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<td>Author(s)</td>
<td>Ahmed, Kamruddin; Enciso, Hernan D. R.; Masaki, Hironori; Tao, Misao; Omori, Akemi; Tharavichikul, Prasit; Nagatake, Tsuyoshi</td>
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<tr>
<td>Citation</td>
<td>American Journal of Tropical Medicine and Hygiene, 60(1), pp.90-93; 1999</td>
</tr>
<tr>
<td>Issue Date</td>
<td>1999-01</td>
</tr>
<tr>
<td>URL</td>
<td><a href="http://hdl.handle.net/10069/20119">http://hdl.handle.net/10069/20119</a></td>
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ATTACHMENT OF BURKHOLDERIA PSEUDOMALLEI TO PHARYNGEAL EPITHELIAL CELLS: A HIGHLY PATHOGENIC BACTERIA WITH LOW ATTACHMENT ABILITY

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Department of Internal Medicine, Institute of Tropical Medicine, Nagasaki University, Nagasaki, Japan; Department of Microbiology, Chiang Mai University, Chiang Mai, Thailand

Abstract. Respiratory infections are initiated by the attachment of bacteria to pharyngeal epithelial cells. We studied the attachment of Burkholderia pseudomallei to pharyngeal epithelial cells. After one, two, three, and four washes, there were 22.6 ± 8.9, 15.7 ± 7.0, 6.8 ± 3.1, and 4.6 ± 1.1 (mean ± SD) attached bacteria/cell, respectively. If the bacterial concentration was maintained at 1 × 10^6 colony-forming units (cfu)/ml and three washes were done, at concentrations of 2.5 × 10^5, 5 × 10^4, and 1 × 10^5 cells/ml there were 9.9 ± 3.6, 3.3 ± 0.8, and 2.5 ± 1.1 attached bacteria/cell, respectively. If the cell concentration was kept at 2.5 × 10^4 cells/ml and three washes were done, at bacterial concentrations of 1 × 10^5, 1 × 10^4, 1 × 10^3, 1 × 10^2, and 1 × 10^1 cfu/ml, there were 0.3 ± 0.3, 0.6 ± 0.6, 1.0 ± 0.2, 5.1 ± 2.3, and 9.6 ± 1.9 attached bacteria/cell, respectively. There were 4.8 ± 1.9, 5.5 ± 2.5, 5.6 ± 1.9, and 6.4 ± 2.6 attached bacteria/cell at 0, 30, 120, and 240 min of incubation, respectively. Pharyngeal cells from 10 persons (seven men and three women, mean ± SD age = 30.7 ± 8.1 years, 12 experiments with a single isolate) showed that there were 7.8 ± 4.3 attached bacteria/cell. It was found that the efficiency of attachment of this bacteria was very low (7.0 ± 3.3 bacteria/cell). Electron microscopy revealed that there were no fimbriae but a thin capsular polysaccharide layer on the surface of B. pseudomallei. Attachment to pharyngeal epithelial cells appeared to be mediated by this structure.

Burkholderia pseudomallei, a gram-negative bacilli, is a natural saprophyte that can be isolated from soil, stagnant streams, ponds, and rice paddies in areas endemic for melioidosis. This bacteria is usually transmitted by cutaneous streams, ponds, and rice paddies in areas endemic for melioidosis. This bacteria is usually transmitted by cutaneous

MATERIALS AND METHODS

Bacteria. All eight strains of B. pseudomallei used were obtained from Chiang Mai University (Chiang Mai, Thailand) and their identification was confirmed with the API test system (Biomerieux S. A., Marcy l'Etoile, France).

Strain SP 186 was the predominant strain used in this study. Bacteria were stocked in Mueller Hinton broth (Difco Laboratories, Detroit, MI) containing 5% horse blood and kept at −40°C until used. Bacteria were cultured on brain-heart infusion agar (BBL, Becton Dickinson Microbiology System, Cockeysville, MD) overnight at 37°C.

Virulence test in mice. To determine adverse effects on the bacteria in laboratory conditions, virulence was validated by challenging mice with B. pseudomallei. Five-week-old, pathogen-free, female ICR mice (Shizuoka Agricultural Cooperation Association for Laboratory Animals, Shizuoka, Japan) intra-peritoneally. Groups of five mice were challenged intraperitoneally and intrabronchially with bacterial suspensions in sterile phosphate-buffered saline (PBS) containing 1 × 10^9 colony-forming units (cfu)/ml in an inoculum volume of 0.2 ml. Control mice were challenged intrabronchially and intraperitoneally with 0.2 ml of sterile PBS. After 24 hr, mortality and morbidity were determined and mice were killed by cervical dislocation. After dissection, the heart and lungs were removed, suspended in an appropriate volume of sterile saline, homogenized, diluted in a 10-fold series in sterile saline, inoculated onto brain-heart infusion agar plates, and incubated overnight at 37°C.

Attachment assay. Pharyngeal cells were obtained by scraping the human pharynx with a swab. Cells were suspended in phosphate buffer, pH 7.2, and washed three times by centrifugation at 80 × g for 10 min (per wash) at room temperature. The attachment assay was done as described elsewhere with modifications. Unless otherwise stated, cell and bacterial concentrations of 2.5 × 10^4 cells/ml and 1 × 10^4 cfu/ml, respectively, were mixed in equal volumes, incubated in a shaking water bath at 37°C for 30 min, and washed three times by centrifugation at 80 × g for 10 min (per wash) at room temperature to remove the nonattached bacteria. Smears were made on glass slides using a cytospin procedure (Shandon Southern Products Ltd., Astmoor, United Kingdom) and Gram staining was done. Fifty cells per slide were observed with the oil-immersion lens of a microscope to count the attached bacteria.

Electron microscopy. To reveal the surface structures on
**RESULTS**

After 24 hr, all mice challenged with $1 \times 10^6$ cfu/ml and two mice challenged with $1 \times 10^5$ cfu/ml (intrabronchially) died. Three of the mice challenged with $1 \times 10^5$ cfu/ml (intrabronchially) and all mice challenged with $1 \times 10^4$ cfu/ml were sick. All mice challenged intrabronchially and all challenged intraperitoneally with $1 \times 10^4$ cfu/ml had pneumonia. Hemorrhaging in the lungs were also found in this group. No peritoneal fluid was found in the challenged mice. No abnormalities were found in mice in the control group. The bacterial concentrations in the lung and heart cultures of control and challenged mice are shown in Table 1.

*Burkholderia pseudomallei* could attach to the surface as well as to the periphery of pharyngeal epithelial cells. In general, cells were found with attached bacteria; in a few instances, no bacteria or many bacteria were found attached. Morphologically, all cells were similar. After one, two, three, and four washes, there were 22.6, 3.1, and 1.1 attached bacteria/cell, respectively. Significant differences ($P < 0.05$) were found at all concentrations. When the bacterial concentration was kept constant and the cell concentration was increased, attachment of *B. pseudomallei* did not increase. This indicates that at a given

### Table 1

<table>
<thead>
<tr>
<th>Challenge dose* (cfu/ml)</th>
<th>Intraproterine route</th>
<th>Intrabronchial route</th>
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<tbody>
<tr>
<td></td>
<td>Lung</td>
<td>Heart</td>
</tr>
<tr>
<td>$1 \times 10^6$</td>
<td>No growth</td>
<td>No growth</td>
</tr>
<tr>
<td>$1 \times 10^5$</td>
<td>No growth</td>
<td>No growth</td>
</tr>
<tr>
<td>$1 \times 10^4$</td>
<td>$3.1 \times 10^3$</td>
<td>$3 \times 10^4$</td>
</tr>
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</table>

* The inoculum volume was 0.2 ml. cfu = colony-forming units.

### Table 2

<table>
<thead>
<tr>
<th>Strain no.*</th>
<th>No. of attached bacteria per cell (mean ± SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP 335</td>
<td>3.7 ± 1.1</td>
</tr>
<tr>
<td>SP 140</td>
<td>2.7 ± 0.2</td>
</tr>
<tr>
<td>SP 235</td>
<td>4.2 ± 1.7</td>
</tr>
<tr>
<td>SP 237</td>
<td>2.3 ± 0.3</td>
</tr>
<tr>
<td>SP R3</td>
<td>2.8 ± 1.5</td>
</tr>
<tr>
<td>H 99</td>
<td>1.8 ± 1.0</td>
</tr>
<tr>
<td>U 232</td>
<td>1.9 ± 0.3</td>
</tr>
</tbody>
</table>

* SP H and U indicate strains isolated from sputum, blood and urine, respectively, from patients with melioidosis.

**DISCUSSION**

To our knowledge, this is the first study on the attachment of *B. pseudomallei* to respiratory epithelial cells. Exploiting the attachment mechanism may facilitate new ways of treatment and prevention of *B. pseudomallei* infection. The attachment of *B. pseudomallei* to certain cells and different sites on the cells may be due to the distribution of receptors on the cell surface and access these receptors to the bacteria. Clearing of the background bacteria in smears and the initial weak attachment of the bacteria were presumably responsible for the gradual decrease in attached bacteria after each washing. It is known that the first step of attachment is relatively weak and reversible by washing. Therefore, we did not determine the effects of additional washing on attachment. When the bacterial concentration was kept constant and the cell concentration was increased, attachment of *B. pseudomallei* did not increase. This indicates that at a given
concentration of bacteria, all are not able to attach. When the bacterial concentration was increased, there was an increase in attachment, although not statistically significant at all steps. Although the greatest attachment was observed at a concentration of $1 \times 10^6$ cfu/ml, several studies have suggested that this concentration is not present in clinical diseases in humans, in the environment, or in vitro culture.$^8$-$^{10}$ Therefore, in attachment experiments, one should use a concentration of $1 \times 10^6$ cfu/ml, which is easily achievable after overnight broth culture, and showed a relatively higher number of bacteria attached to pharyngeal cells.

Our mouse model demonstrated that intrabronchial route was efficient in causing pneumonia, even at a concentration of $1 \times 10^5$ cfu/ml. However $1 \times 10^9$ cfu/ml were necessary to cause pneumonia in intraperitoneally challenged mice. A higher inoculum dose caused hemorrhagic pneumonia as well as bacteremia. It appears that exceeding a certain level of bacterial load in the lungs during pneumonia leads to
bacteremia. Therefore, we may conclude from the mouse study that prolonged incubation did not have an adverse effect on the virulence of *B. pseudomallei*.

Melioidosis mainly affects malnourished and immunodeficient hosts. However, pulmonary melioidosis was common in U.S. soldiers (helicopter crewmen) in Vietnam. It was suggested that rotor blades of the helicopters dispersed greater amounts of *B. pseudomallei* in the air from the ground, and inhalation of this bacteria caused pulmonary melioidosis in these soldiers. While there was no report of melioidosis among Japanese troops returned from Southeast Asia during and after World War II, they did not use helicopters.

The low attachment ability of *B. pseudomallei* may explain why a greater bacterial load is necessary to cause infections in U.S. soldiers and why it affects mainly malnourished and immunodeficient hosts. In general, infectivity parallels adherence ability except for *Salmonella*, which, although poorly adherent in *vitro*, is moderately infective. A similar low level of adherence ability was also found in *Pseudomonas aeruginosa* and *Klebsiella pneumoniae*.

As revealed by electron microscopic observation of other bacteria, *B. pseudomallei* was also found attached to the micropicae of pharyngeal epithelial cells. This may facilitate the delivery of bacterial toxin products efficiently. Electron microscopy also provided evidence that polysaccharide layer may be important in facilitating the attachment of *B. pseudomallei* to pharyngeal epithelial cells. Other studies also revealed this polysaccharide layer of *B. pseudomallei*. Attachment in bacteria without fimbriae is mediated through the capsular polysaccharide. In general, negatively charged bacterial polysaccharide appears to inhibit attachment to mammalian cells. Acapsular mutants of *Hemophilus influenzae* and Group B streptococcus showed increased adherence and entry into respiratory epithelial cells when compared with encapsulated wild type strains. Much still needs to be learned about the bacterial and host factors that determine the successful establishment of *B. pseudomallei* in the respiratory tract.

Acknowledgments: We are indebted to Drs. Glenda Martinez, Muhammad A. Hossain, and Sar Boran for help with the mouse model experiments.

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REFERENCES


