

BÖLÜM 19

GLİKOPEPTİDLERE DİRENÇ MEKANİZMALARI

Hatice Hale GÜMÜŞ¹

Giriş

Antimikrobiyal direnç (AMD) ciddi bir küresel halk sağlığı sorunudur. Direkt ve dolaylı yollar ile 2019 yılında yaklaşık olarak beş milyon ölüme sebep olmuştur (1). Ekonomik Kalkınma ve İşbirliği Örgütü (*Organisation for Economic Co-operation and Development*, OECD) Ülkeleri arasında, 2020 yılı için, her bin kişiye düşen günlük sistemik antibiyotik tüketim miktarı en yüksek olan üçüncü ülkenin, Yunanistan (28.1) ve Şili'den (24.7) sonra, Türkiye (24.4) olduğu rapor edilmiştir (2). Akılcı olmayan, aşırı antibiyotik kullanımı AMD ile sonuçlanmaktadır. Yayılımındaki istikrarlı artış devam ederse, AMD'in, 2050'den önce yılda 10 milyon insan ölümüne sebep olacağı tahmin edilmektedir (1). Dünya Sağlık Örgütü'nün (DSÖ) insan sağlığını tehdit eden, AMD'i olan öncelikli patojenler listesindeki 12 bakteriden ikisi yüksek öncelikli patojenler alt grubunda yerini alan vankomisine dirençli *Enterococcus faecium* ve vankomisine dirençli veya orta duyarlı *Staphylococcus aureus*'tur (3). Bu etkenlerin sebep olduğu enfeksiyonlar aynı zamanda ciddi bir ekonomik yüke yol açmaktadır. Örneğin tahminlere göre bu etkenlerin sebep olduğu maliyet Amerika Birleşik Devletler'inde (ABD) yıllık 4.6 milyar dolardır (4).

Toprak kökenli *Actinomycetes* bakterilerinden elde edilen glikopeptid antibiyotikler (GPA'lar; vankomisin, teikoplanin) hayatı tehdit eden, çoklu ilaç dirençli (ÇİD) bulunan *S. aureus*, *Enterococcus spp* ve *Clostridioides difficile* gibi patojenlerin etken olduğu enfeksiyonların tedavisinde son çare ilaçlar olarak kabul edilirler. GPA'lar, Gram pozitif bakterilerde peptidoglikan (PG) öncülerinin d-a-

¹ Öğr. Gör. Dr., Çukurova Üniversitesi, Tıp Fakültesi, Tıbbi Mikrobiyoloji AD., hhgumus@cu.edu.tr

MİK > 2 mg/L, CLSI kriterlerine göre MİK \geq 4 mg/L ise vankomisine dirençli kabul edilir (8, 9). Avrupa ve ABD'de vankomisin ile kür oranlarının şimdiden %93-100'den % 82-88'e düştüğü bildirilmektedir. Vankomisin *C. difficile* izolatlarında PG prekürsörünün (UDP-N-acetylmuramyl pentapeptid) d-Ala-d-Ala subünitesine bağlanarak etki gösterir. Vankomisine direnç PG biyosentezi için gereken proteinlerin mutasyonu ile hedef yapının değişmesi, biyofilm formasyonu ve spor oluşturmaları ile ilişkili olduğu tespit edilmiştir. Biyofilmi olan bir patojenik bakterinin antibiyotiklere direnci (protektif bariyer oluşturmaları, bakterinin dormant formda olması ve beraberindeki bakterilerle gen alışverişinde bulunabilmesi sebebi ile) planktonik bakterilere göre 10-1000 kat artmaktadır (41-43).

C. innocuum intrinsik vankomisin direnci olan, bağışıklık sistemi baskılanmış hastalarda nadiren patojen olabilen intestinal mikrobiyotanın bir üyesidir. Diyarre, bakteriyemi, osteomyelit, peritonit, ampiyem, yumuşak doku enfeksiyonları ve intraabdominal abse gibi enfeksiyonlarda bildirilmiştir. Nadiren spor oluşturmaları, Gram değişken boyanması, atipik koloni morfolojisi ve değişken antibiyotik duyarlılığı ile laboratuvar tanısı atlanabilmektedir. Bilinen toksin geni bulunmamaktadır. Genellikle piperasilin-tazobaktam, metranidazol ve klindamisin ile tedavi edilmektedir. Ancak prognozu yine de kötüdür, mortalite oranının %33'tür (44-46).

Kaynaklar

1. Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance in 2019: a system analysis. *Lancet*. 2022;399: 629-655. doi: 10.1016/S0140-6736(21)02724-0
2. Organisation for Economic Co-operation and Development; Health, Pharmaceutical Market, Pharmaceutical consumption. Available from: <https://stats.oecd.org/> (Accessed 6th December 2022)
3. World Health Organization. WHO publishes list of bacteria for which new antibiotics are urgently needed. Available from: <https://www.who.int/news/item/27-02-2017-who-publishes-list-of-bacteria-for-which-new-antibiotics-are-urgently-needed> (Accessed 6th December 2022).
4. Nelson RE, Hatfield KM, Wolford H, et al. National Estimates of Healthcare Costs Associated With Multidrug-Resistant Bacterial Infections Among Hospitalized Patients in the United States. *Clinical Infectious Diseases*. 2022;72(1): 17-26. doi:10.1093/cid/ciaa1581
5. Marccone GL, Binda E, Berini F, et al. Old and new glycopeptide antibiotics: from product to gene and back in the post-genomic era. *Biotechnology Advances*. 2018;36: 534-554. doi: 10.1016/j.biotechadv.2018.02.009
6. Stogios PJ, Savchenko A. Molecular mechanisms of vancomycin resistance. *Protein Science*. 2020;29(3): 654-669. doi: 10.1002/pro.3819
7. Türk Mikrobiyoloji Cemiyeti. EUCAST Dirençli Olması Beklenen Fenotipler sürüm 1.1 Mart 2022. Available from: <https://www.tmc-online.org/userfiles/file/Diren%C3%A7li-Olmas%C4%B1-Beklenen-Fenotipler-2022.pdf> (Accessed 10th December 2022)
8. European Society of Clinical Microbiology and Infectious Diseases. EUCAST guidelines for de-

tection of resistance mechanisms and specific resistances of clinical and/or epidemiological importance. 2017. Available from; https://www.eucast.org/fileadmin/src/media/PDFs/EUCAST_files/Resistance_mechanisms/EUCAST_detection_of_resistance_mechanisms_170711.pdf (Accessed 10th December 2022)

9. Clinical and Laboratory Standards Institute. Performance Standards for Antimicrobial Susceptibility Testing, 32nd Edition. M100-ED32:2022. Available from; <http://em100.edaptivedocs.net/GetDoc.aspx?doc=CLSI%20M100%20ED32:2022&sbssok=CLSI%20M100%20ED32:2022%20TABLE%20D&format=HTML&hl=vancomycin%20resistance> (Accessed 10th December 2022)
10. Courvalin P. Vancomycin resistance in gram-positive cocci. *Clinical Infectious Diseases*. 2006;42(1): 25-34. doi: 10.1086/491711
11. World Health Organization Regional Office for Europe/European Centre for Disease Prevention and Control. Antimicrobial resistance surveillance in Europe 2022 – 2020 data. Copenhagen: WHO Regional Office for Europe; 2022. Available from: <https://www.ecdc.europa.eu/en/publications-data/antimicrobial-resistance-surveillance-europe-2022-2020-data> (Accessed 10th December 2022)
12. World Health Organization Regional Office for Europe. Antimicrobial Resistance Map. Available from: https://worldhealthorg.shinyapps.io/WHO-AMR-Dashboard/?_ga=2.172166563.1827800992.1668654440-1324205868.1668654440 (Accessed 10th December 2022)
13. Binda E, Marinelli F, Marcone GL. Old and New Glycopeptide Antibiotics: Action and Resistance. *Antibiotics*. 2014;3(4): 572-594. doi: 0.3390/antibiotics3040572
14. Geraldes C, Tavares L, Gil S, et al. Enterococcus Virulence and Resistant Traits Associated with Its Permanence in the Hospital Environment. *Antibiotics*. 2022;11: 857. Doi: 10.3390/antibiotics11070857
15. Vimberg V, Zieglerová L, Buriánková K, et al. VanZ Reduces the Binding of Lipoglycopeptide Antibiotics to Staphylococcus aureus and Streptococcus pneumoniae Cells. *Frontiers in Microbiology*. 2020;11:566. doi: 10.3389/fmicb.2020.00566
16. Selim S. Mechanisms of gram-positive vancomycin resistance (Review). *Biomedical Reports*. 2022;16(1): 7. doi: 10.3892/br.2021.1490
17. Yushchuk O, Binda E, Marinelli F. Glycopeptide Antibiotic Resistance Genes: Distribution and Function in the Producer Actinomycetes. *Frontiers in Microbiology*. 2020;11: 1173. doi: 10.3389/fmicb.2020.01173
18. Peltier J, Courtin P, Meouche EI, et al. Genomic and expression analysis of the vanG-like gene cluster of Clostridium difficile. *Microbiologica*. 2013;159: 1510–1520. doi: 10.1099/mic.0.065060-0
19. Ahmed MO, Baptiste KE. Vancomycin-Resistant Enterococci: A Review of Antimicrobial Resistance Mechanisms and Perspectives of Human and Animal Health. *Microbial Drug Resistance*. 2018;24(5): 590-606. doi: 10.1089/mdr.2017.0147.
20. Huang J, Chen L, Li D, et al. Emergence of a vanG-carrying and multidrug resistant ICE in zoonotic pathogen Streptococcus suis. *Veterinary Microbiology*. 2018;222:109-113. doi: 10.1016/j.vetmic.2018.07.008
21. Thaker MN, Kalan L, Waglechner N, et al. Vancomycin-variable enterococci can give rise to constitutive resistance during antibiotic therapy. *Antimicrobial Agents and Chemotherapy*. 2015;59: 1405-1410. doi: 10.1128/AAC.04490-14
22. Downing MA, Xiong J, Eshaghi A, et al. Vancomycin-Variable Enterococcal Bacteremia. *Journal of Clinical Microbiology*. 2015;53(12): 3951-3953. doi: 10.1128/JCM.02046-15

23. Sivertsen A, Pedersen T, Larssen KW, et al. A Silenced vanA Gene Cluster on a Transferable Plasmid Caused an Outbreak of Vancomycin-Variable Enterococci. *Antimicrobial Agents and Chemotherapy*. 2016;60(7): 4119-4127. doi: 10.1128/AAC.00286-16
24. Hiramatsu K, Hanaki H, Ino T, et al. Methicillin-resistant *Staphylococcus aureus* clinical strain with reduced vancomycin susceptibility. *Journal of Antimicrobial Chemotherapy*. 1997;40(1): 135-136. doi:10.1093/jac/40.1.135
25. Pugliese G, Favero M, Bartley J. First Case of VRSA Identified in Michigan. *Infection Control & Hospital Epidemiology*. 2002;23(8):480-480. doi:10.1017/S0195941700082333
26. Melo-Cristino J, Resina C, Manuel V, et al. First case of infection with vancomycin-resistant *Staphylococcus aureus* in Europe. *Lancet*. 2013;382: 205. doi:10.1016/S0140-6736(13)61219-2
27. Noble WC, Virani Z, Cree RG. Co-transfer of vancomycin and other resistance genes from *Enterococcus faecalis* NCTC 12201 to *Staphylococcus aureus*. *FEMS Microbiology Letters*. 1992;72(2): 195-198. doi: 10.1016/0378-1097(92)90528-v
28. Kos VN, Desjardins CA, Griggs A, et al. Comparative genomics of vancomycin-resistant *Staphylococcus aureus* strains and their positions within the clade most commonly associated with methicillin-resistant *S. aureus* hospital-acquired infection in the United States. *MBio*. 2012;3(3):e00112-12. doi:10.1128/mBio.00112-12
29. van Groesen E, Innocenti P, Martin NI. Recent Advances in the Development of Semisynthetic Glycopeptide Antibiotics: 2014-2022. *American Chemical Society Infectious Diseases*. 2022;8(8): 1381-1407. doi: 10.1021/acsinfecdis.2c00253
30. Yamaguchi T, Suzuki S, Okamura S et al. Evolution and single-nucleotide polymorphisms in methicillin-resistant *Staphylococcus aureus* strains with reduced susceptibility to vancomycin and daptomycin, based on determination of the complete genome. *Antimicrobial Agents and Chemotherapy*. 2015;59(6): 3585-3587. doi: 10.1128/AAC.05159-14
31. Lade H, Joo HS, Kim JS. Molecular Basis of Non- β -Lactam Antibiotics Resistance in *Staphylococcus aureus*. *Antibiotics*. 2022;11:1378. doi: 10.3390/antibiotics11101378
32. Wu Q, Sabokroo N, Wang Y, et al. Systematic review and meta-analysis of the epidemiology of vancomycin-resistance *Staphylococcus aureus* isolates. *Antimicrobial Resistance and Infection Control*. 2021;10(1): 101. doi: 10.1186/s13756-021-00967-y
33. Shariati A, Dadashi M, Moghadam MT, et al Global prevalence and distribution of vancomycin resistant, vancomycin intermediate and heterogeneously vancomycin intermediate *Staphylococcus aureus* clinical isolates: a systematic review and meta-analysis. *Scientific Reports*. 2020;10(1): 12689. doi: 10.1038/s41598-020-69058-z
34. Asadpour L, Ghazanfari N. Detection of vancomycin nonsusceptible strains in clinical isolates of *Staphylococcus aureus* in northern Iran. *International Microbiology*. 2019;22(4): 411-417. doi: 10.1007/s10123-019-00063-7
35. Zhang S, Sun X, Chang W, et al. Systematic Review and Meta-Analysis of the Epidemiology of Vancomycin-Intermediate and Heterogeneous Vancomycin-Intermediate *Staphylococcus aureus* Isolates. *PLoS One*. 2015;10(8): e0136082. doi: 10.1371/journal.pone.0136082
36. Kim T, Chong YP, Park KH, et al. Clinical and microbiological factors associated with early patient mortality from methicillin-resistant *Staphylococcus aureus* bacteremia. *Korean Journal of Internal Medicine*. 2019;34(1):184-194. doi: 10.3904/kjim.2016.351
37. Cowardin C, Buonomo E, Saleh M, et al. The binary toxin CDT enhances *Clostridium difficile* virulence by suppressing protective colonic eosinophilia. *Nature Microbiology*. 2016;1: 16108. doi:10.1038/nmicrobiol.2016.108
38. Gerding DN, Johnson S, Rupnik M, et al. *Clostridium difficile* binary toxin CDT: mechanism, epidemiology, and potential clinical importance. *Gut Microbes*. 2014;5(1): 15-27. doi: 10.4161/

gmic.26854

39. Centers for Disease Control and Prevention. Antibiotic prescribing and use. Available from: <https://www.cdc.gov/antibiotic-use/index.html> (Accessed 11th December 2022)
40. Clancy CJ, Buehrle D, Vu M, et al. Impact of Revised Infectious Diseases Society of America and Society for Healthcare Epidemiology of America Clinical Practice Guidelines on the Treatment of Clostridium difficile Infections in the United States. *Clinical Infectious Diseases*. 2021;72(11): 1944-1949. doi:10.1093/cid/ciaa484
41. Peng Z, Jin D, Kim HB, et al. Update on antimicrobial resistance in Clostridium difficile: resistance mechanisms and antimicrobial susceptibility testing. *Journal of Clinical Microbiology*. 2017;55(7): 1998-2008. doi:10.1128/JCM.02250-16
42. Leeds JA, Sachdeva M, Mullin S, et al. In vitro selection, via serial passage, of Clostridium difficile mutants with reduced susceptibility to fidaxomicin or vancomycin. *Journal of Antimicrobial Chemotherapy*. 2014;69(1): 41-44. doi:10.1093/jac/dkt302
43. Eubank TA, Gonzales-Luna AJ, Hurdle JG, et al. Genetic Mechanisms of Vancomycin Resistance in Clostridioides difficile: A Systematic Review. *Antibiotics*. 2022;11: 258. doi: 10.3390/antibiotics11020258
44. David V, Bozdogan B, Mainardi JL, et al. Mechanism of intrinsic resistance to vancomycin in Clostridium innocuum NCIB 10674. *Journal of Bacteriology*. 2004;186(11): 3415-3422. doi: 10.1128/JB.186.11.3415-3422.2004
45. Cherny KE, Muscat EB, Reyna ME, Kociolek LK. Clostridium innocuum: Microbiological and clinical characteristics of a potential emerging pathogen. *Anaerobe*. 2021;71:102418. doi: 10.1016/j.anaerobe.2021.102418
46. Chia JH, Wu TS, Wu TL, et al. Clostridium innocuum is a vancomycin-resistant pathogen that may cause antibiotic-associated diarrhoea. *Clinical microbiology and infection*. 2018;24(11): 1195-1199. doi: 10.1016/j.cmi.2018.02.015