

## Cloning and Nucleotide Sequence Analysis of a Gene Encoding an OXA-Derived $\beta$ -Lactamase in *Acinetobacter baumannii*

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**A clinical strain of *Acinetobacter baumannii* (strain Ab41) that was resistant to all  $\beta$ -lactam antibiotics tested except ceftazidime, ceftriaxone, ceftizoxime, and imipenem produced three  $\beta$ -lactamases: a presumptive chromosomal cephalosporinase, a TEM-1-like  $\beta$ -lactamase (pI 5.4), and a novel OXA-derived  $\beta$ -lactamase named OXA-21 (pI 7.0). The gene encoding OXA-21 was located in an integron. The nucleotide sequence showed three mutations compared with the sequence of OXA-3, with two being silent; the nonsilent mutation generated a substitution of Ile-217 to Met.**

*Acinetobacter baumannii* is recognized as an important opportunistic pathogen which mainly causes pneumonia, bacteremia, and meningitis in immunocompromised patients (2, 13, 14). Currently, it is resistant to a wide variety of antibiotics, and this complicates the treatment of serious infections (11, 12, 15, 17). The low level of susceptibility of this microorganism to  $\beta$ -lactam antibiotics is linked to either an intrinsic or an acquired resistance. Sato and Nakae (10) showed that the outer membrane permeability of *Acinetobacter* to  $\beta$ -lactam antibiotics was 1 to 3% of that observed in *Escherichia coli*, suggesting that one of the causes for the high level of antibiotic resistance of *Acinetobacter calcoaceticus* is attributable to the presence of a small number of small porins. However, the most common mechanism of resistance to  $\beta$ -lactam antibiotics is due to the inactivation of these antibacterial agents by  $\beta$ -lactamases encoded either by the chromosome or by plasmids (3, 17). The plasmid-encoded  $\beta$ -lactamases TEM-1 and CARB-5 are the  $\beta$ -lactamases most frequently found in *Acinetobacter* (3, 17). Chromosomally encoded enzymes in *Acinetobacter* have also been extensively studied (3). In a previous study (17),  $\beta$ -lactamase detection was performed with 54 epidemiologically unrelated clinical isolates of *A. baumannii*, yielding a TEM-type  $\beta$ -lactamase in 16% of the clinical isolates analyzed and an unknown  $\beta$ -lactamase with a pI of 7.0 in 11% of the clinical isolates analyzed. The main purpose of the present work was to clone and sequence the gene encoding this unknown  $\beta$ -lactamase.

A strain of *A. baumannii* (strain Ab41) that was isolated during an outbreak in an intensive care unit in our hospital (16) and that has been epidemiologically and biochemically analyzed (16, 19) was studied. The susceptibility testing of this strain was performed by an agar dilution method in accordance with the guidelines established by the National Committee for Clinical Laboratory Standards (8). Approximately  $10^4$  CFU of the isolate was inoculated onto freshly prepared medium containing serial dilutions of the following antimicrobial agents: ampicillin (Antibioticos, S.A., León, Spain); amoxicillin, amoxicillin plus clavulanic acid, ticarcillin, and ticarcillin plus clavulanic acid (Beecham Laboratories, Brentford, United Kingdom); ceftazidime (Glaxo Wellcome, Greenford, United

Kingdom); cefotaxime (Hoechst, Frankfurt, Germany); ceftriaxone (Roche, Basel, Switzerland); piperacillin (Lederle Laboratories, Pearl River, N.Y.); imipenem (Merck Research Laboratories, Rahway, N.J.); ampicillin plus sulbactam (Pfizer, Inc., New York, N.Y.); ceftizoxime (Smith Kline & French, Philadelphia, Pa.); and aztreonam (Squibb, Princeton, N.J.). Ampicillin plus clavulanic acid and ampicillin plus sulbactam were tested at ratios of 2:1, whereas ticarcillin plus clavulanic acid was tested at 2  $\mu$ g of clavulanic acid per ml.

*A. baumannii* Ab41 was resistant to all  $\beta$ -lactam antibiotics except ceftazidime, ceftriaxone, ceftizoxime, and imipenem. The MICs were  $>256$   $\mu$ g/ml for ampicillin, amoxicillin and ticarcillin; 256  $\mu$ g/ml for piperacillin and ticarcillin plus clavulanic acid; 64  $\mu$ g/ml for aztreonam; 16  $\mu$ g/ml for cefotaxime; 16/8  $\mu$ g/ml for amoxicillin plus clavulanic acid; 8  $\mu$ g/ml for ceftazidime, ceftizoxime, ceftriaxone, and ampicillin plus sulbactam; 0.5  $\mu$ g/ml for imipenem; and 4  $\mu$ g/ml for sulbactam.

$\beta$ -Lactamases were analyzed by isoelectric focusing as described by Matthew et al. (7). The pIs were determined by comparison with those of enzymes with known pIs. The extract of the strain contained three  $\beta$ -lactamases: one gave a band with a pI above 8.0, likely corresponding to a chromosomal cephalosporinase, the other focused at pI 5.4 (TEM-1 type), and the third focused at pI 7.0. By using PCR, the presence of an integron was detected in this strain. PCR was carried out with a 50- $\mu$ l volume containing 25  $\mu$ l of a suspension of the strain which was prepared as described previously (18) and 25  $\mu$ l of a reaction mixture containing 20 mM Tris-HCl (pH 8.8), 100 mM potassium chloride, 3.0 mM magnesium chloride, 0.1% (wt/vol) gelatin, 400  $\mu$ M deoxynucleoside triphosphates, 1  $\mu$ M primers, and 2.5 U of *Taq* polymerase (GIBCO-BRL). The primers 5'-AAGCAGACTTGACCTGA3' (upper primer) and 5'GGCATCCAAGCAGCAAG3' (lower primer) were used (6). The reaction mixture was overlaid with sterile mineral oil and was submitted to the following program of amplification: 1 min at 94°C, 1 min at 55°C, and 5 min at 72°C, with a final extension of 16 min at 72°C. The amplified DNA product was resolved by electrophoresis in a 1% (wt/vol) agarose gel containing ethidium bromide. This strain yielded a PCR product of approximately 1.5 kb, and this product was extracted from the agarose gel by using the Gene-Clean kit (Bio 101, Inc., La Jolla, Calif.) and was cloned by using the TA cloning kit (Invitrogen BV, Leek, The Netherlands). Sequencing was done with the *Taq* DyeDeoxiTerminator Cycle Sequencing Kit, and the sequence was analyzed in an automatic

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