

# EFFECT OF SOME SUGARS ON CARBAPENEMASE GENE EXPRESSION IN PSEUDOMONAS AERUGINOSA

#### Mena Najim Abed and Hassan Majeed Rasheed

Department of Biology, College of Science, University of Baghdad, Iraq.

#### Abstract

Forty eight isolates (41.02%) were obtained from 117 wound and burn samples. The isolates that showed high resistance for both antibiotic was two only that represent 4,1% from all isolates. The result of PCR product electrophoresis was referred that the gene is VIM gene. Lactose and raffinose showed double increasing in diameter of inhibition zone of imipenem with 1% that mean showed highest susceptibility that decreased with the concentration increasing, the same result were with meropenem. But no effect were detected on meropenem inhibition zone diameter. Mannose have no effect on the resistance in 1%, 3% and 7%. Results showed that only three case that increase the expression of gene, they were lactose at 1% concentration that increased the expression to 1.815 fold, raffinose 7% that increase it to 1.057 fold. In the other hand, all other cases (sugars and concentrations) were decreased carbapenemase gene expression; the most effect one was mannose on 1% concentration that decrease the expression to 0.018 fold, raffinose at 3% concentration decreases it to 0.0369 fold.

Key words: carbapenemase, Pseudomonas aeruginosa, VIM gene.

#### Introduction

The genus Pseudomonas, belonging to Gram negative bacteria, Pseudomonadaceae family, that containing 191 species (Euzéby, 1997). The better studied species include *P. aeruginosa* that represent as the best studied species having role as an opportunistic human pathogen while P. syringae, P. fluorescens have an effect on plant, the species of Pseudomonas that available in soil is P. putida (Colmer-Hamood, 2016). P. aeruginosa has few nutritional requirements and can adapt to conditions not tolerated by other organisms. Pseudomonas aeruginosa consider as a bacteria with important medical role in human, animal and plant, it's have different type of resistance against antibiotic that make them as difficult pathogens to be cure by ordinary antibiotic so it represent an important hospital acquired pathogen such as ventilator-associated pneumonia and various sepsis syndrome (Madigan and Martinko, 2005).

The low permeability of outer membrane and extensive efflux pumps system of *Pseudomonas aeruginosa* make them as highly ubiquitous in water system and antibiotic resistance responsible for this trend is increased drug resistance to various antibiotics including aminoglycosides, (Olson *et al.*, 1985) cephalosporins, (Mulgrave, 1991) and quinolones (Lyobe *et al.*, 1991). *P. aeruginosa* was a U.S. burn center record that the most common organism causing bacteraemia in between 1953 and 1983 was *P. aeruginosa* representing 10.3% (McManus, 1989). Later, improved hygiene application reduced the frequency of *P. aeruginosa* bacterimia (McManus, 1989).

The most common infection according to Swedish study, was burn wound infection (60%) followed by bacterimia (20%), pneumonia (10%), urinary tract infection (10%) (Appelgren *et al.*, 2002). This challenging come from its inherent as well as acquired resistance mechanism to many effective groups of antimicrobial agents such as antibiotic (Pirnay *et al.*, 2003). The isolate that is resistance to 3 group or more of antibiotic among  $\beta$ -lactams, fluoroquinolones, carbapenems and aminoglycosides named as Multidrug resistance pathogen (MDRPa) (Obritsch *et al.*, 2005).

In the past,  $\beta$ -lactams represent as drug choice for *P. aeruginosa* while cefepime, ceftazidime and cephalosporins as well as penicillin/tazobactam were used as preferred therapy for *P. aeruginosa*, In the 1980s and 1990s, (Livermore, 2002; Sordé *et al.*, 2011). Latin America, the Middle East and some parts of Asia had

Table 1:	Primers	sequences.
----------	---------	------------

Deriver on	Not all official and a second sector $(5, 2)$	Longth	GC	PCR	
Primer	Nucleotide sequence (5—3)	Length	%	product	
IMP F	GAATAGRRTGGCTTAAYTCTC	21	40.5%	1001	
IMP R	CCAAACYACTSGTTATC	18	41.7%	188 bp	
VIM F	GTTTGGTCGCATATCGCAAC	20	50%	2021-	
VIMR	AATGCGCAGCACCAGGATAG	20	55%	382 bp	
GIM F	TCAATTAGCTCTTGGGCTGAC	21	47.6%	70.1	
GIM R	CGGAACGACCATTTGAATGG	20	50% 72 bp		
SIM F	GTACAAGGGATTCGGCATCG	20	55%	5(0)	
SIM R	TGGCCTGTTCCCATGTGAG	19	57.9%	569 bp	
SPM F	CTAAATCGAGAGCCCTGCTTG	21	52.4%	709.1	
SPM R	CCTTTTCCGCGACCTTGATC	20	55%	798 bp	
PASSF	GGGGGATCTTCGGACCTCA	19	63%	05(1-	
PASSR	TCCTTAGAGTGCCCACCCG	19	57%	956 bp	
16SrDNAF	ACCTGGACTGATACTGACACTGA	23	47%		
16SrDNAR	GTGGACTACCAGGGTATCTAATCCT	25	48%		

the higher rates of resistance (Rosenthal *et al.*, 2012; Gill *et al.*, 2016; Labarca *et al.*, 2016). Carbapenems and fluoroquinolones resistance appeared as emergence resistance against  $\beta$ -lactams therapy (Lynch *et al.*, 2017).

# **Materials and Methods**

#### **Samples Collection**

Samples of wound and burns swabs were collected from Al-Kindi hospital, Al-Yarmook hospital and Teaching Hospital of Baghdad Medical city between September, 2018 to January, 2019. Swabs were cultured in the hospital laboratory by using Cetramide agar and MacConkey agar plates and transported to the laboratory, then incubated at 37°C for 24 hours.

# Identification of Bacteria Cultural Characteristics:

Isolates were inoculated on different culture media including Blood agar, Cetrimide agar, MacConkey agar, milk agar and Nutrient agar; the media were incubated at 37°C for 24 hrs. Suspected colonies were identified morphologically and biochemically.

#### • Microscopic Characteristics:

The suspected colonies were tested by Gram staining, to identify its reaction with crystal violate-iodine complex and its shape and arrangement. **Table 2:** Conventional PCR program.

Component	Volume (µl)
PCR premix	Lyophilized
Forward primer (10pmol)	1µl
Reverse primer (10pmol)	1µl
Distilled water	15 µl
Template DNA	3 µl4
Final volume	20 µl

#### **Biochemical Tests**

Catalase Production Test (Benson, 2002), Indole Test (MacFaddin, 2000), Growth at 4°C and 42°C (Holt *et al.*, 1994) and Oxidase Test (Benson, 2002).

### Identification with VITEK-2-compact

This device is used to diagnose bacterial isolates and confirm that is *Pseudomonas areginosa* after being confirmed by first biochemical test as well as testing their sensitivity to antibiotic.

### Antibiotic Susceptibility Testing

The modified Kirby-Bauer method (Vandeppitte *et al.*, 2003) to estimate the resistance of isolates against carbapenems discs (imipenem 10µg, meropenem 10µg),

then the highest resistance one was examined on modified Muller Hinton agar (Muller Hinton media that the starch was replaced by different sugars in different concentrations 1, 3 and 7%) to estimate the effect of sugars and its different concentration on resistance against carbapenems.

# Molecular Assay

# • Extraction of Genomic DNA:

DNA was extracted from *P. aeruginosa* isolates using a commercial extraction kit (BIOBASIC, USA), following the manufacturer's instructions, for DNA purification from gram negative bacteria.

#### **PCR** Amplification

The extracted DNA, primers (Table 1) and distributed maxime PCR premix (i-taq) (intron, Korea), were thawed at 4°C, vortexed to have homogenous contents, a PCR mixture was made in a total volume as described in table 2. A negative control contained all materials with the substitute of distilled water instead of template DNA.

PCR reaction tubes were placed in a thermo-cycler PCR instrument, DNA was amplified as in the conditions indicated in table 2-6. The temperature and time of PCR program were optimized by using gradient PCR.

#### Electrophoresis

Gels containing  $2\mu l$  (5%) red safe dye, were run **Table 3:** qRT-PCR program.

qPCR	Temp	Times	Cycle (s)	
cDNA Synthesis	42°C	15 minutes	1	
Enzyme Activation	95℃	10 minutes	1	
Denaturation	95℃	15 seconds	30-35	
Annealing/Extension*	60°C	60 seconds	50-55	
M-14:	Refer to specific guidelines			
Melting curve	for instrument used			

Culture media	Characteristic
Blood agar	$\beta$ or $\gamma$ haemolysis, elevated colonies
Cetrimide	Growth with fluorescent green colour,
agar	elevated colonies, and grape-like odour
MacConkey	Pale non-lactose fermenter
agar	elevated colonies
Nutrient	Growth with fluorescent green colour,
agar	elevated colonies, and grape-like odour
HiChrome agar	Green colony

Table 4: Characteristic of culture on different media.

horizontally in TBE buffer (1X),  $3\mu$ l of genomic DNA was mixed with  $2\mu$ l of loading dye and loaded into the wells of the gel. TBE was added until submerging the gel and run for 60 min. at 80v. A 1000bp or 100bp DNA ladder was added with each run to detect the product size, DNA bands were visualized by UV trans-illuminator documentation system.

#### **Extraction of Genomic RNA**

RNA was extracted from *P. aeruginosa* isolates using a commercial extraction kit (GENEzol<sup>™</sup> TriRNA Pure Kit, Japan), following the manufacturer's instructions, for RNA purification from gram negative bacteria.

# Quantitative RT-PCR for RNA of carbapenemase gene expression isolated from carbapenems resistant *Pseudomonas aeruginosa* grow with different sugars in different concentrations

The RNA extracted from carbapenems resistant *Pseudomonas aeruginosa* that grow in different sugars and concentrations were used to determine the gene expression of carbapenemase gene by using appropriate primer and quantitative real time-polymerase chain reaction as in the program (Table 3).

# **Results and Discussion**

#### **Identification of Bacteria**

#### • Cultural Characteristics:

Forty eight isolates (41.02%) were obtained from 117 wound and burn samples, all isolates were

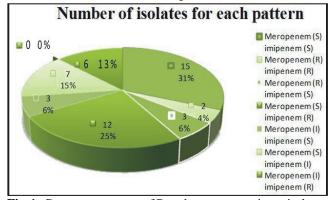


Fig. 1: Pattern percentage of Psuedomonas aeruginosa isolates.

Table 5:	Effect of	sugar	type on	bacterial	growth.
----------	-----------	-------	---------	-----------	---------

6	Plate 1 &	Plate 3 &	Mean	Percent
Sugars	Sugars 2(CFU)		(CFU)	(%)
Glucose	37 41	52 47	44	27
Mannose	163 159	167 171	165	105
Raffinose	164 167	173 171	169	107
Lactose	152 157	171 167	162	103
Saccharose	68 74	86 80	77	49

characterized on different media as illustrated in table 4.

The isolates that sensitive for both antibiotics (meropenem and imipenem) showed that highest percentage (31.2%) among the isolates, while no isolate were exhibited the pattern that characteristic with resistance to imipenem and intermediated to meropenem.

The isolates with pattern that characterize as resistance to meropenem and sensitive for imipenem that gave the second percentage between the isolates pattern (25%). The isolates that showed high resistance for both antibiotic was two only that represent 4.1% from all isolates (Fig. 1).

In general, Gram-positive cocci is more susceptible to imipenem while Gram-negative bacilli is more susceptible to meropenem. They display similar action of pharmacokinetics. Meropenem is used for bacterial meningitis treatment, whereas imipenem is not. Cephalosporins and penicillins, due to their zwitterionic nature and low molecular weight, readily penetrate the outer membrane through porin proteins of Gram-negative bacilli (Satake et al., 1990). Outer membrane proteins (OMPs) F and C represent as the major porins involved while OMP D2 represent as an unconventional route for Carbapenems entry (Margaret et al., 1989). Kayser et al., (1989). Carbapenems also are not very susceptible to hydrolysis by penicillinases and cephalosporinases, so, cross-resistance between cephalosporins and penicillins and carbapenems does not occur (Satake et al., 1990). Imipenem resistance may causes as a result to mutational loss of the D2 porin in *Pseudomonas aeruginosa*. This mechanism could function only when the chromosomal beta-lactamase was expressed. Mutants lacking both the D2 porin and the beta-lactamase were almost as

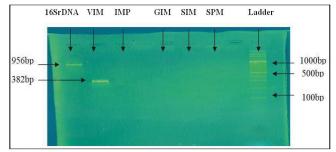


Fig. 2: Electrophoresis of PCR product for different primers.

		1 %				3 %				7 %						
Sugars	Antibiotics		diameter r		ratio	Diameter			ratio	diameter			ratio			
Manager	Imi	13	14	12	13	1	15	16	14	13	1.11	15	14	14	14	1.09
Mannose	Mero	9	11	11	10	1.13	11	12	11	10	1.22	12	13	11	13	1.36
Deffinere	Imi	26	25	26	24	1.94	23	22	23	24	1.76	20	22	21	19	1.57
Raffinose	Mero	16	17	16	15	1.77	11	12	11	10	1.22	8	8	9	8	0.91
Lastara	Imi	27	28	25	26	2.03	22	21	24	20	1.67	17	16	17	17	1.28
Lactose	Mero	18	15	19	21	2.02	14	15	14	15	1.61	9	10	8	10	1.03

Table 6: Effect of sugars concentrations on carbapenems inhibition zone.

susceptible as those that retained the porin but lacked the beta-lactamase. Thus, imipenem resistance reflected an interplay of the impermeability and enzyme, not either factor alone. These suggesting that the activity of a carbapenem more beta-lactamase stable than imipenem should be less affected by the porin loss.

# VITEK

The resistance isolate was identified by VITEK to confirm its species and sensitivity, the result probability showed 99% matching with *Pseudomonas aeruginosa* and also confirmed the result of antibiotics sensitivity by disc diffusion method, that it appeared resistant to both imipenem and meropenem.

#### Molecular assay

PCR product electrophoresis showed that the product size was estimated 375 bp (Fig. 2). The weight of product was calculated by the standard curve that came from the relation between the relative mobility of each band in ladder with the weight of the corresponding band. The relative mobility of our band was calculated by dividing the distance of band on the distance of the stain. From this equation we got a value that can revealed to the weight of our band from standard curve. The result was referred that the gene is VIM gene that it near with what Mendes and coworker revealed when they used the same primers for different carbapenems genes (Mendes *et al.*, 2007).

Mannose, raffinose and lactose gave no difference in bacterial growth comparing with Muller hinton agar, some sugars showed decreasing in growth that reach to minimize the bacterial colony number to 27% with glucose. While other sugars showed slightly effect on bacterial growth that reach to 49% as with saccharose (Table 5).

# Determination of sugars effect on bacterial susceptibility against carbapenems

Sugars that gave the same supporting for growth with the original MHA were examined for their effect on carbapenems sensitivity with different concentrations. Table 6, showed the effect on susceptibility by comparing the inhibition zone diameter with the original one on Muller hinton agar. Lactose and raffinose showed double increasing in diameter of inhibition zone of imipenem with 1% that mean showed highest susceptibility that decreased with the concentration increasing, the same result were with meropenem. But no effect were detected on meropenem inhibition zone diameter. Mannose have no effect on the resistance in 1%, 3% and 7%.

#### Gene expression with different sugars

RNA extracted from isolate that grow in the same media but with different carbon source (sugars) and concentrations (1%, 3% and 7%) were used to determine the effect on gene expression of carbapenemase by using quantitative real time PCR.

The results of qRT-PCR with the home gene primer for 16SrDNA gene showed pure product for this gene that exhibited by melting point value that seems very closed to each others in all cases of sugars and their concentrations, they ranged for Mannose ranged from 86.23°C to 86.65°C, lactose sugars melting point ranged from 86.33°C to 86.72°C, for raffinose sugar the values ranged from 86.08°C to 86.43°C.

The results of melting point for VIM gene product exhibited one peak in melting point curve in all processes, that meant it was pure in all of them, the melting point values were also very closed to each others. It ranged for mannose 77.26°C to 77.81°C, lactose ranged from 77.22°C to 77.58°C and raffinose ranged from 77.25°C to 77.95°C.

 Table 7: Gene expression values in different sugars concentrations.

Sugar	16S	VIM	DCT	DDCT-2	Fold
Mannose 1%	11.59	27.24	15.65	3.83	0.070316
Mannose 3%	12	26.4	14.4	2.58	0.167241
Mannose 7%	9.49	27.09	17.6	5.78	0.018199
Lactose 1%	14.67	25.63	10.96	-0.86	1.815038
Lactose 3%	13.27	26.36	13.09	1.27	0.41466
Lactose 7%	13.08	27.07	13.99	2.17	0.222211
Raffinose 1%	11.87	27.2	15.33	3.51	0.087778
Raffinose 3%	10.63	27.21	16.58	4.76	0.036906
Raffinose 7%	15.54	27.28	11.74	-0.08	1.057018
MCTest	15.31	27.13	11.82	0	1

Quantification cycle (Cq) of the 16SrDNA exhibited slightly difference among all processing, for mannose Cq ranged from 9.49 to 12 cycle, while lactose Cq values were ranged from 13.08 to 14.67 cycle and raffinose Cq was 10.63 to 15.54 cycle. Quantification cycle (Cq) of the VIM gene exhibited slightly difference among all processing also, it ranged from 25.63 to 27.78 cycle, for mannose Cq ranged from 26.81 to 27.78 cycle, while lactose Cq values were ranged from 25.63 to 27.07 cycle and raffinose Cq was 27.2 to 27.28 cycle. From the table 7 of gene expression of carbapenemase in *Pseudomonas aeruginosa* that grew in different sugars with different concentrations (1, 3 and 7%) the results showed.

The following: cmparison was between carbapenemase gene expression of isolate grew on different sugar and concentrations with gene expression of the same isolate grew on Muller Hinton agar with carbapenem discs. Results showed that only three case that increase the expression of gene, they were lactose at 1% concentration that increased the expression to 1.815 fold, raffinose 7% that increase it to 1.057 fold. In the other hand, all other cases (sugar and concentrations) were decreased carbapenemase gene expression, the most effect one was mannose on 1% concentration that decrease the expression to 0.018 fold, raffinose at 3% concentration decrease it to 0.0369 fold. In general, sugars on 1% concentration exhibited decreasing in carbapenemase gene expression with higher effect for mannose then raffinose. Lactose represent as exception in 1% concentration that exhibited activation of the gene. Further analyze P. aeruginosa physiology in a burn wound environment, the burne wound exudates (BWE) chemical composition was determined before and after 24 h., of bacterial growth. Results have shown a full consumption of lactate (>96%) by P. aeruginosa, whereas the glucose level decreased only by 10.3%. These data are consistent with P. aeruginosa carbon source preferences (Palmer et al., 2007). The low glucose consumption was further supported by the RNAseq data that showed no induction of the main genes involved in the glucose catabolism (Singh et al., 2016). Interestingly, despite stable expression of glucose porin oprB (PA3186), both glucose dehydrogenase gcd (PA2290) and gluconate permase gnuT (PA2322) showed induction in BWE compared to LB control conditions. These data suggest that P. aeruginosa stimulates the pathway involved in gluconate production, whereas glucose catabolism, via glucose-6-P and 2-keto-6P-gluconate branches, as well as glycolysis, were repressed (Gonzalez et al., 2018).

#### References

- Appelgren, P., V. Björnhagen, K. Bragderyd, C.E. Jonsson and U. Ransjö (2002). A prospective study of infections in burn patients. *Burns.*, 28(1): 39-46.
- Benson, J.H. (2002). Microbiological applications: Laboratory manual in general microbiology (8<sup>th</sup> Ed.). Boston, MA: McGraw Hill.
- Euzéby, J.P. (1997) Pseudomonas entry in LPSN. List of Bacterial Names with Standing in Nomenclature Int. J. Syst. Bacteriol., 47(2): 590-2.
- Gill, J.S., S. Arora, S.P. Khanna and K.H. Kumar (2016). Prevalence of multidrug-resistant, extensively drugresistant and pandrug-resistant *Pseudomonas aeruginosa* from a tertiary level Intensive Care Unit. *Journal of global infectious diseases.*, 8(4): 155.
- Gonzalez, M.R., V. Ducret, S. Leoni, B. Fleuchot, P. Jafari, W. Raffoul and K. Perron (2018). Transcriptome analysis of *Pseudomonas aeruginosa* cultured in human burn wound exudates. *Frontiers in cellular and infection microbiology.*, 8:39.
- Holt, J.G., N.R. Krieg, P.H.A. Sneath, J.T. Staley and S.T. Williams (1994). Bergey's manual of determinative bacteriology (9<sup>th</sup> Ed.). Baltimore: Williams & Wilkins.
- Kayser, F.H., G. Morenzoni, A. Strässle and K. Hadorn (1989). Activity of meropenem, against gram-positive bacteria. *Journal of Antimicrobial Chemotherapy.*, 24 (suppl\_A): 101-112.
- Labarca, J.A., M.J. Salles, C. Seas and M. Guzmán-Blanco (2016). Carbapenem resistance in *Pseudomonas aeruginosa* and *Acinetobacter baumannii* in the nosocomial setting in Latin America. *Crit. Rev. Microbiol.*, 42(2): 276-292.
- Livermore, D.M. (1992). Interplay of impermeability and chromosomal beta-lactamase activity in imipenem-resistant *Pseudomonas aeruginosa*. *Antimicrobial agents and chemotherapy.*, **36(9):** 2046-2048.
- Livermore, D.M. (2002). Multiple Mechanisms of Antimicrobial Resistance in *Pseudomonas aeruginosa*: Our Worst Nightmare?, *Clinical Infectious Diseases.*, 34(5): 634-640.
- Lynch, J.P., GG. Zhanel and N.M. Clark (2017). Emergence of Antimicrobial Resistance among *Pseudomonas* aeruginosa: Implications for Therapy. J. Semin. Respir Crit. Care Med., 38(3): 326-345.
- MacFaddin, J.F. (2000). *Biochemical Tests for Identification of Medical Bacteria* (3<sup>rd</sup> Ed.). Philadelphia, P. A.: Williams and Wilkins.
- Madigan, M. and J. eds Martinko (2005). Brock Biology of Microorganisms (11<sup>th</sup> ed.). *Prentice Hall*.
- Margaret, B.S., G.L. Drusano and H.C. Standiford (1989). Emergence of resistance to carbapenem antibiotics in Pseudomonas aeruginosa. *Journal of Antimicrobial Chemotherapy.*, **24**(suppl\_A): 161-167.
- McManus, A.T. (1989). *Pseudomonas aeruginosa*: A controlled burn pathogen?. *Antibiot. Chemother.*, **42**: 103-108.

- Mulgrave, L. (1991). The changing ecology of hospital bacteria and the selective role of cephalosporins. *Epidemiology* & *Infection.*, **106(1)**: 121-132.
- Obritsch, M.D., D.N. Fish, R. MacLaren and R. Jung (2005). Nosocomial infection due to Multidrug Resistant *P.aeruginosa*. Epidemiology and Treatment options. *Pharamacotherapy.*, **25**(10): 1353-1364.
- Olson, B., R.A. Weinstein, C. Nathan, W. Chamberlin and S.A. Kabins (1985). Occult aminoglycoside resistance in *Pseudomonas aeruginosa*: Epidemiology and implications for therapy and control. *Infect. Dis.*, **152**: 769-774.
- Palmer, K.L., L.M. Aye and M. Whiteley (2007). Nutritional cues control *Pseudomonas aeruginosa* multicellular behavior in cystic fibrosis sputum. *Journal of bacteriology*, **189(22):** 8079-8087.
- Pirnay, J.P., D. De Vos, C. Cochez, F. Bilocq, J. Pirson, M. Struelens, L. Duinslaeger, P. Cornelis, M. Zizi and A. Vanderkelen (2003). Molecular Epidemiology of *Pseudomonas aeruginosa* Colonization in a Burn Unit: Persistence of a Multidrug-Resistant Clone and a Silver Sulfadiazine-Resistant Clone. *Journal of Clinical Microbiology.*, 41(3): 1192-1202.
- Rosenthal, V.D., H. Bijie, D.G. Maki, Y. Mehta, A. Apisarnthanarak, E.A. Medeiros, H. Leblebicioglu, D. Fisher, C. Álvarez-Moreno, I.A. Khader, M. Del Rocío González Martínez, L.E. Cuellar, J.A. Navoa-Ng, R. Abouqal, H. Guanche Garcell, Z. Mitrev, M.C. Pirez García, A. Hamdi, L. Dueñas, E. Cancel, V. Gurskis, O. Rasslan, A. Ahmed, S.S. Kanj, O.C. Ugalde, T. Mapp, L. Raka, C. Yuet Meng,

T.A. Thu le, S. Ghazal, A. Gikas, L.P. Narváez, N. Mejía, N. Hadjieva, M.O. Gamar Elanbya, M.E. Guzmán Siritt, K. Jayatilleke and INICC members (2012). International Nosocomial Infection Control Consortium (INICC) report, data summary of 36 countries, for 2004-2009. *Am. J. Infect. Control.*, **40**(5): 396-407.

- Satake, S.A.C.H.I.K.O., E.I.S.A.K.U. Yoshihara and T.A.I.J.I. Nakae (1990). Diffusion of beta-lactam antibiotics through liposome membranes reconstituted from purified porins of the outer membrane of *Pseudomonas aeruginosa*. *Antimicrobial agents and chemotherapy.*, **34**(5): 685-690.
- Singh, P.B., H.S. Saini and R.S. Kahlon (2016). Pseudomonas: the versatile and adaptive metabolic network. In Pseudomonas: *Molecular and Applied Biology.*, (81-126). Springer, Cham.
- Sordé, R., A. Pahissa and J. Rello (2011). Management of refractory *Pseudomonas aeruginosa* infection in cystic fibrosis. *Infection and Drug Resistance.*, 4: 31-41.
- Van Bambeke, F., Y. Glupczynski, P. Plesiat, J. Pechere and P.M. Tulkens (2003). Antibiotic efflux pumps in prokaryotic cells: occurrence, impact on resistance and strategies for the future of antimicrobial therapy. J. Antimicrob. Chemother., 51(5): 1055-1065.
- Zhanel, G.G., A.E. Simor, L. Vercaigne, L., Mandell and Canadian Carbapenem Discussion Group (1998). Imipenem and meropenem: Comparison of *in vitro* activity, pharmacokinetics, clinical trials and adverse effects. *Canadian Journal of Infectious Diseases and Medical Microbiology.*, 9(4): 215-228.