

## Virulence in Rats of Gentamicin-Carbenicillin-Resistant *Pseudomonas*

JERRY M. SLEPACK, THOMAS KORFHAGEN, JOHN C. LOPER, JAMES S. TAN, AND  
JOHN P. PHAIR\*

*Infectious Diseases Division,\* Department of Internal Medicine, and the Department of Microbiology,  
University of Cincinnati Medical Center, Cincinnati, Ohio 45267*

Received for publication 29 April 1975

Strains of *Pseudomonas aeruginosa*, with resistance to gentamicin and carbenicillin which is R factor mediated, showed no alteration in virulence as tested by intraperitoneal injection of rats.

Recent reports in both the clinical and microbiological literature have described *Pseudomonas aeruginosa* strains as resistant to both carbenicillin and gentamicin (2, 4, 5, 8). Organisms with a similar resistance pattern have been isolated with increasing frequency from 1971 through 1974 at the Cincinnati Veterans Administration Hospital. Simultaneously, resistance transfer factors (R) responsible for the development of resistance in a majority of these strains were demonstrated (6). Our clinical observations suggested that the resistant *Pseudomonas* were less virulent than we anticipated. Similar findings were described by Green et al. (4). To determine whether or not the presence of the R factor resulted in decreased virulence of the *Pseudomonas*, in vivo studies were conducted in which rats were challenged intraperitoneally with the organism, with and without R factor.

**MIC determinations.** The minimal inhibitory concentrations (MIC) of gentamicin and carbenicillin for the *Pseudomonas* organisms used in these experiments were determined by a standard twofold serial tube dilution method using a total volume of 1 ml as previously reported (7).

**Animal studies.** In two experiments, pathogen-free Sprague-Dawley female rats weighing 200 g were challenged intraperitoneally with *Pseudomonas* according to the method previously described by Andriole (1).

In the initial experiment a clinical isolate with a gentamicin-susceptible ( $G^S C^S$ ) pattern of antibiotic resistance was chosen. This strain was then converted to  $G^R C^R$  by a laboratory mating with a donor strain which carried a  $G^R C^R$  plasmid representative of the local  $R^+$  population (6). The gentamicin MIC of the  $G^S C^S$  strain was 1.56  $\mu\text{g/ml}$ ; the carbenicillin MIC was 125  $\mu\text{g/ml}$ . For the  $G^R C^R$  derivative, the gentamicin MIC was greater than 25  $\mu\text{g/ml}$

and the carbenicillin MIC was greater than 500  $\mu\text{g/ml}$ . A total of 60 animals were challenged; six served as control and received only sterile media. Two groups of 12 were inoculated with  $10^8$  colony-forming units (CFU) of the  $G^S C^S$  or  $G^R C^R$  variant, and two groups of 15 were challenged with  $2 \times 10^7$  CFU of the two variants.

The second experiment compared the virulence of the original  $G^R C^R$  isolate ( $R^+$ ) and a spontaneously reverted antibiotic-susceptible variant ( $R^-$ ). This susceptible variant had a gentamicin MIC of 0.78  $\mu\text{g/ml}$  and a carbenicillin MIC of 125  $\mu\text{g/ml}$ . Fifty animals were studied. Two control animals were inoculated with sterile media; six animals received  $10^8$  CFU, 12 received  $5 \times 10^7$  CFU, and six received  $1 \times 10^7$  CFU of either variant.

Survival of inoculated animals was noted at 6, 18, 24, 48, and 72 h.

In the initial experiment, rats were inoculated intraperitoneally either with a clinical isolate which was  $G^S C^S$  or with the  $G^R C^R$  variant which was isolated after mating to a  $G^R C^R$  strain. All controls survived (Fig. 1). Seventeen percent of the animals inoculated with  $10^8$   $G^R C^R$  survived at 18, 24, and 72 h; none of the animals challenged with  $10^8$   $G^S C^S$  survived 24 h. The survival curves of the two groups of animals challenged with  $2 \times 10^7$  were identical. Rats inoculated with the low number of CFU showed a survival rate twice that of rats receiving  $10^8$  CFU.

A second series of intraperitoneal challenges was carried out with a clinical isolate  $R^+$  strain and its spontaneously derived  $R^-$  derivative. Both control animals survived after administration of sterile media (Fig. 2). At 18 h, 17% of the animals inoculated with  $10^8$  CFU of the  $R^-$  variant and none receiving the susceptible organisms survived. By using  $5 \times 10^7$  CFU, the 72-h survival after inoculation with the  $R^+$  was 25%, whereas 42% of the rats given an identical

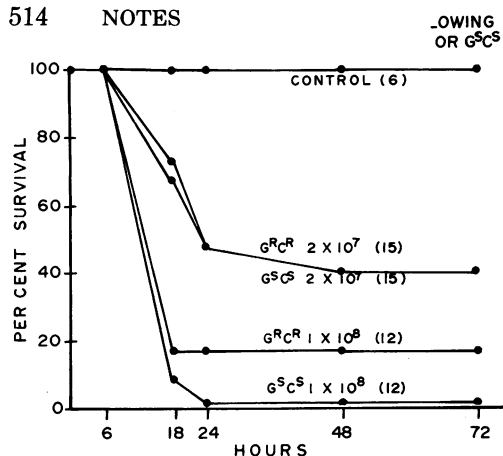


FIG. 1. The percentage of survival over 72 h of animals challenged intraperitoneally with  $2 \times 10^7$  and  $10^8$   $G^R C^R$  and  $G^S C^S$  *Pseudomonas*. Numbers in parentheses indicate the number of rats in each group.

inoculum of the susceptible variant survived. At the lowest inoculum,  $10^7$  CFU, survival in rats given the R+ variant was 33%, and in animals receiving the susceptible organisms, 17%.

The appearance of *P. aeruginosa* resistant to the clinically most efficacious anti-pseudomonas agents, gentamicin and carbenicillin, might have been expected to yield serious consequences, particularly in patient populations prone to *Pseudomonas* colonization. Nevertheless, the experience at the Baltimore Cancer Research Center (4) in patients with severely compromised defense was just the opposite.

From studies of isolates (6), it is likely that most of the antibiotic-resistant *Pseudomonas* recovered in this hospital during the period 1971 through 1974 have contained  $G^R C^R$  resistance plasmids. It was postulated that the clinical observations of apparent decreased virulence in the resistance might be related to effects of the plasmid itself rather than to the specific antibiotic resistance traits. In the present study, however, the survival of rats inoculated intraperitoneally with a  $G^R C^R$  variant did not show increased survival, relative to that of rats receiving the  $G^S C^S$  organism. In addition, no consistent differences were observed in a similar experiment which used a clinically isolated R+ strain and its spontaneously derived R- variant. Virulence of *P. aeruginosa* for the rat appears to be independent of the presence or absence of the plasmid mediating specific antibiotic resistance patterns. The clinical impression of the low virulence of the  $G^R C^R$  remains unexplained.

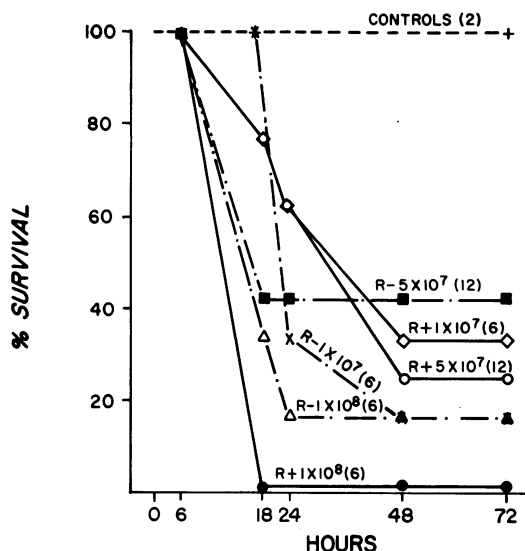


FIG. 2. The percentage of survival over 72 h of animals challenged intraperitoneally with  $10^7$ ,  $5 \times 10^7$ , and  $10^8$  R+ and R- *Pseudomonas*. Numbers in parentheses indicate number of rats in each group.

These studies were supported by a contribution of the Eli Lilly Co. to the Morton Hamburger Memorial Fund, the United Health Foundation Fund, Canton, Ohio, and Public Health Service grant GM1255 from the National Institute of General Medical Sciences.

J. Slepach was a clinical fellow in Infectious Disease, Department of Medicine, at the Cincinnati Veterans Administration Hospital during the period of this investigation.

#### LITERATURE CITED

- Andriole, V. T. 1971. Synergy of carbenicillin and gentamicin in experimental infections with *Pseudomonas*. *J. Infect. Dis.* 124:546-55.
- Chadwick, P. 1973. Resistance of *Pseudomonas aeruginosa* to gentamicin. *J. Can. Med. Assoc.* 109:585-587.
- Gardner, P., and D. H. Smith. 1969. Studies on the epidemiology of resistance (R) factors. *Ann. Int. Med.* 71:1-10.
- Greene, W. H., S. Moody, S. Schimpff, V. M. Young, and P. H. Wiernak. 1973. *Pseudomonas aeruginosa* resistant to carbenicillin and gentamicin. *Ann. Int. Med.* 79:684-689.
- Knothe, H., V. Krcmery, W. Sietzen, and J. Borst. 1973. Transfer of gentamicin resistance from *Pseudomonas aeruginosa* strains highly resistant to gentamicin and carbenicillin. *Chemotherapy* 18:229-234.
- Korfhagen, T. R., J. C. Loper, and J. A. Ferrel. 1975. *Pseudomonas aeruginosa* R factors determining gentamicin plus carbenicillin resistance from patients with urinary tract colonizations. *Antimicrob. Agents Chemother.* 7:64-68.
- Phair, J. P., C. Watanakunakorn, and T. Bannister. 1969. *In Vitro* susceptibility of *Pseudomonas aeruginosa* to carbenicillin and the combination of carbenicillin and gentamicin. *Appl. Microbiol.* 18:303-306.
- Van Rensburg, A. J. 1974. Transferable resistance to carbenicillin and gentamicin in *Pseudomonas aeruginosa*. *S. Afr. Med. J.* 48:1185-1186.