

Antibiotic Resistance Profile of *Escherichia coli* from Urine of Patients with Suspected Urinary Tract Infections in Federal Medical Centre, Keffi, Nigeria

ABSTRACT

Aims: This study investigated the antibiotic resistance profile of *Escherichia coli* from the urine of patients with suspected urinary tract infections in Federal Medical Centre, Keffi, Nigeria.

Study design: Cross-sectional study.

Place and Duration of Study: Sample was obtained from the Federal Medical Center, Keffi and analyzed at Nasarawa State University, Keffi, Nigeria, between January and April 2018.

Methodology: Three hundred and eighty urine samples were collected and *E. coli* was isolated and identified using standard microbiological methods. Antimicrobial Susceptibility Testing for the isolates was carried out and interpreted as described by the Clinical and Laboratory Standards Institute.

Results: The occurrence of the bacterium was 12.9% (49/380). The occurrence in relation to the gender of the patients was higher in the female (15.5%) than the male (9.8%); in relation to age, it was highest at 11-20 years (23.5%) but lowest at > 50 years (2.3%). The isolates were more resistant to ampicillin (81.6%), streptomycin and sulphamethoxazole/ trimethoprim (75.0%) but less resistant to gentamycin (30.6%), and imipenem (22.4%). The occurrences of different classes of resistance were multidrug resistance (MDR) (93.9%) and pan drug resistance (4.2%). Most of the isolates were more resistant to the commonly prescribed antibiotic and were also MDR isolates.

Conclusion: The need to review antibiotic use by the hospital is thus justified.

Keywords: *Escherichia coli*; urine, antibiotic; resistance

1. INTRODUCTION

Escherichia coli, a member of the Enterobacteriaceae family, has been reported to be one of the most predominant organisms causing urinary tract infections (UTIs) which are very common reasons for consultation and antibiotic prescription in current practice [1]. Urinary tract infection (UTI) is one of the most frequent types of nosocomial infections and probably affects nearly one-half of all people during their lifetimes [1,2]. Antibiotics such as β -lactams and fluoroquinolones as well as other classes are commonly prescribed for treatment of *E. coli* related UTIs [3, 4].

Massive and usually inappropriate use of antibiotics for treatment of UTIs generates a selective pressure that is followed by the rapid emergence and spread of multi-drug resistant bacterial strains [3,4,5]. Nowadays, the resistance of urinary *E. coli* to many antibiotic classes is a very common finding in human medicine and is usually associated with increased medical costs, prolonged hospital stays and frequent therapeutic failure [5].

In addition, several studies showed that antibiotic resistance in *E. coli* related UTIs is increased [2,6]. The emergence of transferable multidrug resistance genes in gram-negative bacteria, particularly *E. coli* is an important health problem throughout the world [2,3,7-10].

Many reports have described and characterized antibiotic-resistant urinary *E. coli* isolates in worldwide [11-15] but in the study location this report is limited, hence this study investigates antibiotic resistance profile of *E. coli* from the urine of Patients with suspected UTIs in Federal Medical Centre, Keffi, Nigeria.

2. MATERIAL AND METHODS

2.1 Isolation of *Escherichia coli*

38 *Escherichia coli* was isolated from urine samples as follows: a loopful of urine sample was streaked
39 on MacConkey Agar (Oxoid Ltd. U.K.) plate and incubated at 37°C for 24 h. Pinkish colonies that
40 grew on MacConkey agar were further streaked on Eosin Methylene Blue Agar (Oxoid Ltd. U.K.) and
41 incubated at 37°C for 24 h. Greenish metallic sheen colonies that grew on the Eosin Methylene Blue
42 agar plate were selected as presumptive *E. coli*.

43 **2.1.1 Identification of *Escherichia coli***

44 The presumptive *E. coli* was Gram-stained and biochemically identified as suspected *E. coli* using
45 IMViC (Indole, Methyl red, Voges-Proskauer and Citrate) tests as earlier described [16]. The
46 suspected *E. coli* isolates (Gram-negative, rod shape, indole positive, methyl red positive, citrate
47 negative and Voges-Proskauer negative) were using a commercial biochemical testing kit (KB003
48 H125TM) following the manufacturer's instruction.

49 **2.2 Antimicrobial Susceptibility Testing**

50 The antimicrobial susceptibility testing of the bacterial isolates was carried out as earlier described by
51 the Clinical and Laboratory Standards Institute [17]. Briefly, three (3) pure colonies of the isolates
52 were inoculated into 5 ml sterile 0.85% (w/v) NaCl (BDH chemical Ltd, England) (normal saline) and
53 the turbidity of the bacteria suspension will be adjusted to the turbidity equivalent to 0.5 McFarland's
54 standard. The McFarland's standard was prepared as follows: 0.5 ml of 1.172% (w/v) BaCl₂.2H₂O
55 (BDH chemical Ltd, England) was added into 99.5 ml of 1% (w/v) H₂SO₄ (BDH chemical Ltd,
56 England).

57 A sterile swab stick was soaked in standardized bacteria suspension and streaked on Mueller-Hinton
58 agar (Oxoid Ltd. U.K.) plates and the antibiotic discs were aseptically placed at the center of the
59 plates and allowed to stand for 1 h for pre-diffusion. The plates were incubated at 37°C for 24 h. The
60 diameter zone of inhibition in millimeter was measured and the result was interpreted in accordance
61 with the susceptibility breakpoint earlier described by Clinical and Laboratory Standards Institute [17].

62 **2.3 Determination of Multiple Antibiotic Resistance (MAR) Index**

63 The MAR index of the isolates was determined using the formula: MAR Index = No. antibiotics isolate
64 is resistant to/No. of antibiotics tested as described previously [18].

65 **2.4 Classification of Antibiotic Resistance**

66 Antibiotic resistance in the isolates was classified into: multidrug resistance (MDR: non-susceptible to
67 ≥1 agent in ≥3 antimicrobial categories); extensive drug resistance (XDR: non-susceptible to ≥1 agent
68 in all but ≤2 antimicrobial categories); pan drug resistance (PDR: non-susceptible to all antimicrobial
69 listed) [19]

70 **2.5 Statistical Analysis**

71 Microsoft Excel™ 2016 was used as statistical tool for computation of percentages, mean and
72 averages of the data obtained.

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77 **3. RESULTS**

78 The cultural, morphological and biochemical characteristics of *E. coli* isolated from urine of the
79 patients is as shown in Table 1.

80 Out of 380 urine samples obtained from suspected UTI patients, the occurrence of the isolates was 12.9%. The
81 occurrence of the isolate with relation to gender of suspected UTI patients was higher in female (15.5%) than
82 the male (9.8%) as shown in Table 2. The occurrence of the isolate in relation to age was high in 11-20 years
83 (23.5%) but lower in > 50 years (2.3%) as given in Table 3. The differences in the occurrence of the isolates in
84 relation to gender and age of suspected UTI patients was statistically insignificant ($p > 0.05$).

85 **Table 1:** Cultural, Morphological and Biochemical characteristics *Escherichia coli* from Urine of Patients with Suspected Urinary Tract Infection in Federal
 86 Medical Centre, Keffi, Nigeria

Cultural Characteristics	Morphological Characteristics		Biochemical Characteristics											Inference	
	Gram stain	Morphology	ONPG	Ornithine	UR	LYS	NT	H ₂ S	CT	TDA	VP	MR	IND		MAL
Pinkish colony on MCA and greenish metallic sheen colony EMB agar	-	rod	+	+	-	+	+	-	-	-	-	+	+	-	<i>E. coli</i>

87 MCA = MacConkey agar; EMB = Eosin methylene blue; UR = Urease; LYS = Lysine; H₂S = Hydrogen Sulphide; CT = Citrate; TDA = Phenylalanine
 88 deaminase; VP = Voges-Proskauer; IND = Indole; MAL = Malonate; - = Negative; + = Positive

Table 2: Occurrence of *Escherichia coli* from Urine of Patients with Suspected Urinary Tract Infection in Federal Medical Centre, Keffi, Nigeria in Relation to Gender

Gender	No. of Samples	No. (%) <i>E. coli</i>
Male	173	17(9.8)
Female	207	32(15.5)
Total	380	49(12.9)

Table 3: Occurrence of *Escherichia coli* from Urine of Patients with Suspected Urinary Tract Infection in Federal Medical Centre, Keffi, Nigeria in Relation to age

Age	No. of Samples	No. (%) <i>E. coli</i>
≤10	23	9(13.0)
11-20	51	12(23.5)
21-30	94	8(8.5)
31-40	106	20(18.7)
41-50	62	5(8.1)
>50	44	1(2.3)
Total	380	49(12.7)

The isolates were more resistance to ampicillin (81.6%), streptomycin and sulphamethoxazole/ trimethoprim (75.0%) but less resistance to gentamycin (30.6%) and imipenem (22.4%) as shown in Table 4.

Table 4: Antibiotic Resistance of *Escherichia coli* from Urine of Patients with Suspected Urinary Tract Infection in Federal Medical Centre, Keffi, Nigeria

Antibiotics	Disc Content (µg)	No. (%) Resistance (n=49)
Amoxicillin/clavulanic acid (AMC)	30	20(40.8)
Ampicillin (AMP)	30	40(81.6)
Ceftazidime (CAZ)	30	23(46.9)
Cefotaxime (CTX)	30	28(57.1)
Cefoxitin (FOX)	30	26(53.1)
Ciprofloxacin (CIP)	5	28(57.1)
Gentamicin (CN)	10	15(30.6)
Imipenem (IPM)	30	11(22.4)
Streptomycin (S)	30	37(75.5)
Sulphamethoxazole/trimethoprim	25	37(75.5)

The antibiotic resistance phenotypes of *E. coli* isolates from patients with suspected UTI in Federal Medical Centre, Keffi is as shown in Table 5. The isolates were distributed into different antibiotic resistance phenotypes and the most common phenotype was AMC- S-SXT-CTX-CAZ-FOX-CN-CIP-AMP (8.2%).

Table 5: Antibiotic Resistant Phenotypes of *Escherichia coli* from Urine of Patients with Suspected Urinary Tract Infection in Federal Medical Centre, Keffi, Nigeria

Antibiotic Resistance Phenotypes	Frequency (%) (n=49)
FOX	1(2.0)
SXT-FOX-IPM	1(2.0)
SXT-FOX-AMP	1(2.0)
S-FOX-AMP	1(2.0)
S-SXT-AMP	1(2.0)
S-SXT-FOX-AMP	2(4.1)
S-CAZ-FOX-AMP	1(2.0)
S-SXT-CIP-AMP	1(2.0)
S-SXT-CTX-AMP	1(2.0)
AMC-S-CTX-FOX-AMP	1(2.0)
S-SXT-CTX-CAZ-FOX	1(2.0)
S-SXT-CAZ-FOX-AMP	1(2.0)
SXT-FOX-CN-CIP-AMP	1(2.0)
AMC-S-SXT-CIP-AMP	2(4.1)
S-SXT-CN-CIP-AMP	1(2.0)
S-SXT-FOX-UPM-CIP-AMP	1(2.0)

AMC-S-SXT-CTX-FOX-AMP	1(2.0)
S-SXT-CTX-FOX-CIP-AMP	1(2.0)
S-SXT-CTX-CN-CIP-AMP	1(2.0)
S-SXT-CTX-CAZ-CN-AMP	1(2.0)
S-SXT-CTX-CAZ-CIP-AMP	2(4.1)
S-CTX-CAZ-FOX-CN-IMP-AMP	1(2.0)
S-SXT-CTX-CAZ-FOX-CIP-AMP	1(2.0)
AMC- S-SXT-CTX-CAZ-FOX-AMP	1(2.0)
AMC- S-SXT-CTX-CN-CIP-AMP	1(2.0)
S-SXT-CTX-CAZ-CN-CIP-AMP	2(4.1)
AMC- S-SXT-CTX-CAZ-IPM-CIP-AMP	1(2.0)
AMC- S-SXT-CTX-CAZ-FOX-CN-CIP-AMP	4(8.2)
AMC-S-CTX-CAZ-FOX-CN-CIP-AMP	1(2.0)
S-SXT-CTX-FOX-CN-IPM-CIP-AMP	1(2.0)
AMC- S-SXT-CTX-CAZ-CN-CIP-AMP	2(4.1)
AMC-SXT-CTX-CAZ-CN-IPM-CIP-AMP	1(2.0)
AMC- S-SXT-CTX-CAZ-FOX-IPM-CIP-AMP	1(2.0)
AMC- S-SXT-CTX-CAZ-FOX-CN-IPM-CIP-AMP	2(4.1)

AMC=Amoxicillin/Clavulanic acid; S=Streptomycin; SXT=Suphamethoxazole/Trimethoprim; AMP=Ampicillin; CTX=Cefotaxime; CAZ=Ceftazidime; FOX=Cefoxitin; CN=Gentamicin; IPM=Imipenem; CIP=Ciprofloxacin

The MAR index of the isolates from Federal Medical Centre, Keffi is as shown in Table 6. All the isolates were MAR isolates with MAR index of 0.2 and the most common MAR index was 0.8 (20.9%).

Table 6: Multiple Antibiotic Resistance (MAR) Index of *Escherichia coli* isolated from Urine of Patients with Suspected Urinary Tract Infections in Federal Medical Centre, Keffi, Nigeria

No. of Antibiotics Resistance (a)	No. of Antibiotic tested (b)	MAR Index (a/b)	Frequency (%)
10	10	1.0	2(4.7)
9	10	0.9	1(2.39)
8	10	0.8	9(20.9)
7	10	0.7	7(16.3)
6	10	0.6	7(16.3)
5	10	0.5	7(16.3)
4	10	0.4	5(11.6)
3	10	0.3	4(9.3)
2	10	0.2	0(0)
1	10	0.1	1(2.3)

The *E. coli* isolates from Federal Medical Centre, Keffi were classified into different categories of antibiotic resistance namely; Multi-drug resistance (MDR), Extensive-drug resistance (XDR) and Pandrug resistance (PDR) as shown in Table 7. The occurrence of different classes of isolate was multidrug resistance (MDR) (93.9%) and pan drug resistance (4.2%).

Table 7: Categories of Antibiotic Resistance in *Escherichia coli* isolated from Urine of Patients with Suspected Urinary Tract Infection in Federal Medical Centre, Keffi, Nigeria

Categories of Antibiotic Resistance	Frequency (%) (n=50)
NMDR	1(2.0)
MDR	46(93.9)
XDR	0(0.0)
PDR	2(4.7)

NMDR=None Multi-drug resistance; MDR=Multi-drug resistance; XDR=Extensive drug resistance; PDR=Pandrug resistance

4. DISCUSSION

The occurrence of *E. coli* from the urine of suspected UTIs patients in the study center was an indication that the organism may be responsible for UTIs and this finding agrees with the study earlier reported by Elboumri *et al.* [1] and Tajbahsh *et al.* [1] that *E. coli* is the most frequent uropathogen that causes UTIs nearly one half of all people during their lifetimes.

131 This occurrence of *E. coli* from the urine of suspected UTIs patients was in higher in female than male patients in both
132 study centers and this finding, however, is not different from the study earlier described by Shakya *et al.* [14]. The
133 percentage occurrence of *E. coli* from urine of suspected female and male UTIs patients was lower than 78.9% and
134 21.1% reported by Shakya *et al.* [14].

135 The high occurrence of *E. coli* in female than male patients may be due to anatomical differences, hormonal effect, and
136 behavioral patterns [14]. Although, our findings also show the difference in the occurrence of *E. coli* in relation to the
137 gender of suspected UTIs patients in the study center were statistically insignificant and this however shows that gender
138 of an individual may not necessarily be a predisposing factor for UTIs caused by *E. coli*.

139 The occurrence of *E. coli* from the urine of suspected UTIs patients in this study was not in agreement with the study
140 earlier described by Shakya *et al.* [14]. The high occurrence of *E. coli* in 11-20 years of patients in Federal Medical Center
141 Keffi may be due to behavioral pattern of individuals especially their level of hygiene in this age group may be low,
142 although Shakya *et al.* [14] reported high occurrence of *E. coli* in the group; 21-30 (26.0%) and also shown that the high
143 occurrence may be due to fact that individual at this age group are sexually active and may be more prone to UTIs.

144 The resistance of the isolates from both study center to ampicillin, streptomycin, sulphamethoxazole/trimethoprim,
145 cefotaxime, ceftazidime, and cefoxitin observed in this study was not surprising and this finding agrees with the study
146 earlier reported by Polse *et al.* [20], Padilla *et al.* [21] and Alikhani *et al.* [22]. The percentage resistance of isolates both in
147 the study center to ampicillin was less than 100% and 90 % reported by Polse *et al.* [20] and Shakya *et al.* [14]. The
148 resistance of the isolates to cefotaxime and ceftazidime was less than 82.4% reported by Padilla *et al.* [21]. The
149 resistance of isolates to antibiotic mentioned may be due to antibiotic misuses, ineffective empiric antibiotic therapy, poor
150 dosing regimen of antimicrobial agent, and prolong therapy of infection caused by this organism may also likely being the
151 reason for the resistance of antibiotic mentioned [23].

152 The low resistance of the isolates from both study center to antibiotics such as gentamicin, imipenem,
153 amoxicillin/clavulanic and ciprofloxacin was expected and this finding also justifies their use for the treatment of infection
154 caused by Gram-negative bacteria. The percentage resistance of the isolates to gentamicin, and imipenem was less than
155 10.6% and 13.9% and higher 38.08% resistance to ciprofloxacin as earlier reported by Shakya *et al.* [14].

156 The occurrence of MAR isolates observed in this study was similar to the study earlier reported by Ngwai *et al.* [18] and
157 Nkene *et al.* [12]. The occurrence of the MAR isolates in the study location was an indication that the isolates may be
158 more common in the environment where the antibiotics are likely misused [18].

159 The occurrence of MDR resistance isolates in the study location was expected and this finding is also not different from
160 the study earlier reported by Thakur *et al.* [24] and Parajuli *et al.* [25] that MDR *E. coli* responsible for UTIs that is difficult
161 to be treated using antibiotics. The percentage occurrence of MDR isolates observed in this study was higher than 64.9%
162 reported by Parajuli *et al.* [25]. The occurrence of XDR and PDR resisting isolated observed in this study was also similar
163 to the study earlier described by Parajuli *et al.* [25]. Most of the isolate was more resistance to commonly prescribed
164 antibiotic and were also MDR isolates. Further studies on molecular characterization of β -lactam fluoroquinolones
165 resistance in the isolates are ongoing.

166 5. CONCLUSION

167 This study recovered 12.9% (49/380) *E. coli* from the urine of patients. The occurrence in relation to the gender of the
168 patients was higher in the female (15.5%) than the male (9.8%); in relation to age, it was highest at 11-20 years (23.5%)
169 but lowest at > 50 years (2.3%). The isolates were more resistant to ampicillin (81.6%), streptomycin and
170 sulphamethoxazole/ trimethoprim (75.0%) but less resistant to gentamycin (30.6%), and imipenem (22.4%). The
171 occurrences of different classes of resistance were multidrug resistance (MDR) (93.9%) and pan drug resistance (4.2%).
172 Most of the isolates were more resistant to the commonly prescribed antibiotic and were also MDR isolates. A future
173 perspective is required for this study.
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COMPETING INTERESTS

Authors have declared that no competing interests exist.

CONSENT

All authors declare that 'written informed consent was obtained from the patient for publication of this case report.

ETHICAL APPROVAL

All authors hereby declare that all experiments have been examined and approved by the appropriate ethics committee and have therefore been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki.

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