Mohammed et al.

Iraqi Journal of Science, 2017, Vol. 58, No.2C, pp: 988-1000 DOI: 10.24996/ijs.2017.58.2C.3





Detection The Prevalence of Adhesins and Extracellular hydrolytic enzymes genes in *Candida albicans* Biofilm Formation

Najwan Abbas Mohammed^{*1}, Hamzia Ali Ajah², Nemat Jamel Abdulbaqi¹

¹Department of Biology, College of Science, University of Baghdad, Baghdad, Iraq. ²Department of Biology, College of Science, AL-Mustansiriya University, Baghdad, Iraq.

Abstract

Biofilm formation (BF) is one of the most important virulence factors of *Candida* spp. The aim of this study was to detect the prevalence of genes responsible in biofilm formation of *C. albicans* by conventional PCR technique. Among 49 vaginal specimens (VC), *C. albicans* was the most predominant species in percentage 22/49 (45%) and 27(55%) were non *albicans*. Out of 47 oral specimens (OS), 22/47(47%) were *C. albicans*, whereas 25(53%) were non *albicans*. At the present study; all *C. albicans* were biofilm producers with variable strength, out of 44 BF producers, 18 (40.9%) were low biofilm (LBF) with significant differences (P<0.05) between HVS and OS, 25 (56.8%) moderate or high biofilm (HBF) and just one isolate from oral was strong (very high) biofilm in percentage about 2.3% with no significant differences between HVS and OS.

Molecular study of virulence genes correlated with biofilm *C. albicans* show that *HWP1*, *ALS1*, *ALS3*, *SAP5*, *PLB1* and *LIP8* genes were detected in 100% of *C. albicans* from vaginal and oral infections.

Keywords: Candida albicans, Biofilm, ALS1, ALS3, SAP5, LIP8, PLB1, HWP1.

التحري عن سيطرة جينات الالتصاق وجينات الانزيمات خارج خلوية في عزلات المبيضة البيضاء المكونة للغشاء الحياتي

¹ تجوان عباس محمد^{1*} ،حمزية علي عجة² ، نعمت جميل عبد الباقي¹ ¹ قسم علوم الحياة، كلية العلوم، جامعة بغداد، بغداد ، العراق. ² قسم علوم الحياة، كلية العلوم، الجامعة المستنصرية، بغداد، العراق.

الخلاصة

الغشاء الحياتي هو واحد من اهم العوامل الامراضية في انواع المبيضات. الهدف من هذه الدراسة هو التحري عن انتشار الجينات المسؤولة عن تكوين الغشاء الحياتي في المبيضات البيضاء باستخدام تقنية التفاعل التضاعفي المتسلسل. من بين 49 عينة مهبلية؛ كانت المبيضات البيضاء هي النوع الاكثر سيادة بنسبة 29/49 (45%) و 27(55%) كانت نسبة الانواع الاخرى. من بين 47 عينة فموية؛ 22/47(47%) كانت نسبة المبيضات البيضاء بينما 25(53%) كانت نسبة الانواع الاخرى. في الدراسة الحالية كل عزلات المبيضات البيضاء كانت منتجة للغشاء الحياتي بدرجات قوة مختلفة، من بين 44 عزلة منتجة للغشاء الحبيتي ؛ 18 (40%) كانت منخضة الغشاء الحياتي مع وجود فروق معنوية بين مسحات الفم و المهبل،

^{*}Email: najwanabbas@gmail.com

25(56.8%) متوسطة او عالية الانتاجيه للغشاء الحياتي او عزلة واحدة فقط كانت ذات غشاء حياتي قوي بنسبة 2.3% ولم يكن هناك فروق معنوية بين العزلات الفموية و المهبلية. بنسبة الدراسة الجزيئية لجينات الضراوة ذات العلاقة بالغشاء الحياتي في المبيبضاء البيضاء؛ ان بينت الدراسة الجزيئية لجينات الضراوة ذات العلاقة بالغشاء الحياتي في عز لات المبيضاء البيضاء الملاقة المعنواة من المعزولة من اصابات الفم والمهبل.

Introduction

As the most common yeasts in humans, *Candida* spp. are responsible for most fungal diseases. Therefore, understanding the mechanisms by which these microorganisms colonize and cause disease in humans is a great challenge for planning and establishing treatments [1]. In the recent years, the prevalence of serious fungal infections, invasive *Candida* infections particularly, has been increasing due to an increased number of patients receiving immunosuppressive therapy, increased major surgeries and broad-spectrum antibiotherapy, hyperalimentation, prolonged intensive care unit stay for patients with poor health status [2, 3]. *Candida albicans* is responsible for more than 50% of human candidiasis, including two major types of infections, superficial infections (nonlethal), such as oral or vaginal candidiasis; and systemic infections [4- 6]. *Candida* spp. is the most causative agents of vulvovaginitis in women and *C. albicans* was the most predominant candidal spp. [7].

Like other microorganisms, free-living *Candida albicans* is mainly present in a three-dimensional multicellular structure, which is called a biofilm [8]. Biofilms are defined as structured microbial communities that are attached to a surface and surrounded by a self-produced extracellular matrix [9, 10]. Biofilms form on tissue surfaces, such as infections of the oral and vaginal mucosa. In such infection models, *C. albicans* produces dense three-dimensional biofilms embedded inextracellular matrix material [11].

C. albicans biofilm formation characterized as a series of sequential steps: (1) biofilm formation begins with adherence step which cell-wall protein-mediated adherence of yeast cells to a surface (2) Initiation step, the yeast cells proliferate across the surface and produce elongated projections that grow into filamentous forms, including hyphae or/ and pseudohyphae (3) Maturation step extracellular matrix accumulates as the biofilm matures, and high-level drug resistance is also acquired Finally, (4) non-adherent yeast cells are released from the biofilm into the surrounding medium (dispersal step). While these steps may occur concurrently rather than sequentially during natural biofilm formation [12, 13].

Over the past years, the genetic network controlling biofilm formation has been investigated and partially elucidated, both *in vitro* and *in vivo* [14-17]. The genes that govern *C. albicans* biofilm formation fit into several broad functional categories. Many of these genes are required for production of hyphae (filamentation). Some of the first *C. albicans* biofilm genetic studies indicated that hyphae are required for stable biofilm formation [18, 19]. Many biofilm genes encode known or predicted cell wall proteins. These proteins are of special interest because they may play a direct role in cell-substrate or cell-cell adherence, heterologous expression studies indicate that *HWP1*, *ALS1*, *and ALS3* have such roles [20]. Previous works demonstrated that the expression of *HWP1* and of genes belonging to the *ALS*, *SAP*, *LIP* and *PLB* gene families is associated with biofilm growth on mucosal surfaces [21], as mentioned previously, the main function of *SAPs* is to degrade proteins, but they also play a role in cell-cell adhesion [22].

Materials and Methods:

Samples collection and isolation

High vaginal swabs were collected from 49 patients aged between16-50 years, presented with vulvovaginal candidiasis. Oral swabs were collected from 47 patients with oral candidiasis aged between two days to ten years, during the period from March 2015 to the end of June 2015. Clinical presentations were done by specialized doctors. and were divided in to two smears: one smear was examined immediately under microscope for direct examination; the other usually was cultured on SDA medium.

Identification of Candidal Isolates:

C. albicans was identified depending on the morphological features on culture medium with the use of API-*Candida* systems and then conferring the diagnosis by identifying *C. albicans* by using Vitek 2 system. Examined under the microscope looking for *Candida* budding cells. The isolates were stained

by Gram stain to detect their response to stain, shapes, their arrangement and yeast budding form. All isolates were grown on sabouraud dextrose agar. The plates were incubated at 37°C for 24-48h to isolate pure candidal colonies to examine their shape, size, color and consistency. After confirmation that the colonies were belong to *C. albicans*; the isolates were purified by streaking on sabouraud dextrose agar by using ABC methods then incubated at 37°C for two days to obtained one isolated pure colony. This isolated colony was transferred to SDA by streaking all the plate, and then incubates at 37 °C over night.

Biofilm Formation Assay

In the present study, biofilm formation was determined using pre-sterilized polystyrene 96-well microplates using method described in [23] with modifications. Yeast was inoculated using a loop into tube containing 2 ml of YPD broth incubated at 37°C for 24 h, all tubes were diluted at a ratio of 1:20 by using freshly prepared YPD with 1% glucose, each well of the microplate was filled with 200 μ L of this final solution. Microplates were covered with lids and incubated at 37°C for 24 h.

The medium in wells was removed and washed two times with sterile phosphated buffer solution (PBS) and then inverted to blot and let to dry. Microplates were stained by adding 200 μ L of 0.1gm/100ml crystal violate to each well incubated for 20 minutes which then washed two times with PBS then inverted to blot and let to dry, finally 200 μ L of acetone: ethanol mixture (20:80 v/v) was added to each well, waiting for about 10 min then the results were read at 450nm by an Elisa reader.

All tests were done in triplicates and means were calculated. Finally, the optical density (OD) of each strain was compared with the mean absorbance of negative controls (ODnc), (negative control is medium without inoculum). The following classification was used for the determination of biofilm formation: no biofilm production (ODs = ODnc), weak biofilm production (ODnc < ODsP \leq 2ODnc), moderate biofilm production (2ODnc < ODsPc \leq 4ODnc) and strong biofilm production (4ODnc < ODs) [24].

Statistical Analysis:

The Statistical Analysis System- SAS program was used to effect of difference factors in study parameters. Chi-square test was used to significant compare between percentages in this study.

Extraction of *Candida albicans* **DNA**:

Samples tubes were mixed thoroughly, and then DNA was extracted from each sample by using Wizard Genomic DNA purification kit (Promega, USA)

Measurement of concentration and purity of extracted DNA

Using NanoDrop spectrophotometer, DNA concentration and purity was determined. One drop for each extracted DNA was loaded then the software was calculated the purity and concentration depends on the following equilibrium:

 $10D_{260} = 50ng$

Purity = 260 / 280

DNA rehydration solution was used as blank.

Primers selection and preparation

All primers Table-1 were supplied in lyophilized forms. Dissolved in nuclease-free water to give a final concentration of 100 picomol/ μ l as recommended by provider and stored in deep freezer as stock solution until used in PCR amplification. Work solution was prepared by added 90 μ l of nuclease free water to 10 μ l of stock solution of primer to get 10picomol/ μ l concentration.

Primers	Primers sequences (3`-5`) Forward reverse	Annealing temperatu re (°C)	Product size (bp)	Reference
ALS1	GAC TAG TGA ACC AAC AAA TAC CAG A CCA GAA GAA ACA GCA GGT GA	52	318	[25]
ALS3	CCA CTT CAC AAT CCC CAT C CAG CAG TAG TAG TAG TAA CAG TAG TAG TTT CAT C	58	342	[26]
HWP1	ATG ACT CCA GCT GGT TC TAG ATC AAG AAT GCA GC	52	572	[25]
LIP8	AGA GTG ATA CAG ACA AAA AAT CAG AAG ACC ATT CAG CAT CAT GGT G	59	521	[27]
SAP5	AGA ATT TCC CGT CGA TGA GAC TGGT CAA ATT TTG GGA AGT GCG GGA AGA	60	277	[28]
PLB1	CCT ATT GCC AAA CAA GCA TTG TC CCA AGC TAC TGA TTT CAC CTG CTC C	58	179	[28]

Table 1-The primers and their sequences used in conventional PCR technique

Multiplex PCR working solution:

Optimization of Multiplex PCR was accomplished according to [25]; thus, 12.5 μ l of go tag master mix, 1 μ l for each forward and revers part of *ALS1* and *HWP1* and 4 μ l of DNA sample, then nuclease-free water was added to obtain 25 μ l as final volume.

Multiplex PCR program:

To detect both of *ALS1* and *HWp1* genes of *C. albicans*, the Multiplex PCR program was mentioned in Table- 2.

Step		Temperature	Time			
1	Initial denaturation	95	4 min			
2	denaturation	95	30 sec			
3	annealing	52	1 min			
4	extension	72	1 min			
5	Repeat steps 2-4 for 35 cycles					
6	Final extention	72	7 min			
7	hold	4	-			

 Table 2- The Multiplex PCR program for both ALS1 and HWP1 gene amplification.

Identification of *PLB1*, *SAP5*, *LIP8* and *ALS3* genes of *Candida albicans* by singleplex PCR PCR Amplification:

The PCR reaction was carried out in a 25 μ l reaction containing 12.5 μ l of Green Master Mix, 1 μ l of 10pmol/ μ l from each primer, 2 μ l of DNA template and the volume was completed to 25 μ l using nuclease-free water. Thermocycling conditions were as follows:

Step		Temperature		Time		
1	Initial denaturation	95		4 min		
2	denaturation	95		30 sec		
3	annealing	Depending on Primer (Table- 2(8))		30 sec		
4	extention	72		1 min		
5	5 Repeat steps 2-4 for 35 cycles					
6	Final extention	72	7 min			
7	hold	4	-			

Table 2	The Cinclerlar	DCD Can	dition for		LIDO and ALCO		.1:f:
Table 3-	The Singlepley	K PCK CON	attion for	PLBI, SAPS,	LIP8 and ALS3	gene am	plification

Gel Electrophoresis

PCR products were resolved on 1% agarose gel. The gel was prepared by dissolving 1g of agarose in 100ml of 1x TBE buffer using a microwave oven. The mixture was left to cool to about 55-60 C. one microliter of 10mg/ml of ethidium bromide was added. It was then poured into the electrophoresis tray, secure the combs in place, and left to cool and solidify for about 30min. After the gel was set; the combs were removed carefully and the tank was placed in the electrophoresis system containing running buffer consisting of 1x TBE. The buffer was poured until it covered the gel for about 2mm. Five microliter of each PCR product along with the negative control and a 100 bp DNA ladder were loaded into the wells, the system cover was then put into place and the system was turned on. The gel is left to run for 90min with a 100volt/50 mAmp current. Following electrophoresis, visualization was conducted with a UV transilluminator and the image was captured by digital camera (Canon, US). This camera has the appropriate filter and a suitable program for illumination of EtBr-stained gels. **Results and Discussion:**

From 49 *Candida* isolates from vaginal swabs; 22(45%) were *Candida albicans* and 27(55%) were non *albicans*. Whereas 22(47%) out of 47 *Candida* isolates from oral swabs were *C. albicans* and 25(53%) were non *albicans*.

In the present study, non *albicans Candida* isolates collectively contributed to more than half (55%) and (53%) of the candidial infections in both of vaginal and oral infection respectively this result agree with Jose *et al.* [29] in a previous study, also observed that the non *albicans Candida* was predominant (70%) as compared to *C. albicans* (30%), which indicate that the non *albicans Candida* infections are on the rise.

Similar finding have been reported in the literature by different authors [30], Whereas *C. albicans* was the most dominant species in both of vaginal and oral infections with percentages 45% and 47% respectively. These results are agree with [31] that *C. albicans* and *C. glabrata* were the most common yeast species isolated from patients. Mohammed [7] indicated that *C. albicans* was the predominant species (63.6%) out of 124 HVS, followed by *C. glabrata* (30.9%) and *C. trupicalis* (5.5%), [32] find 63.8% isolates were *C. parapsilosis*20.34% were *C. albicans*.

Biofilm Formation of *C. albicans*

Biofilm formation is one of the most important virulence factors of *Candida* spp. *Candida* biofilms occur on tissue surfaces as well as the biomaterial of medical devices [33]. Biofilm formation by *C. albicans* has shown to be highly variable and is directly associated with pathogenicity and poor clinical outcomes in patients at risk [34]. Biofilm formation was variable among *C. albicans* strains that were isolated from different anatomical sites [35].

At the present study; all *C. albicans* were biofilm producers with variable strength value depended on the OD value with using crystal violate (Figure-1). In general out of 44 BF producers, 18 (40.9%) were weak BF (low biofilm) with significant differences (P<0.05) between oral and vaginal specimens, 25 (56.8%) moderate BF (high) and just one isolate from oral was strong (very high) biofilm in percentage about 2.3%. Among vaginal isolates; 10/22 (45.5%) were low BF whereas moderate or high BF were 12/22 (54.5%). In comparable with those; the biofilm among oral isolates was higher than those of vagina, that weak BF were produced by 8/22 (36.4%), moderate BF 13/22 (59.1%) in addition to the appearance of one oral isolates produced strong BF in percentage about 4.5% Table- 4. As any other research these results are agree with some and different with others in some sides. These results show that BF is higher among oral infection than vaginal infection.

Mahmoudabadi *et al.* [36] indicated that 100% of *C. albicans* isolated from different sources had the ability to produce biofilm *in vitro*. It also agreed with [37] found all tested isolates of *C. albicans* produced biofilm on polystyrene. [38] Found that total of 198 of 327 (60.6%) *Candida* species isolates were biofilm-positive. Of these, 72 (36.4%) and 126 (63.6%) isolates were low and high biofilm producers, respectively.

Among 40 *C. albicans*, 22(55%) were strong- moderate biofilm producers [39], which agree with current results. In [29] found that Among the 100 isolates of *Candida*, 69% were found to be biofilm producers. Among them, 42% were weakly adherent, 23% moderately adherent, and 4% were strongly adherent.

	Biofilm Strength OD _c = 0.060 No. (%)			
Candida albicans source	Weak BF	Moderate	Strong	
VVC (n= 22)	10 (45.5%)	12 (54.5%)	0	
OC (n= 22)	8 (36.4%)	13 (59.1%)	1 (4.5%)	
Total (n= 44)	18 (40.9%)	25 (56.8%)	1 (2.3%)	
Chi-square $-\chi^2$	4.367 *	2.159 NS	1.077 NS	
P-value	0.0488	0.148	0.375	

Table 4- Biofilm formation by C. albicans

* (P<0.05), NS= Non-significant.



Figure 1- Microtiter plate for biofilm formation, *Candida albicans* isolates biofilms after 24h at 37°C cultured on YPD with 2% glucose. A) before staining B) after staining with 0.5 mg/100ml crystal violate.

Molecular Study of Virulence Genes Correlated with Biofilm *Candida albicans*: DNA Extraction:

Forty four extracted and purified DNA were obtained from 22 candidal isolates from vagina and 22 from oral. DNA was extracted and purified by using Wizard Genomic Kit.

Detection of *HWP1* and *ALS1* from Isolated *Candida albicans* by Using Multiplex PCR Technique:

Forty four (100%, 22 from oral, same from vaginal infection) of *C. albicans* were positive for *HWP1* and *ALS1* when detected by multiplex PCR technique. PCR products of these genes were 318 bp and 572 bp for *ALS1* and *HWP1*, respectively (Figure-2).

The study of [40] that ALS1 gene was detected in 39/39 (100%) of C. albicans isolates and HWP1 was detected in 35/39 (89.7%) and all strains were positive for HWP1 35/35 (100%) expressed this gene during infection. The current detection results were much higher than other Iraqi thesis by [41] who found that gene detection of each of ALS1 and HWP1 was done by PCR methods. Out of 25 C. albicans twelve isolates were positive for ALS1 gene and only nine samples positive for HWP1 gene, eight isolates were positive for both genes by multiplex PCR method. The study of [25] found that the presence of the ALS1 gene was detected in 53.9% of all strains, while the HWP1 gene was present in 5.3% which are much lower than present findings. The high frequency of detected ALS1 and HWP1 in this study may be related to the high pathogenicity of C. albicans that isolated from patients in ruled in this study. Transcript profiling and functional analysis pointed to the same conclusion: Bcr1 is required for expression of genes for cell surface adherence proteins (called adhesins), such as ALSI, ALS3, and HWP1. Many of these genes, including ALS3 and HWP1, are induced strongly during hyphal growth. It is important to note that overexpression of adhesin genes ALS1, ALS3, or HWP1 in bcr1 Δ/Δ mutant background restored biofilm formation ability, both *in vitro* and in a catheter infection model [42]. C. albicans Bcr1, a C_2H_2 zinc finger protein, has a significant role in biofilm formation [43].

Bcr1 is required for full expression of adhesins *ALS3*, *ALS1*, and *HWP1*. Gene mutation and overexpression analyses together prove that *ALS3* is necessary and sufficient among Bcr1 targets for biofilm formation *in vitro*. Overexpression analysis indicates that *ALS1*, *HWP1*, can also restore biofilm formation in the absence of Bcr1 *in vitro*. The fact that overexpression suppressors*ALS1*, *ALS3* and *HWP1* are all known adhesins indicates that adherence is the property through which Bcr1 governs biofilm formation. Bcr1 is required for biofilm formation *in vivo*, and overexpression of *ALS3* permits biofilm formation in the absence of Bcr1 *in vivo*. Thus, Bcr1-dependent adherence is critical for biofilm formation *in vivo* and *in vitro* [42].

The production of hyphae is a hallmark of initiation, and many initiation-defective mutants grow solely as yeast cells under biofilm conditions. Expression of a surface-directed *ALS3* fusion protein permits biofilm formation *in vitro*; therefore, the major way that hyphae promote biofilm formation is through expression of their surface protein complement [44].

The idea that *ALS1* might function in the initial adherence step is consistent with the fact that expression of gene is detectable in cells grown as either yeast or hyphal cell types this is not the case for *ALS3*, which is expressed primarily or exclusively in hyphae [45]. It is possible that the initial adherence step leading to biofilm formation *in vivo* can be carried out by either yeast-form cells, which express *ALS1*, or by hypha, which express *ALS3* [46].



Figure 2-Gel electrophoresis of multiplex PCR products of both *ALS1* and *HWP1* genes of *Candida albicans* on 1% agarose gel at 7volt /cm for 1 hour with 100bp DNA ladder. A, B) isolated No. 1-17, 18-22 from oral candidiasis C) 1-17 for *C. albicans* from vaginal candidiasis.

Detection of ALS3, SAP5, PLB1 and LIP8 Genes in Candida albicans

ALS3, SAP5, PLB1 and LIP8 were detected in all 44(100%) tested C. albicans isolated from both of vaginal and oral infections. Gel electrophoresis show the PCR products for ALS3 was 342 bp, SAP5 277bp, PLB1 179 bp and 521 bp for LIP8 Figures- 3, 4, 5 and 6 respectively. These results agree with some previous studies and disagree with others the reason of disagreement could be related to differences in Candida strains, Candida pathogenicity, sampling numbers, sites and degree of infection.

The study of [40] detected *SAP5*, *PLB1* in 39/39 (100%) of *C. albicans*, and their expression were also 100%, whereas detection frequency of *LIP8* was nearly agree with the current results it was detected in 38/39 (97.4%) with 100% expression fold, in contrast with 100% in this study. In the same previous study; *ALS3* was detected in 14/39 (35.8%) which is much lower than 100% detection in this study in spite of 100% expression fold of *ALS3* in [40] study. by using PCR technique; [47] results showed that *LIP8* was detected in only 1(100%) *C. albicans*, and *PLB1* gene was detected in 9(90%) *C. albicans*, in other previous study of [48] found the genotyping frequencies of the *SAP5* gene was 100% with 90% expression, suggesting that the Sap proteins play an important role in the pathogenesis of infection. The main function of *SAPs* is to degrade proteins, but they also play a role in cell-cell adhesion [22]. [49] showed that *C. albicans* biofilms secrete more *SAPs* than do planktonic cells, while [50] showed that an *in vitro C. albicans* biofilm induced *SAP* activity, and that *SAP8* expression within the biofilm correlated with *in vivo* denture stomatitis severity.

Of the 10 SAP genes, SAP4 - 6 are predominantly expressed in hyphae [22] and hyphae are the predominant forms in biofilm growth in the *in vivo* model [51], on the other hand, SAP9 - and SAP10 - encoded proteins maintain cell surface integrity by processing cell wall proteins, which mediate biofilm formation [52, 53]. The study of [53] proposed that Sap9 and Sap10 influence distinct cell wall functions by proteolytic cleavage of covalently linked cell wall proteins which mediate biofilm formation and promote adherence to host cells and invasion into epithelial cell layers.

In addition to *SAPs*, *C. albicans* also has two other gene families, namely the lipases (*LIP*) and phospholipases (*PL*) that produce extracellular hydrolytic enzymes that could play roles in candidal adhesion, nutrient acquisition and invasion of epithelial surfaces [27]. Constitutive expression of the *LIP* genes and *PLB* has been demonstrated in *C. albicans* biofilms [54], However, it is known that the expression of *ALS*, *SAP*, *LIP* and *PLB* genes can be influenced by other factors such as the growth medium, temperature and other environmental conditions [22, 55].



Figure 3- Gel Electrophoresis for PCR Product for *ALS3* Gene of *Candida albicans* on 1% agarose gel at 7volt /cm for 1 hour with 100bp DNA ladder. A) Isolates No. 1-12 from Oral Candidiasis, B) Isolates No. 1-12 for Vaginal Candidiasis. C) 13-22 from vagina, 23- 28 from oral.



Figure 4- Gel Electrophoresis for *SAP5* Gene of *Candida albicans*, on 1% agarose gel at 7volt /cm for 1 hour with 100bp DNA ladder. A) Isolated No. 1-12 from oral. B) 1-12 from vaginal infection.



Figure 5- Gel Electrophoresis for *PLB1* Gene of *Candida albicans*, on 1% agarose gel at 7volt /cm for 1 hour with 100 bp DNA ladder. A) Isolated No. 1-12 from oral. B) 1-12 from vaginal infection.



Figure 6- Gel Electrophoresis for *LIP8* Gene of *Candida albicans*, on 1% agarose gel at 7volt /cm for 1 hour with 100 bp DNA ladder. A) Isolated No. 1-16 from vaginal candidiasis B) 17-22 from vaginal candidiasis, 23-28 from oral candidiasis C) isolates from oral. Conclusions:

This study concluded that all *C. albicans* were biofilm producers with variable strength. *HWP1*, *ALS1*, *ALS3*, *SAP5*, *PLB1* and *LIP8* genes were detected in 100% of *C. albicans* from vaginal and oral infections.

Acknowledgement:

All thanks for patients who accepted to study their clinical states and helped in sampling, with gratitude to biology department, collage of science, Baghdad University and for every one supported this work.

References:

- 1. Pathak, A. K., Sharma, S. and Shrivastva, P. 2012. Multi-species biofilm of *Candida albicans* and non-*Candida albicans Candida* species on acrylic substrate. *J Appl Oral Sci.* 20(1): 70-75.
- 2. Lass-Flörl, C. 2009. The changing face of epidemiology of invasive fungal disease in Europe. *Mycoses*. 52: 197-205.
- Chaves, G. M., Diniz, M. G., da Silva-Rocha, W. P., de Souza, L. B., Gondim, L. A., Ferreira, M. A., Svidzinski, T. I. and Milan, E. P. 2013. Species Distribution and Virulence Factors of *Candida* spp. Isolated from the Oral Cavity of Kidney Transplant Recipients in Brazil. *Mycopathologia* 175: 255-263.
- 4. Pereira, C. A., Toledo, B. C., Santos, C. T., Pereira Costa, A. C., Back-Brito, G. N., *et al.* 2013. Opportunistic microorganisms in individuals with lesions of denture stomatitis. *Diagn Microbiol Infect Dis.* 76: 419–424.
- 5. Leon, C., Ostrosky-Zeichner, L. and Schuster, M. 2014. What's new in the clinical and diagnostic management of invasive candidiasis in critically ill patients. *Intensive Care Med.* 40(6): 808-819.
- 6. Singh, A., Tripathi, P. and Singh, S. 2017. Evaluation of Anti-*Candida* potential of Indigenous Plants and Herbs. *International Journal of ChemTech Research*, 10(1): 335-341.
- 7. Mohammed, N. A. 2012. Detection of *Candida* spp. and other pathogens responsible for vulvovaginitis in women with contraceptive methods. M.Sc. Thesis, University of Baghdad, College of Science.
- 8. Mathé, L., and Van Dijck, P. 2013. Recent insights into *Candida albicans* biofilm resistance mechanisms. *Current Genetics*, 59(4): 251–264.
- 9. Costerton, J. W., Lewandowski, Z., Caldwell, D. E., Korber, D. R. and Lappin- Scott, H. M. 1995. Microbial biofilms. *Annu Rev Microbiol.* 49: 711–74.
- 10. Donlan, R. M. and Costerton, J. W. 2002. Biofilms:survival mechanisms of clinically relevant microorganisms. *Clin Microbiol Rev.* 15: 167-193.
- 11. Harriott, M. M., Lilly, E. A, Rodriguez, T. E., Fidel, P. L, and Noverr, M. C. 2010. *Candida albicans* forms Biofilms on the Vaginal Mucosa. *Microbiology*. 156: 3635-3644.
- 12. Uppuluri, P., Chaturvedi, A. K., Srinivasan, A., Banerjee, M., Ramasubramaniam, A. K., Kohler, J.R., Kadosh, D., and Lopez-Ribot, J. L. 2010. Dispersion as an important step in the *Candida albicans* biofilm developmental cycle. *PLoS Pathog.* 6:e1000828.doi: 10.1371/ journal. ppat. 1000828.
- Kaneko, Y., Miyagawa, S., Takedo, O., Hakariya, M., Matsumoto, S., Ohno, H. and Miyazaki, Y. 2013. Real-time microscopic observation of *Candida* biofilm development and effects due to micafungin and fluconazole. *Antimicrob Agents Chemother.* 57: 2226–2230.
- 14. Bonhomme, J., Chauvel, M., Goyard, S., Roux, P., Rossignol, T. and d' Enfert, C. 2011. Contribution of the glycolytic flux and hypoxia adaptation to efficient biofilm formation by *Candida albicans. Mol Microbiol* 80:995–1013.
- **15.** Fanning, S., Xu, W., Solis, N., Woolford, C. A., Filler, S. G. and Mitchell, A. P. **2012**. Divergent targets of *Candida albicans* biofilm regulator Bcr1 *in vitro* and *in vivo*. *Eukaryot Cell*. **11**: 896–904.
- Nobile, C. J., Fox, E. P., Nett, J. E., Sorrelis, T. R., Mitrovich, Q. M, Hernday, A. D., Tuch, B. B., Andes, D. R. and Johnson, A. D. 2012. A recently evolved transcriptional network controls biofilm development in *Candida albicans. Cell*, 148: 126–138.
- Banerjee, M., Uppuluri, P., Zhao, X. R., Carlisle, P. L., Vipulanandan, G., Villar, C. C., Lo´pez-Ribot, J. L. and Kadosh, D. 2013. Expression of UME6, a key regulator of *Candida albicans* hyphal development, enhances biofilm formation via Hgc1- and Sun41-dependent mechanisms. *Eukaryot Cell*, 12: 224–232.
- 18. Baillie, G. S. and Douglas, L. J. 1999: Role of dimorphism in the development of *Candida albicans* biofilms. *J. Med. Microbiol.* 48: 671–679.

- **19.** Ramage, G., VandeWalle, K., Lopez-Ribot, J. L. and Wickes, B. L. **2002**. The filamentation pathway controlled by the Efg1 regulator protein is required for normal biofilm formation and development in *Candida albicans*. *FEMS Microbiol Lett.* **214**: 95–100.
- **20.** Li, F. and Palecek, S. P. **2008**. Distinct domains of the *Candida albicans* adhesin Eap1p mediate cell-cell and cell-substrate interactions. *Microbiology*. **154**: 1193–203.
- **21.** Zakikhany, K., Naglik, J. R., Schmidt-Westhausen, A., Holland, G., Schaller, M. and Hube, B. **2007**. *In vivo* transcript profiling of *Candida albicans* identifies a gene essential for interepithelial dissemination. *Cellular Microbiology*, **9**: 2938-2954.
- **22.** Naglik, J. R., Challacombe, S. J. and Hube, B. **2003a**. *Candida albicans* secreted aspartyl proteinases in virulence and pathogenesis. *Microbiol Mol Biol Rev.* **67**: 400 428.
- **23.** Melek, İ., Mustafa, A.A., Ayşe, N. K., Erkan, Y., Omer, E., Suleyman, D., and Gonca, D. **2012**. Investigating virulence factors of clinical *Candida* isolates in relation to atmospheric conditions and genotype. *Turk. J. Med. Sci.* **42**(2): 1476-1483.
- 24. Rodrigues, L. B., Santos, L. R., Tagliari, V. Z., Rizzo, N. N., Trenhago, G., Oliveira, A. P., Goetz, F. and Nascimento, V. P., 2010. Quantification of biofilm production on polystyrene by *Listeria, Escherichia coli* and *Staphylococcus aureus* isolated from a poultry slaughterhouse. *Braz. J. Microbiol.* 41: 1082–1085.
- Melek, I., Mustafa, A., Burçin, Z., Omer, E. Nizami, D. Vicdan, M. Ayşe, K. Yüsüf, O. Cetin, K. and Süleyman, D. 2013. Investigations of *ALS1* and *HWP1* genes in clinical isolates of *Candida albicans. Turk J Med Sci.* 43: 125-130.
- **26.** Green, C. B., Cheng, G. and Chandra, J. **2004**. RT-PCR detection of *Candida albicans* ALS gene expression in the reconstituted human epithelium (RHE) model of oral candidiasis and in model biofilms. *Microbiology*. **150**: 267–275.
- 27. Ga´cser, A., Trofa, D., Scha¨fer, W. and Nosanchuk, J. D. 2007. Targeted gene deletion in Candida parapsilosis demonstrates the role of secreted lipase in virulence. *J Clin Invest.* 117: 3049-3058.
- Naglik, J. R., Rodgers, C. A., Shirlaw, P. J., Dobbie, J. L., Fernandes-Naglik, L. L., Greenspan, D., Agabian, N. and Challacombe, S. J. 2003 b. Differential Expression of *Candida albicans* Secreted Aspartyl Proteinase and Phospholipase B Genes in Humans Correlates with Active Oral and Vaginal Infections. *The Journal of Infectious Diseases*, 188: 469–479.
- 29. Jose, N. V., Mudhigeti, N., Asir, J. and Chandrakesan, S. D. 2015. Detection of virulence factors and phenotypic characterization of *Candida* isolates from clinical specimens. *J Curr Res Sci Med.* 1: 27-31.
- **30.** Dharmeswari, T., Chandrakesan, S. D., Mudhigeti, N., Patricia, A. and Kanungo, R. **2014**. Use of chromogenic medium for speciation of *Candida* isolated from clinical specimens. *Int J Curr Res Rev.* **6**: 1-5.
- **31.** Javad, G., Taheri Sarvtin, M., Hedayati, M. T., Hajheydari, Z., Yazdani, J., and Shokohi, T. **2015**. Evaluation of *Candida* Colonization and Specific Humoral Responses against *Candida albicans* in Patients with Atopic Dermatitis. *BioMed Research International*. 2015, p: 1-5.
- **32.** Imran, Z. K. and Alshammry, Z. W. **2016**. Molecular diagnosis of Candidemia of intensive care unites patients based on sequencing analysis of ITS regions. *International Journal of PharmTech Research*, **9**(12): 658-668.
- **33.** Gultekin, B., Eyigör, M., Tiryaki, Y., Kırdar, S. and Aydın, N. **2011**. Investigation of antifungal susceptibilities and some virulence factors of *Candida* strains isolated from blood cultures and genotyping by RAPD-PCR. *Mikrobiyol Bul*, **45**: 306-317.
- Rajendran, R., Sherry, L., Lappin, D. F., Nile, C. J., Smith, K., Williams, C., and Ramage, G. 2014. Extracellular DNA release confers heterogeneity in *Candida albicans* biofilm formation. *BMC Microbiology*, 14: 303.
- **35.** Hu, L., Du, X., Li, T., Song, Y., Zai, S., Hu, X. and Zhang, X., L, M. **2015**. Genetic and phenotypic characterization of *Candida albicans* strains isolated from infectious disease patients in Shanghai. *Journal of Medical Microbiology*, **64**: 74–83.
- **36.** Mahmoudabadi, A. Z., Zarrin, M., and Kiasat, N. **2014**. Biofilm Formation and Susceptibility to Amphotericin B and Fluconazole in *Candida albicans*. Jundishapur *Journal of Microbiology*, **7**(7)

- **37.** Villar-Vidal, M., Marcos-Arias, C., Eraso, E. and Quindos, G. **2011**. Variation in biofilm formation among blood and oral isolates of *Candida albicans* and *Candida dubliniensis*. *Enferm Infecc Microbiol Clin.* **29**(9): 660–665.
- **38.** Bruder-Nascimento, A., Camargo, C. H., Mondelli, A. L., Sugizaki, M. F., Sadatsune, T. and Bagagli, E. **2014**. *Candida* species biofilm and *Candida albicans ALS3* polymorphisms in clinical isolates. *Brazilian Journal of Microbiology*, **45**(4): 1371–1377.
- **39.** Udayalaxmi, Jacob, S., and D'Souza, D. **2014**. Comparison between Virulence Factors of *Candida albicans* and Non-*albicans* Species of *Candida* Isolated from Genitourinary Tract. *Journal of Clinical and Diagnostic Research* : JCDR, **8**(11): DC15–DC17.
- **40.** Monroy-Pérez, E., Paniagua-Contreras, G. L., Rodríguez-Purata, P., Vaca-Paniagua, F., Vázquez-Villaseñor, M., Díaz-Velásquez, C., and Vaca, S. **2016**. High Virulence and Antifungal Resistance in Clinical Strains of *Candida albicans*. *Canadian Journal of Infectious Diseases & Medical Microbiology*, 2016: 1-7.
- **41.** Ali, A. S. **2014**. Molecular Detection of *ALS1* and *HWP1* Genes of *Candida albicans* Isolated from Candidiasis by Polymerase Chain Reaction. MCs Thesis for College of Medicine AL-Nahrain University.
- **42.** Nobile, C. J., Andes, D. R., Nett, J. E., Smith, F. J., Yue, F., Phan, Q. T., Edwards, J. E., Filler, S. G. and Mitchell, A. P. **2006**. Critical role of Bcr1-dependent adhesins in *C. albicans* biofilm formation *in vitro* and *in vivo*. *PLoS Pathog*, **2**(7): e 63.
- **43.** Nobile, C. J., and Mitchell, A. P. **2005**. Regulation of cell-surface genes and biofilm formation by the *C. albicans* transcription factor Bcr1p. *Curr Biol.* **15**: 1150–1155.
- 44. Ding, C., and Butler, G. 2007. Development of a Gene Knockout System in *Candida Cell*, 6(8): 1310–1319.
- **45.** Green, C. B., Zhao, X., Yeater, K. M. and Hoyer, L. L. **2005**. Construction and real-time RT-PCR validation of *Candida albicans* PALS-GFP reporter strains and their use in flow cytometry analysis of *ALS* gene expression in budding and filamenting cells. *Microbiology*. 151:1051–60.
- **46.** Finkel, J. S., and Mitchell, A. P. **2011**.Genetic Control of *Candida albicans* Biofilm Development. Nature Reviews. *Microbiology*, **9**(2): 109–118.
- **47.** Fattah, C. H. R. **2013**. Detection and characterization of *Candida* spp. in leukemia patients from Sulaimani Governorate, Kurdistan region Iraq. M.Sc. Thesis; Sulaimani University.
- **48.** Monroy-Perez, E., Paniagua-Contreras, G., Vaca-Paniagua, F., Negrete-Abascal E., and Vaca, S. **2013**. SAP expression in Candida albicans strains isolated from Mexican patients with vaginal candidosis. *International Journal of Clinical Medicine*, **4**(1): 25–31.
- 49. Mendes, A., Mores, A. U., Carvalho, A. P., Rosa, R. T., Samaranayake, L. P. and Rosa E. A. 2007. *Candida albicans* biofilms produce more secreted aspartyl protease than the planktonic cells. *Biol. Pharm. Bull.* 30: 1813–1815.
- **50.** Ramage, G., Coco, B., Sherry, L., Bagg, J. and Lappin, D. F. **2012**. *In vitro candida albicans* biofilm induced proteinase activity and sap8 expression correlates with *in vivo* denture stomatitis severity. *Mycopathologia*, **174**(1): 11–19,
- **51.** Ric^{*}icova['], M., Kuchari[']kova['], S., Tournu, H., Hendrix, J., Bujda[']kova, H., Van Eldere, J., Lagrou, K., and Van Dijck, P. **2010**. *Candida albicans* biofilm formation in a new *in vivo* rat model. *Microbiol*. **156**: 909–919.
- 52. Chaffin, W. L. 2008. Candida albicans cell wall proteins. Microbiol Mol Biol Rev 72:495–544
- **53.** Schild, L., Heyken, A., de Groot, P. W., *et al.* **2011**. Proteolytic cleavage of covalently linked cell wall proteins by *Candida albicans* Sap9 and Sap10. *Eukaryot Cell.* **10**: 98 109.
- Nailis, H., Kucharíková, S., Řičicová, M., Van Dijck, P., Deforce, D., Nelis, H., and Coenye, T.
 2010. Real-time PCR expression profiling of genes encoding potential virulence factors in *Candida albicans* biofilms: identification of model-dependent and -independent gene expression. *BMC Microbiology*, 10: 114.
- **55.** Hoyer, L. L., Green, C. B., Oh, S. H. and Zhao, X. **2008**. Discovering the secrets of the *Candida albicans* agglutinin-like sequence (*ALS*) gene family: a sticky pursuit. *Med Mycol*, **46**: 1–15.