Biofilm in group A streptococcal necrotizing soft tissue infections

Nikolai Siemens¹, Bhavya Chakrakodi¹, Srikanth Mairpady Shambat¹, Marina Morgan², Helena Bergsten¹, Ole Hyldegaard³, Steinar Skrede⁴, Per Arnell⁵, Martin B. Madsen⁶, Linda Johansson¹, INFECT Study Group, Julius Juarez¹, Lidija Bosnjak¹, Matthias Mörgelin⁷, Mattias Svensson^{1*}, and Anna Norrby-Teglund^{1*}

^{*} MS and ANT contributed equally.

¹Center for Infectious Medicine, Karolinska Institutet, Karolinska University Hospital, Stockholm, Sweden. ²Department of Microbiology, Royal Devon and Exeter NHS Foundation Trust, Exeter, UK. ³Department of Anaesthesia, Rigshospitalet, Copenhagen, Denmark. ⁴Department of Medicine, Haukeland University Hospital, Bergen, Norway. ⁵Department of Anaesthesiology and Intensive Care Medicine, Sahlgrenska University Hospital, Gothenburg, Sweden. ⁶Department of Intensive Care, Rigshospitalet, Copenhagen, Denmark. ⁷Division of Infection Medicine, Department of Clinical Sciences, Lund University, Lund, Sweden.

Correspondence to: Anna Norrby-Teglund, Center for Infectious Medicine, Karolinska Institutet, S-141 86 Stockholm, Sweden (anna.norrby-teglund@ki.se). Alternate corresponding author: Nikolai Siemens, Center for Infectious Medicine, Karolinska Institutet, S-141 86 Stockholm, Sweden (nikolai.siemens@ki.se).

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The INFECT Study Group includes the following persons: Michael Nekludov MD (Department of Physiology and Pharmacology, Section for Anaesthesiology, Karolinska University Hospital, Stockholm, Sweden), Trond Bruun MD, Oddvar Oppegaard MD (Department of Medicine, Haukeland University Hospital, Bergen, Norway), Torbjørn Nedrebø MD (Surgical Department, Haraldplass Deaconess Hospital, Bergen, Norway), Anshu Babbar MSc (Helmholtz-Zentrum für Infektionsforschung, Braunschweig, Germany), Anders Perner MD (Department of Intensive Care, Ringshospitalet, Copenhagen, Denmark), Marco B. Hansen MD (Department of Anaesthesia, Rigshospitalet, Copenhagen, Denmark), Nicklas Oscarsson MD, Anders Rosén MD (Department of Anaesthesia, Rigshospitalet, Copenhagen, Denmark), Nicklas Oscarsson MD, Anders Rosén MD (Department of Anaesthesiology and Intensive Care Medicine, Sahlgrenska University Hospital, Gothenburg, Sweden).

Supplemental Table 1. Clinical characteristics of NSTI patients

													Tre	eatment	
Patient ID	e <i>mm</i> - type	G e n.	A g e	Comorb.	Septic Shock#	SAPSII	Preoperative (only clinical finding from primary or tertiary hospital)	Tissue Severity (1st or 2nd surgical intervention at primary or tertiary hospital)	Organ failure	Surv. (90 d)	Length of stay [±]	Surgery ^{\$}	Antibiotics ^ª	HBO&	IVIG1
2002	NI	m	63	none	Severe sepsis septic shock	52	Severe pain Skin bullae Skin bruising Skin anaesthesia Gas visualized on radiology	Skin bullae Skin erythema Fascia greyish Muscle contractions Muscle seeping of blood Frank pus	Mechanical ventilation Inotropic support	Y	6/30	4 (5)	Pennicillin Tasobactam Gentamycin Metronidazol Meropenem	1/90	3x
													Ciprofloxacin Clindamycin		
2006	emm1	f	61	cardiovascular disease	Severe sepsis septic shock	41	Severe pain	Skin erythema Fascia greyish Muscle contractions Muscle seeping of blood	Mechanical ventilation Inotropic support	Y	7/21	4 (3)	Meropenem Ciprofloxacin Clindamycin Meropenem Ceftriaxon Ciprofloxacin Clindamycin	2/180	4x
2015	emm87	f	69	malignant disease metastatic carcinoma	Severe sepsis	43	N/A	Skin erythema	Mechanical ventilation	Y	8/11*	6 (5)	Meropenem Ciprofloxacin Clindamycin Meropenem Ciprofloxacin Clindamycin		3х
2017	emm28	f	37	none	Severe sepsis septic shock	24	Severe pain	Skin erythema Muscle seeping of blood	Mechanical ventilation Inotropic support	Y	3/9*	4 (2)	Meropenem Cefuroxim Clindamycin Meropenem Ciprofloxacin Clindamycin		2x
2028	emm3	f	59	malignant disease cardiovascular disease	Severe sepsis septic shock	34	Palpable gas (crepitus) Gas visualized on radiology	Skin erythema Fascia greyish Fascia dishwater fluid Muscle contractions Muscle seeping of blood	Mechanical ventilation Inotropic support	Y	8/18	7 (6)	Piperacillin Meropenem Cefuroxim Ceftriaxon Clindamycin Meropenem Ciprofloxacin	- 1/90	3х
5004	emm28	f	51	none	Septic shock	70	Skin purple/black discoloration Skin bruising	Skin necrosis Fascia greyish and swollen Fascis dishwater fluid	Mechanical ventilation Inotropic support	Y	5/27	5 (3)	Meropenem Cefotaxim	5/350	4x

							Muscle contractions					Tobramycin		
							Muscle seeping of blood					Meropenem		
												Clindamycin		
emm1	m	37	none	none	26	Skin bruising	Skin erythema	none	Y	3/14	5 (4)	Penicillin	0	1x
						Gas visualized on radiology	Frank pus					Cefotaxim		
												Clindamycin		
												Penicillin		
												Clindamycin		
emm1	f	34	Retts syndrome	Severe sepsis	29	oedema	Skin erythema	Mechanical ventilation	Y	37/41	3 (3)	Dicloxacillin	0	3x
				septic shock		rubor		Inotropic support				Clindamycin		
			other skin disease									Penicillin		
												Meropenem		
												Gentamycin		
							Muscle seeping of blood					Clindamycin		
emm1	m	38	chronic wound	Severe sepsis	26	oedema	Skin erythema	none	Y	0/16	6 (6)	0	0	0
			psoriasis									Penicillin		
			other skin disease			increased skin temperature						Dicloxacililn		
												Gentamycin		
												Containyoin		
							Muscle brownish discoloration							
	emm1	emm1 f	emm1 f 34	emm1 f 34 Retts syndrome chronic wound other skin disease emm1 m 38 chronic wound	emm1 f 34 Retts syndrome chronic wound other skin disease Severe sepsis septic shock emm1 m 38 chronic wound psoriasis Severe sepsis	emm1 f 34 Retts syndrome chronic wound other skin disease Severe sepsis septic shock 29 emm1 m 38 chronic wound psoriasis Severe sepsis 26	emm1 f 34 Retts syndrome chronic wound other skin disease Severe sepsis septic shock 29 oedema rubor emm1 m 38 chronic wound psoriasis Severe sepsis 26 oedema rubor	emm1m37nonenone26Skin bruising Gas visualized on radiologySkin erythema Frank pusemm1f34Retts syndrome chronic wound other skin diseaseSevere sepsis septic shock29oedema ruborSkin erythema Subcutis dissolved Fascia greyish Fingertest positive Fascia dishwater fluid Muscle seeping of bloodemm1m38chronic wound psoriasis other skin diseaseSevere sepsis septic shock26oedema ruborSkin erythema Subcutis dissolved Fascia dishwater fluid Muscle seeping of 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Muscle brownish discoloration
[#] Sepsis, septic shock or severe septic shock are calculated according to the guidelines laid out in references(1-3).
[±] Length of hospital stay (ICU/final discharge from hospital)
[§] Number of surgical interventions (interval days)
[#] Antibiotic treatment pre ICU at referral hospital/During ICU at INFECT study hospital
[§] Number of HBO treatment/accumulated minutes of treatment at 284 kPa atm. abs.
[§] One dose equals 25 g/24 h
^{*} Time represents length of stay at tortions (INFECT study) hospital

* Time represents length of stay at tertiary (INFECT study) hospital. Patient discharged to primary hospital. Length of stay at a primary hospital not available. Abbreviations used: Gen, Gender; Comorb, comorbidities; Surv, survival.

Strain		Polys	tyrene	Glass					
	uncoated	FN	Co I	Co IV	uncoated	FN	Co I	Co IV	
5626	1	1	0	0	1	1	0	0	
8003	1	1	0	0	0	0	0	0	
8157	0/1	0/1	0	0	0	0	0	0	

Supplemental Table 2. Biofilm formation* of GAS NSTI strains on different surfaces

Abbrevations: FN, fibronection; Co I, collagen I; Co IV, collagen IV; 0, no biofilm; 1 biofilm.

*Determined by Nile Red, Wheat germ aggulitin and DAPI positivity.

Supplemental Table 3. Clinical parameters in patients with or without biofilm during the ICU stay

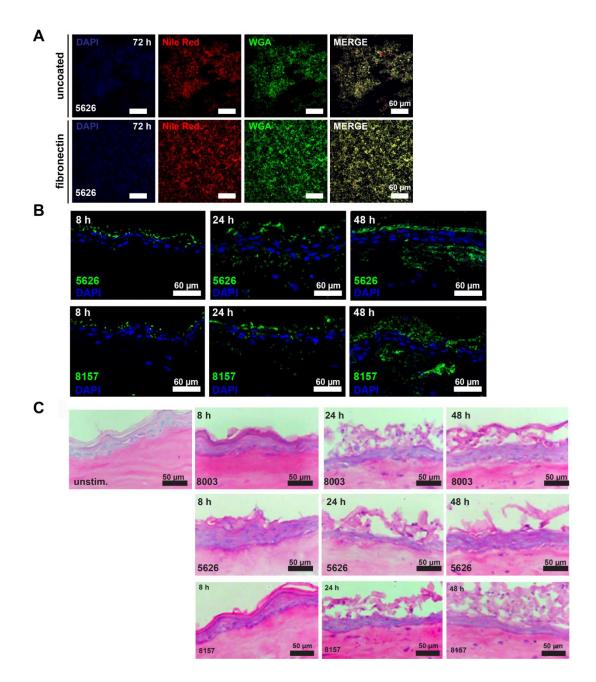
Parameters*	Biofilm	Non-Biofilm	p value
	(n=10)	(n=21)	
ICU stay [d]	6	5	0.9155
Hospital stay [d]	26	21.5	0.7266
No. of surgical interventions within ICU	4	5	0.5980
Period between 1 st and last surgery during the	3	5	0.4175
ICU stay [d]			
SAPSII [#] (min)	37.5	38	0.8271
SAPSII [#] (max)	42.5	40	0.9586
SOFA [#] d0 (min)	5.5	8	0.2523
SOFA [#] d1 (min)	8	6	0.7140
SOFA [#] d2 (min)	7.5	6	0.6982
SOFA [#] d0 (max)	7	9	0.8266
SOFA [#] d1 (max)	8	9	0.4447
SOFA [#] d2 (max)	7.5	6	0.8904
Co-morbidities (n)	1	0	0.4701

*Median values for each group are presented.

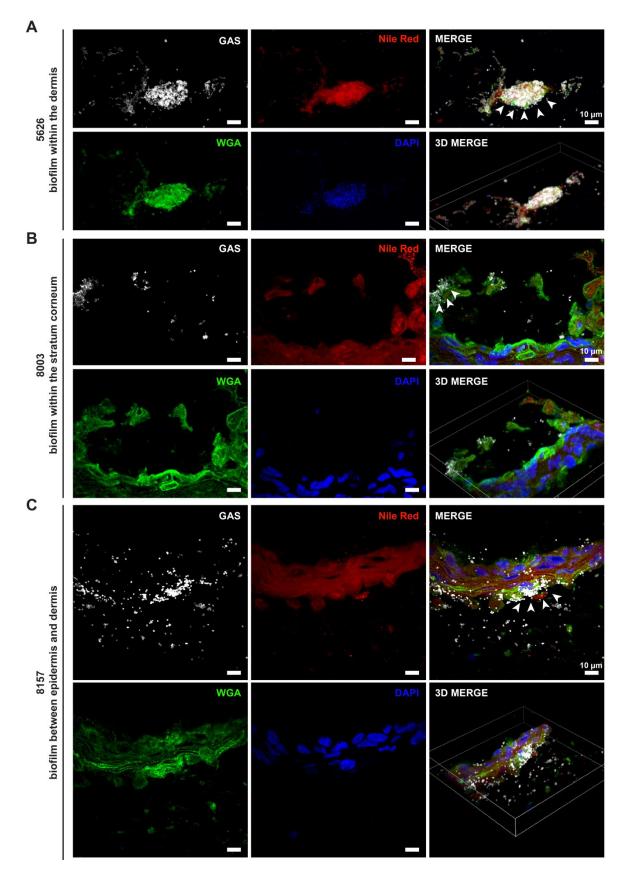
[#] SOFA or SAPSII min/max, missing values are replaced by minimum or maximum values, respectively.

Gene	Primer	Sequence (5´-3´)
ihk	ihk_g-for	ACTGCTCTATCCTTCCTTGC
	ihk_g-rev	TTGCTAGCATCTGTTACGGG
irr	irr_g-for	TAGACAAGTGGCAGACAACG
	irr_g-rev	CGTCATCTAATGCCGTTAGC
mga	mga_g-for	CCATCAACATTGCGGTTTGC
-	mga_g-rev	GACGCTTGAGTGTTGAAAGG
nra/rofA	nra/rofA_g-for	GAACAAGATTGTCGGTGAGG
	nra/rofA_g-rev	TAAGGTGGGTGGAACTATGG
speB	speB_for	TGCTAACCCAGTATTTGCCG
-	speB_rev	ATATCTTCTGCGCTTCGTGC
gyrA	gyrA_g-for	TGCCATGAGTGTCATTGTGG
	gyrA_g-rev	ACATCACCCGTAATACGAGC

Supplemental Table 4. Primers used in this study

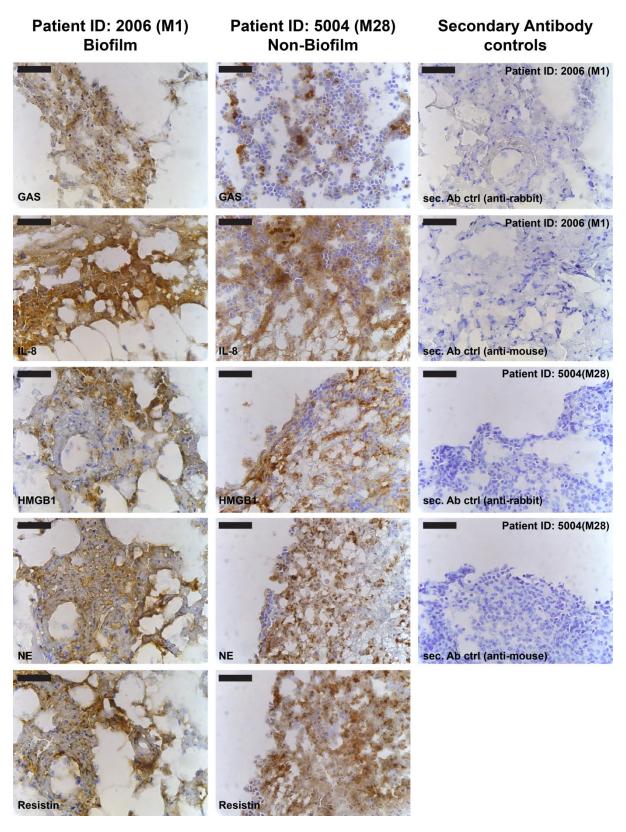


Supplemental Figure 1. Biofilm and infection phenotype of clinical NSTI strains. (A) Biofilm formation of 5626 strain on uncoated and fibronectin coated glass surfaces. Biofilm was detected through staining of Nile Red, wheat germ aggulitin (WGA), and DAPI. No staining was evident for strains 8003 and 8157. (B) Immuno-fluorescence analysis of GAS infected tissue 8, 24, and 48 h post infection with indicated strains. (C) Histological analysis of the skin model tissue after infection. Representative micrographs with indicated strains are shown.

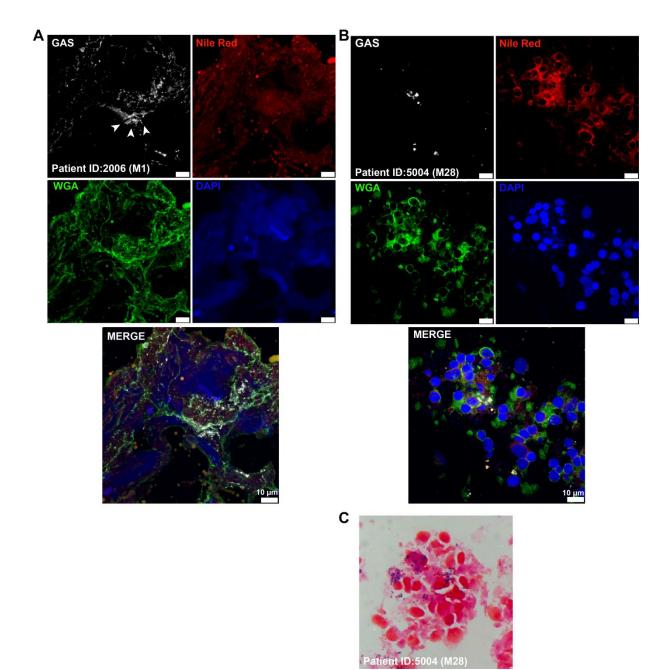


Supplemental Figure 2. GAS biofilm in skin tissue models. Identification of bacteria and biofilm structures in tissues infected with 5626 (A), 8003 (B), and 8517 (C) vizualized by

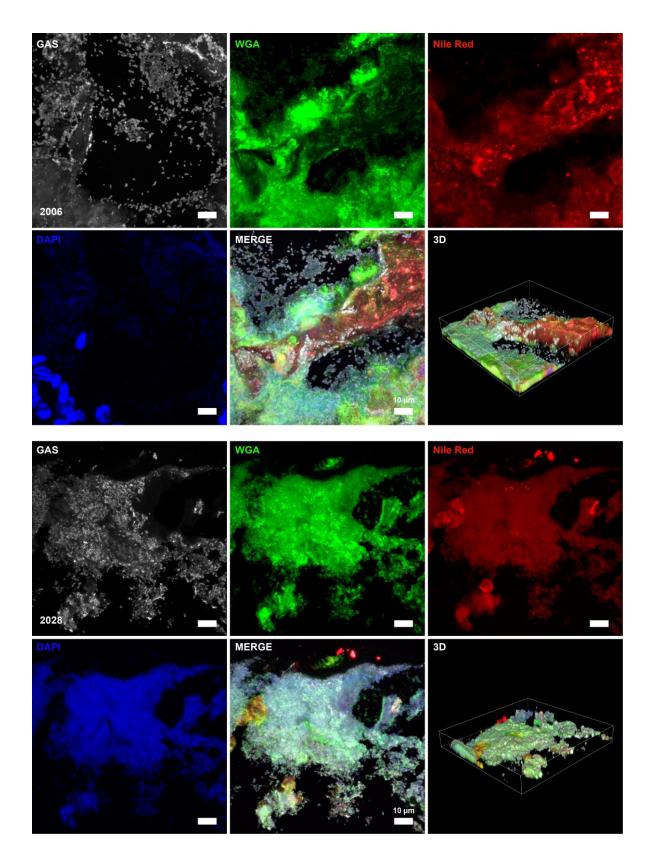
immuno-staining with GAS specific antibody, WGA, Nile red, and DAPI. Arrows are indicatinng biofilm.



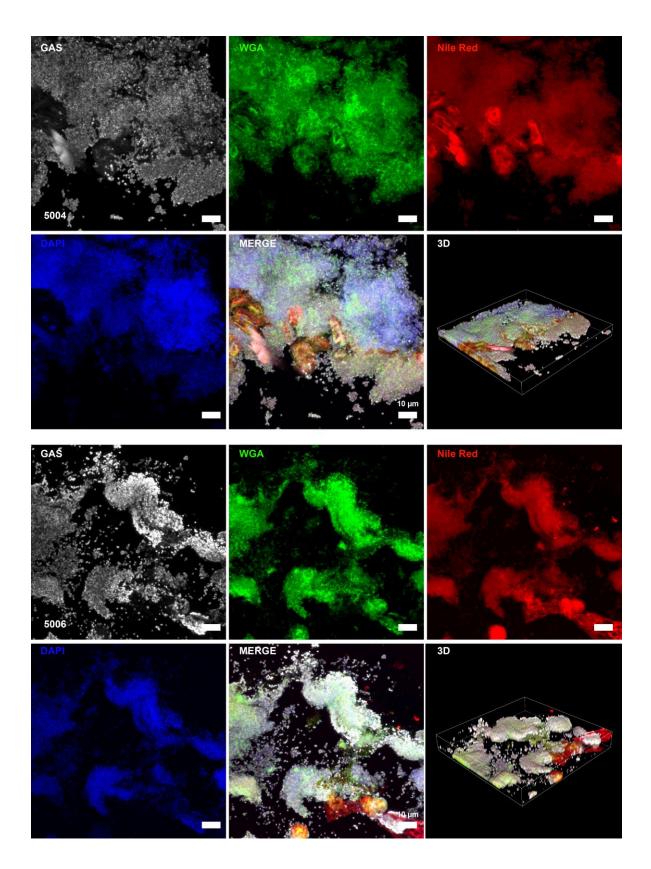
Supplemental Figure 3. Inflammation and phagocytic infiltration at the local site of infection. Representative immunohistochemically stained tissue biopsies from biofilm and non-biofilm associated patients. (GAS, group A streptococcus; HMGB1, High-mobility group protein B1; NE, neutrophil elastase).



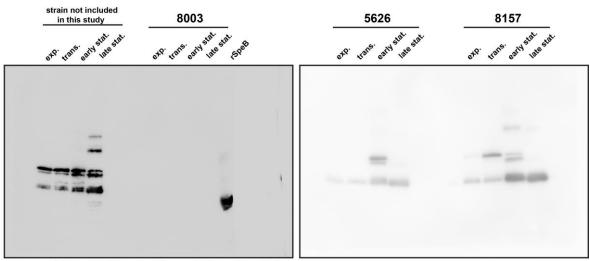
Supplemental Figure 4. Biofilm in GAS NSTI patients. Identification of bacteria and biofilm structures in biofilm-associated (A) and non-biofilm (B) patient biopsies vizualized by immuno-staining with GAS specific antibody, WGA, Nile red, and DAPI. Arrows are indicating biofilm structures. (C) Gram-stained tissue section from indicated patient; magnification 63x.



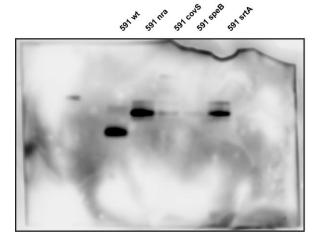
Supplemental Figure 5. GAS biofilm in skin tissue models. Identification of bacteria and biofilm structures in tissues infected with clinical GAS strains 2006 and 2028 vizualized by immuno-staining with GAS specific antibody, WGA, Nile red, and DAPI; magnifications 100x.



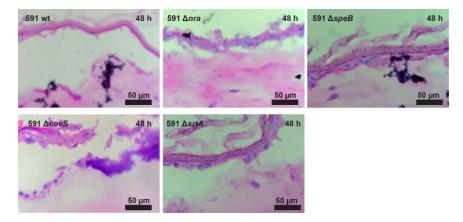
Supplemental Figure 6. GAS biofilm in skin tissue models. Identification of bacteria and biofilm structures in tissues infected with clinical GAS strains 5004 and 5006 vizualized by immuno-staining with GAS specific antibody, WGA, Nile red, and DAPI; magnifications 100x.



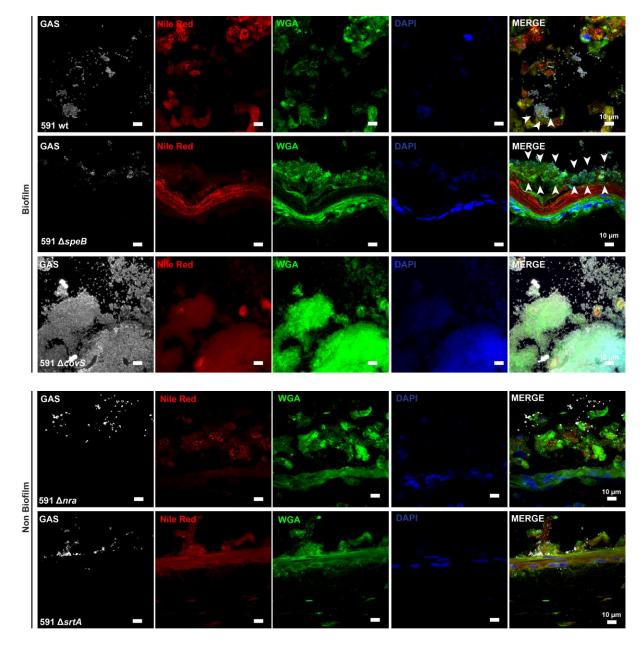
exp., exponential; trans., transition; stat., stationary; rSpeB, recombinant SpeB



Supplemental Figure 7. SpeB expression during different growth stages. Original SpeB-Blots (cropped versions are shown in Figure 5 and Figure 7).



Supplemental Figure 8. Tissue injury after 48 h of infection. Representative haematoxylin/eosin stained tissue sections of the skin model infected with indicated bacteria at indicated time points.



Supplemetal Figure 9. Nra and SrtA mediated biofim formation. Representative immunofluorescence images of biofilm or bacterial single staining after 48 h of skin model infections. GAS specific antibody, wheat germ agglutinin visualizing carbohydrates, and Nile red visualizing lipids were used.

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