



# Molecular Study of Some Virulence Genes of *Escherichia coli* Isolated from Women with Urinary Tract Infection in AL-Najaf City

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**Abstract:** The current study aimed to investigate the presence of (*shlA*, *sisA* and *sisB*) genes in *Escherichia coli* bacteria which responsible virulence factors by using molecular technique (PCR). Out of 500 urine samples, preliminary results showed there was a bacterial growth in 327(65.4%) specimens. It was found that 232 specimens (46.4%) were diagnosed as gram negative bacteria, 91(27.82%) of it identified as *E.coli* by cultural, biochemical characteristics, API 20E System and Vitek-2 system. while there were 95 specimens (19%) were diagnosed as gram positive bacteria and 173 specimens (34.6%) with no any growth. The susceptibility test for 13 types of antibiotics drugs were tested by using disk diffusion method, the results demonstrated that isolates of *E.coli* showed resistance to, Amoxicillin+Clavulanic acid (92.3%) Trimethoprim–sulfamethoxazol and Cefotaxime (90.1%), Aztreonam (85.71%), Ceftazidime (76.92%), Ciprofloxacin (52.74%), Amikacin (50.54%), Ceftriaxone (48.35%), Gentamicin (42.85%), levofloxacin (26.37%), Nitrofurantoin (17.58%), Imipenem(7.69%), and Meropenem (4.39%). Showing clinical and laboratory signs of urinary tract infection (UTI).

**Keywords:** *E.coli*, Virulence gene, UTI.

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## Introduction

Urinary tract infections (UTIs) frequently occur in humans. The uropathogenic *Escherichia coli* (UPEC) is significantly associated with etiologies of UTIs, including pyelonephritis and cystitis(1). UPEC has many virulence factors that assist its colonization, invasion, and survival within the host urinary system(2, 3, 4). Interestingly, *sisA* and *sisB* homologs of *shlA* of *Shigella flexneri*, and play a similar role in suppressing the host defense system during UTIs (5, 6). Therefore, *sisA* and *sisB* which are located in pathogenicity islands, can be considered UPEC virulence factor

genes. They are found in some but not all UPEC strains, which may explain the reported variability of inflammation among patients of UTIs(6).

## Materials and Methods

### Samples Collection

Five hundred midstream urine samples (MSU) were collected from women suffering from (UTI), aged between 10 to 60 years from different hospital, in AL-Najaf city (AL- Zahraa Educational Hospital for Childbirth and Children and Al Hakim General Hospital) during the period from 1st December 2018 to end April 2019.

identified as *E.coli* by cultural, biochemical characteristics, API 20E System and Vitek-2 system. The isolates were screened by (PCR) for detection of *shiA*, *sisA* and *sisB* genes.

### Antibiotic Susceptibility testing

The disk diffusion method was used to determine antibiotic susceptibility of the isolates on Muller Hinton agar. Each isolate was tested for antibiotic susceptibility using a panel of the following antibiotics: Amoxicillin-Clavulanic acid, Trimethoprim - sulfamethoxazol, Cefotaxime, Aztreonam, Ceftazidime, Ciprofloxacin, Amikacin, Ceftriaxone, Gentamicin, levofloxacin, Nitrofurantoin, Imipenem, Meropenem. The plates were incubated at 37°C for 24 hours, and inhibitory zone diameters were measured. Interpretation of results followed criteria recommended by Clinical Laboratory Standard Institute(7).

### Molecular Method

#### Extraction of DNA

DNA was extracted from the *E. coli* isolates using the extraction kit processed by Intron / Korea. The concentration and purity of extracted DNA was measured by nanodrop, then detected by gel electrophoresis.

#### Detection of urovirulence genes in *E. coli*

In this study, Conventional PCR were used for detection of three virulence factors of *E.coli* isolates from patients with urinary tract infection in AL- Najaf - Iraq. Table (1) showed the primers used for detection of UPEC virulence genes and Table (2) showed the PCR program. PCR was performed in total volume of 25µl and components are shown in Table (3).

**Table (1): Primers sequences used in this study.**

Virulence gene	Oligo Sequence (3'→5') (5'→3')	Product Size(bp)	References
<i>shiA</i>	TCACCTTACTGGTATGAACTC TCCAGGGCCAGACATATTCA	451	Shakhatreh, <i>et al.</i> , (1)
<i>sisA</i>	TTGCCCGACAGGAGAATGAC GCAGTATATGGCGTGCCTGT	360	
<i>sisB</i>	GAACGATAGATTATGCTTTG TCAGTACTGAAGGCTCG	518	

**Table (2): Program condition of uniplex PCR amplification for each gene in this study.**

Gene	Step	No. of cycle	Temperature	Time (M:S)
<i>shiA</i>	Initial denaturation	1 cycle	94 °C	05:00
	denaturation	30 cycle	94 °C	00:45
	annealing		59°C	00:45
	extension		72 °C	00:50
	Final extension		1 cycle	72 °C
<i>sisA</i>	Initial denaturation	1 cycle	94 °C	05:00
	denaturation	35 cycle	94 °C	00:45
	annealing		59°C	00:45
	extension		72 °C	00:50
	Final extension		1 cycle	72 °C
<i>sisB</i>	Initial denaturation	1 cycle	94 °C	05:00
	denaturation	35 cycle	94 °C	00:45
	annealing		59°C	00:45
	extension		72 °C	00:50
	Final extension		1 cycle	72 °C

**Table (3): The components of the reaction mixture of uniplex PCR, final volume is 25µl.**

Components	Volume
Go Taq®Green Master mix (2X)	12.5 µl
Forward primer	1.5 µl
Reverse primer	1.5 µl
DNA template	2 µl
Nuclease-free water	7.5 µl
Final volume	25 µl

## Results and Discussion

### Identification of Sample

Depending on the gram stain, morphological features on culture media (Blood agar, MacConkey agar, Eosine methylene blue agar (EMB), and biochemical tests, Out of 500 urine

samples, Preliminary results showed there is a growth in 327(65.4%) specimens. There were 232 specimens (46.4%) were diagnosed as gram negative bacteria, while there were 95 specimens (19%) were diagnosed as gram positive bacteria and 173 specimens (34.6%) with no any growth. Table (4).

**Table (4): Prevalence of bacterial uroathogenes isolated from women with UTI.**

Bacterial growth	No. specimens	Percentage %
Gram negative bacterial	232	46.4%
Gram positive bacterial	95	19%
Negative growth	173	34.6%
Total	500	100%

Numbers and percentage of total specimens (N=500).

### Antimicrobial susceptibility testing

Ninety one isolates of *E.coli* were tested for their susceptibility against 13 type of antibiotics: Amoxicillin-Clavulanic acid, Trimethoprim-sulfamethoxazol, Cefotaxime, Aztreonam, Ceftazidime, Ciprofloxacin, Amikacin, Ceftriaxone, Gentamicin, levofloxacin, Nitrofurantoin, Imipenem, Meropenem. Plates of Muller-Hinton agar were used to find the sensitivity pattern and incubated at 37°C for 24 hours. The zone of the inhibition of the bacterial growth was measured after incubation and compared with the clinical and laboratory standards institute(7).

The antibiogram for studied isolates revealed different level resistance of

clinical isolates to most of antibiotic under test. It was found that 92.3% were resistance to Amoxicillin - Clavulanic acid. The present study showed a highest resistance to Trimethoprim – sulfamethoxazol and Cefotaxime 82(90.1%), also not resistance was recorded for the antibiotic Aztreonam 77(85.71%), Ceftazidime 70(76.92%), Ciprofloxacin 48 (52.74%), Amikacin 46(50.54%), Ceftriaxone 44 (48.35%), Gentamicin 39(42.85%),

The current study demonstrated that *E.coli* possessed a low - level resistance against levofloxacin 24(26.37%), Nitrofurantoin 16(17.58%), Imipenem 7(7.69%) and Meropenem 4(4.39%) as shown in Table (5).

Table (5): percentages of antimicrobial susceptibility among 91 *E.coli* isolates.

Antibiotics	Concentration	Sensitive	Intermediate	Resistant	Percentage of resistance
Amoxicillin + Clavulanic acid	20/10 µg	7	0	84	92.3%
Trimethoprim – sulfamethoxazol	1.25/23.75 µg	9	0	82	90.1%
Cefotaxime	30 µg	9	3	82	90.1%
Aztreonam	30 µg	14	0	77	85.71%
Ceftazidime	30 µg	15	6	70	76.92%
Ciprofloxacin	5 µg	40	3	48	52.74%
Amikacin	30 µg	41	4	46	50.54%
Ceftriaxone	30 µg	42	5	44	48.35%
Gentamicin	10 µg	44	8	39	42.85%
levofloxacin	5 µg	57	10	24	26.37%
Nitrofurantoin	300 µg	71	4	16	17.58%
Imipenem	10 µg	82	2	7	7.69%
Meropenem	10 µg	87	0	4	4.39%
Chi-Square ( $\chi^2$ )	---	---	---	---	9.833 **

The increasing of *E.coli* resistance to Amoxicillin-Clavulanic acid and Cefotaxime were concordant with the results of (8) who referred that resistance of *E.coli* to this antibiotic reached to 92%, 90.1% respectively. Trimethoprim–sulfamethoxazol show resistance, this was nearly agreed with (9) who reported a resistance percentage of (86.9%). high resistance also observed against Aztreonam 77(85.71%) and Ceftazidime 70(76.92%) this results was matched with results of Zykov *et al.* (10) and Sasirekha *et al.* (11) which they found that (87%) and (75%) of *E.coli* were resistance to both respectively.

Also in the current study more than half of *E.coli* isolates were resistance to important antibiotics such as Ciprofloxacin 48 (52.74%), Amikacin 46(50.54%), Ceftriaxone 44(48.35%), Gentamicin 39(42.85%). Close to this result was reported in study carried out in Iraq by (8) Out of 50 isolation of *E. coli* showed were resistant at different rates, Ciprofloxacin and Gentamicine (46%) for both of them. Amikacin (44%).but it differs with this study of

for the antibiotic Ceftriaxone (90%). The result was matched with study by Zykov *et al.* (10) and Anago *et al.* (9) who reported that many isolate of *E. coli* showed resistant to Gentamicine (42%) ,(45.2%) Respectively .Other studies have also reported similar with such as Sabir *et al.* (12). Ceftriaxone (43.3%), Ciprofloxacin (54.2%), Amikacin (12.7%) and Gentamicine (59.8%)(13) reported in his study that the percentage of *E. coli* resistance to Ceftriaxone (41%), Ciprofloxacin (77%), Amikacin (10%), Gentamicin (20%).

The isolates under study showed low resistance to some *E. coli* isolates for the antibiotic levofloxacin (26%), Other studies have also reported similar finding(14) referred that (25.8%) of *E. coli* bacteria were resistant to this antibiotic .

On the other hand the results didn't agreed with the study of Sohail *et al.* (15) which reported that resistance to this antibiotic (82%). Some isolates of *E. coli* for the samples under study were resistant to nitrofurantoin (18%). The results of the current investigation

agreed with Titilawo *et al.* (16) and Mamuye (17) who found a few isolates of *E. coli* resistant to Nitrofurantoin (19%) (20.8%) respectively. while hand the result didn't agreed with the study by Aal-Aaboda and Al-Notazy (18) who indicated that (79%) of *E. coli* isolates were resist to that antibiotics.

The current study showed low resistance to antibiotics Imipenem and Meropnem where very few isolates of *E. coli* have resistance to this antibiotic (8%) , (4%) respectively. By comparing the results with other researchers, it can

be said that there is similarity with the result of Sohail *et al.* (15) which provided stating that resistance ratio of *E. coli* to Imipenem and Meropnem antibiotics is (3%).

**PCR technique for detection of virulence genes**

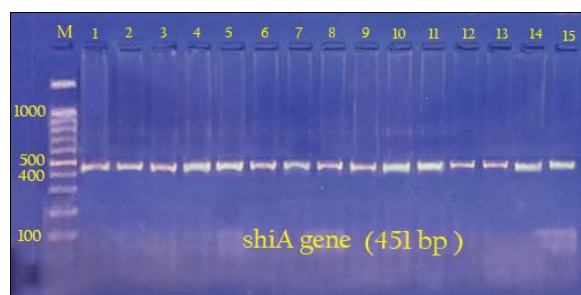
The results showed prevalence of virulence genes 52(58.24%)for *shiA* 44(48.35%) for *sisA* and 27(29.67%) for *sisB* (Table 6).

**Table (6): Distribution of virulence genes of UPEC strains isolated from woman with UTIs in AL-Najaf-Iraq.**

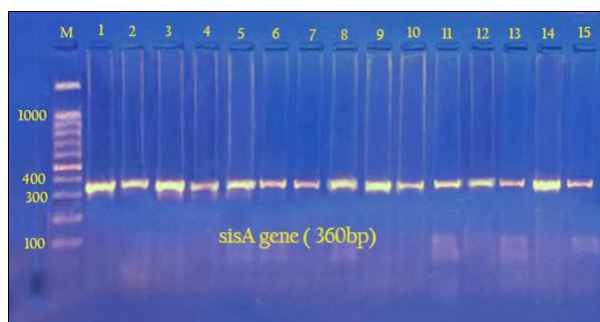
No. <i>E. coli</i> isolates	Virulence genes (%)		
	<i>ShiA</i>	<i>sisA</i>	<i>sisB</i>
91	52 (58.24%)	44 (48.35%)	27 (29.67%)

The results showed that *E.coli* strain positive to *shiA*,*sisA* and *sisB*. the UPEC virulence genes prevalence rates

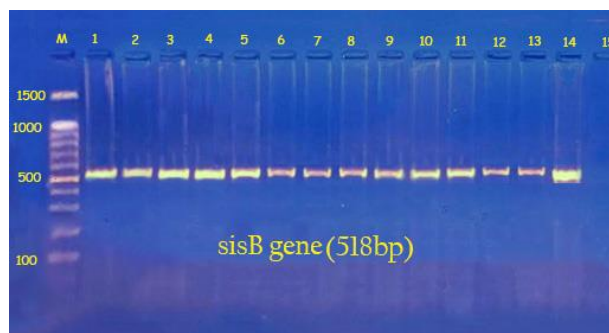
were 52(58.24%) ,44(48.35%) and 27(29.67%) respectively. as shown in figures (1),(2),(3).



**Figure (1): Gel electrophoresis of amplified *shiA* gene (451bp) from *E.coli* using conventional PCR. Agarose 2 %, 70 V/cm for 1 hrs. and 20 min, stained with ethidium bromide dye and visualized on a UV transilluminator. Lane (M): 100 bp DNA ladder. Lane (1-15).**



**Figure (2): Gel electrophoresis of amplified *sisA* gene (360 bp) from *E.coli* using conventional PCR. Agarose 2%, 70 V/cm for 80 min, stained with ethidium bromide dye and visualized on a UV transilluminator. Lane (M): 100 bp DNA ladder. Lane (1-15).**



**Figure (3): Gel electrophoresis of amplified *sisB* gene (518 bp) from *E.coli* using conventional PCR. Agarose 2%, 70 V/cm for 80 min, stained with ethidium bromide dye and visualized on a UV transilluminator. Lane (M): 100 bp DNA ladder. Lane (1-14).**

By comparing the results with other researchers, the results showed Shakhathreh *et al.* (1) from Jordan, who study the prevalence of urovirulence genes in (227) (UPEC) isolates obtained from Jordanian patients, rates were *shiA* (92%), *sisA* (72%) and *sisB* (25%). In other study by Mao *et al.* (3) who study 342 *E. coli*, to identify genes associated with UTIs in patients. The results showed *shiA* (61.11%), *sisA* (57.6%) and *sisB* (19.88%).

Interestingly, *sisA* and *sisB* homologs of *shiA* of *Shigella flexneri*, and play a similar role in suppressing the host defense system during UTIs(5, 6).

Therefore, *sisA* and *sisB* which are located in pathogenicity islands, can be considered UPEC virulence factor genes. They are found in some but not all UPEC strains, which may explain the reported variability of inflammation among patients of UTIs(6).

## References

- Shakhathreh, M. A. K.; Swedan, S. F.; Ma'en, A. and Khabour, O. F. (2019). Uropathogenic *Escherichia coli* (UPEC) in Jordan: Prevalence of urovirulence genes and antibiotic resistance. *Journal of King Saud University-Science*, 31(4): 648-652.
- Bien, J.; Sokolova, O. and Bozko, P. (2012). Role of uropathogenic *Escherichia coli* virulence factors in development of urinary tract infection and kidney damage. *International Journal of Nephrology*. 2012; 2012: 681473.
- Mao, B. H.; Chang, Y. F.; Scaria, J.; Chang, C. C.; Chou, L. W.; Tien, N., *et al.* (2012). Identification of *Escherichia coli* genes associated with urinary tract infections. *Journal of Clinical Microbiology*, 50(2): 449-456.
- Behzadi, P.; Najafi, A.; Behzadi, E. and Ranjbar, R. (2016). Microarray long oligo probe designing for *Escherichia coli*: an in-silico DNA marker extraction. *Central European journal of urology*, 69(1): 105.
- Ingersoll, M. A., and Zychlinsky, A. (2006). *ShiA* abrogates the innate T-cell response to *Shigella flexneri* infection. *Infection and Immunity*, 74(4), 2317-2327.
- Lloyd, A. L.; Smith, S. N.; Eaton, K. A. and Mobley, H. L. (2009). Uropathogenic *Escherichia coli* suppresses the host inflammatory response via pathogenicity island genes *sisA* and *sisB*. *Infection and Immunity*, 77(12): 5322-5333.
- Clinical and Laboratory Standards Institute (CLSI). (2019). Performance standards for antimicrobial susceptibility testing, CLSI document M100S27.
- Al-faham, Q.M.H. (2016). Detection of some virulence genes in multi-drug resistance *Escherichia coli* isolated from different clinical sources in Iraq. M.Sc Thesis. College of Science AL-Kufa University. Iraq.
- Anago, E.; Ayi-Fanou, L.; Akpovi, C. D.; Hounkpe, W. B.; Tchiboza, M. A. D.; Bankole, H. S., *et al.* (2015). Antibiotic resistance and genotype of beta-lactamase producing *Escherichia coli* in nosocomial

- infections in Cotonou, Benin. *Annals of clinical microbiology and antimicrobials*, 14(1): 5.
10. Zykov, I. N.; Sundsfjord, A.; Småbrekke, L. and Samuelsen, O. (2016). The antimicrobial activity of mecillinam, nitrofurantoin, temocillin and fosfomycin and comparative analysis of resistance patterns in a nationwide collection of ESBL-producing *Escherichia coli* in Norway 2010–2011. *Infectious Diseases*, 48(2): 99-107.
  11. Sasirekha, B.; Manasa, R.; Ramya, P. and Sneha, R. (2010). Frequency and antimicrobial sensitivity pattern of extended spectrum  $\beta$ -lactamases producing *E. coli* And *Klebsiella Pneumoniae* isolated in a tertiary care hospital. *Al. Ameen. J. Med. Sci.*, 3(4): 265 -271.
  12. Sabir, S., Ahmad Anjum, A.A.; Ijaz, T.; Ali, M.A.; Khan M.U.R. and Nawaz, M. (2014). Isolation and antibiotic susceptibility of *E. coli* from urinary tract infections in a tertiary care hospital. *Pakistan journal of medical sciences*, 30(2), 389–392.
  13. Ansari, S.; Nepal, H. P.; Gautam, R.; Shrestha, S.; Neopane, P.; Gurung, G., *et al.* (2015). Community acquired multi-drug resistant clinical isolates of *Escherichia coli* in a tertiary care center of Nepal. *Antimicrobial resistance and infection control*, 4(1): 15.
  14. Mohammed, M. A.; Alnour, T. M.; Shakurfo, O. M. and Aburass, M. M. (2016). Prevalence and antimicrobial resistance pattern of bacterial strains isolated from patients with urinary tract infection in Messalata Central Hospital, Libya. *Asian Pacific Journal of Tropical Medicine*, 9(8): 771-776.
  15. Sohail, M.; Khurshid, M.; Saleem, H. G.; Javed, H. and Khan, A. A. (2015). Characteristics and Antibiotic Resistance of Urinary Tract Pathogens Isolated From Punjab, Pakistan. *Jundishapur Journal of Microbiology* 8(7).
  16. Titilawo, Y.; Sibanda, T.; Obi, L. and Okoh, A. (2015). Multiple antibiotic resistance indexing of *Escherichia coli* to identify high-risk sources of faecal contamination of water. *Environmental Science and Pollution Research*, 22(14): 10969-10980.
  17. Mamuye, Y. (2016). Antibiotic resistance patterns of common Gram-negative uropathogens in St. Paul's Hospital Millennium Medical College. *Ethiopian Journal of Health Sciences*, 26(2): 93-100.
  18. Aal-Aaboda, M. and Al-Notazy, M. R. (2018). Antibiotics susceptibility profile of *Escherichia coli* isolated from patients with urinary tract infection in Misan, Iraq. *Journal of Pharmaceutical Sciences and Research*, 10(11): 2858-2861.