

## Alterations in GyrA and ParC Associated with Fluoroquinolone Resistance in *Enterococcus faecium*

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**High-level quinolone resistance in *Enterococcus faecium* was associated with mutations in both *gyrA* and *parC* genes in 10 of 11 resistant strains. One low-level resistant strain without such mutations may instead possess an efflux mechanism or alterations in the other subunits of the gyrase or topoisomerase IV genes. These findings are similar to those for other gram-positive bacteria, such as *Enterococcus faecalis*.**

Enterococci are important pathogens and a common cause of serious nosocomial infections such as bacteremia and endocarditis (21). *Enterococcus faecalis* is the most common isolate among enterococci. However, *Enterococcus faecium* has become increasingly important after the emergence of ampicillin and vancomycin resistance. Clinical isolates resistant to vancomycin are usually resistant to quinolones and almost all currently available antibiotics (1, 2, 10), but new fluoroquinolones may still have therapeutic value for enterococcal infections (12). At Huddinge Hospital, where this study was conducted, the frequency of quinolone-resistant enterococci has increased from 11% in 1994 to 25% in 1997.

Recent studies showed that fluoroquinolone resistance in gram-negative organisms is associated with mutations in the *gyrA* gene (subunit of DNA gyrase) or with a reduced accumulation of the drug (3, 9, 18, 22, 23, 29, 30). In gram-positive bacteria, fluoroquinolone resistance can be associated with mutations in the *gyrA* or *parC* (subunit of topoisomerase IV) gene (6, 7, 16, 17, 19, 26), and in some gram-positive organisms, such as *Staphylococcus aureus*, efflux pumps have been identified (6, 7, 13, 16, 17, 19, 26, 31).

The nucleotide sequence encoding 41 amino acids in the gyrase A protein, corresponding to *Escherichia coli* amino acids 67 to 106 in the GyrA protein (5, 8, 25, 27, 28), was identified in both gram-negative and gram-positive organisms as the quinolone resistance determining region.

In this study we have analyzed clinical quinolone-resistant *E. faecium* isolates for mutations in the genes encoding subunits of the quinolone target enzymes GyrA and ParC. Twelve clinical isolates of *E. faecium*, collected in different Swedish hospitals, were studied. The isolates were identified by using API 20 STREP (bioMérieux, Marcy l'Etoile, France). The MICs of ciprofloxacin and trovafloxacin were determined by using the E test (Biodisk, Solna, Sweden) on Iso-Sensitest agar (Oxoid) or, for those strains for which MICs of ciprofloxacin were  $\geq 32$   $\mu\text{g/ml}$ , the agar dilution method on PDM-ASM agar (Biodisk) with 5% horse blood (4). The antibiotic susceptibilities are shown in Table 1. Of the 12 isolates, 10 were resistant (here defined as any strain for which the MIC of ciprofloxacin is  $> 8$   $\mu\text{g/ml}$ ), one was susceptible, and for another the MICs of both drugs were slightly higher than for the reference strain. The type strain *E. faecium* ATCC 19434 was used as a reference.

Genomic DNA was extracted from the 11 isolates and the type strain, by using the guanidium thiocyanate method (24). The target regions were amplified by using PCR with primers derived from *E. faecalis* sequences. A DNA fragment of 241 bp from the *gyrA* gene corresponding to the quinolone resistance determining region was amplified with the 23-mer oligonucleotide primers 5'-CGG GAT GAA CGA ATT GGG TGT GA-3' and 5'-AAT TTT ACT CAT ACG TGC TTC GG-3', equivalent to nucleotide positions 150 to 172 and 368 to 390 of the *E. coli gyrA* gene (15), respectively, and a 191-bp *parC* fragment was amplified with the 20-mer oligonucleotide primers 5'-AAT GAA TAA AGA TGG CAA TA-3' and 5'-CGC CAT CCA TAC TTC CGT TG-3' (positions 10 to 29 and 181 to 200 of the *E. faecalis parC* gene, respectively) (14). One-step PCR was performed for each gene in a 50- $\mu\text{l}$  reaction mixture containing 1.25 U of *Taq* DNA polymerase, 200  $\mu\text{M}$  concentrations of each deoxynucleoside triphosphate, 45 pmol of each primer, 1.5 mM  $\text{MgCl}_2$ , and 10 $\times$  PCR buffer (Sigma). Each reaction was run for 30 cycles with the following temperature profile: denaturation at 94°C for 1 min, annealing at 55°C for *gyrA* and 48.7°C for *parC* for 1 min, and then extension at 72°C for 1 min. The amplified fragments were processed for cycle sequencing by using the ABI PRISM Big-dye terminator kit,

TABLE 1. Alterations in *gyrA* and *parC* genes in clinical isolates of *E. faecium*

ATCC strain	MIC ( $\mu\text{g/ml}$ ) <sup>a</sup>		Amino acid (codon) at position <sup>b</sup>		
	CIP	TRV	GyrA		ParC, 80
			83	87	
19434	4	1	Ser (AGT)	Glu (GAG)	Ser (AGC)
3797	1	0.125			
216	8	4			
214	32	8		Lys (AAG)	Ile (ATC)
211	32	8		Lys (AAG)	Ile (ATC)
209	32	16		Lys (AAG)	Ile (ATC)
210	256	8		Lys (AAG)	Ile (ATC)
3784	>256	4		Lys (AAG)	Ile (ATC)
208	64	16	Arg (CGT)		Ile (ATC)
221	256	32	Ile (ATT)		Ile (ATC)
215	256	8	Tyr (TAT)		Ile (ATC)
213	>256	16	Tyr (TAT)		Ile (ATC)
212	>256	32	Tyr (TAT)		Ile (ATC)

<sup>a</sup> CIP, ciprofloxacin; TRV, trovafloxacin.

<sup>b</sup> Positions correspond to *E. coli*. For those strains with no amino acid shown, the codon is identical to that of the type strain.

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