Use of Nanoparticles as Alternative Way for Treatment of Methicillin Resistant Staphylococcus Aureus

Sanaa Sauod Ahmed

Department of Microbiology, College of Veterinary Medicine, University of Tikrit, Tikrit, Iraq sanaa.s.ahmed@tu.edu.iq

Introduction

Staphylococcus aureus are gram positive cocci, arrangement in cluster, non-motile, non- spore forming, non capsulated, aerobic or Facultative anaerobes, growth in mannitol salt agar, it able to fermentation of mannitol, glucose, lactose and sucrose. It give positive result in catalases test, MR-VR test and urease test while it gave negative result in oxidase and indol test (Quinn *et al.*, 2006).

It caused many disease to human like Staphylococcal scalded skin syndrome, Myositis, Urogenital Infection, Arthritis, Osteomyelitis, and Food poisoning (Murray *et al.*, 2002).

They are many bacterial causes of wound infection, like *Staphylococcus aureus*, streptococcus , *Pseudomonas aeruginosa*, and other enterobacteriaceae (Ahmad& Iranzo,2003).

In recent yearsmethicillin resistant *staphylococcus aureus* were more prevalence, and became a problem in treatment. Nanoparticles (NPs) have been established as a promising approach to solve this problem, it broad-spectrum antibacterial effect against both Gram- positive and Gram-negative bacteria(Edmundson *et al.*,2013).

Materials and methods

- **Sample collection**: 80 infected wound swabs were taken from infected traumatic or surgical wounds.

- Bacteriological study

a- Bacterial isolation: all swabs transport in trypton soya broth and cultivation for 24hours at 37° C. then sub culturing in mannitol salt agar. and cultivation for 24hours at 37° C.

b- Bacterial identification: gram stain and a group of biochemical tests (catalase, oxidase, urease, DNA ase, and coagulase) were applied.

Antibiotic and nanoparticles sensitivity test

a- Antibiotic sensitivity test were applied according to (Ryan& Ray,2014).

b- Minimum inhibitory concentration (MIC) were applied by tube methods with bacteria concentration $1.5X10^8$ CFU/ML) and nanoparticles were added in concentration (20 µg/ml, 40 µg/ml, 60 µg/ml, 80 µg/ml, 100 µg/ml) (Roselli*et al.*,2013).

c- Determination of inhibitory zone: Holes in plate were done by cut as eptically with sterile cork borer, then 0.1 ml of 1.5×10^8 CFU/ml of bacterial suspension were disseminate in agar media, after that 100µl of Nps were put in hole and incubation at 37°C for 24h. the inhibition zone were measured using caliber.

Genetic study:

_

A- DNA extraction : one colony were dissolve in $200\mu l$ of DNase free water then heated in

http://annalsofrscb.ro

water bath at 100c for 10 minutes. Eppendorf tube transmitted to ice then centrifuged at 12000c/m for 20 seconds . supernatant were taken and kept in -20c. (oie,2009).

B- Detection of *staphylococcus aureus* specie by used of *Nuc* gene

1- Compounds used in preparation of Reaction Mixture for confirmation of *staphylococcus aureus* : as in table (1) and according to (Kuźma et al., 2003).

Table 1.1 CK feaction mixture compounds				
Compound				
Taq PCR Master Mix KIT (Qiagen, Germany) Which contain Taq	25µl			
DNA Polymerase (2.5 Unit), PCR Buffer with 3mM MgCL2,				
200µMdNTP (Qiagen, Germany)				
Nuc gene F: 5'-GCGATTGATGGTGATACGGTT -3' (out	1.4µl			
product size 270 bp).				
Nuc gene R: 5'-AGCCAAGCCTTGACGAACTAAAGC-3'				
DNA template	3µl			
DNA free water	21.4µl			
Total	50			

Table 1: PCR reaction mixture Compounds

2- Thermocyclar programs : the program began by initial denaturation step of 95° C for 2 min, then 30 cycles, each cycle consist from 3steps : a denaturation step of 95° C for 1 min, annealing at 50°C for 1 min, and extension at 72°C for 2mints; and a final extension step of 72°C for 10 min

C- Detection of methicillin resistant staphylococcus aureus (*Mec A* gene):

1- Compounds used in preparation of Reaction Mixture for confirmation of Methicillin resistant staphylococcus aureus (*Mec A* gene) : as in table (2) and according to(Karmakar*et al*, 2016)

Compound	Amount
Taq PCR Master Mix KIT (Qiagen, Germany) Which contain Taq	25µl
DNA Polymerase (2.5 Unit), PCR Buffer with 3mM MgCL2,	
200µMdNTP (Qiagen, Germany)	
Mec A gene 5'-GTAGAAATGACTGAACGTCCGATGA-3' (out	1.4µl
product size 310 bp).	
Mec A gene R: 5'-CCAATTCCACATTGTTTCGGTCTAA-3'	1.4 <u>µl</u>
DNA template	3 <u>µl</u>
DNA free water	21.4 <u>µl</u>
Total	50

Table (2): PCR reaction mixture Compounds

2- Thermocyclar programs : the program began by initial denaturation step of 95° C for 2 min, then 30 cycles, each cycle consist from 3steps : a denaturation step of 94° C for 1 min, annealing at 50°C for 1 min, and extension at 72°C for 2mints; and a final extension step of 72°C for 10 min.

D- RAPD technique (Random Amplification of Polymorphic DNA) used with 10 primers (as in table 3) and according to (Sambrok & Russei, 2001).

Number	Primer code	Sequences	
1	OP G-5	CTGAGACGGA	
2	OP H-14	ACCAGGTTGC	
3	OP M-01	GTTGGTGGCT	
4	OP J-01	CCCGGCATAA	
5	OP P-04	GTGTCTCAGG	
6	OP Q-02	TCTGTCGCTC	
7	OP R-10	CCATTCCCCA	
8	OP V-20	CAGCATGGTC	
9	OP U-12	TCACCAGCCA	
10	OP W-17	GTCCTGGGTT	

Table (3): The primers sequences used in RAPD technique.

D- Agarose Gel Electrophoresis according to (Sambrok & Russei, 2001). The agarose gel were prepared (1.5%).

Results

- Result of bacterial isolation: out of 80 wound samples, 42 Staphylococcus spp. Were isolate, 28 of them belong to *Staphylococcus aureus* and only 24 isolates were Methicillin resistant. As in table (4).

Tuble (1). humber and futto of suphytococcus isolates						
No of	Staphylococcus		Staphylococcus aureus		Methicillin resistant Staphylococcus	
sample	ple spp.			aureus		
80	No	Ratio	No	Ratio	No	Ratio
	42	52.5%	28	35%	24	30%

Table (4): number and ratio of staphylococcus isolates

Staphylococcus aureus given yellow colony on Mannitol salt agar (figure 1) and positive reaction in coagulase and DNase test.

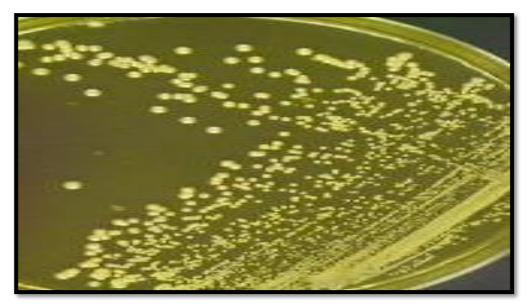


Figure (1): Mannitol salt agar, show yellow colony of *staphylococcus aureus*

In figure (2) show the positive result of *Staphylococcus aureus* by using of primer*Nuc* gene, which given band in size 270bp.

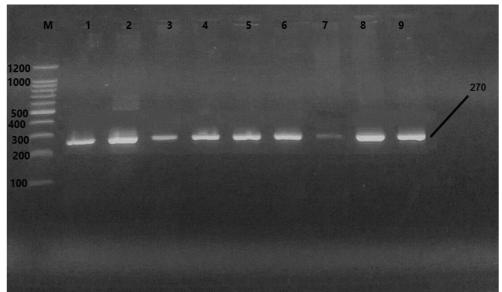


Figure (2):Agarose gel electrophoresis of PCR products. M: 100 bp DNA ladder, lines (1-9)positive result at 270 bp for *Staphylococcus aureus*.

In In figure (3) show the positive result of methicillin resistant *Staphylococcus aureus* by using of primer *mec* A gene, which given band in size 310 bp.

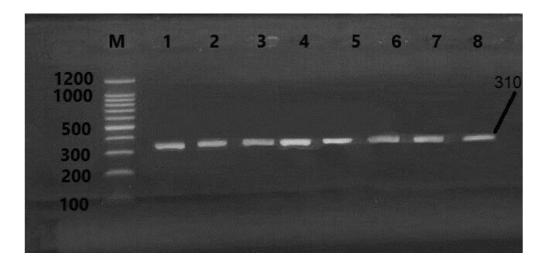


Figure (3):Agarose gel electrophoresis of PCR products. M: 100 bp DNA ladder, lines (1-8)positive result at 310 bp for methicillin resistant *Staphylococcus aureus*

Minimum inhibitory concentration (MIC) and Minimum bactericidal concentration (MBC): from table (5) showed that MIC of Ago and Zno against Methicillin resistant *Staphylococcusaureus* were 20 μ g/ml and 40 μ g/ml respectively while the MBC of Ago and Zno against Methicillin resistant *Staphylococcus aureus* were 40 μ g/ml and 80 μ g/ml respectively, the inhibitory zone were 32mm and 28 mm.

	8	0		I			
Type of		Nanoparticles concentration(µg/ml)					
nanoparticles	10	20	40	60	80	100	
AgNPs	growth	No	No growth+	No growth	No	No	
		growth	septic		growth	growth	
Zno	growth	growth	No growth	No growth	No	No	
				+ septic	growth	growth	

Table (5): MIC of AgNPs and Zno against methicillin resistant Staphylococcus aureus



Figure(4)methicillin resistant *Staphylococcus aureus* growth on mannitol salt agar, showinhibitory zone of Ag NPs

Result of RAPD test: from figure 5,6,7 showed that both Ago and Zno nanoparticles were effected in genetic materials which showed as appear or disappear and increase or decrease in thickness of bands

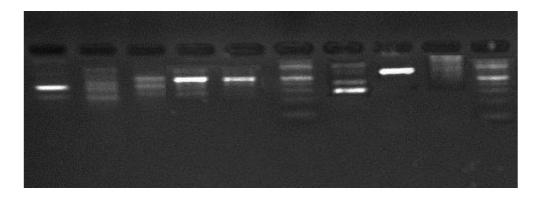


Figure (5): Agarose gel electrophoresis of RAPD- PCR products. lines (1-10) positive resultof methicillin resistant *Staphylococcus aureus* with 10 different primers, before treatment with Nanoparticles

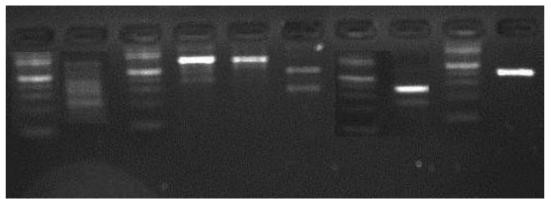


Figure (6): Agarose gel electrophoresis of RAPD- PCR products. lines (1-10) positive result of methicillin resistant *Staphylococcus aureus* with 10 different primers, after treatment with Ago Nanoparticles

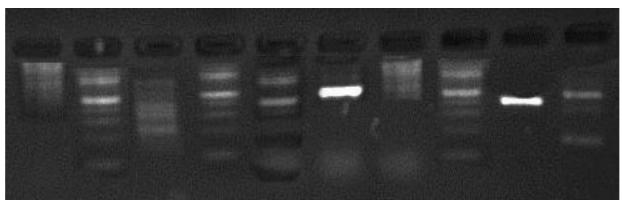


Figure (6): Agarose gel electrophoresis of RAPD- PCR products. lines (1-10) positive result of methicillin resistant *Staphylococcus aureus* with 10 different primers, after treatment withZno Nanoparticles

Discussion

In the current study showed that Staphylococcus genius able to cause wound infection and main species of them were *Staphylococcus aureus*. This result agreement with (Almeida et al.,2014, Lesseva& Hadjiiski, 1996). *Staphylococcus aureus* have many virulence factors which help him in pathogenesis like adherence factors, S. aureus Exoproteins, coagulase, DNase, Lipase and protase (Bien*et al.*,2011).

Most *Staphylococcus aureus* that isolated in current study were antibiotic resistant. This result agreement with (Almeida*et al.*,2014). That's maybe due to miss used of antibiotic, development of new bacterial strain have ability to resistant to antibiotic.

In current study show clear effect of nanoparticles against bacteria. That's agreement with (Liu*et al.*,2009). ZnO-NPs act as antibacterial by interact with membrane lipids and disorganize the membrane structure, which leads to loss of membrane integrity, malfunction, also it have ability to penetrate into bacterial cells at a nanoscale level and result in the production of toxic oxygen radicals, which damage cell membranes or cell proteins, all this mechanism lead to bacterial death (Krishnamurthy*et al.*,2012; Arzh et al.,2010). Also in current study show damage in genetic material, that agreement with (Vidic et al.,2013; Krishnamurthy*et al.*,2012).

The lethality of Ago nanoparticles by thiol-group reactions that inactivate enzymes Steuber and inhibits DNA replication, expression of ribosomal and other cellular proteins, and interferes with the bacterial electron transport chain (Yamanaka*et al.*, 2005; Groom *et al.*, 2000).

References

- 1- Ahmad, S. I., & Iranzo, O. G. (2003). Treatment of post-burns bacterial infections by Fenton reagent, particularly the ubiquitous multiple drug resistant Pseudomonas spp. *Medical hypotheses*, *61*(4), 431-434.
- 2- Almeida, G. C. M., dos Santos, M. M., Lima, N. G. M., Cidral, T. A., Melo, M. C. N., & Lima, K. C. (2014). Prevalence and factors associated with wound colonization by Staphylococcus spp. and Staphylococcus aureus in hospitalized patients in inland northeastern Brazil: a cross-sectional study. *BMC infectious diseases*, 14(1), 328.
- 3- Arzh, A., Genish, I., Klein, L., Solovyov, L. A., & Gedanken, A. (2010). Synthesis of ZnO and Zn nanoparticles in microwave plasma and their deposition on glass slides. Langmuir, 26(8), 5976-5984.
- 4- Bien, J., Sokolova, O., & Bozko, P. (2011). Characterization of virulence factors of Staphylococcus aureus: novel function of known virulence factors that are implicated in activation of airway epithelial proinflammatory response. *Journal of pathogens*, 2011
- 5- Edmundson, M., Thanh, N. T., & Song, B. (2013). Nanoparticles based stem cell tracking in regenerative medicine. *Theranostics*, *3*(8), 573.
- 6- Groom, D. E., Aguilar-Benitez, M., Amsler, C., Barnett, R. M., Burchat, P. R., Carone, C. D., ... & Eidelman, S. (2000). Review of particle physics. European Physical Journal C, 15(1-4), 1-878.
- 7- Karmakar, A., DuaP, & Ghosh, C. 2016. Biochemical and Molecular Analysis of *S.aureus* Clinical Isolates from Hospitalized Patients, Hindawi Publishing Corporation Canadian J Infect Diseases and Medical Microbiology Article ID 9041636, 7 pages.

- 8- Krishnamoorthy, K., Veerapandian, M., Zhang, L. H., Yun, K., & Kim, S. J. (2012). Antibacterial efficiency of graphene nanosheets against pathogenic bacteria via lipid peroxidation. The Journal of Physical Chemistry C, 116(32), 17280-17287.
- 9- Kuźma, K. R. Y. S. T. Y. N. A., Malinowski, E. D. W. A. R. D., Lassa, H. E. N. R. Y. K.
- A., & Kłossowska, A. N. N. A. (2003). Specific detection of Staphylococcus aureus by PCR in intramammary infection. *Bull. Vet. Inst. Pulawy*, 47, 183-190.
- 10-Lesseva, M. I., & Hadjiiski, O. G. (1996). Staphylococcal infections in the Sofia Burn centre, Bulgaria. *Burns*, 22(4), 279-282.
- 11-Liu, P. F., Lo, C. W., Chen, C. H., Hsieh, M. F., & Huang, C. M. (2009). Use ofnanoparticles as therapy for methicillin-resistant Staphylococcus aureus infections. Current drug metabolism, 10(8), 875-884.
- 12-Murray, R.R.; Rosenthal, K.S.; Kobayashi, G.S. and Pfaller, M.A. (2002). Medical Microbiology 4th Ed. Mosby, St. Louis, Mo., Pp: 202-216.
- 13-OIE Terrestrial Manual (2009). Bovine brucellosis. Chapter 2.4.3.
- 14- Quinn, P.J.; Markey, B.K.; Carter, M.E.; Donnelly, W.J. and Leonard, F.C. (2006). Veterinary Microbiology and Microbial Diseases. Printed and bound in Great Britain by International Ltd. Padstow-Cornwall.
- 15-Roselli, M., Finamore, A., Garaguso, I., Britti, M. S., & Mengheri, E. (2003). Zinc oxide protects cultured enterocytes from the damage induced by Escherichia coli. *The Journal of nutrition*, *133*(12), 4077-4082.
- 16-Ryan, K. J., & Ray, C. G. (Eds.). (2014). *Sherris medical microbiology*. McGraw-Hill Education/Medical.
- 17- Sambrook, J. and Russel, D.W. (2001). Molecular cloning, laboratory manual 3^{ed}. cold spring Harber laboratory press, new york.
- 18-Vidic, J., Stankic, S., Haque, F., Ciric, D., Le Goffic, R., Vidy, A., ... & Delmas, B. (2013). Selective antibacterial effects of mixed ZnMgO nanoparticles. Journal of Nanoparticle Research, 15(5), 1595
- 19- Yamanaka, M., Hara, K., & Kudo, J. (2005). Bactericidal actions of a silver ion solution on Escherichia coli, studied by energy-filtering transmission electron microscopy and proteomic analysis. Applied and environmental microbiology, 71(11), 7589-7593.