

# PHENOTYPICAL AND MOLECULAR CHARACTERIZATION OF *Stenotrophomonas maltophilia* STRAINS ISOLATED FROM PATIENTS DURING COVID-19 PANDEMIC

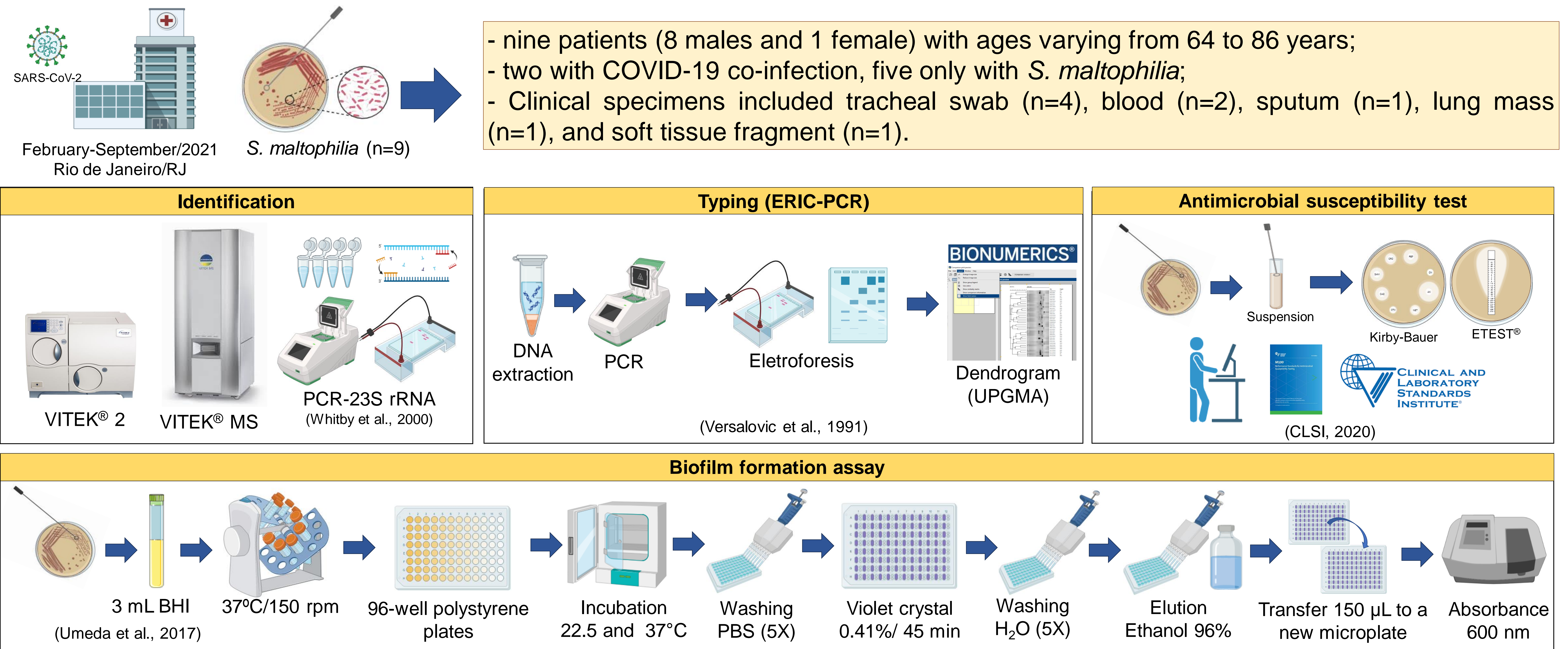
SANTOS, M.C.S.<sup>1</sup>; MIRANDA, C.A.C.<sup>2,\*</sup>; PASCHOAL, R. P.<sup>3</sup>; VILLAS BÔAS, M.H.S.<sup>4</sup>; BRANDÃO, M.L.L.<sup>1</sup>

<sup>1</sup>Laboratório de Controle Microbiológico, Bio-Manguinhos/Fiocruz; <sup>2</sup>Laboratório Interdisciplinar de Pesquisas Médicas, IOC/Fiocruz; <sup>3</sup>Hospital de Força Aérea do Galeão, Força Aérea Brasileira; <sup>4</sup>Laboratório de Microbiologia de Alimentos e Saneantes, INCQS/Fiocruz \*Corresponding author: catia.chaia@ioc.fiocruz.br

## INTRODUCTION

Antimicrobial resistance threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria (WHO, 2020). During COVID-19 pandemic, the incidence of bacterial infection in hospitalized COVID-19 patients was high, especially those caused by multidrug-resistant Gram-negative bacteria as *Stenotrophomonas maltophilia* (CHONG et al., 2021). *S. maltophilia* is an emerging multidrug-resistant global opportunistic pathogen, being more commonly associated with respiratory infections in humans. The aim of this study was to characterize *S. maltophilia* strains isolated from hospitalized patients during COVID-19 pandemic.

## METHODOLOGY



## RESULTS AND CONCLUSIONS

All strains were identified as *S. maltophilia* by VITEK®2 and MALDI-TOF (Fig 1) and were positive using 23S PCR. Nine distinct band profiles were obtained by ERIC-PCR (Fig. 1). All strains were susceptible to cefiderocol, minocycline, and resistant to ceftazidime. Five (55.5%) were resistant to ticarcillin-clavulanate and four (44.5%) susceptible, increased exposure. Three (33.3%) were resistant to chloramphenicol and six (66.7%) intermediate. One (11.1%) strain was resistant to trimethoprim-sulfamethoxazole and one (11.1%) to levofloxacin. Six (66.7%) strains were classified as strongly adherent and three were weakly adherent at 22.5°C. Four (44.5%) strains were classified as strongly, three (33.3%) as moderately, one weakly and one non-adherent at 37.0°C (Fig 2).

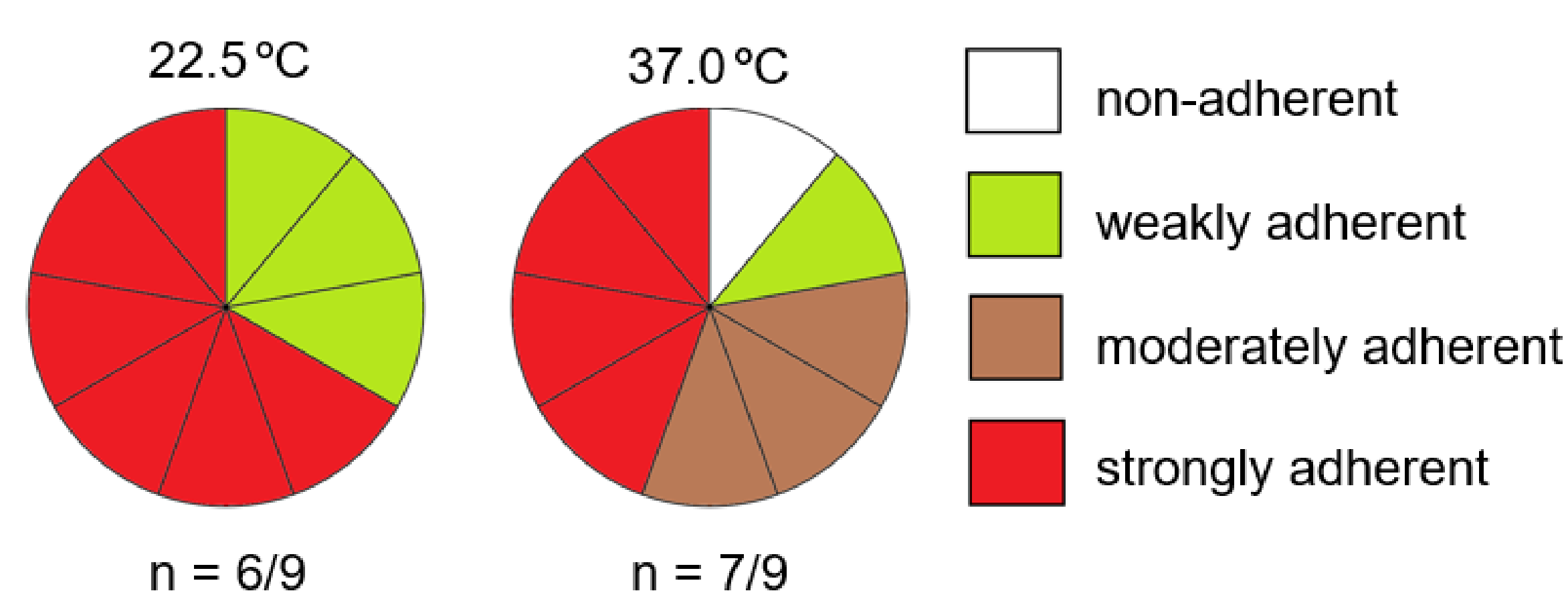


Figure 2. Biofilm formation of *S. maltophilia* strains (n=9) in 96-well polystyrene plates at 22.5 and 37.0°C.

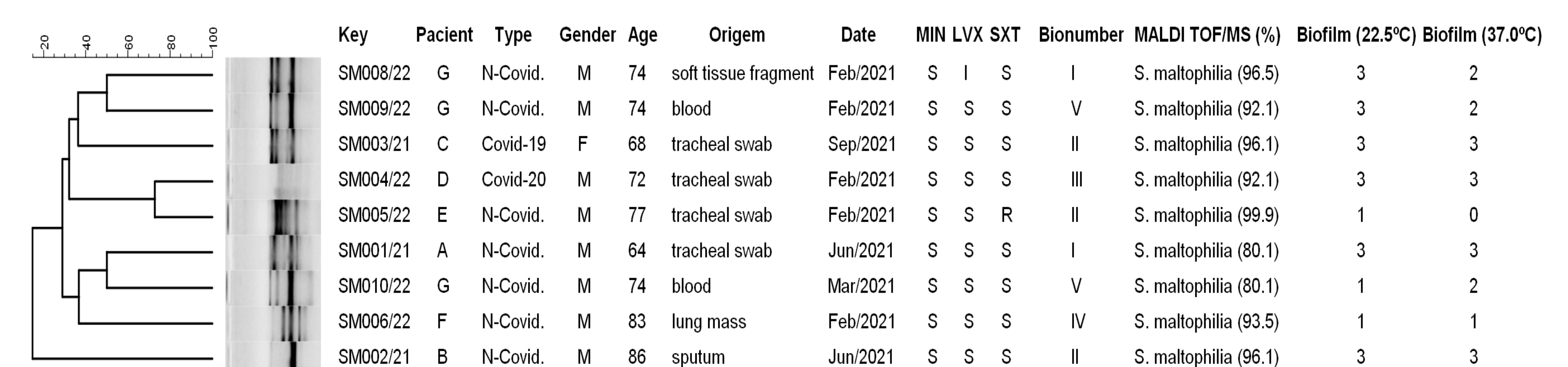


Figure 1. Cluster analysis of *S. maltophilia* strains (n=9) patterns resolved by ERIC-PCR. The dendrogram was evaluated using Dice coefficient and Unweighted Pair-Group Method with Arithmetic mean (UPGMA) with BioNumerics software. Legend: Male (M), Female (F), Susceptible (S), Intermediate (I), Resistant (R), Levofloxacin (LVX), Minocycline (MIN), Sulfamethoxazole-trimethoprim (SXT), Matrix-assisted laser desorption/ionization time-of-flight (MALDI TOF/MS).

The Antimicrobial susceptibility test was similar between strains, neither with they were from patients co-infected with COVID-19 or not. All strains presented different ERIC-PCR profiles, indicating that they were not clonal, and possible have different origins. Considering the necessity to use broad-spectrum antibiotics in cases of bacterial infections, especially in cases of co-infection with COVID-19, the resistant found to four classes of antimicrobial agents ( $\beta$ -lactam, cepheems, folate pathway antagonists, and fluoroquinolones) is worrisome. In conclusion, the continuing monitoring of the antimicrobial susceptibility profile and clonality of *S. maltophilia* is important to understand the epidemiology of this bacteria.

## REFERENCES

- CHONG, W.H. et al. State-of-the-art review of secondary pulmonary infections in patients with COVID-19 pneumonia. *Infection*, v. 11, p. 1–15, 2021.
- CLSI. Performance Standards for Antimicrobial Susceptibility Testing. **CLSI supplement M100**, PA, USA, 2020.
- UMEDA, N. S. et al. Phenotypic characterization of *Cronobacter* spp. strains isolated from foods and clinical specimens in Brazil. *Food Research International*, v. 102, p. 61–67, 2017.
- VERSALOVIC, J. et al. Distribution of repetitive DNA sequences in eubacteria and application to fingerprinting of bacterial genomes. *Nucleic Acids Research*, v. 19, n. 24, p. 6823–6831, 1991.
- YINSAI, O. et al. Genotypic Diversity, Antibiotic Resistance, and Virulence Phenotypes of *Stenotrophomonas maltophilia* Clinical Isolates from a Thai University Hospital Setting. *Antibiotics (Basel)*, v. 12, n. 2, p. 410, 2023.
- WHITBY, P. W. et al. Identification and Detection of *Stenotrophomonas maltophilia* by rRNA-Directed PCR. *Journal of Clinical Microbiology*, v. 38, n. 12, p. 4305–4309, 2000.
- WHO.. COVID-19 Clinical management: living guidance. WHO: Geneva, 2020.

## ACKNOWLEDGMENT

This study was financed in part by CNPq: “Grant Chamada CNPq/MCTI/FNDCT N° 18/2021 - Faixa A - Grupos Emergentes N.º do Processo 407747/2021-4”. This study was financed in part by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil (CAPES) - Finance Code 001. This project has been approved by the HFAG Research Ethics Committee and is registered on the Brazil Platform with CAAE code: 55303721.0.0000.5250.