1 Antibiogram analysis and characterization of bacterial pathogens

2 from Leucorrhea patients

3 Abstract

4 In recent research work bacteria were isolated from samples of leucorrhea patients admitted in Lady Wellington hospital Lahore (gynae ward) and Basheer welfare hospital Shahdara Lahore. 5 The sampling was done from pregnant and non-pregnant leucorrhea patients aged 18 to 30 years 6 7 by using sterile culture sticks from vagina. The samples were spread on agar plates and incubated 8 for overnight, bacterial strains were isolated by streak plate method. The strains were named L1, L2, L3 and L4. Identification was carried out by various morphological and biochemical tests. 9 10 Molecular characterization was also done to characterize bacteria up to species level. L1 strain was identified as Streptococcus pyogens, L2 as Staphylococcus aureus, L3 as Neisseria 11 gonorrheae and L4 as Escherchia coli. Antibiotic resistance was analyzed by disc plate method. 12 L1, L2 and L3 strains showed maximum sensitivity with Cefepime antibiotics having values 13 17.74µg/ml, 13.63µg/ml and 12µg/ml respectively. L4 showed max sensitivity with 14 Azithromycin and Cloxacillin antibiotics *i.e.*, 6.25µg/ml and 6.4µg/ml respectively. Optimum pH 15 was 6.5 for L1 and L2, while 7 for L3 and L4. Optimum temperature was 37 for all strains. 16

17 Introduction

Leucorrhoea is a state characterized by grayish, yellowish, or white vaginal discharge, not related 18 19 to burning sensation, pain and uneasiness. In general vaginal discharge occurs at regular interval and constancy during the rout of menstrual cycle. The amount of discharge is greater during 20 pregnancy and reduced after delivery, at the time of lactation and after menopause. Increase in 21 vaginal discharge may not necessitate treatment during normal physiological state. On the other 22 23 hand, pathological state concerning infection to Trichomonas, Candida, Gram positive and Gram negative organisms may require its treatment (Canu et al., 2002). Leucorrhoea is considered to 24 be influenced under the changes in vaginal epithelium, pH of vaginal secretion and variation in 25 normal bacterial flora. However, as it turns into pathological state it produce related problems 26 like itching burning sensation of valva. Low backache discomfort, poor appetite, pain in both 27 legs and general weakness. Fatigue, malnutrition, chronic illness, emotional disturbance, 28 29 improper diet, constipation and unhygienic conditions and chronic retroverted uterus are responsible for leucorrhoea. Sometimes it is linked to contamination like *Candida albicans*, 30 Trichomonas vaginalis or various bacterial infections, monilial and gonococcal infection, lesions 31 32 of vaginal wall, and uterine cervix have been all related to leucorrhoea. Leucorrhoea discharge 33 can be increased by estrogen production or it may be natural defense sustaining the chemical balance of vagina (Blackman, 2002). There are various reports that prove the presence of 34 35 organisms at vagina, uterus and fetus (Sweet and Gibbs, 2002). Numerous diseases are associated with white discharge are clinical aspect. Pale vaginal discharge is unable for 36 37 reproduction (Diekema et al., 2002). Irregular vaginal discharge is generally related to body thirst and aches. White or reddish discharge having foul smell is also reported. All these 38 symptoms are because of the certain systemic deficiency disorders like calcium or vitamin 39 deficiency (Mandell et al., 2000). Genital infections with staphylococcus aureus and Escherichia 40 coli are more frequent in nasal pathway of S. aureus or its risk factor can be increased in 41 condition of extended or repetitive hospitalization of patients. In gynecological or obstetrical 42

contagious pathology, E. coli can act as monoetiological pathogen that may cause chorioamniotis 43 44 or urinary infections or can be separated in polymicrobial infections (e.g., wound infection postpartum endometritis and septic abortion). Both polymicrobial infections and monoetiological 45 46 infections can be the source of septicemia (Forna and Gulmezoglu, 2003). The most common vaginal pathogens are Staphylococcus aureus and one of the remnant germ that mostly 47 concerned with infection and whose occurrence increasing progressively. The aggregation of 48 vaginal mucous membrane with this kind of germs can influence to toxicoseptic shock (Shah et 49 50 al., 2004). Lower female reproductive tract contain intricate normal flora but very little detail is known. Vaginal normal microflora mostly contain lactobacilli (90-95%), Gram negative, bacilli, 51 Gram positive and Gram negative bacilli. Sometimes symbiotic relationship is established 52 between host and her residential microflora. Because of best environment for the establishment 53 in the vaginal mucous membrane, the inhabitant flora avoid the populating of vagina with other 54 more violent species so, its basic role is antipathogenic. 55 For more than 60 years, devastating loss to the successful treatment of an ever rising variety of 56

- infections caused by microorganisms like bacteria, virus, fungi and parasite is antimicrobial
 reisistance. The result of antimicrobial resistance is to decrease the effectiveness of antibacterial,
 antiviral, antifungal and antiparasitic drugs, by making it difficult, costly or even impossible to
- 60 treat the patient. The aims of present study were
- 61 1. Isolation/ screening of bacterial pathogen from leucorrhea infection.
- 62 2. Identification and characterization of bacterial isolates.
- 63 3. Ribotyping of bacterial isolates.
- Antibiotic resistance of bacteria isolated from leucorrheal infection and detection ofefficacy of a variety of antibiotics on resistant microbial agents.
- 5. To study optimum growth conditions (pH and temperature) of bacterial pathogens.
- 67 6. To evaluate the impact in diagnosis of female reproductive diseases (leucorrhea).
- 68

69 MATERIALS AND METHODS

- 70 In this study, the following procedure was performed to isolate the bacteria from leucorrhea
- sample from female patients suffering from leucorrhea infection. The steps for this procedureconsist of:

73 Sample Collection

Total 30 leukorrheal samples were collected from outdoor and indoor patients. The vaginal smear was obtained from the vagina by means of sterile culture stick swab and the swab sticks were labeled accordingly (Fredrick *et al.*, 2005). The areas selected for sample collection were (i) Lady Wellington hospital Lahore (gynae ward) (ii) Basheer welfare hospital shahdara Lahore). Leucorrheal samples were transferred to the microbiology laboratory of Zoology department GCU Lahore.

80 **Preparation and sterilization of medium**

- 81 Two types of medium were basically used for the growth of bacteria.
- 82 i) Nutrient agar medium
- 83 ii) Nutrient broth medium

84 Nutrient agar medium:

Nutrient agar medium was prepared by dissolving 14 gm of dehydrated nutrient agar in 500 ml of distilled water. The medium was autoclaved at 121° C and 15lb pressure for 15 -20 minutes.

87 Nutrient broth medium:

Nutrient broth medium was prepared by dissolving 4gm of nutrient broth in 500ml of distilled water and autoclaved it at 121° C and 15lb pressure for 15-20 minutes.

90 Agar plate method for Spreading:

91 Agar plate method was used to spread the sample for isolation of bacteria. In laminar flow 92 autoclaved nutrient agar medium was poured in the Petri plates, which were allowed to solidify. 93 Then spread the samples on the solidified nutrient agar plate with the help of culture stick loop, 94 and placed them in incubator at 37^oC for overnight incubation.

95 **Isolation of the pure colonies:**

Different types of bacterial colonies were formed on the Petri plates. Streak plate method was used to obtain pure colonies. Sterilized inoculating loop was used to pick up the single colony and streak it on the agar plate. Same method was conducted for other colonies to isolate them, and then the pates were again incubated at 37^{0} C for overnight (Figure 7)

and then the pates were again incubated at $37^{\circ}C$ for overnight (Figure 7).

100 Morphological Characterization:

101 The tests that were performed for the morphological characterization of unknown bacteria are as102 follows;

- 103 i) Motility test
- 104 ii) Gram's staining
- 105 i) Endospore staining
- 106 ii) Acid fast staining

107 **Biochemical characterization:**

108 Different biochemical tests were performed for the identification of unknown bacteria 109 (Table1).

Determinations of conditions for optimum growth:

111 Two optimum bacterial growth conditions were checked that were pH and temperature.

112 Determination of Optimum pH:

For the bacterial growth prepare the nutrient broth medium by mixing 14 gm of nutrient broth in 1 liter of distilled water. For separate isolated bacterial strains take 5 sets of 100ml of conical flasks. By using pH meter, pH was maintained at 5, 6, 7, 8, 9 and 10 for each set and allowed it to autoclave. By using micropipette and autoclaved tips pour 10ml of bacterial broth culture into the conical flasks. Then, placed the flasks in shaking incubator at 37 ⁰C temperature for overnight. The control that was without any bacterial strain was also run for pH. After the adjusted time growth of bacteria was checked and values of optical density was measured at

wavelength of 600 nm in spectrophotometer. At last, plotted the growth curves for every isolatedbacterial strain for all pH values.

122 Determination of Optimum Temperature:

123 Prepare the broth culture by mixing 14grams of nutrient broth in 1000 ml distilled water. Four sets of 100 ml conical flasks were prepared for the four isolated bacterial strains. In each 124 flask add 50 ml nutrient broth then pour 10 ml of isolated bacterial broth culture aseptically. 125 Place them in shaking incubator at different temperatures such as 20 °C, 25 °C, 30 °C, 37 °C, 40 126 ⁰C, 45 ⁰C and 50 ⁰C for overnight. For each temperature range the control was also run that was 127 without any bacterial strain. Next day growth of bacteria was observed and measured by taking 128 129 values of optical density at wavelength of 600 nm in spectrophotometer. At the end, growth curve of temperature was plotted for every isolated bacterial strain of all the temperatures. 130

131 Measurement of Minimum Inhibitory Concentration (MIC):

Minimum inhibitory concentration is defined as the minimum concentration of antibiotics that can retard the visible growth of microorganisms. In order to perform this test nutrient broth culture for L1, L2, L3, and L4 were prepared and incubated at 37 0C for a night. Dilution of culture was made for the preparation of inoculums of about 105 to 106 colony forming units in each milliliter.

137 Method of dilutions of Antibiotics:

A significant amount of antibiotic is dissolved in relevant solvent to get stock solution. 138 The method used to get different dilute concentrations of each antibiotic was twofold dilution 139 method. Seventeen test tubes were taken out of which fifteen were labeled as 1 to 15. The 1st test 140 tube was labeled as A.C (Antibiotic control) while the last test tube was labeled as G.C (Growth 141 control). In each test tube poured 1 ml of nutrient broth and then mixed the 1 ml of antibiotic in 142 all the test tubes except growth control tube. After mixing of both solutions 1 ml of mixture was 143 144 taken from tube number 1 and transferred to tube number 2 by using micropipette having sterile tips. In the next step the same method was applied to transfer 1 ml media from next to next till 145 15th tube number. Always transfer the media by using new tip for every dilution. At the next step 146 1ml of mixture was taken from tube number 15 and discarded it. The growth control tube 147 contained no antimicrobial agent. The 1st tube was considered as Antibiotic control because it 148 contained no bacterial agent. Now, 1ml of broth culture of specific bacterial isolate was 149 150 inoculated in all test tubes except AC tube. In these tubes the final concentration of antibiotics was diluted to half of initial concentration because of equal volume of inoculums were mixed in 151 broth. At the end all the test tubes were incubated at 37 ^oC temperature for overnight. At next 152 morning, the turbidity observed in the test tubes in which bacterial growth was occurred, those 153 154 test tubes that showed no visible growth of bacteria was considered as minimum inhibitory concentrations for that antibiotics. 155

156 Antibiotic resistance of microorganism assessment:

Assessment of antibiotic resistance to microorganism was checked against broadspectrum antibiotics by performing Kirby-Bauer disc diffusion method. For this test, nutrient agar plates were prepared for different strains. Inoculate the plates by spreading plate method, under aseptic conditions. Placed antibiotics discs of known concentration on the plates with the help of sterilized forceps, and incubate them at 37 C for 24 hours. Growth inhibiter zones appeared near the disc where microorganisms cannot grow. Measure the growth inhibitor zones from sides that indicate the resistance against that particular antibiotic. Clear zone indicate the sensitivity of tested bacterial strain against that antibiotic (Figure 8). Used antibiotics discs are as follows in Table 1.

166 **RESULTS**

In the study, 12 samples of vaginal secretions were collected from Basher welfare hospital Shahdara Lahore and Lady Wellington Lahore. 4 bacterial strains were isolated from these vaginal samples of leucorrhea infection. These bacterial strains were biochemically and molecularly characterized recognized by Ribotyping of 16S Ribosomal RNA. The growth curve of bacteria, pH effect, temperature effect, antibiotic resistance and minimum inhibitory concentration (MIC) were also checked by conducting experiments. The isolated strains were symbolically named as L1, L2, L3 and L4.

174 **L1 STRAIN:**

Colonies of L1 bacterial isolates were grayish white, oval shaped having entire margins, small 175 176 sized and in chains as represented in table 1. Gram staining properties showed that it is gram positive, no spore formation takes place for L1 strain and it is non motile. At genus level L1 177 strain was morphologically and biochemically identified as Streptococcus sp. certain 178 biochemical reactions were negative for L1 bacterial isolate such as, oxidase, catalase, urease, 179 hydrogen sulphide and mackonky agar test. Triple Sugar Iron test confirmed that L1 bacterial 180 strain belonging to family enterobacterioaceae. Positive result was observed for Voges 181 Proskauer test, gelatin test and it has enzyme for degradation of amino acids into indole. 182 Streptococcus sp. also hemolyse the red blood cells by releasing hemolysin enzymes. L1 strain 183 showed no effect at metabolism of glucose but metabolized lactose and sucrose into lactic acid 184 (Table No. 1). 185

- The strain of bacterial isolates was checked for optimum growth and was observed at a range of pH values from 4-9 pH. Broth cultures of bacterial isolates were checked at 600 nm for optical density at various pH levels. Optimum pH for L1 was in between 6-7, Optimum temperatures for growth of L1 strain was ranged between 37 to 40°C while these bacteria were grew best at 37°C
- 190 Tables 4&5).

191 **L2 STRAIN:**

192 Colonies of L2 were appeared as small, oval shaped, jet black colonies surrounded by white halo.

193 Their colonial surface was in the form of irregular clusters (Table 1). Staining properties showed

- 194 that these are gram positive cocci, no endospore formation takes place and these were motile 195 bacteria.
- 196 At genus level bacterial isolates of strain L2 was characterized phenotypically and biochemically 197 as *Staphylococcus* sp. The biochemical reactions that were positive for L2 bacterial isolate such 198 as catalase, gelatin urease, citrate, triple sugar, litmus milk reactions and H_2S reactions. L2
- 199 bacterial isolate was oxidase and indole negative. In the present study, pathogenicity was also

200 observed in L2 strain as positive. Carbohydrate fermentation reactions (i.e. glucose, sucrose and 201 lactose) were also carried that gave positive result by acid/gas production. It was methyl red

- 202 negative while Voges Proskauer test was positive.
- The broth media containing L2 bacterial isolates showed higher growth at pH ranged 7-8 and the optical density showed that the optimum temperatures for L2 strain was in between 37 to 40° C
- but it grew best at 37° C as shown in table.

206 **L3 STRAIN:**

L3 bacterial colonies were coffee bean shaped diplococcic bacteria.Staining properties showed that L3 strain was gram negative, no spore formation takes place and these were motile bacteria.L3 bacterial isolate was clarified as *Neisseria* sp. This strain showed positive result for catalase, oxidase, nitrate reduction, urea utilization, gelatin hydrolysis, consumption of litmus milk and formation of indole. L3 also showed visible growth on blood agar and MacConky agar. Glucose fermentation indicated that it just metabolizes glucose into an acid and it was methyl red positive.

214 **L4 STRAIN:**

L4 colonies were metallic sheet, small and rounded, staining properties showed that this strain was gram positive, having no spore forming ability, and include motile bacteria.

L4 bacterial isolate was morphologically and biochemically identified as *E.coli*. Voges Proskauer, urease and citrate reactions showed negative result for L4 because bubble was not formed and no urea formation takes place. Blood agar test was also performed to check the pathogenicity that again examined as positive. *E.coli* was methyl red, catalase, and litmus milk test positive. Carbohydrate fermentation reactions were showed that L4 converted glucose, sucrose and lactose into lactic acid. It is positive for spot indole and kovacs indole, H_2S reaction. L4 strain showed optimum growth at pH ranged 6-8 and temperature 37 C°.

224 Antibiotic sensitivity test:

Against antimicrobial drugs the resistance and vulnerability of isolated bacterial strain 225 was analysed by disk diffusion method. Areas of inhibition for L1 (Streptococcus sp.), L2 226 (Staphylococcus sp.), L3 (Neisseria gonorrhea) and L4 (E. coli) bacterial strain were calculated. 227 228 The area of inhibition of antibiotics against L1 bacterial isolate was measured, the largest zone of inhibition against L1 strain was 17.68±0.16 mm for Tetracycline (T30) and minimum zone of 229 inhibition was 4.539±0.12 mm for Cefepime (FEP 30). L2 bacterial strain showed the zone of 230 231 inhibition that 14.31±0.006 mm of Cefepime (FEP 30) and smallest zone was 4.5±0.15 mm of Penicillin (P 10) as recorded in table 4. L3 bacteria isolate showed the zone of bacterial 232 inhibition ranged between 12+ 0.02 mm for Cefepime to 20 + 0.021 mm for penicillin. 233 234 Ciproflaxime and Tetrcycline also have significant zones of inhibition i.e., 17.25mm and 16mm respectively. L4 bacteria isolate has maximum zone of inhibition 6.4+ 0.004 mm for Cloxacillin 235 and minimum zone of inhibition was 4.2 + 0.14 mm for Oxacillin Tables 2&3). 236

The results of all the isolated strains L1, L2, L3 and L4 analyzed as follows, L1 and L2
strains ware sensitive to Azithromycine (AZM 15), Cephalexin (CL 30), Doxycyciline (DO 30),
Cefepime (FEP 30), Tetracycline (T30), Teicoplanin (TEC 30µg) and resistant to penicillin

(P10), Cloxacillin (OB 5), Amoxyllin (AMC 30), Oxacillin (OX 1), Ampicillin (AM 10) only 240 241 with the exception against Penicillin means L2 strain is sensitive to it as shown in the table. L3 bacteria strain was sensitive against Azithromycine (AZM 15), Cephalexin (CL 30), 242 243 Doxycyciline (DO 30), penicillin (P10), Cefepime (FEP 30), Tetracycline (T30), Amoxyllin (AMC 30), and Teicoplanin (TEC 30). L3 was resistant against Cloxacillin (OB 5), Oxacillin 244 (OX 1), and Ampicillin (AM 10). L4 strain was resistant against Cephalexin (CL 30), 245 Doxycyciline (DO 30) and Amoxyllin (AMC 30). This strain was sensitive to Azithromycine 246 247 (AZM 15), Cloxacillin (OB 5), Oxacillin (OX 1), penicillin (P10), Ampicillin (AM 10) and Teicoplanin (TEC 30). 248

249 MICs (Minimum inhibitory concentrations) of antibiotics:

250 By the observation of turbidity because of bacterial growth in the test tubes the minimum 251 inhibitory concentration of different antibiotics was calculated (Table 6). Minimum inhibitory concentration (MIC) was the smallest antibiotic concentration at which bacteria showed no 252 growth. The values of MIC for antibiotic Azithromycine of all isolated bacterial strains named as 253 L1 (Streptococcus pyogenes), L2 (Staphylococcus aureus), L3 (Neisseria gonorrhoeae) and L4 254 255 (Escherichia coli) was23.5µg/ml, 15µg/ml, 12.5µg/ml and 5µg/ml respectively. For Doxycycline the values of minimum inhibitory concentration (MIC) was 47.9µg/ml against Streptococcus 256 pyogenes 29.3 µg/ml for Staphylococcus aureus, and 20µg/ml for Neisseria gonorrhoeae. 257 Against Streptococcus pyogenes, Staphylococcus aureus, Neisseria gonorrhoeae and 258 Escherichia coli the minimum inhibitory values were observed as 55.5 µg/ml, 46 µg/ml and 259 15µg/ml for Cephalexin. The minimum inhibitory concentration of tetracycline against isolated 260 bacterial strains Streptococcus pyogenes, Staphylococcus aureus, Neisseria gonorrhoeae and 261 262 *Escherichia coli* was observed as 46.5µg/ml, 95µg/ml, 30µg/ml and 23µg/ml respectively. Cefepime showed the value of MIC against bacterial isolates as *Streptococcus pyogenes*, 263 Staphylococcus aureus, Neisseria gonorrhoeae and Escherichia coli were 10µg/ml, 7.92µg/ml, 264 2µg/ml and 32µg/ml. the minimum inhibitory concentration of Gentamicin was analyzed as 75.2 265 μ g/ml, 38 μ g/ml, 16 μ g/ml, and 2 μ g/ml for Streptococcus pyogenes, Staphylococcus aureus, 266 Neisseria gonorrhoeae and Escherichia coli respectively. Amikacin has minimum inhibitory 267 concentration values as 12.2µg/ml for *Streptococcus pyogenes*, 23.1µg/ml for *Staphylococcus* 268 aureus, 16µg/ml for Neisseria gonorrhoeae and 2µg/ml for Escherichia coli (Figures 3 to 6). 269

270 Molecular characterization of bacterial isolates:

The bacterial genomic DNAs of all biochemically analyzed bacterial isolates were isolated and run at Agarose gel for further studies like Ribotyping as shown in figure. After this, specific sequences of bacterial DNA were amplified as shown in figures 1&2. The sequenced genes were analyzed at NCBI website and observed that L1, L2, L3 and L4 strains were molecularly identified as at species level (Table 7).

276 L1 (Streptococcus pyogenes)

277	GAGAGTTTGATCCTCCGCTCAGGACGAACGCTGGCGGCGTGCCTAATACATGCAAGT
278	AGAACGCTGAGAACTGGACTTGCACCGGTTCAAGGAGTTGCGAACGGGTGAGTAAC
279	GCGTAGGTAACCTACCTCATAACGGGGGGATAACTATTGGAAACGATAGCTAATACC
280	GCATAAGAGAGACTAACGCATGTTAGTAATTATAAAAGGGGGCAATTGCTCCACTAT
281	GAGATGGACCTGCGTTGTATTAGCTAGTTGGTGAGGTAAAGGCTCACCAAGGCGAC

282 GATACATAGCCGACCTGAGAGGGTGATCGGCCACACTGGGACTGAGACACGGCCCA

283 GACTCCTACGGGAGGCAGCAGTAGGGAATCTTCGGCAATGGGGGGCAACCCTGACCG 284 AGCAACGCCGCGTGAGTGAAGAAGGTTTTCGGATCGTAAAGCTCTGTTGTTAGAGA

285 AGAATAGGTGGGAGTGGAAAAAGGTTTTCCGGATCGTAAGCTCTGTTGTTAGAGA

286 G

287 L2 (Staphylococcus aureus)

TTTATGGAGAGTTTGATCCTGGCTCAGGATGAACGCTGGCGGCGTGCCTAATACATG 288 CAAGTCGAGCGAACGGACGAGAGCTTGCTTCTATGATGTTAGCGGCGGACGGGTGA 289 290 GTAACACGTGGATAACCTACCTATAAGACTGGGATAACTTCGGGAACCGGAGCTAA TACCGGATAATATTTTGAACCGCATGGTTCAAAAGTGAAAGACGGTCTTGCTGTCAC 291 292 TTATAGATGGATCCGCGCTGCATTAGCTAGTTGGTAAGGTAAGTTACCAAGGCAACG 293 ATGCATAGCCGACCTGAGAGGGGTGATCGGCCACACTGGAACTGAGACACGGTCCAG ACTCCTACGGGAGGCAGCAGTAGGGTCTTCCGCAATGGGCGAAAGCCTGACGGCCG 294 AGCAACGCCGCGTGAGTGATGAAGGTCTTCGGATCGTAAAACTCTGTTATTAGGGA 295

- 296 AGAACATATGTGTAAGTAACTGTGCACATCTCGCGGTACCTAATCAGAAAG
- 297 L3 (Neisseria gonorrhoeae)
- TAGAAAGGAGGTGATCCAGCCGCAGGTTCCCCTACGGCTACCTTGTTACGACTTCAC 298 299 300 GTATCCCCCACTCCCATGGTGTGACGGGCGGTGTGTACAAGACCCGGGAACGTATTC ACCGCAGTATGCTGACCTGCGATTACCGCATTCCGACTTCATGCACTCGAGTTGCAG 301 AGTGCAATCCGGACTACGATCGGTTTTGTGAGATTGGCTCCGCCTCGCGGCTTGGCT 302 303 ACCCTCTGTACCGACCATTGTATGACGTGTGAAGCCCTGGTCATAAGGGCCATGAGG ACTTGACGTCATCCCCACCTTCCTCCGGCTTGTCACCGGCAGTCTCATTAGAGTGGC 304 AACCGAATGATGGCAACTAATGACAAGGGTTGCGCTCGTTGCGGGGACTTAACCCAA 305 306 CATCTCACGACACGAGCTGACGACAGCCATGCAGCACCTGTGTT
- 307 L4 (Escherichia coli)

AAATTGAAGAGTTTGATCATGGCTCAGATTGAACGCTGGCGGCAGGCCTAACACAT 308 GCAAGTCGAGCGTAACAGGAAGAAGCTTGCTTCTTTGCTGACGAGTGGCGGACGGG 309 TGAGTAATGTCTGGGAAACTGCCTGATGGAGGGGGGATAACTACTGGAAACGGTAGC 310 TAATACCGCATAACGTCGCAAGACCAAAGAGCCGGACCTTCGGGCCTCTTGCCATC 311 GGATGTGCCCAGATGGGATTAGCTAGTAGGTGGGGTAACGGCTCACCTAGGCGACG 312 313 ATCCTAGCTGGTCTGAGAGGATGACCAGCCACACTGGAACTGAGACACGGTCCAGA CTCCTACGGGAGGCAGCAGTGGGGGAATATTGCACAATGGGCGCAAGCCTGATGCAG 314 ACTGCCGCGTGTATGAAGAAGGCCTTCGGGTTGTAAAGTACTTTCAGCGGGGAGGA 315 AGGGTTGCAAGTTAATACCTTTGCTCATTGACGTTACGCGCAGAAGAAGCAC 316

317 **DISCUSSION**

This research work is performed for the purpose to emphasize the significance of antibiotic resistant isolates of bacteria that were identified by morphological, biochemical and molecular means. Different parameters were considered like effect of pH, effect of temperature on the growth of bacteria, minimum inhibitory concentration (MIC) of antibiotics for the present

antibiotic resistant strains of bacterial isolates. In present research work the bacteria isolated as *Streptococcus pyogenes, Staphylococcus aureus, Neisseria gonorrhoeae* and *Escherichia coli* were taken from vaginal samples that cause diseases in reproductive tract. In most of the developing countries of world use of antibiotic is not regular; these are mostly over used or misused that become the reason of drug resistance. Resistance of antibiotics results in high rate of morbidity and mortality from infection causing diseases (Hart and Kariuki, 1998).

The temperature for the optimum growth of all the antibiotic resistant, isolated bacterial strains was ranged between 30° C to 40° C and optimum pH for maximum growth was ranged 6 to 8. In this research work the minimum inhibitory concentrations (MICs) of some antibiotics were observed, these antibiotics were azithromycin, cephalaxin, Dotxycyclin, Cefepime, Amikacin and Gentamicin. There concentration was increased as compared to the work done by Shadlia *et al.*, 2008.

The present study provides a precious data related to continuous increase in drug resistance against certain bacterial species. The misuse and overuse of antibiotics against infectious diseases results in the increase of drug resistance ability of microorganism.

338	Table 1: Biochemical characterization of bacterial isolates
-----	---

Biochemical Test	L1	L2	L3	L4
Cat Test	-tive	+tive	+tive	+tive
Urease Test	-tive	-tive	+tive	-tive
Gel Test	+tive	+tive	+tive	+tive
Lit milk Test	+tive	+tive	+tive	+tive
Tri sug Iron test	+tive	+tive	-tive	+tive
Cit Test	+tive	-tive	-tive	+tive
Oxi Test	-tive	-tive	+tive	-tive
Ind Test	+tive	+tive	+tive	+tive
Hyd Sul Test	-tive	-tive	-itve	-tive
Blood Agar Test	+tive	-tive	-tive	+tive

MAT		-tive	-tive -tive -tive		+tive
Glu		A (-tive)	A(+tive)	A/G (+tive)	A/G (+ve)
Car Fer	Suc	A/G (+tive)	A/G (+tive)	A(-tive)	A/G (+ve)
Test	Lac	A (+tive)	A/G(+tive)	A(-tive)	A (+ve)
MDVD	MR	-tive	+tive	+tive	-tive
MRVP	VP	-tive	-tive	-tive	-tive
Bacterial Species		Streptococcus sp.	Staphlococcus sp.	N.gonorrhoeae	E. coli

339

340 Table 2: Antibiotic susceptibility test on isolated bacterial strain

Antibiotics	Antibiotics L1		L3	L4
AZM15	S(14.52 <u>+</u> 0.142)	S(13.01 <u>+</u> 0.010)	S(3.13 <u>+</u> 0.152)	S(6.18 <u>+</u> 0.076)
CL30	S(7.70 <u>+</u> 0.205)	S (4.72 <u>+</u> 0.047)	72 <u>+</u> 0.047) S(14.09 <u>+</u> 0.079)	
DO30	S(10.63 <u>+</u> 0.060)	(63 ± 0.060) S (8.1 ± 0.010) S (0.75 ± 0.13)		R
P10	R	S(5.3 <u>+</u> 0.100)	S(20.20 <u>+</u> 0.200)	S(14.16 <u>+</u> 0.208)
FEP30	S(17.65 <u>+</u> 0.055)	S(13.68 <u>+</u> 0.082)	S(12.23 <u>+</u> 0.252)	R
T30	S (4.97 <u>+</u> 0.066)	S(6.22 <u>+</u> 0.107)	S(1.61 <u>+</u> 0.036)	R
OB5	OB5 R R		R	S(6.43 <u>+</u> 0.057)
AMC30	AMC30 R		R S(0.31±0.76)	
OX1	OX1 R		R	S (4.2 <u>+</u> 0.095)

AM10	R	R	R	S (4.73 <u>+</u> 0.115)
TEC30	R	S (7.97 <u>+</u> 0.064)	S(10.23 <u>+</u> 0.252)	S(4.03 <u>+</u> 0.057)

341 All values representing mean \pm SD.

342 Note: 'R' stands for Resistant, while S' stands for Sensitive AZM (Azithromycin), OB

343 (Cloxacillin), DO (Doxycycline), CL (Cephalexin), OX (Oxacillin), AM (Ampicillin), FEP

344 (Cefepime), T (Tetracycline), P (Penicillin).

345

Table 3: Antibiogram of antibiotics was shown against particular bacterial isolates

Isolated Bacterial	Antibi	ogram
Strains	Sensitive	Resistant
L1 $AZM^{S}, T^{S}, CL^{S}, DO^{S}, FEP^{S},$		AMC ^R , OX ^R , AM ^R , P ^R , OB ^R
L2	AZM ^S , T ^S , CL ^S , DO ^S , FEP ^S , P ^S , TEC ^S	AMC ^R , OX ^R , AM ^R , OB ^R
L3	CL ^s , DO ^s , FEP ^s , P ^s , TEC ^s , T ^s , AMC ^s	OX ^R , AZM ^R , OB ^R AM ^R
L4	AZM ^S , OB ^S , TEC ^S , T ^S	CL ^R , DO ^R , AMC ^R , OX ^R , AM ^R

347 Note: 'R' stands for Resistant, while S' stands for Sensitive AZM (Azithromycin), OB
348 (Cloxacillin), DO (Doxycycline), CL (Cephalexin), OX (Oxacillin), AM (Ampicillin), FEP
349 (Cefepime), T (Tetracycline), P (Penicillin).

Table 4: Effect of pH on the growth of bacteria isolated from vaginal secretion of patient

352 suffering from Leucorrhea

н			Bacterial isolat	ies	
pН	Control	L1	L2	L3	L4
5	0.000	0.112 <u>+</u> 0.12	0.130±0.006	0.036±0.004	0.194±0.002
6	0.000	0.420±0.010	0.440±0.125	0.248±0.100	0.357±0.016
7	0.000	0.446±0.007	0.461±0.011	1.09 ±0.055	0.535±0.031
8	0.000	0.346±0.002	0.354±0.100	0.280±0.004	0.338±0.014
9	0.000	0.176±0.002	0.23±0.020	0.116±0.004	0.045±0.002
10	0.000	0.129±0.151	0.154±0.025	0.079±0.006	0.014±0.015

353 Note:

Table 5: Effect of temperature on Growth of Isolated Bacterial strains by comparison of values of mean optical density

Temperature	Cont	L1	L2	L3	L4
20	0.000	0.185±0.006	0.286±0.031	0.233±0.021	0.215±0.005
25	0.000	0.404±0.005	0.426±0.038	0.407±0.005	0.318±0.015
30	0.000	0.565±0.101	0.503±0.006	0.525±0.031	0.443±0.010
37	0.000	0.615±0.004	0.604±0.003	0.584±0.013	0.584±0.009
40	0.000	0.551±0.016	0.525±0.020	0.504±0.006	0.468±0.015

All values in bacterial isolated strains (L1, L2, L3 and L4) represented optical density Mean ± SD. n=3

45	0.000	0.333±0.015	0.441±0.005	0.254±0.043	0.326±0.039
50	0.00	0.157 <u>+</u> 0.016	0.317 <u>+</u> 0.015	0.110 <u>+</u> 0.010	0.048 <u>+</u> 0.006

358 Note:

All readings in bacteria isolates (L1, L2, L3 and L4) represent Mean± SD; n=3.

Table 6: Minimum Inhibitory Concentration (MIC) of sensitive antimicrobial agents against bacterial isolates

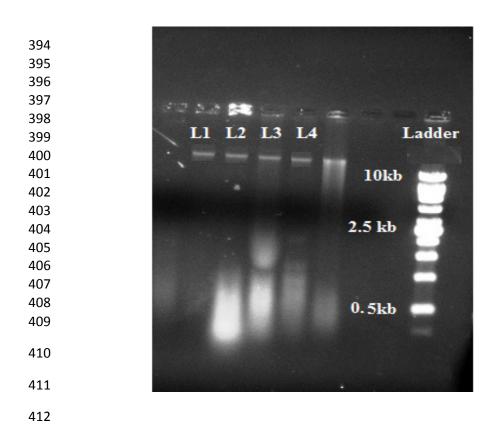
Antibiotics®	Ν	IIC Values for Ba	acterial strains	
Anubioucs	L1	L2	L3	L4
Azithromycine	23.5	15	12.5	5
Doxycycline	47.9	29.3	20	-
Cephalexin	55.5	46	15	-
Cefepime	10	7.92	2	32
Tetracycline	46.5	95	30	23
Gentamicin	75.2	38	6	2
Amikacin	12.2	23.1	16	2

362 Note:

- \triangleright [®]Refer to the table (3.4), for explanation of Antibiotics
 - > All MICs values of antibiotics against each bacterial isolate were in $\mu g/ml$.

Isolated Bacterial Strain	Description	Max. Query	Max. Index	Source
L1	Streptococcus pyogenes	505 BP	98 %	Leucorrhea fluid
L2	Staphylococcus aureus	502 BP	97 %	Leucorrhea fluid
L3	Neisseria gonorrhoeae	499BP	99%	Leucorrhea fluid
L4	Escherichia coli	500 BP	98%	Leucorrhea fluid
	Lscherichia coll	500 D F	2070	fluid

Table 7: Molecular Characterization of Bacterial isolated strain



- 413 Figure 1: Agarose gel (0.8%) indicates the genomic DNA of bacterial isolates

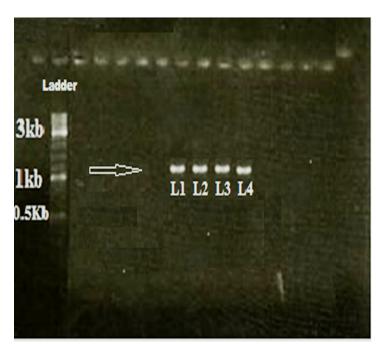
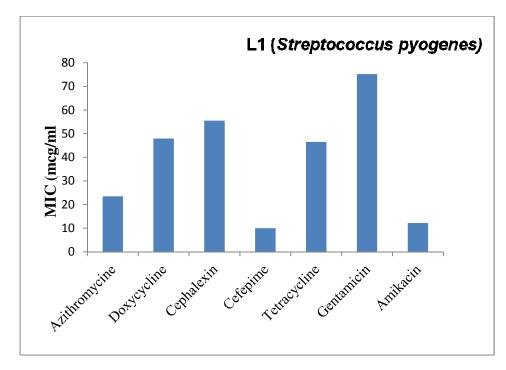
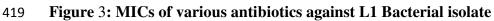
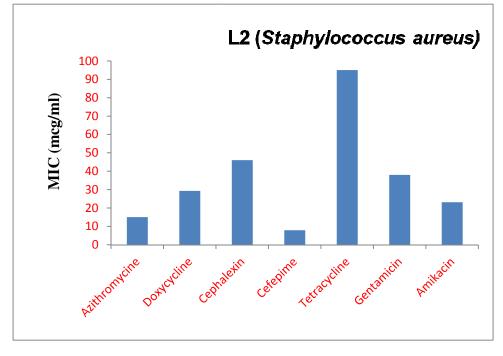


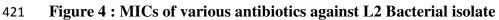
Figure 2: PCR products of 16S rDNA of bacterial isolates

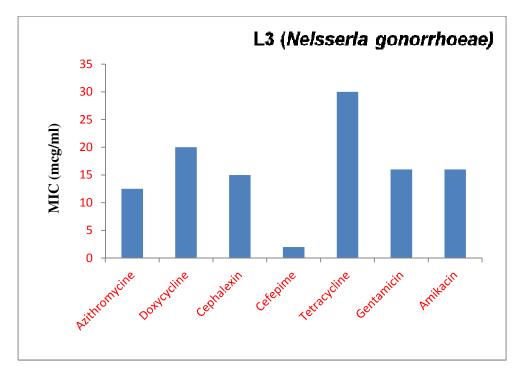




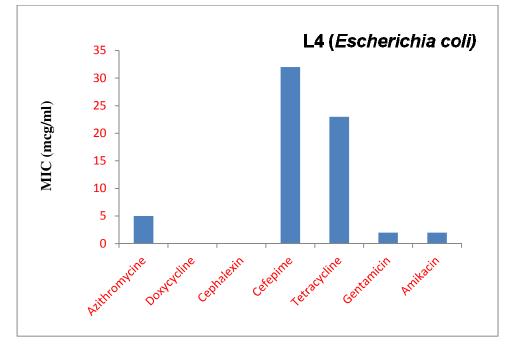




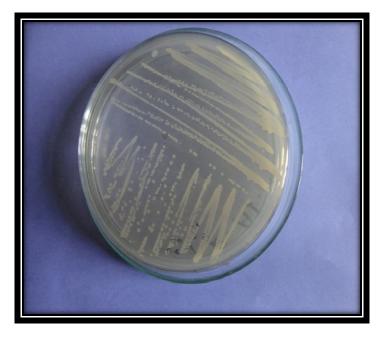




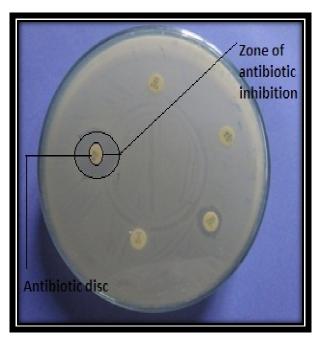




425 Figure 6: MICs of various antibiotics against L4 Bacterial isolate



428 Figure 7: Isolation of bacteria by streaking plate method



430 Figure 8: Antibiotic resistance of bacteria

435 **REFERENCES**

436

- Blackman, B.T. 2002. Resistant bacteria in retail meats and antimicrobial use in animals. *New*.
 Eng. J. Med. 346: 777–779.
- Canu, A. Malbruny, B. Coquemont, M. Davies, T.A. Appelbaum, P.C. and Leclercq, R. 2002.
 Diversity of ribosomal mutations conferring resistance to macrolides, clindamycin,
 streptogramin, and telithromycin in *Streptococcus pneumonia*. *Antimicrob*. *Agents Chemother.* 46: 125–131.
- 443 Diekema, D. J. Pfaller, M. A. Turnidge, J. 2000 Genetic relatedness of multidrug444 resistant, methicillin (oxacillin)-resistant *Staphylococcus aureus* blood stream isolates
 445 from SENTRY Anti-microbial Resistance Surveillance Centers worldwide. *Microb.*446 *Drug. Resist.* 6: 213–221
- Forna, F. and Gulmezoglu, A.M. 2003. Interventions for treating trichomoniasis in women. *Cochrane Database Syst. Rev.* 2: 218.
- Fredricks, D.N. Fiedler, T.L. and Marrazzo, J.M. 2005. Molecular identification of bacteria
 associated with bacterial vaginosis. *N. Engl. J. Med.* 353(18): p. 1899-911.
- Hart, C.A. and Kariuki, S. 1998. "Antimicrobial Resistance in Developing Countries". *British. Med. J.* 317(7159): 647–50.
- Mairiga, A.G. Balla, H.J. and Ahmad, M.I. 2001. Prevalence of Trichomonas vaginalis infection
 among antenatal clients in Maiduguri Nigeria. *Int J. Biol Med Res.* 2(4): 998-1002.
- Mandell, G.L. Bennett, J.E. Dolin, R. Mandell, Douglas, and Bennett's. 2000. *Principles and Practices of Infectious Diseases*, Vol 2. 2242-2256. Philadelphia: Churchhill Livingstone.
- 457 Shadlia, M.M. Aidoo, K.E. Candlish, A.A. and Elgerbi, A.M. 2008. Evaluation of Some
 458 Antibiotics Against Pathogenic Bacteria Isolated from Infant Foods in North Africa. *The*459 *Open Food Sc. Jour.* 2: 95-101.
- Shah, A.A. Hasan, F. Ahmed, S. and Hameed, A. 2004. Extended-spectrum b lactamases
 (ESBLs): Characterization, epidemiology and detection. *Crit. Rev. Microbiol.* 30: 25–32.
- 462 Sweet, R.L. and Gibbs, R.S. 2002. Infectious Diseases of the Female Genital Tract, 4th ed.
 463 Philadelphia: Lippincott, Williams, & Wilkins. 57-100.