

Molecular Identification And Characterization Of Nor C Virulence Gene Of Staphylococcus aureus Isolated From Children With Tonsillitis

*Ghydaa H. Aljeboury

* University Lecturer *Biotechnology Research Center-Al Nahrain University*

Abstract

Tonsillitis is an infection of the upper respiratory tract that mainly affects pediatric and mostly caused by *Staphylococcus aureus* that considered one of the most common pathogens that cause tonsillitis, and its importance is due to its antimicrobial resistance and persistence in the internal tissues of the tonsils. In this study, we evaluated more than 120 and then selection 120 specific tonsils that were surgically detached from patient with a history of repeated tonsillitis. The tonsil were exposed to microbiological investigation to detect *S. aureus*. Separates were recognized by PCR genes. Antimicrobial. Isolation sensitivity was determined by disk diffusion tests.

Totally separates were exposed to a polymerase chain reaction and then whole genomic DNA was extracted from 120 *Staphylococcus aureus* isolates to detect nor C genes. Genetically Identification of *S. aureus* by nor C gene this result revealed that all *S. aureus* gave positive reaction with molecular size 216bp on agarose gel after electrophoresis, the prevalence of nor C gene among 120 *S. aureus* isolates achieved by PCR technique by using specific primer. The similarity analysis showed different types of isolates. More than inheritance. Different isolates were recognized since the similar patient and like separates were acquired from changed patients.

Introduction

Infection of the palatine with tonsillitis that affects most children and young adults, and recurrent tonsillitis is one of the furthest common infant illnesses. It has often been transcribed about the reasons of recurring tonsillitis, but this is a controversial matter. They are shaped while a single microbial species may be the reason of acute tonsillitis, it has been recommended that recurrent tonsillitis is the result of a polynomial infection [1-3]

Staphylococcus aureus is one of the furthest human pathogens, with distinct serial causes of infection in both sexes and all age groups [4]. Infections caused by resistant bacteria increase the extent of hospital stay, increase the price of healthcare facilities, and, most importantly, significantly increase

morbidity and mortality [5]. Methicillin resistance. *Aureus* has an arsenal of immune defenses and secretes apathogen virulence factor due to host damage and pathogenesis of lactic exotoxins, which form in the host's cytoplasm [6].

Staphylococcus aureus are normal skin and vacuole colonies in healthy people. Therefore, it is the main causative agent of wound infection. In addition, other body sites are in contact with this bacterial species; Therefore, a possible infection may occur in this aspect. Most likely, infection is caused by bacterial pathogens by two main mechanisms; Invasion and toxin production. The process of conquest goes through several stages, including colonization, expansion of breeding factors and the development of the defense ability of the host. Whereas, the production of toxin by *s. aureus*. Moreover, *aureus* can damage host tissues to spread bacterial cells throughout the body.

In addition, the ability to form biofilms can be considered as a third mechanism [7]. Even if I understand somewhat, *S. aureus* is a very dangerous pathogen that is transmitted either from the community or in hospital infections. The primary biological feature of this species is its ability to colonize healthy tissues.

Materials and Methods

Genomic DNA Extraction

The extraction of the chromosomal DNA was carried out for (120) *S. aureus* according to the instructions in the manual book of the Prestotm Mini gDNA Bacteria kit Quick protocol and including the following steps:

1. Fresh culture of the tested *S.aureus* isolates was prepared by inoculating these isolates in nutrient broth and incubated it overnight.
2. About 1.5 ml from the bacterial culture centrifugation at (14,000- 16,000rpm) for one minute, then discarded the supernatant. Suspend the Bacterial pellets completely by vigorous vortexing to yield homogeneous solution.
3. Add 200µl/Sample of the Gram+ Buffer solution to 1.5 ml of centrifuge Tube and mix it with 0.8mg/200µl of lysozyme. Then vortex well to completely dissolve the lysozyme.
4. To the bacterial suspension, 200µl of the pre-lysis (Gram + Buffer and lysozyme solution) were added to 1.5 micro, centrifuge tube, then resuspend the pellet, mix it well by vortexing and pipette. The pre-lysis suspension was incubated for about 30 min to allow the perfect enzymatically breakdown of the rigid cell wall (thick peptidoglycan layer), while the detergent

buffer would ensure the complete lysis of the bacteria. This lysate was mixed gently by upsetting the tube 3 periods to certainly comprehensive lysis of the cell wall.

5. Bacterial cell lysis was achieved by adding (20 μ l) of proteinase K solution (make sure ddH₂O was add) followed by pipetting and vigorous vortexing. Then the mixture was incubated (10min / 60°C) with inverting tubes about three times during incubation time to get pure lysate.
6. About 200 μ l of GB buffer was add to taster tube and mixed by vortex for 10seconds. Incubated for 10 minutes at 70°C to ensure clearance of the samples lysate. At the incubation time inverted samples tube every three minutes. Then heat 200 μ l of Elution Buffer for each sample at 70°C (for step 5 DNA Elution).
7. At the end of the incubation period (complete lysis) an equilibration step that bind the genomic DNA to the GD Column was carried out by adding 200 μ l of ethanol (absolute) to bacterial lysate and shaking. Then Put the GD Column on 2ml Collection tubes and the transfer mixture into GDColumn and centrifuge for 2 minutes at 14,000-16,000rpm.
8. From W1 Buffer about 400 μ l was added into GD pillar, centrifuged at (14,000-16,000rpm for 30seconds) and discard flow through. Put GD Pillar into 2ml assembly tube. Then add 600 μ l of Wash Buffer that sure the ethanol was additional into GD Column. Centrifuged at (14,000-16,000rpm for 30seconds) and wasted flow through. Place GD Column into 2ml collection tube and Centrifuged for 3minutes at (14,000- 16,000rpm) to get dry pillar matrix.
9. New GD-Pillar was added into new micro centrifuge tube (1.5ml). Then place 100 μ l of heated Elution Buffer on column-matrix then wait 3 minutes to permit for absorb the Elution Buffer. Finally centrifuged for 30 seconds at 14,000-16,000rpm to extract bacterial DNA.

Estimation DNA Concentration and Purity

A nanodrop device was used to determine the attentiveness and purity of the DNA tasters. The accuracy was revealed by taking 2 μ L of the DNA sample and noting the optical density of 260/280 (the ratio of DNA concentrations to protein). Gel electrophoresis can also be used to determine the integrity of DNA.

Polymerase Chain Reaction

Primers preparation

The DNA primers were provided by (PEMREGA / USA) as the lyophilized form and dissolved with deionized water according to the manufacturing instructions to reach final concentrations (10 µl / µl). Primers used for detection mentioned in Table (1).

Table (1): The Primer sequence that used in this study.

Primer	Sequence (5'-3')	Amplified region	References
norC	F:AATGGGTTCTAAGCGACCAA R:ATACCTGAAGCAACGCCAAC	216	19

PCR Technique for Detection (norC) Gene

PCR technique is used to amplify genes (norC) using specific primers. PCR component are pooled in a PCR tube and varied in an ice bag below aseptic conditions.

Agars gel electrophoresis

Totally technical preparations and arrangements of agarose gel electrophoresis for DNA finding and investigation are achieved by [8].

Prepare the agars gel and load the DNA

Agarose gel was organized by adding 1.5 g of Agarose powder to 100 ml of TBE solution (1X). To completely dissolve the agarose, place the mixture in a microwave oven and consent it to cool at 50 ° C. The agarose was gently applied to the gel tray with its ends closed and secured with two clips attached to the end and center. Then it is left to freeze at room temperature. After the gelose gel hardens, gently remove the seal and comb it from the tray.

electrophoresis chamber and completely submerged in 1X TBE buffer, the sample containing (3 µl of DNA with 2 µl of 6 µl of blue dye) was loaded onto the gel well or 5 µl of the PCR product directly into the gel. It also contains the dye required to monitor DNA during electrophoresis. The gel was run at 70 V for 90 min until the blue 6X loading dye moved to the end of the gel.

Agarose Gel Documentation

DNA and PCR yields were detached using 1.5 (1.5)% agarose gel (after staining with ethidium bromide for 15-20 min) using a gel certification system and imaging by a gel documentation system.

Results and Discussion

Molecular Identification of *S. aureus*

Genomic DNA Extraction

Whole genomic DNA was extracted from 120 *Staphylococcus aureus* isolates. Nanodrops are used to check the concentration and purity of DNA. The purity of all isolates ranges between (1.8-2), while the concentrations (50-360) ranged between (ng / liter). For molecular identification and detection of genes for runoff pump.

Genetically Identification of *S.aureus* by nor C gene

The result revealed that all *S.aureus* gave positive reaction with molecular size 216bp on agarose gel after electrophoresis as shown in figure (1). The prevalence of nor C gene among 120 *S.aureus* isolates achieved by PCR technique by using specific primer.

The result of this study coincides with [9], who reported that all *S. uoresus* and He has the NC gene spread, [10] who found the C prevalence not to be 79.4%, as other studies have shown. Also, no variable frequency of *Staphylococcus aureus* from the C gene was 17.81% and 41.7%, respectively [11].

Multi-drug resistant (MDR) flow pumps eject a wide range of desmiller substrates structurally, while some are substrate-specific and some selectively remove small amounts of antimicrobial compounds. Multidrug-coded Gding pumps are usually found on the bacterial chromosome [12].

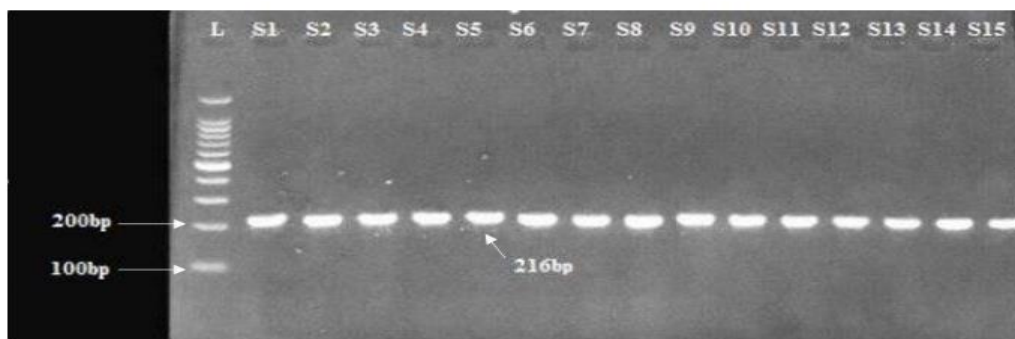


Figure (1): Gel electrophoresis for PCR amplification product of nor C gene (1.5% agarose, 70 voltage for 90 min), Lane L: 1500 bp DNA ladder. Lane 1-15 represent the positive results of *S.aureus* isolates (216bp).

In antibiotics containing lactam and non-beta-lactam, the association is stable between resistance of all antibiotics with non-gene expression; Therefore, no data is calculated. The results showed that non-C gene expression in SOURIS is not correlated, characterizing resistance to lactam and non-ams-lactam antibiotics.

The norC flow pump is 462 amino acid proteins with 12 membrane segments belonging to MFS and sharing 61% identity with nor B [13]. Noroxin is related with low-level confrontation and hydrophobic fluoroquinolones such as geroxacin and rhodamine tincture. Studies designated that the rough-type appearance of NOCs is clearly insufficient to influence sensitivity to these complexes, and that resistance is little-level or overexpression [13].

Different MDR pumps may have bacterial roles, containing resistance to antimicrobial combinations produced by the host or other bacterial species, virulence, detoxification, and intercellular signal smuggling, and the primary role of MDR pumps is to detoxify intracellular antibiotics rather than resistance to external antibiotics [14]. Increased expression of flow pumps results in decreased sensitivity to biocides, dyes, and antibiotics. Inhibiting the flow pumps can increase the antibiotic buildup within the bacteria. Therefore, these pumps could be a target to solve the problem of drug resistance [15]. While it is not known which factor drives the different distribution of flow genes in *S. aureus*, it is different, assuming that antibiotic resistance is a natural environmental phenomenon arising from years of evolutionary processes involving different mechanisms that may include a mixture of [16].

It has been suggested that MDE may also play a role in detoxifying bacteria as these agents aid in colonization of the host tissues by removing host bile salts and antimicrobial peptides that can inhibit the colonization process [17]. Finding distinct distribution patterns in different distributions suggested that the combination of any of the MDEs (*ImrS*, *mepA*, *norC*) evaluated in this study had no apparent effect on -lactam.

Several aspects prevented a clear picture of flow pumps that had a real role as bacterial confrontation to antimicrobial mixes to be understood. Principal, the detail that the equal of confrontation because of flow-interceded confrontation is, in greatest cases, minor than that provided by the second resistance mechanism, and it is sometimes difficult to determine, i.e. evaluation of waste flow activity depends on the method used for. Second, the bacterial reaction to these compounds is mediated, in most cases, not by a single pump, but by multiple mannequin pumps, which interact in a tangible way with the presence of antimicrobials, which is the role that each individual productions.

Separates observation. It is pumped into a total flow / resistance activity phenotype, wherein bacterial flux systems are regulated by several specific and / or universal regulators operating in complex networks of regulatory / sensory pathways, which may confuse our interpretation of the data. Finally, there is still a lack of consociational systematic approaches that ensure adequate treatment of altogether these topics [18].

References

1. 1.Taylan I, Ozcan I, Mumcuoglu I, et al. Comparison of the surface and core bacteria in tonsillar and adenoid tissue with beta-lactamase production. *Indian J Otolaryngol Head Neck Surg.* 2011;63:223–8.
2. Jensen A, Fagö-Olsen H, Sørensen CH, Kilian M. Molecular mapping to species level of the tonsillar crypt microbiota associated with health and recurrent tonsillitis. *PLoS ONE.* 2013;8:e56418.
3. Torretta S, Drago L, Marchisio P, et al. Recurrences in chronic tonsillitis sustained by tonsillar biofilm-producing bacteria in children. Relationship with the grade of tonsillar hyperplasia. *Int J Pediatr Otorhinolaryngol.* 2013;77: 200–4.
4. Tong, S. Y., Davis, J. S., Eichenberger, E., Holland, T. L., & Fowler, V. G. (2015). *Staphylococcus aureus* infections: epidemiology, pathophysiology, clinical manifestations, and management. *Clinical microbiology reviews*, 28(3), 603-661.
5. David, M. Z., & Daum, R. S. (2017). Treatment of *Staphylococcus aureus* infections. In *Staphylococcus aureus* (pp. 325-383).
6. Liu, S., Cai, X., Xue, W., Ma, D., & Zhang, W. (2020). Chitosan derivatives codelivering nitric oxide and methicillin for the effective therapy to the methicillin-resistant *S. aureus* infection. *Carbohydrate Polymers*, 234, 115928.
7. Popoola, V. O., Colantuoni, E., Suwantararat, N., Pierce, R., Carroll, K. C., Aucott, S. W., & Milstone, A. M. (2016). Active surveillance cultures and decolonization to reduce NICU *Staphylococcus aureus* infections. *Infection control and hospital epidemiology*, 37(4), 381.
8. Bartlett, A. H., & Hulten, K. G. (2010). *Staphylococcus aureus* pathogenesis: secretion systems, adhesins, and invasins. *The Pediatric infectious disease journal*, 29(9), 860-861.
9. Khan, N., Choi, J. Y., Nho, E. Y., Jamila, N., Habte, G., Hong, J. H., ... & Kim, K. S. (2015). Determination of minor and trace elements in aromatic spices by micro-wave assisted digestion and inductively coupled plasma-mass spectrometry. *Food chemistry*, 158, 200-206.

10. Haaber, J., Penadés, J. R., & Ingmer, H. (2017). Transfer of antibiotic resistance in *Staphylococcus aureus*. *Trends in microbiology*, 25(11), 893-905. Hafez, P. A. (2009). Sector rotation strategies driven by news sentiment indices. Working Paper.
11. Matono, T., Nagashima, M., Mezaki, K., Motohashi, A., Kutsuna, S., Hayakawa, K., ...& Kaku, M. (2018). Molecular epidemiology of β -lactamase production in penicillin-susceptible *Staphylococcus aureus* under high susceptibility conditions. *Journal of Infection and Chemotherapy*, 24(2), 153- 155.
12. Michiels, J. E., Van den Bergh, B., Verstraeten, N., & Michiels, J. (2016). Molecular mechanisms and clinical implications of bacterial persistence. *Drug Resistance Updates*, 29, 76-89.
13. Truong-Bolduc, Q. C., Bolduc, G. R., Okumura, R., Celino, B., Bevis, J., Liao, C. H., & Hooper, D. C. (2011). Implication of the NorB efflux pump in the adaptation of *Staphylococcus aureus* to growth at acid pH and in resistance to moxifloxacin. *Antimicrobial agents and chemotherapy*, 55(7), 3214-3219.
14. Martinez, J. L., Sánchez, M. B., MartínezSolano, L., Hernandez, A., Garmendia. (2009). Functional role of bacterial multidrug efflux pumps in microbial natural ecosystems. *FEMS microbiology reviews*, 33: 430-449.
15. Jiang, W., Li, B., Zheng, X., Liu, X., Pan, X., Qing, R., ...& Zhou, H. (2013). Artesunate has its enhancement on antibacterial activity of β -lactams via increasing the antibiotic accumulation within methicillin-resistant *Staphylococcus aureus* (mrsa). *The Journal of antibiotics*, 66(6), 339-345.
16. Blair, J. M., Webber, M. A., Baylay, A. J., Ogbolu, D. O., & Piddock, L. J. (2015). Molecular mechanisms of antibiotic resistance. *Nature reviews microbiology*, 13(1), 42-51.
17. Antiabong, J. F., Kock, M. M., Mbelle, N. M., & Ehlers, M. M. (2017). Diversity of multidrug efflux genes and phenotypic evaluation of the in vitro resistance dynamics of clinical *Staphylococcus aureus* isolates using methicillin; a model β -lactam. *The open microbiology journal*, 11, 132.
18. Floyd, J. L., Smith, K. P., Kumar, S. H., Floyd, J. T., & Varela, M. F. (2010). LmrS is a multidrug efflux pump of the major facilitator superfamily from *Staphylococcus aureus*. *Antimicrobial agents and chemotherapy*, 54(12), 5406- 5412.
19. Carroll, R. K., Weiss, A., Broach, W. H., Wiemels, R. E., Mogen, A. B., Rice, K. C., & Shaw, L. N. (2016). Genome-wide annotation, identification, and global transcriptomic analysis of regulatory or small RNA gene expression in *Staphylococcus aureus*. *MBio*, 7(1).