

# **Biofilms: Role on Pathogenesis and Treatment of UTIs.**

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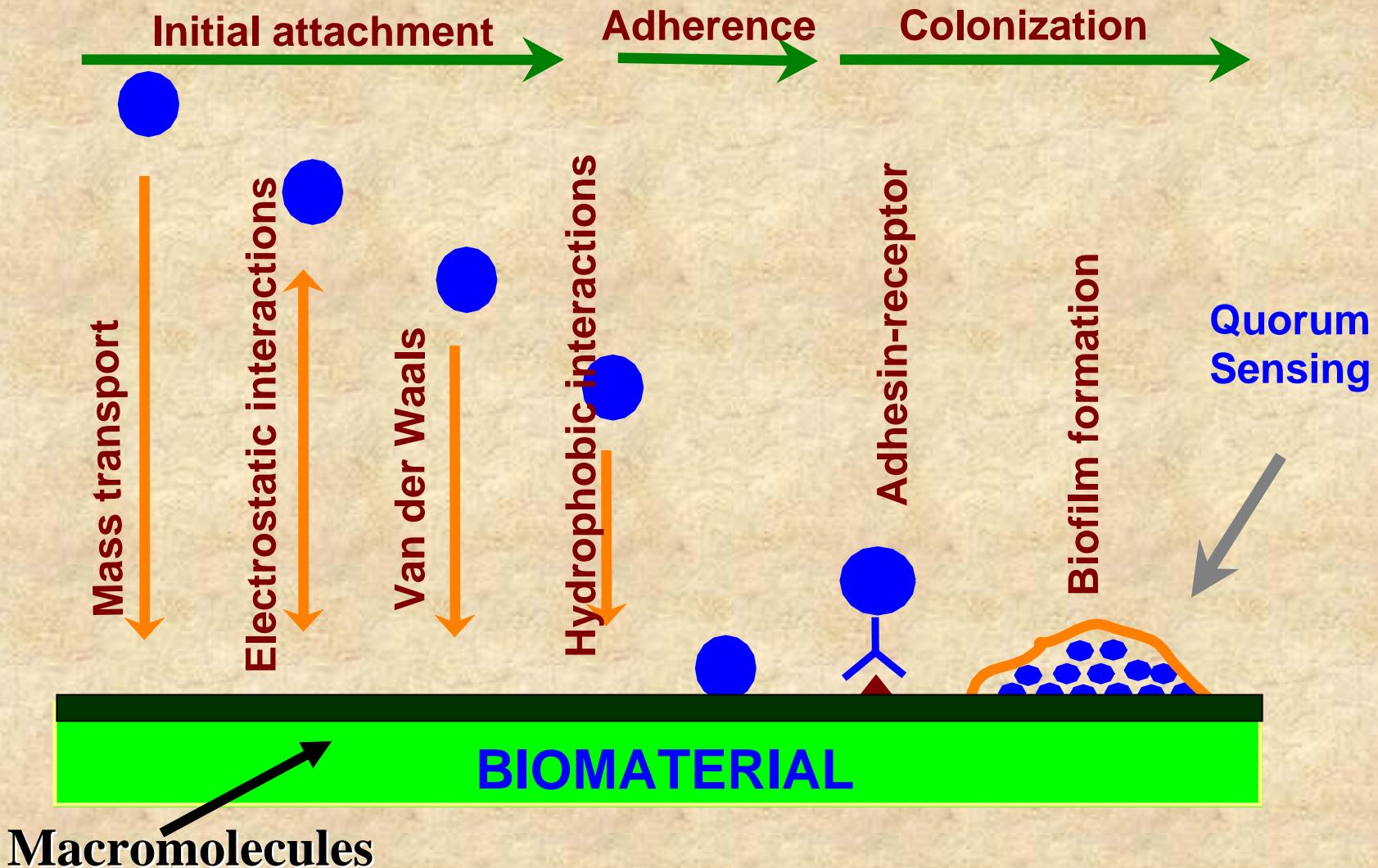
# **Medical devices-related infections**

- 1. 35 millions/year in USA**
- 2. Most frequent complication.**
- 3. Increase mortality**
- 4. Increase Hospital stay**
- 5. Increase costs x 5-7**

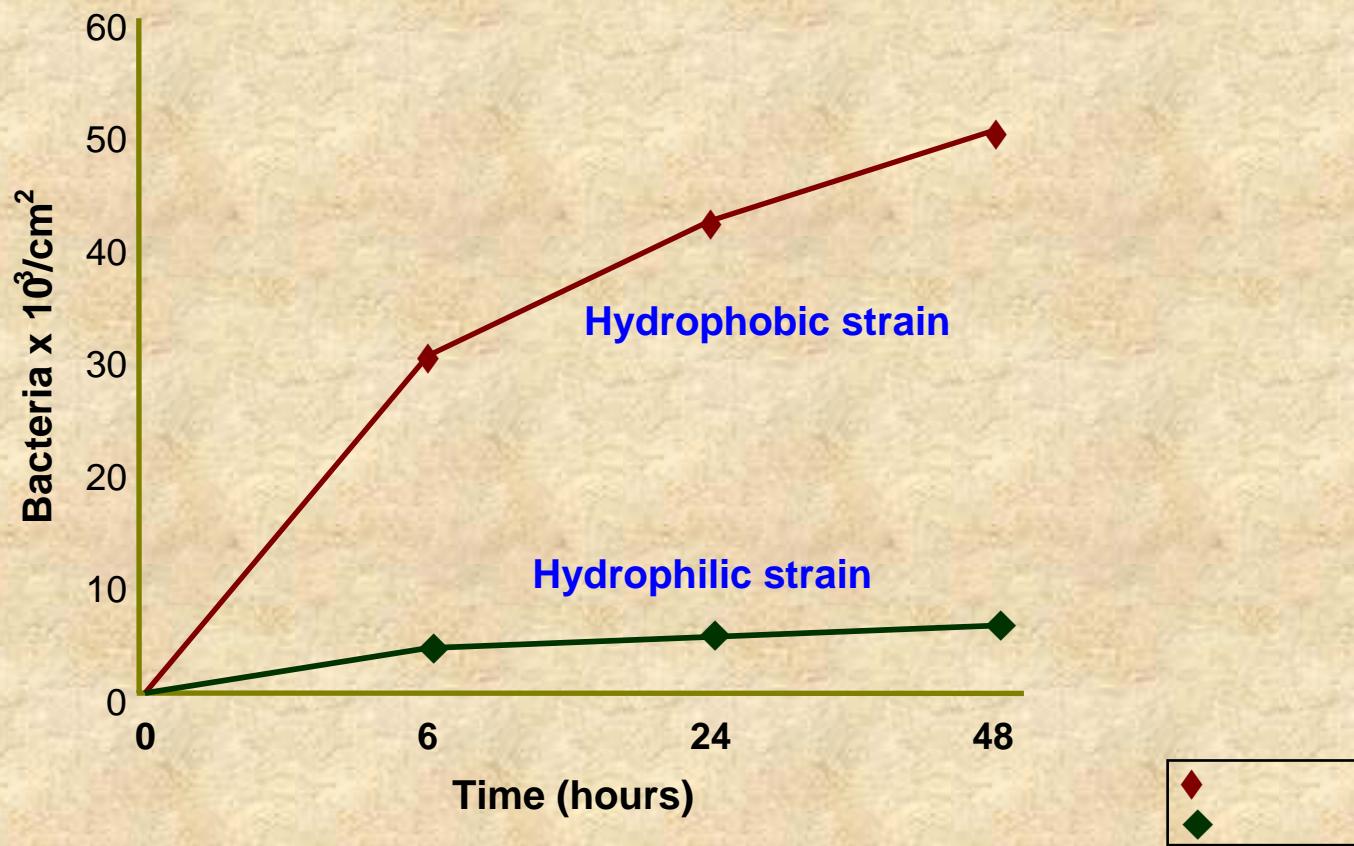
# **Medical devices-related infections: USA.**

<b>Device</b>	<b># /year</b>	<b>Infection</b>	<b>Mortality</b>
<b>Intravascular catheter</b>	<b>200.000.000</b>	<b>&lt;0,1-7%</b>	<b>15-20%</b>
<b>Urinary catheter</b>	<b>5.000.000</b>	<b>5-10%</b>	
<b>Shunts CSF</b>	<b>80.000</b>	<b>10-15%</b>	
<b>Pacemakers</b>	<b>60.000</b>	<b>0-3%</b>	<b>2%</b>
<b>Prosthetic valves</b>	<b>100.000</b>	<b>1-5%</b>	<b>34%</b>
<b>Joint prothesis</b>	<b>350.000</b>	<b>&lt;1-2%</b>	<b>2,5%</b>
<b>Dental implants</b>	<b>436.000</b>	<b>15%</b>	

# Biofilm formation

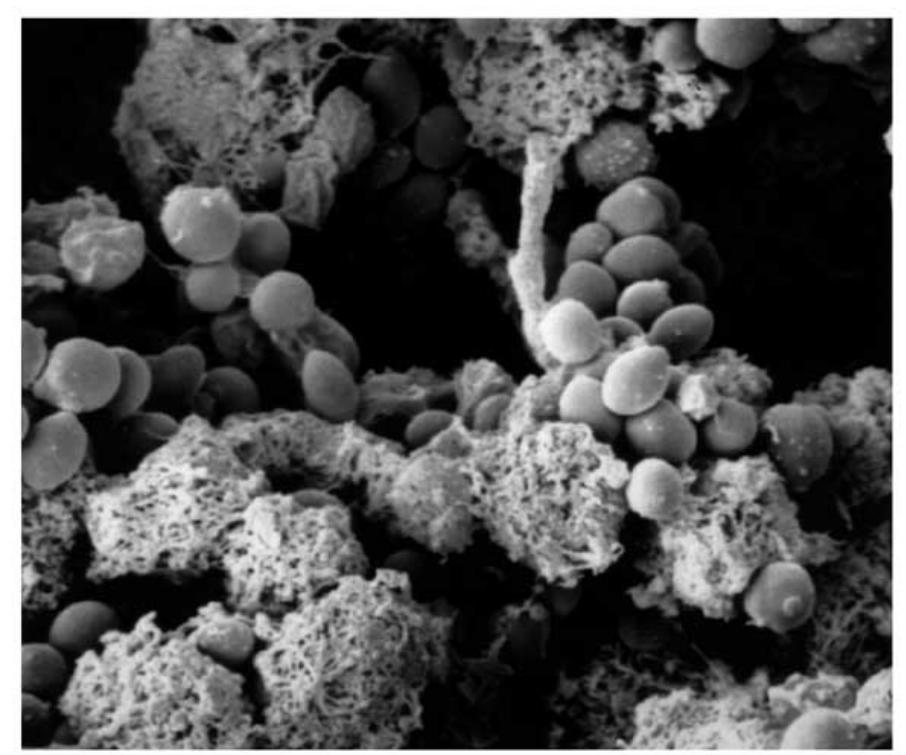
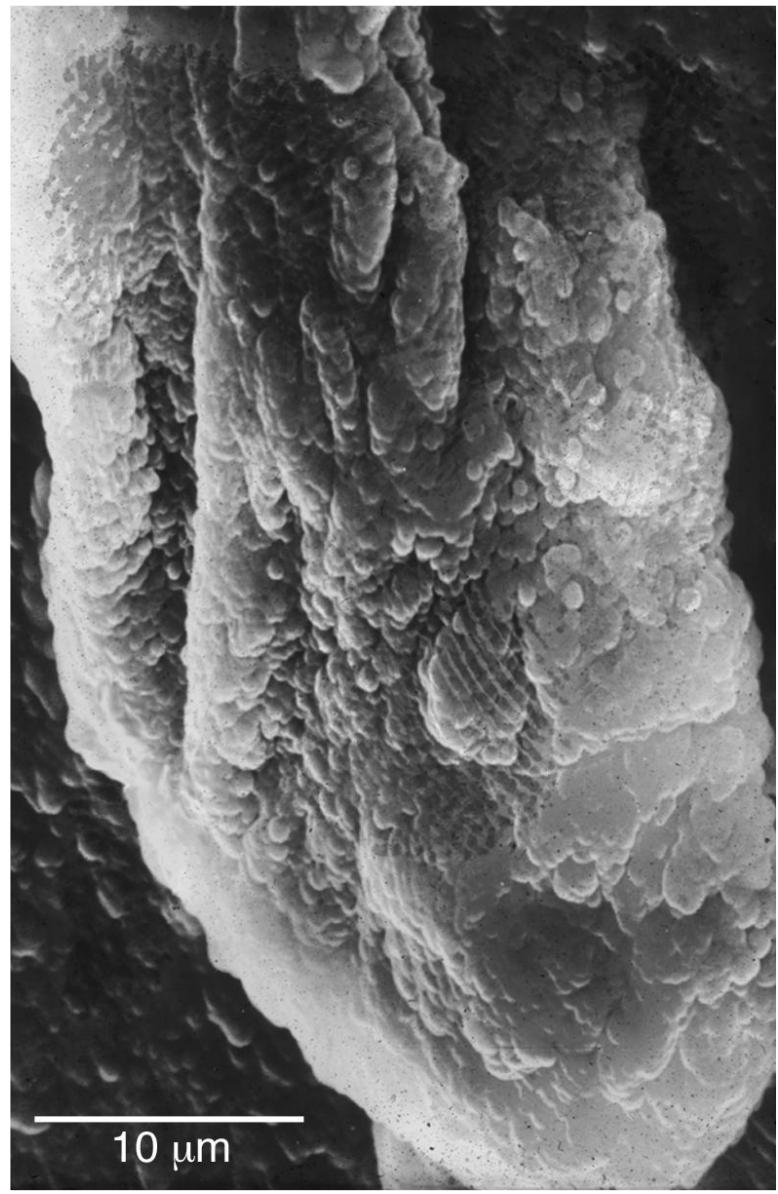


# Adherence de *S. epidermidis* to Teflon catheters

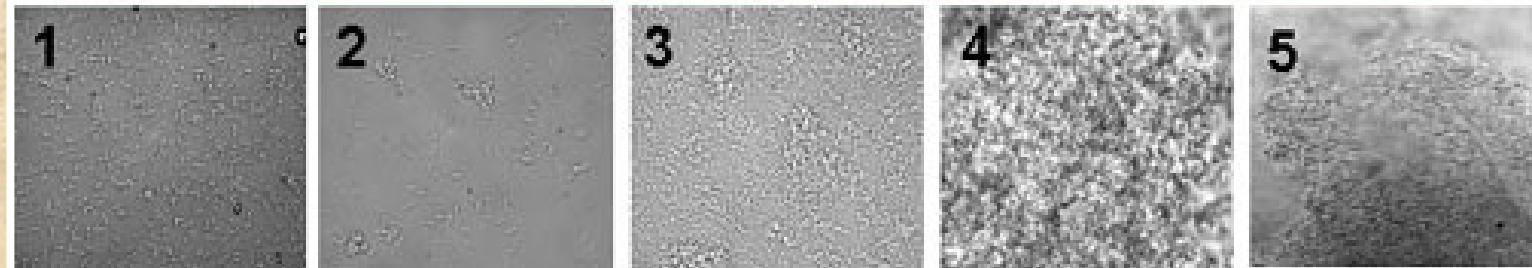
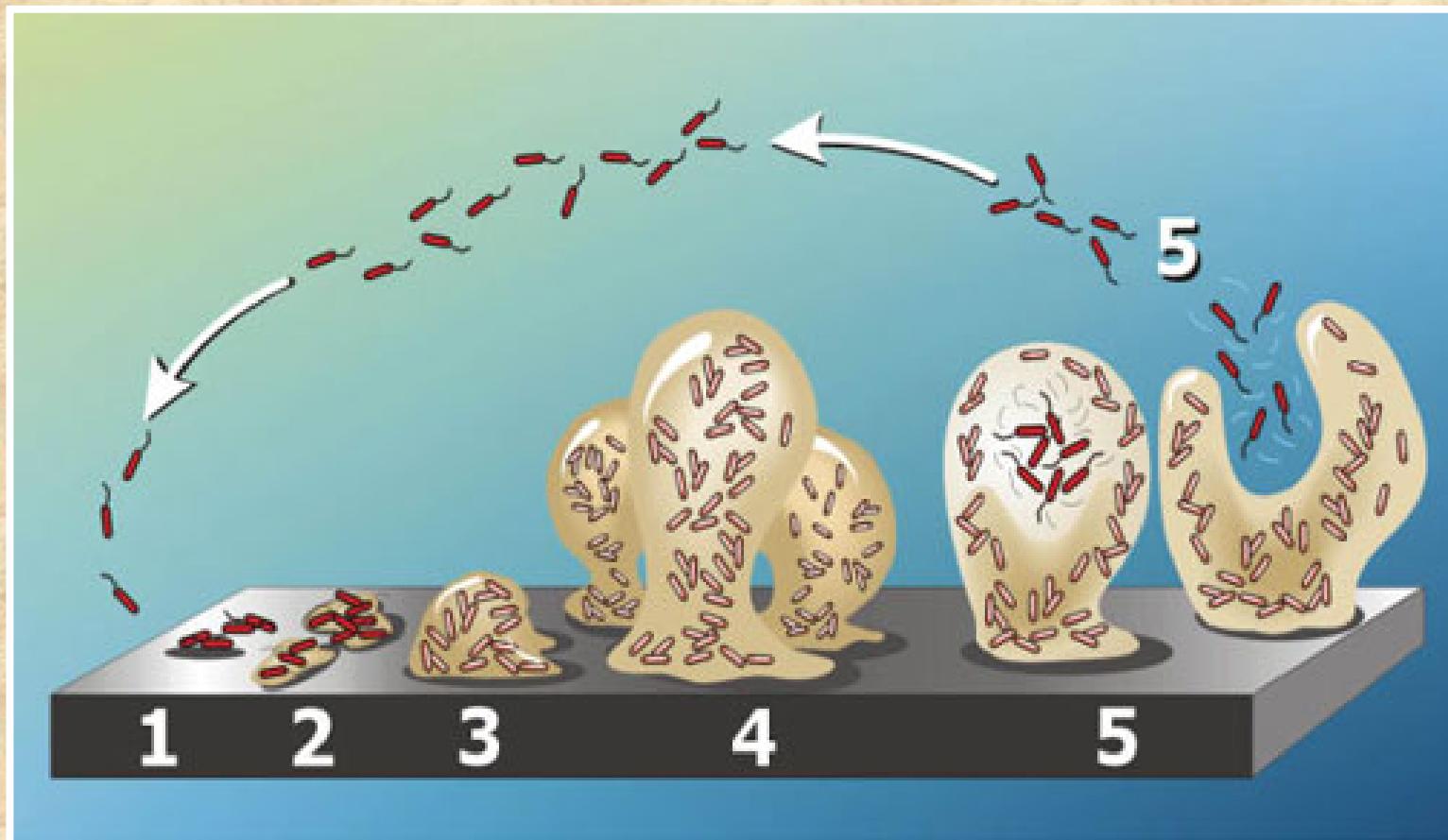


Pascual et al. Eur. J. Clin. Microbiol. (1986).

# Bacterial biofilms



# Bacterial biofilms dynamics



# Bacterial adherence to catheters

Attached bacteria x  $10^5/\text{cm}^2$

Catheter	<i>S. aureus</i>	<i>S. epidermidis</i>	<i>E. coli</i>	<i>P. aeruginosa</i>
Siliconized latex	27 ±3	18 ±2	19 ±2	24 ±3
PVC	42 ±5	23 ±3	18 ±2	41 ±4
Teflon	11 ±1	7 ±0,4	3 ±0,1	10 ±1
Poliurethane	15 ±1	4 ±0,6	9 ±0,1	13 ±1
Vialon	7 ±1	5 ±0,3	4 ±0,2	11 ±1

# Siliconized latex eluted substances used as nutrients by *P. aeruginosa* and toxic for other bacteria

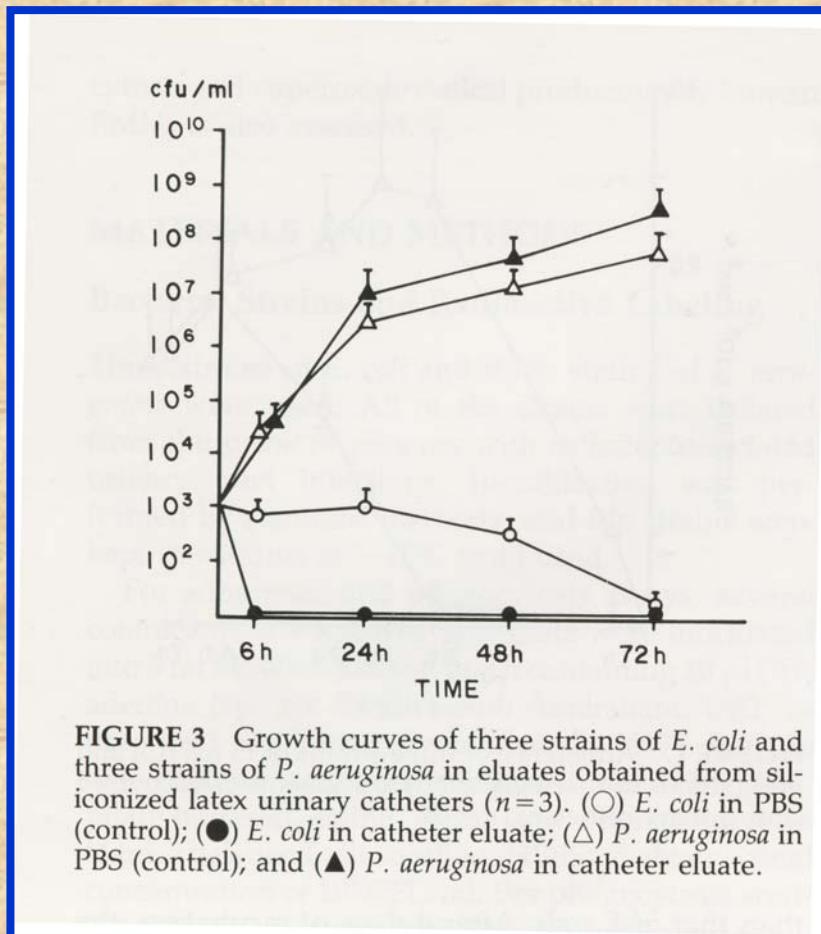


FIGURE 3 Growth curves of three strains of *E. coli* and three strains of *P. aeruginosa* in eluates obtained from siliconized latex urinary catheters ( $n=3$ ). (○) *E. coli* in PBS (control); (●) *E. coli* in catheter eluate; (△) *P. aeruginosa* in PBS (control); and (▲) *P. aeruginosa* in catheter eluate.

# **Effect of biomaterials on host defense mechanisms**



- 1. PMNs disfunctions**
- 2. Complement activation**
- 3. Inflammatory response**
- 4. Systemic effects**

# **Effect of biomaterials on bactericidal mechanisms of human PMNs**

<b>Biomaterial</b>	<b>PMA</b>	<b>Zimosan</b>
<b>Control</b>	<b>196</b>	<b>86</b>
<b>Siliconized latex</b>	<b>62*</b>	<b>32*</b>
<b>PVC</b>	<b>104*</b>	<b>50*</b>
<b>Teflon</b>	<b>127*</b>	<b>51*</b>
<b>Poliurethane</b>	<b>180*</b>	<b>87*</b>
<b>Vialon</b>	<b>167*</b>	<b>80</b>

\*p<0.05

# Mechanisms of antimicrobial resistance in bacterial biofilms



1. **Biofilm impermeability:** vancomycin, aminoglycosides.
2. **Altered growth rate of sessile bacteria:** betalactams.
3. **Biofilm microenvironment antagonizes activity:** aminoglycosides, macrolides, tetracyclines.
4. **Resistance mechanisms expressed in sessile bacteria:** ?
5. **Horizontal dissemination in biofilm:** plasmids.
6. **Communication systems:** *quorum sensing*.  
Aminoglycosides.
7. **Biomaterial-induced resistance:** carbapenems.

# **Activity of 8 antimicrobials against *S. epidermidis*: planktonic Vs sessile.**

**MBCbiofilm/MBCplanktonic**

<b>Antimicrobial</b>	<b>Slime -</b>	<b>Slime +</b>
<b>Amicacin</b>	<b>&gt;256</b>	<b>&gt;128</b>
<b>Clindamycin</b>	<b>&gt;1024</b>	<b>&gt;128</b>
<b>Cloxacillin</b>	<b>&gt;512</b>	<b>&gt;256</b>
<b>Ciprofloxacin</b>	<b>&gt;1024</b>	<b>&gt;256</b>
<b>Vancomycin</b>	<b>&gt;256</b>	<b>32</b>
<b>Teicoplanin</b>	<b>&gt;64</b>	<b>&gt;16</b>
<b>Rifampin</b>	<b>&gt;32768</b>	<b>&gt;8192</b>

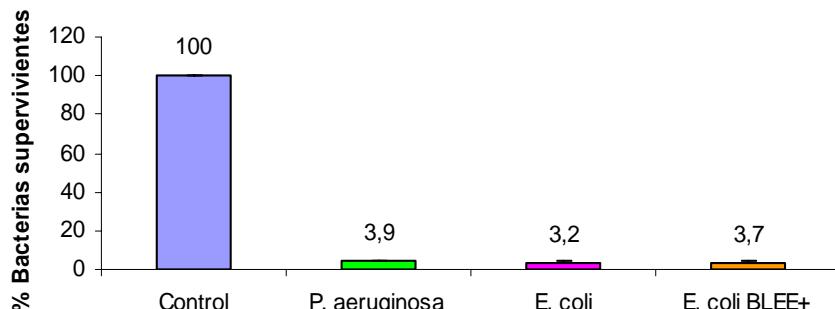
# **Activity of glycopeptides (4 x MBC) against *S. epidermidis* biofilms.**

<b>Antimicrobial</b>	<b>Bacteria x 10<sup>3</sup>/catheter segment</b>	
	<b>Teflon</b>	<b>Poliurethane</b>
<b>Vancomycin</b>	<b>1860</b>	<b>3270</b>
<b>Teicoplanin</b>	<b>363</b>	<b>316</b>
<b>V + Amicacin</b>	<b>0,2</b>	<b>242</b>
<b>V + Rifampin</b>	<b>0,6</b>	<b>0</b>
<b>T + Amicacin</b>	<b>3,6</b>	<b>0</b>
<b>T + Rifampin</b>	<b>3,1</b>	<b>0</b>

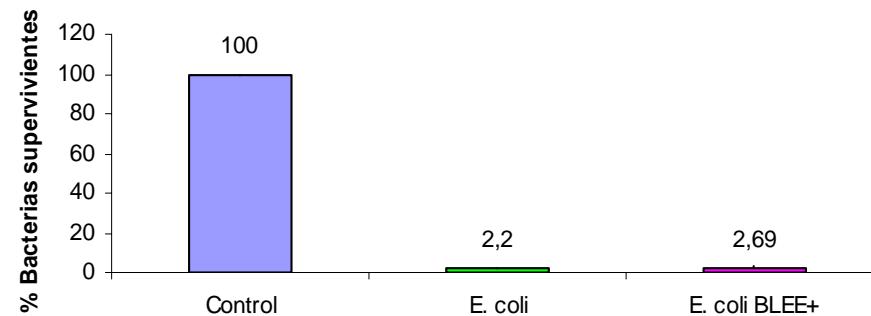
\*p<0.05

# Activity of 4 antimicrobials against bacterial biofilms on SLC.

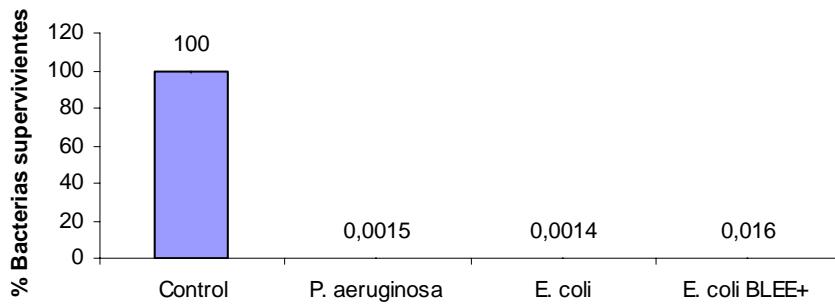
Fosfomycin



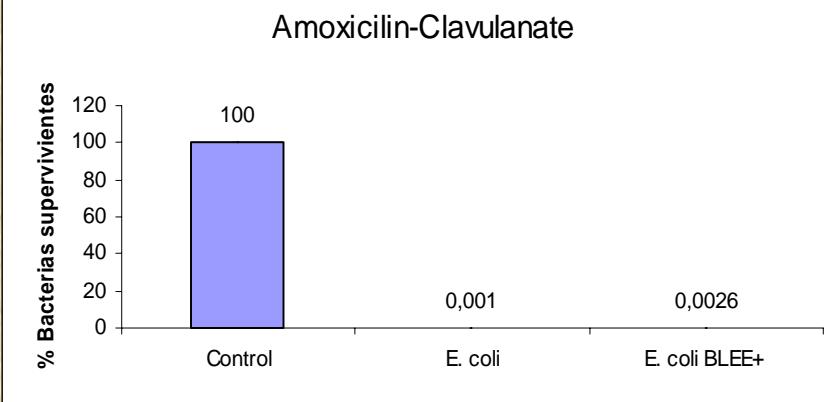
Cotrimoxazole



Ciprofloxacin



Amoxicilin-Clavulanate



24 hour-biofilms. Antimicrobial concentration: 10 x MIC (24 hour incubation)

# Penetration of antimicrobials through bacterial biofilms

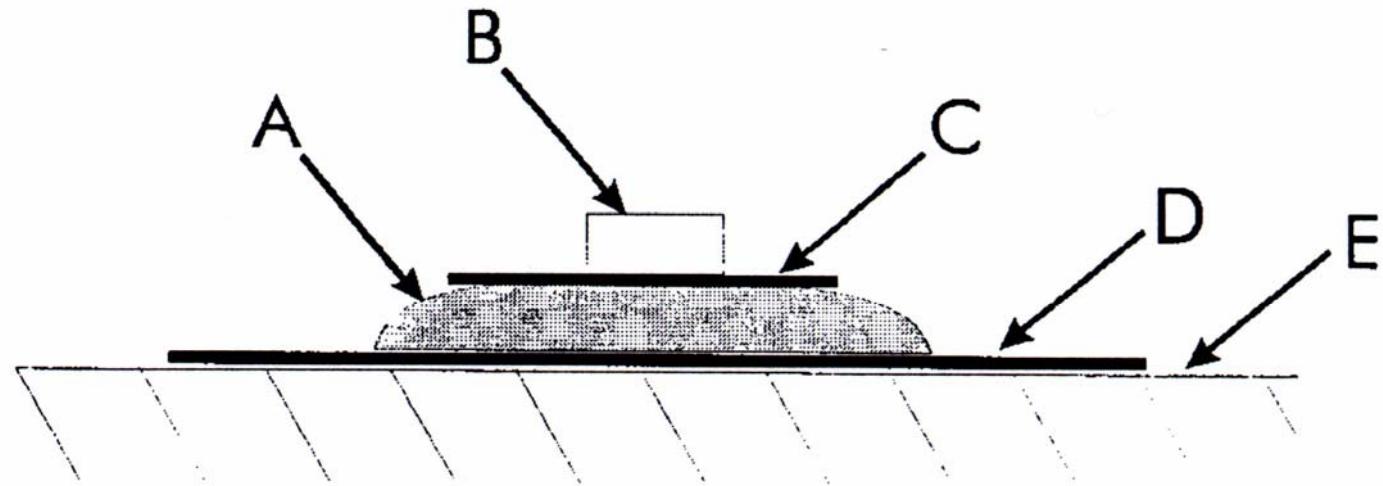
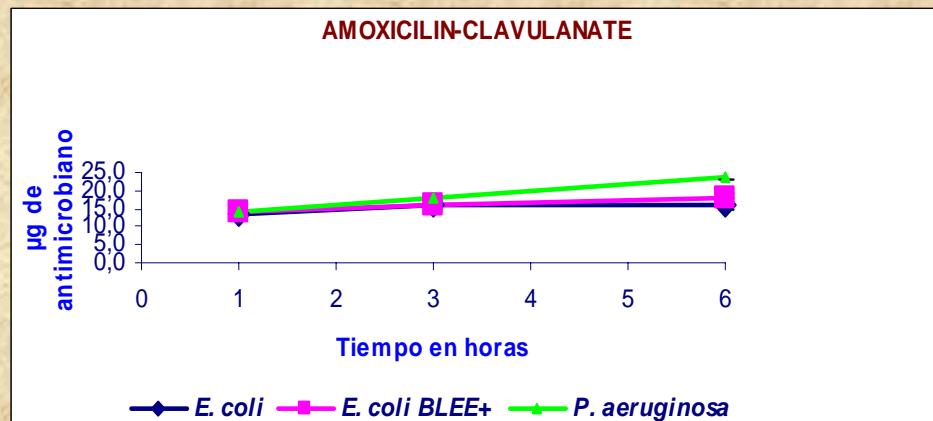
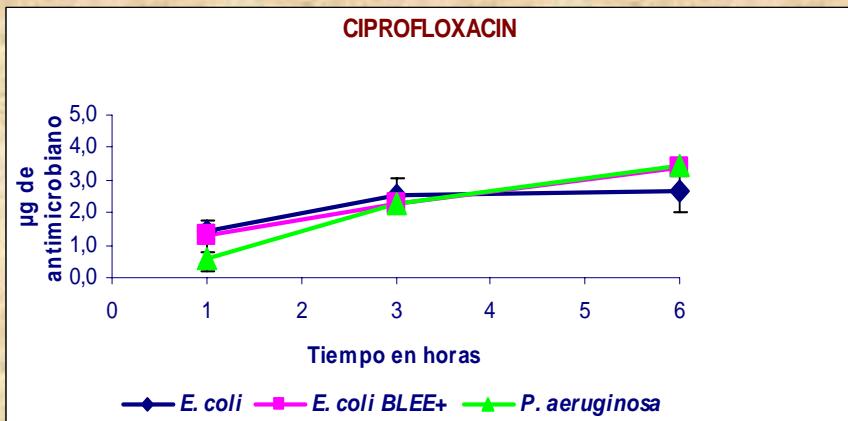
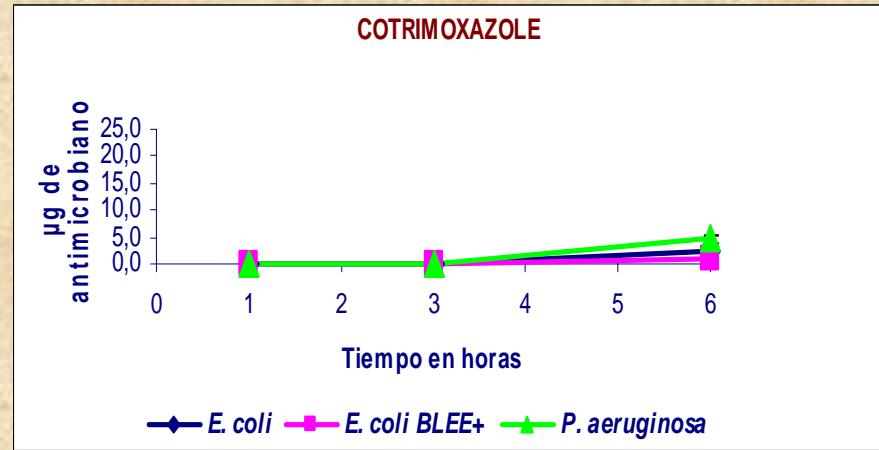
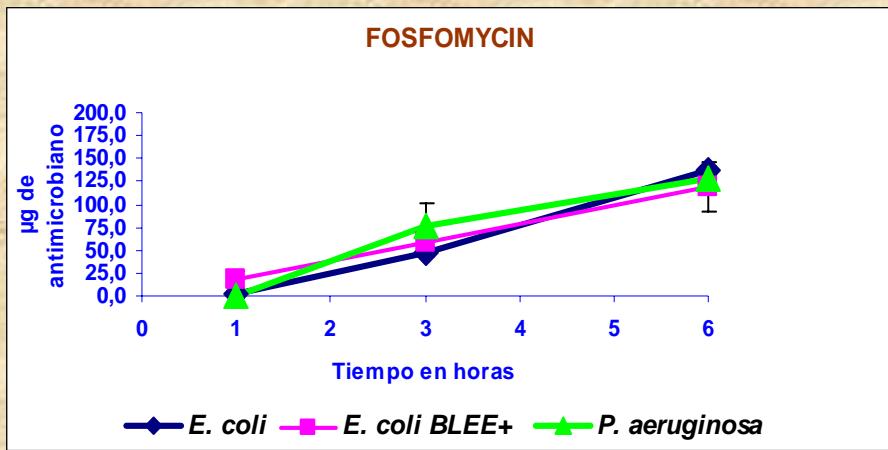


FIG. 1. Schematic depiction of the experimental system used to track the penetration of antibiotics through the biofilms. The biofilm (A) was developed on a 25-mm-diameter microporous polycarbonate membrane (D) resting on agar culture medium. A 13-mm-diameter microporous polycarbonate membrane (C) was placed on top of the biofilm. A moistened concentration disk (B) was placed on top of the 13-mm-diameter membrane. The entire unit, components A through D, was transferred to antibiotic-containing agar (E) with sterile forceps.

# Penetration of 4 antimicrobials through bacterial biofilms on polycarbonate membranes.



# *P. aeruginosa* y Siliconized latex urinary catheters (SLC)



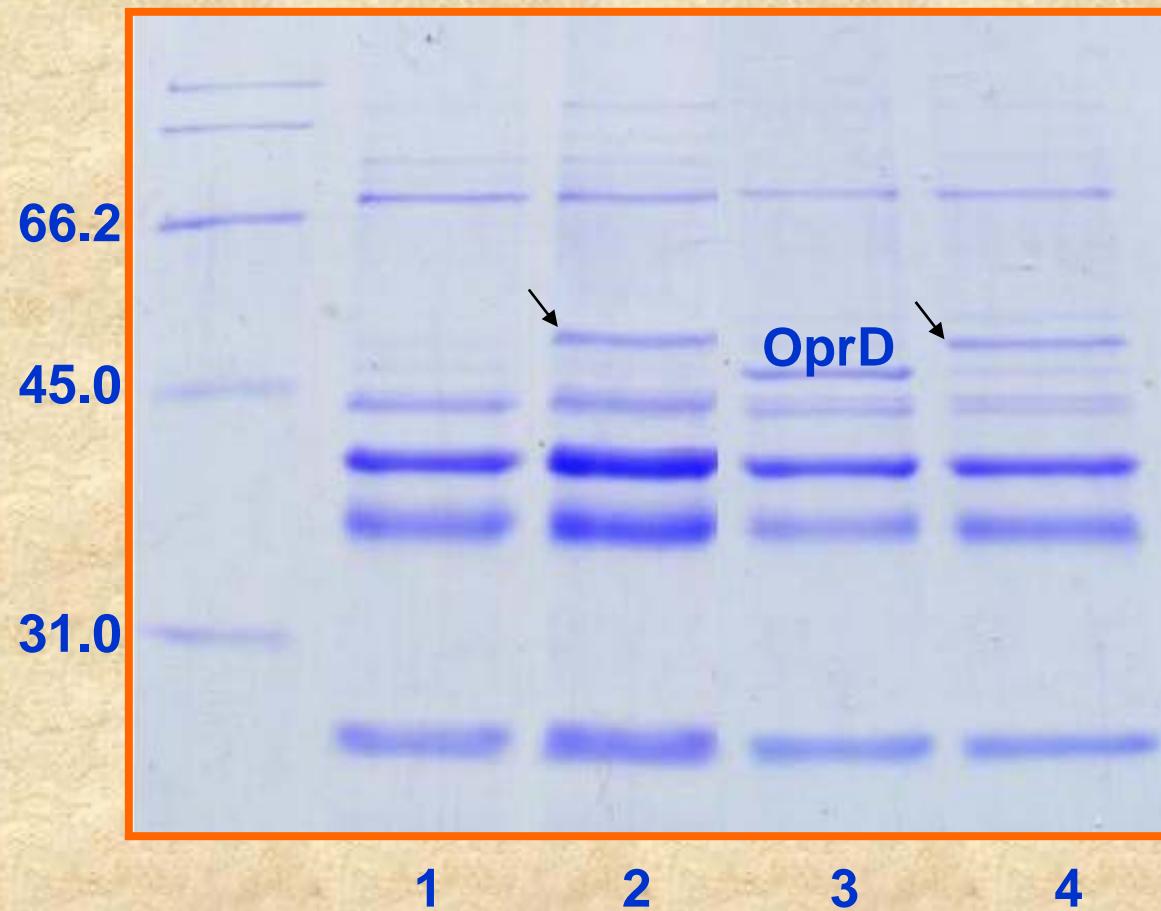
- *P. aeruginosa* is a main pathogen in SLC-related UTIs.
- *P. aeruginosa* adherence to SLC is greater than that to other biomaterials.
- SLC elutes substances used by *P. aeruginosa* as nutrient.

# In the presence of SLC *P. aeruginosa* turns resistant to some antimicrobials

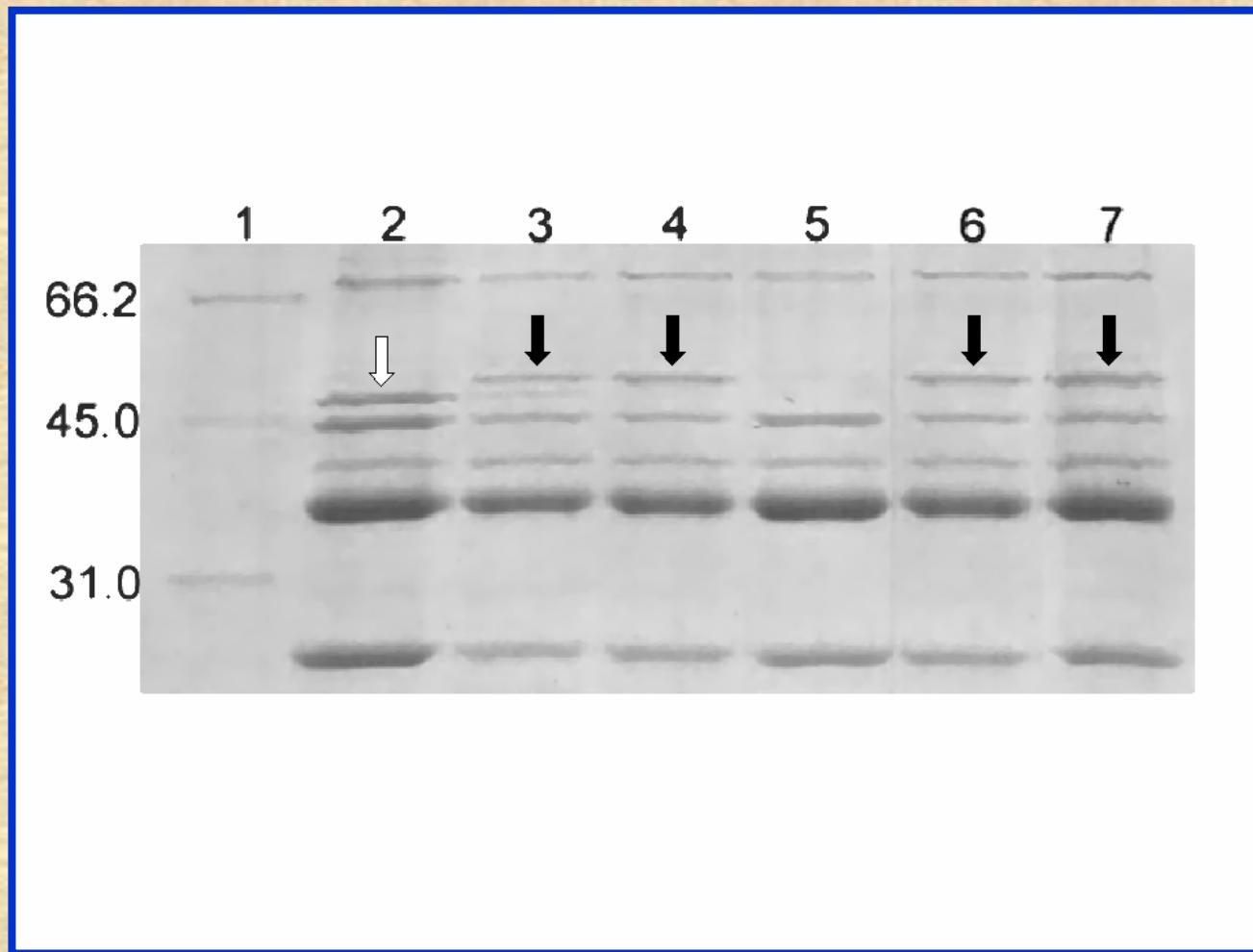
**Table 2:** Effect of siliconized latex urinary catheters on the inhibitory activity of antimicrobial agents against *Pseudomonas aeruginosa*. Data are expressed as the ratio of the MIC in the presence of catheter material to the MIC in the absence of catheter material.

Strains	MIC in catheter presence/MIC in catheter absence				
	Amikacin	Ceftazidime	Ciprofloxacin	Norfloxacin	Meropenem
HUS-2	4	2	2	2	32
HUS-3	4	1	1	1	16
HUS-6	8	1	2	1	32

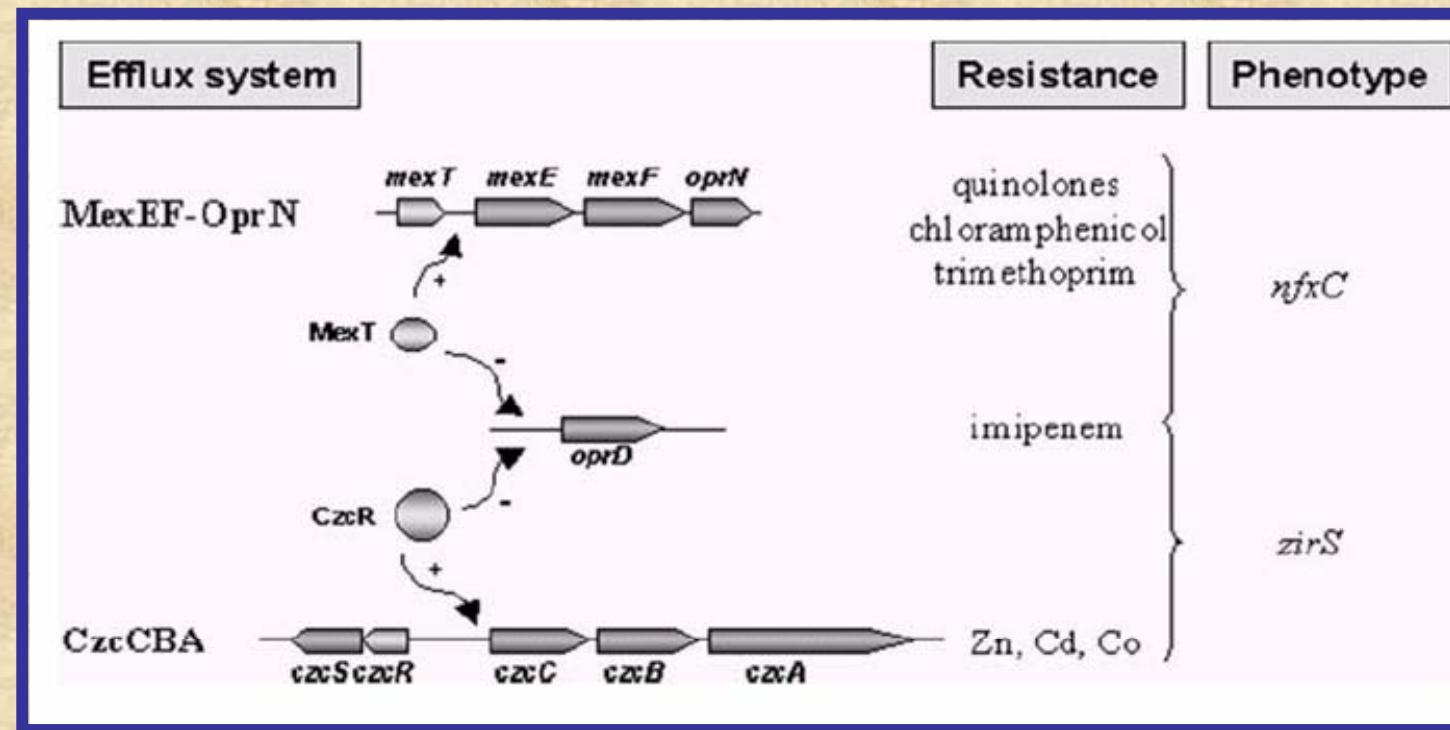
# OMPs de *P. aeruginosa*: Effect of SLC “eluates”



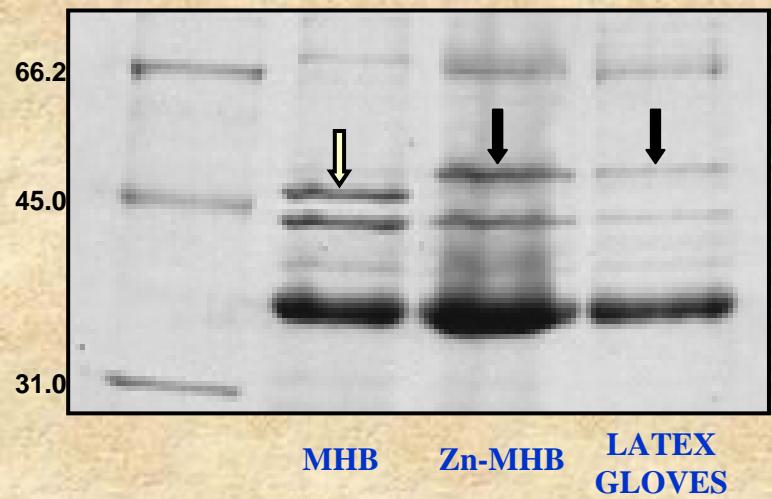
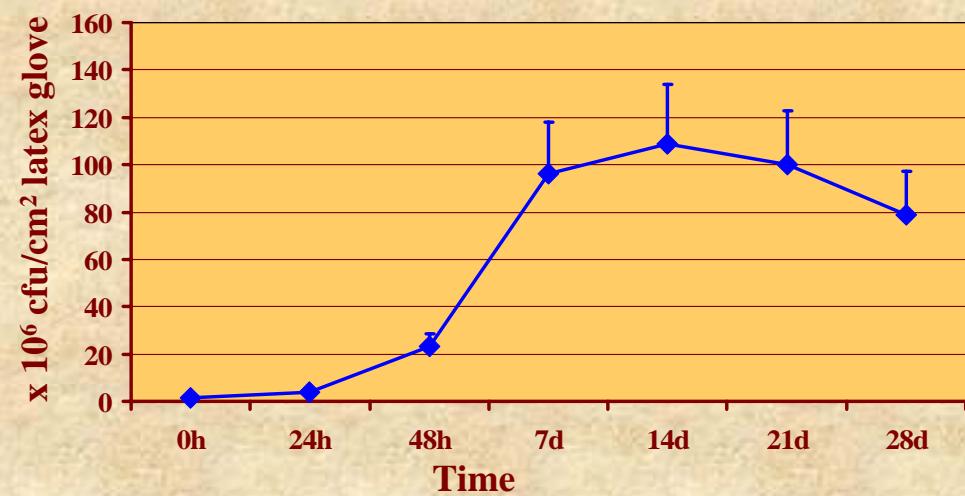
**Zinc eluted from siliconized latex-urinary catheters decreased OprD expression, causing carbapenem resistance in *P. aeruginosa*.**



# CzcCBA: Efflux pump responsible of co-resistance to carbapenems and heavy metals in *P. aeruginosa*.



# Survival of *Pseudomonas aeruginosa* on latex gloves



# **Experimental foreign body-associated peritonitis in mice. Siliconized latex Vs Silicone. Strain: *P. aeruginosa* PAO1.**

Catheter	Inoculum log cfu/ml	Liver Log cfu/g	Splain Log cfu/g	Catheter Log cfu	EXITUS
Siliconized latex 24 h	<b>6,98±0,23</b>	<b>8,24±1,21</b>	<b>8,23±1,61</b>	<b>6,90±0,87</b>	<b>80%</b>
Silicone 24 h	<b>6,98±0,23</b>	<b>8,52±0,88</b>	<b>8,24±1,63</b>	<b>7,33±0,46</b>	<b>80%</b>
Siliconized latex 24h+IMP	<b>6,89±0,35</b>	<b>3,04±0,80</b>	<b>4,01±0,91</b>	<b>3,82*±2,02</b>	<b>0%</b>
Silicone 24 h+IMP	<b>6,98±0,23</b>	<b>3,11±1,03</b>	<b>4,06±1,04</b>	<b>2,27±1,71</b>	<b>6%</b>

\* p>0.05 compared to Silicone

**Zinc-induced imipenem resistance in *P. aeruginosa* affects the bacterial survival at local level but not at systemic level.**

# **Strategies for biofilm prevention in urinary catheters**

- 1. Avoid the use of Siliconized latex urinary catheters (silicone).**
- 2. Anti quorum sensing agents (furanones).**
- 3. Iron-scavenging catheters.**
- 4. Bacterial interference.**

*Thanks for your attention*

