Abortive Transduction of Resistance Factor by Bacteriophage P22 in Salmonella typhimurium

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When R factor 222 is transduced by bacteriophage P22 in *Salmonella typhimurium*, most recipient bacteria which adsorb transducing particles do not give rise to transductant clones (i.e., transduction is abortive); however the transduced drug-resistance genes can be rescued by recombination with the resistance-transfer factor or R factor carried by the recipient.

When bacteriophage P22 is used to transduce drug-resistance markers of fi^+ R factor 222 (5) in Salmonella typhimurium LT-2, they segregate into a sulfanilamide (sul), streptomycin (str), and chloramphenicol (cam) component and a tetracycline (tet) component (3). A majority of these drug-resistant transductants are unable to transfer their drug-resistance markers by causing conjugation. The tet marker transduced by phage P22 in S. typhimurium appeared to be integrated into the bacterial chromosome near pro, i.e., at or near the P22 prophage attachment site; the transductants concerned were exceptional in that they behaved as defectively, instead of normally, lysogenic for P22 (1). The sul, str, and cam markers transduced by P22 also seemed to be integrated at a different site on S. typhimurium chromosome (Watanabe and Ogata, unpublished data). On the other hand, R factor 222 is genetically unstable in S. typhimurium, and the sul, str, and cam markers are often simultaneously lost, although the *tet* marker is much more stable (4). Any drug-resistance markers remaining after such spontaneous loss continue to be transmissible by conjugation. We have recently found that fi^+ R factor 222-R₃, which is a spontaneous segregant carrying sul, str, and cam markers developed from 222, is also genetically unstable in S. typhimurium LT-2, simultaneously losing its three drug-resistance markers at high frequencies (Watanabe and Ogata, submitted for *publication*). It was thought of interest to study whether the resistance transfer factor (RTF), the episomal portion of R factor (2), still remains in these drug-sensitive segregants.

We have attempted a study on this point by using the drug-sensitive segregants obtained

from LT-2 (222-R₃) as recipients for transduction of R factor 222, in the expectation that the transduced drug-resistance markers (or defective R factors) might acquire conjugal transferability, if the drug-sensitive segregants still harbor RTF. The procedure for transduction was the same as that reported previously (3). Transduced drug-resistance markers were conjugally transferable in the case of one of the five, independently isolated drug-sensitive segregants used as transductional recipients (Table 1). It was also found that the frequencies of drug-resistant transductants were increased about 10 times in this recipient. These results seem to be best understood by supposing that this segregant retained RTF. In other words, the transduced drugresistance markers of R factor 222 seem to have been rescued by recombining with RTF in about 90% of the transductants; otherwise, they would have become abortive (unless they were integrated into the host chromosome).

We then used LT-2 carrying 222-R₃ or 222-TC (a segregant R factor with the tet but not the sul, str, or cam markers derived from 222) as recipients for transduction of 222 by phage P22. The frequencies of drug-resistant transductants were again increased about 10 times by the presence of these R factors in the recipient and, furthermore, all of the drug-resistant transductants obtained had the ability to transfer their drug-resistance markers conjugally. It is interesting to note that a transductant with the tet but without the sul, str, and cam markers was obtained in the transduction of 222 to a recipient carrying 222-R₃, and that this tet marker was transmissible. This transmissible tet R factor must have developed as a result of genetic recom-

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NOTES

Recipient	Selected marker	Frequency of transductants ^a	Resistance marker(s) of transductants	t ⁺ Transductants ^b
LT-2 (R ⁻)	cam	3.5×10^{-6}	cam, sul, str	0/50
	tet	2.6×10^{-7}	tet	0/50
Sensitive segregants ^c				
No. 1	cam	3.8 × 10 ⁻⁶	cam, sul, str	0/50
	tet	2.2×10^{-7}	tet	0/50
No. 2	cam	3.5×10^{-6}	cam, sul, str	0/50
	tet	3.0×10^{-7}	tet	0/50
No. 3	cam	3.9×10^{-6}	cam, sul, str	0/50
	tet	2.2×10^{-7}	tet	0/50
No. 4	cam	3.3×10^{-5}	cam, sul, str	91/100
	tet	3.0×10^{-6}	tet	90/100
No. 5	cam	3.9×10^{-6}	cam, sul, str	0/50
	tet	2.9×10^{-7}	tet	0/50
LT-2 (222-TC) ^d	cam	1.2×10^{-5}	cam, sul, str, tet	10/10
LT-2 (222-R ₃)*	tet	3.5 × 10 ⁻⁶	tet, cam, sul, str tet	9/9 1/1

 TABLE 1. Transduction of fi⁺ R factor 222 (sul, str, cam, tet) by phage P22 to various derivatives of Salmonella typhimurium LT-2

^a Frequency of transductants per plaque-forming unit. Multiplicity of infection was about 5.

^b Transductants with ability to transfer their drug-resistance markers by conjugation.

^c Drug-sensitive segregants which developed spontaneously from LT-2 (222- R_3).

^d Spontaneous segregant carrying R factor (tet) which developed from LT-2 (222)

• Spontaneous segregant carrying R factor (sul, str, cam) which developed from LT-2 (222).

bination between the transduced *tet* marker and the R factor 222-R₃ present in the recipient. These results suggest that the abortively transduced drug-resistance markers were rescued by recombination with R factors in the recipient.

Our previous investigation on the transductional superinfection with R factors did not show any increase in the transduction frequencies, even when the R factors in the donor and recipient were both of fi^+ type (6). The discrepancy between the present and previous results could be explained as follows. In the earlier experiments we used only R factors of independent origins, whereas we have employed R factors of the same origin in the present investigation. Thus, we may conclude that homologies may be lower among independent isolates of R factors even when they are of fi^+ type than among the R factors of the same origin. This investigation was supported by Public Health Service grant AI-08078 from the National Institute of Allergy and Infectious Diseases.

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