"Aerobic Bacteriological Profile and Antimicrobial Susceptibility Pattern of the Isolates from Pyogenic Infections in A Tertiary Care Hospital: A Retrospective Analysis"

Nashra A¹, Deepak Sameer², R.Sujatha*, Arunagiri D.³

Abstract

Introduction: Pyogenic infections are an important cause of sepsis. These infections are difficult to treat because of the pathogens with increasing antibiotic resistance. It is important to know the pathogens causing the infections and its antibiotic susceptibility for proper management of the patients.

Material & Methods: A retrospective analysis of 50 pus culture samples received in the Department of Microbiology from various departments in the hospital between June 2020 to Dec 2020 was performed. Data regarding the pathogen isolated and its antimicrobial susceptibility were collected and analyzed. The specimens were primarily processed and Identified as per standard methods. Antibiotic susceptibility testing was done according to CLSI guidelines 2020.

Results: Out of 50 total samples analyzed, 28 were culture positive with gram negative being 15(53.57%) and gram positive being 13(46.42%). The predominant organism of pyogenic infection was Pseudomonas aeruginosa (40%) followed by E.coli (26%), Klebsiellaspp(20%), and Acinetobacter spp(13%). Among gram positive, the most common organism was Methicillin-Resistant Staphylococcus aureus (MRSA 53.84%). Pyogenic infections were predominant in males and mono microbial was common over poly microbial infections. Extended Spectrum Beta Lactamases (ESBL) was seen highest in Escherichia coli at the rate of 33.33% and Multi-Drug Resistance (MDR) was high among Klebsiella species and non-fermenting Gram Negative Bacilli (GNB) Pseudomonas spp and Acinetobacter spp. . . . All the multidrug resistant Staphylococcal isolates were 100% sensitive to Vancomycin, Teicoplanin & Linezolid. Among the MDR strains of GNB were 100% sensitive for Polymixin B and Colistin.

Conclusion: There is a changing trend with gram negative organisms being the commonest cause of pyogenic infections as evidenced across India. Spurious use of drugs would help in reducing the spread of drug resistant isolates. Antibiotic policy formulation would help in empiric therapy with reduction in infection rates

Key Words: Pyogenic, multidrug resistant, E.coli.

Introduction

The Pyogenic infection is characterized by the local inflammation with pus formation, caused by pyogenic bacteria, which can lead to the accumulation of dead leukocytes and infectious agent. Accumulation of these cells produces the thick yellowish liquid called Pus [1] Bacterial infections always cause serious problems in the successful treatment of wounds which eventually results in complications sometimes leading to sepsis [2,3] with high morbidity and mortality.

These infections are difficult to treat because of the pathogens with increasing antibiotic resistance [4]. The indiscriminate use of antibiotics has also lead to the increase in multi-drug resistant organisms (MDRO) [5]. In the present ear infections have become the leading cause of morbidity in patients of surgery, trauma etc

¹Research Assistant, Central Research laboratory Rama Medical College Hospital and Research Center, Mandhana Kanpur (India)
²Tutor, Department of Microbiology Rama Medical College Hospital and Research Center, Mandhana Kanpur (India).

[6]. It is important to know the pathogens causing the infections and its antibiotic susceptibility for proper management of the patients [7]. The present study aims to find out the frequency of aerobic bacteria in pus samples and study their antibiogram in our setup. A retrospective analysis of 50 pus culture samples received in the Department of Microbiology, RMCH&RC, Mandhana from various departments in the hospital between June 2020 to Dec 2020 was performed. Pus samples were collected using sterile techniques and transferred to sterile containers to avoid contamination. These samples were plated onto Blood Agar, MacConkey Agar, Nutrient Agar and Chocolate Agar and incubated at 370C overnight under aerobic conditions. Later the organisms were identified by performing Gram staining, biochemical reactions and motility test and colony morphology as per standard protocols. Data regarding the pathogen isolated and its antimicrobial susceptibility were collected and analyzed and the specimens were primarily processed and Antibiotic Identified as per standard methods. susceptibility testing was done according to CLSI guidelines 2020 [8].

^{*}Professor & Head, Department of Microbiology Rama Medical College Hospital and Research Center, Mandhana Kanpur (India). ³Professor & HOD, Dept of Endodontics, MDC, Kanpur (India)

Results

Out of 50 total samples analysed, 28 were culture positive as shown in [Table no: 1 & Fig 1] with gram negative being 15(53.57%) and gram positive being 13(46.42%). The predominant organism of pyogenic infection was Pseudomonas aeruginosa (40%) followed Klebsiellaspp (20%), E.coli (26%),Acinetobacter spp (13%) shown in [Table no:2]. Among gram positive, the most common organism was Methicillin-Resistant Staphylococcus aureus (MRSA-53.84%). Pyogenic infections were predominant in males and mono microbial was common over poly microbial infections. Extended Spectrum Beta Lactamases (ESBL) was seen highest in Escherichia coli at the rate of 33.33% and Multi-Drug Resistance (MDR) was high among Klebsiella species and in nonfermenting Gram Negative Bacilli (GNB) Pseudomonas spp and Acinetobacter spp. All the multidrug resistant Staphylococcal isolates were 100% sensitive to Vancomycin, Teicoplanin & Linezolid. Among the GNB were 100% sensitive for MDR strains of Polymixin B and Colistin.

[Table/Fig-1]: Showed the Culture Positive and Negative Samples

No. of	Positive	Negative
Samples	Cultures	Cultures
50	28	22

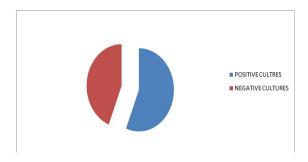


Table2: Percentage of the Isolated Bacteria.

Isolated organism(N=15)	Percentage (100%)
Pseudomonas aeroginosa	40%
E.coli	26%
Klebsiella spp	20%
Acinetobacter Spp	14%

Discussion

The results of current study are important as it give evidence of different pathogens causing pyogenic infections and their sensitivity pattern from a local hospital setup. Out of 50 total samples analysed, 28 were culture positive with gram negative being 15(53.57%) and gram positive being 13(46.42%). The predominant organism of pyogenic infection was

Pseudomonas aeruginosa(40%) followed E.coli(26%), Klebsiellaspp(20%), and Acinetobacter spp(13%) which was similar to the studies conducted by other authors [9,10]. Another study by Basu S. et al [11]also reported Pseudomonas and E. coli spp. to be the most commonly occurring pathogens in wound infections, in that order. Among gram positive, the most common organism was Methicillin-Resistant Staphylococcus aureus (MRSA) [12]. Pyogenic infections were predominant in males monomicrobial was common over polymicrobial infections which corroborates with the study by Pappu A.K. et al [13]. Extended Spectrum Beta Lactamases (ESBL) was seen highest in Escherichia coli at the rate of 33.33% and Multi-Drug Resistance (MDR) was high among Klebsiella species and non-fermenting Gram Negative Bacilli (GNB) which correlates with the study Sudhaharan S. where E. coli being predominant in 38.6% and 68.3% (257/403) were ESBL producers. K. pneumoniae was isolated in 17.17% of cases, other than Pseudomonas spp and Acinetobacter spp [14]. All the multidrug resistant Staphylococcal isolates were 100% sensitive to Vancomycin, Teicoplanin & Linezolid correlated with studies by Sudha et al [12]. Among the GNB were 100% sensitive for MDR strains of Polymixin B and Colistin correlated with studies by Sukanva et al [14].

Conclusion

Pyogenic infection has been the major cause of morbidity since long. Emerging multidrug resistant strains is of major concern to treat these conditions. Even though gram negative bacteria are being increased significantly but still Staphylococcus aureus is being continued as a major etiological agent of pyogenic infections.

The development of resistant strains of pathogens can be limited by the judicious use of antibiotics. The present study guides the clinicians about the common pathogens encountered in pus samples further more it helps clinician to select and treat patient with proper antibiotics in order to limit their hospital stay and decrease mortality and morbidity.

References

- Koneman, W.K., Allen, S. D., Janda, W.M., Schreckenberger, P.C., Propcop, G.W., Woods, G.L. and Winn, W.C., Jr. Philadelphia Color Atlas and Textbook of Diagnostic Microbiology, 6th ed. Lippincott-Raven Publisher. 2005; 624-662.
- Rao, D.R., Basu, R. and Biswas, D.R. Aerobic bacterial profile and antimicrobial susceptibility pattern of pus isolates in a South Indian tertiary care hospital. Surg. 2014; 36:35-29.
- 3. Rai, S., Yadav, U.N., Pant, N.D., Yakha, J.K., Tripathi, P.P., Poudel, A. and Lekhak, B. Bacteriological profile and antimicrobial susceptibility patterns of bacteria isolated from pus/wound swab samples from children attending a tertiary care hospital in Kathmandu, Nepal. International journal of microbiology, 2017.

- Biradar A, Farooqui F, Prakash R, Khaqri SY, Itagi I. Aerobic bacteriological profile with antibiogram of pus isolates. Indian J Microbiol Res. 2016; 3: 245-249.
- Krishnamurthy S, Sajjan AC, Swetha G, Shalini S. Characterization and resistance pattern of bacterial isolates from pus samples in a tertiary care hospital, Karimnagar. Trop J Pathol Microbiol. 2016; 2: 49-54.
- Hanumanthappa P, Vishalakshi B and Krishna S. A study on aerobic bacteriological profile and drug sensitivity pattern of pus samples in a tertiary care hospital. Int J Curr Microbiol App Sci. 2016; 5: 95-102.
- Kelwin W.S. Anti-microbial therapy for diabetic foot infections. Post Grad Med. 1999; 106: 22-28.
- CLSI. Performance Standards for Antimicrobial Susceptibility Testing. 30th ed. CLSI supplements M100. Wayne, PA: Clinical and Laboratory Standards Institute; 2020.
- Ghosh A, Karmakar PS, Pal J, Chakraborty N, Debnath NB, Mukherjee JD. Bacterial incidence and antibiotic sensitivity pattern in moderate and severe infections hospital patients. J Indian Med Assoc 2011; 107(1):21-2, 24-5.
- Zubair M, Malik A, Ahmad J. Clinico-microbiological study and antimicrobial drug resistance profile of diabetic foot infections in North India. Foot (Edinb) 2011; 21(1):6-14.
- 11. Basu S, Ramchuran Panray T, Bali Singh T, Gulati AK, Shukla VK. A; prospective, descriptive study to identify the microbiological profile of chronic wounds in outpatients. Ostomy Wound Manage. 2009; 55(1):14-20.
- M. Subha and Meerah Srinivasagam. Microbial Profile and Antimicrobial Susceptibility Pattern of Pus Culture Isolates from a Teaching Tertiary Care Hospital, South India. Int. J. Curr. Microbiol. App. sSci. 2018; 7(4): 1149-1153.
- 13. Asha Konipparambil Pappu , Aprana Sinha , Aravind Johnson, Microbiological profile of Diabetic foot ulcer. Calicut Medical Journal. 2011; 9(3):e2
- Sukanya Sudhaharan1, Padmaja Kanne1, Padmasri Chavali1, Lakshmi Vemu. Aerobic bacteriological profile and antimicrobial susceptibility pattern of pus isolates from tertiary care hospital in India. J Infect Dev Ctries. 2018; 12(10):842-848...