: 7-11
30. Manikandan, S. Ganesapandian, S. Singh M. and Kumaraguru, A.K(2011). Antimicrobial susceptibility pattern of urinary tract infection causing human pathogenic bacteria. *Asian J. Med. Sci.*, 3(2): 56-60.
31. Kadhum B.A. and Khalaf S.H. **2009**. Isolation & Pathogenic Study on *Proteus mirabilis*. *Journal Baghdad for Science*. 7:317-326
32. Nester, E.W., Roberts, C.E., Pearsall, N.N., Anderson, D.G. and Nester, M.T. **1998**. *Microbiology: A human perspective*. McGraw Hill, New York, 2<sup>nd</sup>ed.p: 599-601.
33. Inabo, H.I. and Obanibi, H.B.T. **2006**. Antimicrobial susceptibility of some urinary tract clinical isolates to commonly used antibiotics. *African Journal of Biotechnology* 55:487-489.
34. Mordi, R. M. and Momoh, M.I. **2009**. Incidence of *Proteus* species in wound infections and their sensitivity pattern in the University of Benin Teaching Hospital. *Afr. J. Biotechnol.* 8(5):725-730.
35. Enabulele, I.O., Yah, S.C., Yusuf, E.O., and Eghafona, N.O. **2006**. Emerging quinolone resistant transfer genes among gram negative bacteria isolated from the faeces of HIV/AIDS patients attending some clinics and hospitals in the city of Benin. Edo state, Nigeria. *J. of Health and allied Sci.*:5(3).