

Screening of 16S rRNA Methylases (HLR to Aminoglycosides)

Unlike aminoglycoside-modifying enzymes that vary in their substrate profile, the acquired 16S rRNA methylases confer high level resistance (HLR) to almost all clinically important aminoglycosides. They have been identified in several nosocomial pathogens, including *P. aeruginosa*, *Serratia marcescens*, *E. coli*, *P. mirabilis*, *K. pneumoniae* and *Acinetobacter* spp., *Enterobacter cloacae*, *Citrobacter freundii* (8,9,11).

These enzymes (RmtA, RmtB, RmtC, ArmA) are capable of conferring very high levels of resistance (MIC > 512 µg/ml) against amikacin, gentamicin, isepamicin, netilmicin and tobramycin, while apramycin, neomycin and streptomycin are not affected. The responsible genes *armA*, *rmtA*, *rmtB*, *rmtC* and *rmtD* are located in self-transmissible plasmids (7).

Screening method

A high-level amikacin resistance (MIC > 512 µg/ml) corresponding to no-zone of inhibition around Amikacin 40 µg Neo-Sensitabs may be used as a marker for screening the 16S rRNA methylase producing strains.

The diffusion test is performed on MH-agar using a 0.5 McF inoculum and incubation at 35-37 °C overnight.

Strains of Enterobacteriaceae and non-fermenters (*P. aeruginosa* and *Acinetobacter* spp.) showing no-zone of inhibition around Amikacin 40 µg Neo-Sensitabs should be suspected of possessing 16S rRNA methylases.

a) Enterobacteriaceae		NpmA-enzyme
16S rRNA methylase positive strains will show:		
Amikacin:	No zone of inhibition	Resistant
Gentamicin:	No zone of inhibition	Resistant
Netilmicin:	No zone of inhibition	Resistant
Tobramycin:	No zone of inhibition	Resistant
Neomycin 120 µg:	Zone of inhibition ≤ 20 mm or no zone	Resistant
Apramycin 100 µg:	Zone of inhibition ≥ 20 mm (6) (S)	Resistant

b) Non-fermenters	
16S rRNA methylase positive strains will show:	
Amikacin:	No zone of inhibition
Gentamicin:	No zone of inhibition
Netilmicin:	No zone of inhibition
Tobramycin:	No zone of inhibition
Neomycin 120 µg:	No zone or small zone
Streptomycin 100 µg:	Small zone in most cases

Galimand et al (5) found in 12 clinical isolates of Enterobacteriaceae the *armA* gene associated with ESBL beta-lactamase CTXM-3 (cefotaxime zone < ceftazidime zone) on a conjugative plasmid.

Bogaerts et al (9) investigated the presence of 16S rRNA methylase mediated high level resistance to aminoglycosides in clinical isolates of Enterobacteriaceae from 2 University Hospitals in Belgium. They screened for HLR to gentamicin, tobramycin and amikacin resistance and deleted by PCR, *armA* genes in 18 *K. pneumoniae*, *E. coli*, *E. aerogenes*, *E. cloacae*, and *C. amalonaticus*, whereas *rmtB* was detected in a single *E. coli* isolate. These strains were susceptible to Apramycin and Neomycin Neo-Sensitabs (except 2 strains). All 16S rRNA methylase positive strains produced ESBL's predominantly type CTX-M3 (13).

The concomitant presence of 16S rRNA methylase genes (*armA* or *rmtB*) and beta lactamase CTX-M among amikacin-resistant ESBL-producing *K. pneumoniae* isolates are widely spread in Taiwan (12).

The emergence of 16S rRNA methylases in Enterobacteriaceae and non-fermenters (*P. aeruginosa*, *Acinetobacter* spp.) in strains that already are ESBL positive, may result in the spread of multidrug-resistant isolates producing both ESBLs and 16S rRNA methylases becoming an important clinical problem.

Wachino et al (10) describes a new plasmid-mediated 16S rRNA methyltransferase NpmA isolated from *E.coli* and providing total aminoglycoside resistance (including apramycin, neomycin and streptomycin).

References:

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