Research Article

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Contribution of Lewis Blood Groups Molecules in Biofilm Formation of *Pseudomonas aeruginosa* Isolated From Atopic Dermatitis Patients.

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ArticleInfo	Abstract
	Biofilm formation is a mechanism for bacterial community defense against insults including
Submitted	antibiotics .In this report we evaluated the potency of Pseudomonas aeruginosa (P.
01/11/2017	aeruginosa) isolates from atopic dermatitis patients skin as well as stool to colonize different
01/11/2017	Lewis types saliva, manifested by biofilm formation. The bacteria were cultured on tryptose
Accepted	soy broth, 96-well polystyrene plate were used. Coating with heat inactivated Le (a), (b), (c) $a + b + active were performed$
-	a-b- and Le(d) a+b+ saliva was performed. Biofilm intensity was measured using crystal violet stained films compared to non-saliva
18/12/2017	coated situation .The results showed a superior capability of most isolates to form biofilm on
	Le (a) followed by Le (b) saliva. The highest binding mean was for isolate (4) .Le (a) saliva
	binding (mean \pm SD was 0.66 \pm 0.25 for test compared to 0.21 \pm 0.04 for control non coated
	wells), p=0.04,cl=0.041-0.864.Other isolates demonstrated variable degree of biofilm
	formation on this substrate .In contrast to Le (c) a-b- saliva, Le (d) a+b+ saliva demonstrated
	weak biofilm formation.
	Keywords: Lewis blood groups, Pseudomonas aeruginosa, atopic dermatitis, Biofilm.
	الخلاصية
	تكوين الغشاء الحيوي هو ميكانيكية دفاعية للمجتمع البكتيري ضد الاعتداءات وبضمنها المضادات الحيوية . في هذا
	البحث تم تقبيم (تقدير) قدرة عزلات بكتريا (Pseudomonas aeruginosa (P. aeruginosa المعزولة منَّ جلد
	وخروج مرضى التهاب الجلد التأتبي على تكوين الغشاء الحيوي بوجود انواع مجاميع الدم اللويسية اللعابيية زرعت البكتريا
	على والوسط السائل Tryptose soy broth, واستعملت صفائح التسحيح الدقيق Microtitration plate ذات القعر
	المسطح flat bottom والتي تحتوي على 96 خفرة, غطيت جميع الحفر بلعاب محاميع الدم اللويسية (b), Le (a) و (c)
	غير الفعالة بالحرارة . تم قياس قدرة الغشاء الحيوي باستعمال الاغشية المصبغة بصبغة منع crystal violet مقارنة ا بالأنواع غير المغطاة باللعاب.
	بالاعواع عير المعصفة بالمعاب. اظهرت النتائج القدرة العالية لمعظم العز لات لتكوين العشاء الحيوي على لعاب مجاميع الدم لويس (a) ويتبعها مجاميع الدم
	المهرك المتابع المراد العالية لمعظم المروك للمولين المساح العيوي على معدل ارتباط 0.66± 0.25 لمجاميع الاختبار مقارنة (b) ويبته المجاميع الاختبار مقارنة
	مويس (b). منتقع الدويب من على على عرف (c). على معدل 10.0 (b=0.04.cl=0.04-0.864). من الغشاء الحيوي للحفر الغير مغطاة والتي اظهرت معدل 0.21± 0.04 (b=0.04.cl=0.041-0.864). من
	جانب أخر , إظهرت العز لات درجة ارتباط متغايرة لنمط (b) اللعابية لم تظهر العز لات أي ارتـباط عـلى مجاميع الـدم
	لــويس (a-b- (c) و لــوبسd (+a+b) اللعابية.

Introduction

Pseudomonas aeruginosa is a Gram-negative opportunistic pathogen capable of various infection including bacteremia sepsis, pneumonia and other affecting immune compromised patients [4].

The organism has the ability to form biofilm leading to chronic infection [5]. *P. aeruginosa*

used it's lectins to form biofilm [6].The bacterium's lectins specificity is galactose for lectin (A) [7] and fucose for lectin (B) [8].

These ligands are represented in mucins and carried on a defined glycan structures represented by Lewis (a) and Lewis (b) [9]. Atopic dermatitis patients skin are usually colonized by *Staphylococcus aureus*, which is



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implicated in the process of disease pathogenesis [10].

In the process of *S. aureus* isolation from atopic dermatitis patients skin, *P. aeruginosa* frequently isolated, their role in disease process is not known.

In this report we seemed to see if *P*. *aeruginosa* isolated from atopic dermatitis patients skin uses Lewis blood groups determinants to colonize and form biofilm associated with this disease.

Materials and Methods

Bacterial isolates

Eight isolates from atopic dermatitis were characterized to be, *P. aeruginosa*. These four isolates from stool and four isolates from skin, The bacteria were maintained on trypticase soy slants. For biofilm formation the isolates were cultivated using tryptose soy broth, at 37°C for 24 hours.

Saliva coating

Saliva of Lewis blood groups a, b, c, and Led (a+b+) were obtained from atopic dermatitis patients. Lewis typing was performed on red blood cells [1]. Saliva obtained from patients were diluted 1:2 with saline, boiled at 100°C for 10minutes, centrifuged at 4000 r.p.m for 15 minutes and the supernatant they were stored at -20°C until used.

To coat polystyrene surface a dilution of 1:8 of supernatant in 0.05M bicarbonate buffer pH 8.6 was used. 95 –well microtiterplates wells were coated with 100µl of supernatant, left at 4° C overnight. These plates were used to perform biofilm production from *P*. *aeruginosa*. Uncoated wells served as controls.

Biofilm assay

Biofilm formation procedure was adopted from Subhi, 2015 [2].Briefly bacteria were grown on tryptose soy broth at 37°C for 24 hours. An overnight culture was used to inoculate wells. The culture was diluted to 1:20 in tryptose soy broth medium containing 1% glucose .Wells was inoculated with 200µl of culture. Incubated at 37°C for 24 hours, washed for three times, dried, then stained with 100µl of 1% crystal violet, for 5 minutes. Unbound dye was removed by (3x) washing with distilled water .The water was removed and plate was dried for 2 hours. Finally, all wells were filled by 200µl ethanol (95%) to release the dye from the cells and Optical density (OD) of stained adherent biofilm was obtained by using micro ELISA auto reader at wavelength 570 nm. Triplicate assays were performed for each treatment.

Biostatistical analysis

Student t-test was used to compared means of test (biofilm on saliva coated wells) and controls (biofilm on non-coated wells), using a statistical program for epidemiological [3].

Results and Discussion

Eight isolate of *P. aeruginosa* (4 from skin and 4 from stool) of patients of atopic dermatitis were screened for biofilm formation on defined Lewis groups saliva. The majority of the isolates showed binding and biofilm formation on Le(a) coats. The most prominent biofilm former was isolates No.4, 6 and 8,giving means of 0.66 ± 0.25 , 0.5 ± 0.12 and 0.39 ± 0.06 binding intensities respectively compared to 0.21 ± 0.04 , 0.29 ± 0.01 and 0.24 ± 0.04 for control respectively.

The highest percent increase of binding was for isolate No.4 which showed 222.06% increase over control (Figure 1 and Table 1).

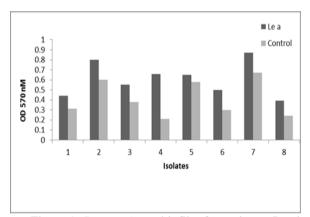


Figure 1: *P. aeruginosa* biofilm formation to Lewis (a) saliva supernatant coated wells compared to non- coated wells.

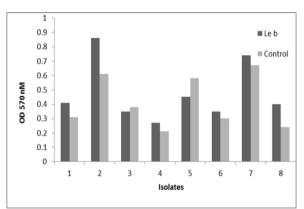


Figure 2: Binding *of P. aeruginosa* and biofilm formation of isolates from atopic dermatitis patients to Lewis (b) saliva coating compared to binding to non- coated wells.

In contrast Le(b) saliva coat showed a biofilm formation less than that seen in Le(a) saliva coat. Two of the isolates showed negative biofilm establishment on this substrate .The other isolates however, showed moderate degree of biofilm formation (Figure 2 and Table 1).

On Led (a+b+) saliva coating isolate (4) demonstrate appreciable binding intensity (mean 0.38 ± 0.15 in tests versus 0.21 ± 0.04 in control). On the other hand however, Lec (a-b-) coated saliva did not have any biofilm formation, except for isolate (4) (Table 1).

The novel findings presented in this report demonstrated clearly that P. aeruginosa utilized a substrate associated ligand, mostly of Le(a) variety .Which is purely represented in a defined structure of Le(a) saliva. Le(b) saliva contained Le(a) structure but the second fucose might somehow impair binding of bacteria that resulted in decrease of biofilm. This conclusion is strengthened when Le (a-b-) saliva formation didn't enhance or give any biofilm. What is peculiar in this investigation is that atopic dermatitis manifested increase isolation frequency of P. aeruginosa, a that might implicate situation this microorganism in the pathogenesis of this multifactorial-based disease [11].

P. aeruginosa have Lec(A) and Lec(B) (PA1L and PA11L) Lectins, mediating bacterial pathogenesis through biofilm formation [12-15].

Table 1: Augmentation of P. aeruginosa biofilm on
different types of Lewis saliva..

0/ increase binding of biofilm						
	% increase binding of biofilm					
	intensities of saliva group					
isolates	Lewis saliva group					
		1.	c (Lea-	d (Le		
	а	b	b-)	a+b+)		
1	*43-65	*33.88	-26.06	-28.34		
2	*31.8	*41.64	-72.95	-48.69		
3	44.39	-8.35	-45.43	-28.98		
4	*222.06	*30.4	*82.85	*39.70		
5	10.78	-23.28	-38.18	-70.2		
6	*68.35	16.49	15.15	-33.33		
7	*29.61	9.82	-70.38	-73.21		
8	*63.33	*67.08	-4.58	-7.08		

*Binding percent increase was obtained based on the formula of T-C/C× 100, were T represents mean of triplicate reading of biofilm density (O.D) and C is the mean of triplicate biofilm density on uncoated wells. Negative results in the table weren't statistically analyzed. *refers to statistically significant result al $p \le 0.05$.Le(a) group a, Le(b) group b, Le(a+b+) group c and Le(a-b-) group d.

The Ligand presumed to be Le(a) which is involved in biofilm formation as seen in this report could mediate colonization of the bacteria to skin and colon of atopic dermatitis[16].

Mucin is important carbon and nitrogen nutrient source and triggers changes in expression; decreases surface motility and promote biofilm formation [17, 18]. Also [19] found that *P. aeruginosa* strains form biofilm varied according to medium and strain type. Our results were compatible with [18] who found that *P. aeruginosa* biofilm formed on mucin-coated surfaces. Also published data suggested that a specific adhesin–mucin interaction immobilizes the bacterium on the surface [19].



Conclusion

We concluded that, among atopic dermatitis patients skins, *P. aeruginosa* Lec (A) or Lec (B) lectins might be involved in colonization in such patients.

There seem to be a relationship between bacterial adherence and biofilm formation and saliva coat concentration. On the other hand, the formation of biofilm is influenced by Lewis blood groups.

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