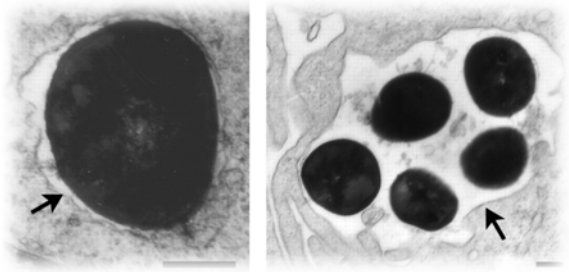


Persistance intracellulaire de *S. aureus* : mécanismes sous–jacents et implications cliniques.

Françoise Van Bambeke, PharmD, PhD

Pharmacologie cellulaire et moléculaire
Louvain Drug Research Institute
UCLouvain, Brussels, Belgium

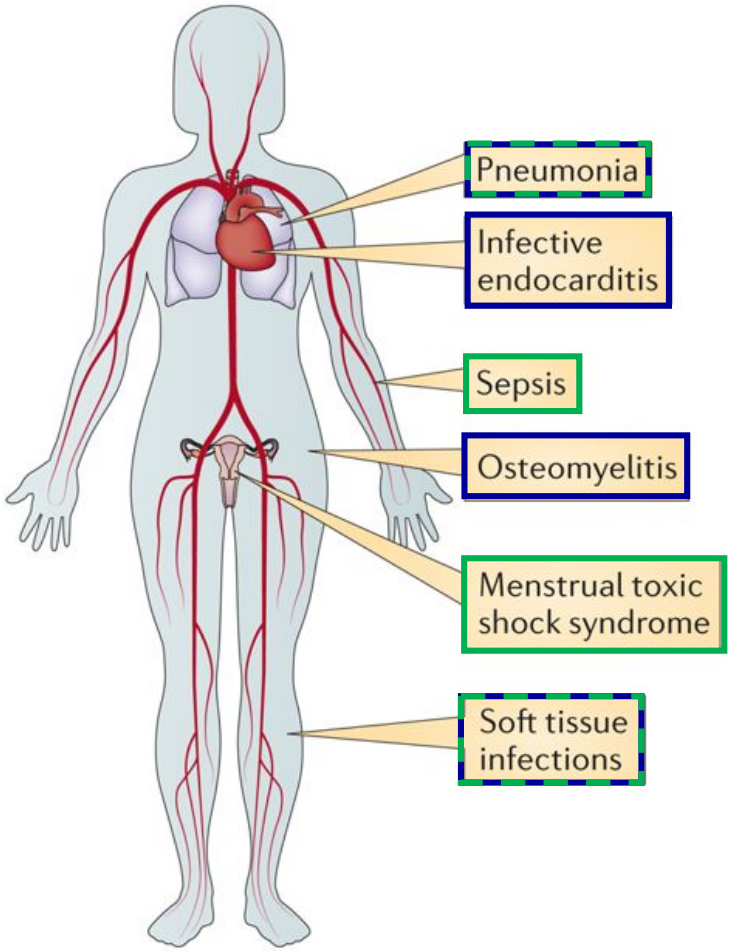
<www.facm.ucl.ac.be>

How do bacteria protect themselves against antibiotics ?

“offensive strategy”: to develop resistance mechanisms

“defensive strategy”: to adopt ‘hidden’ mode of life

Main infections caused by *S. aureus*



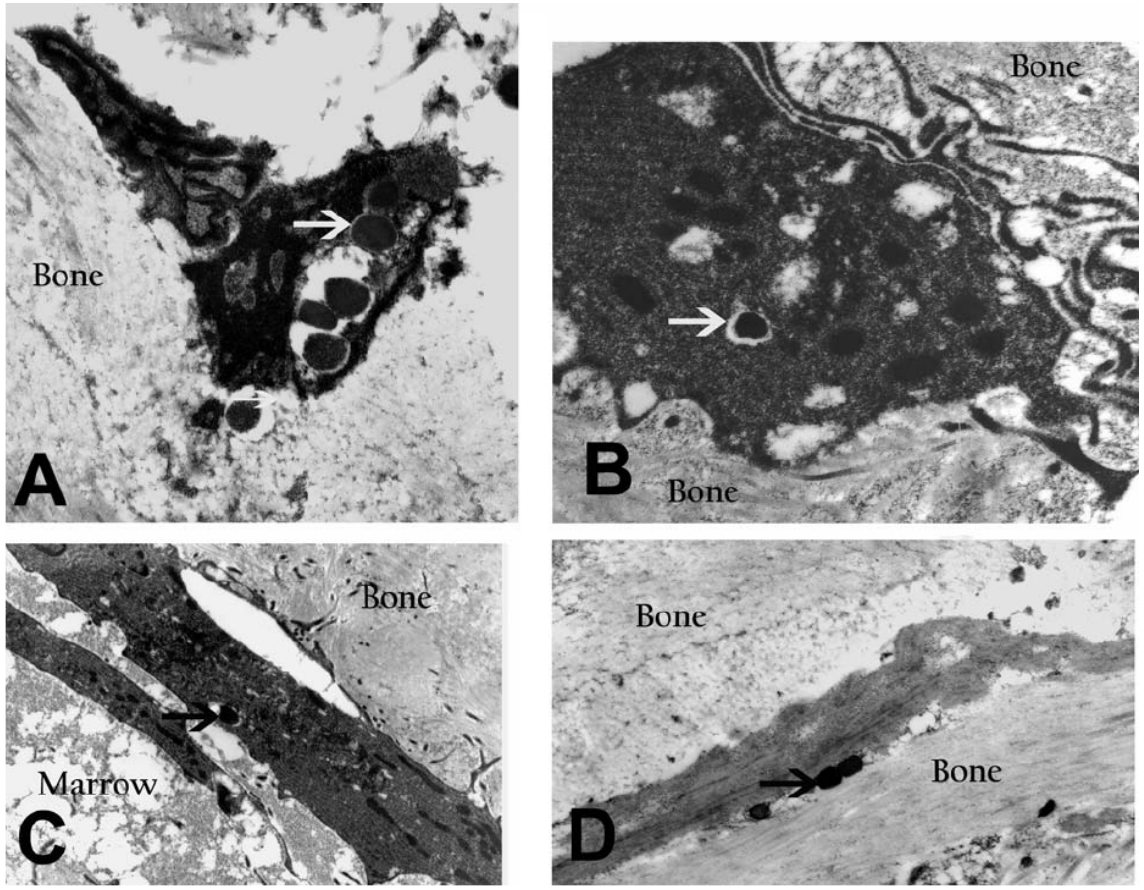
Acute infections

Chronic infections

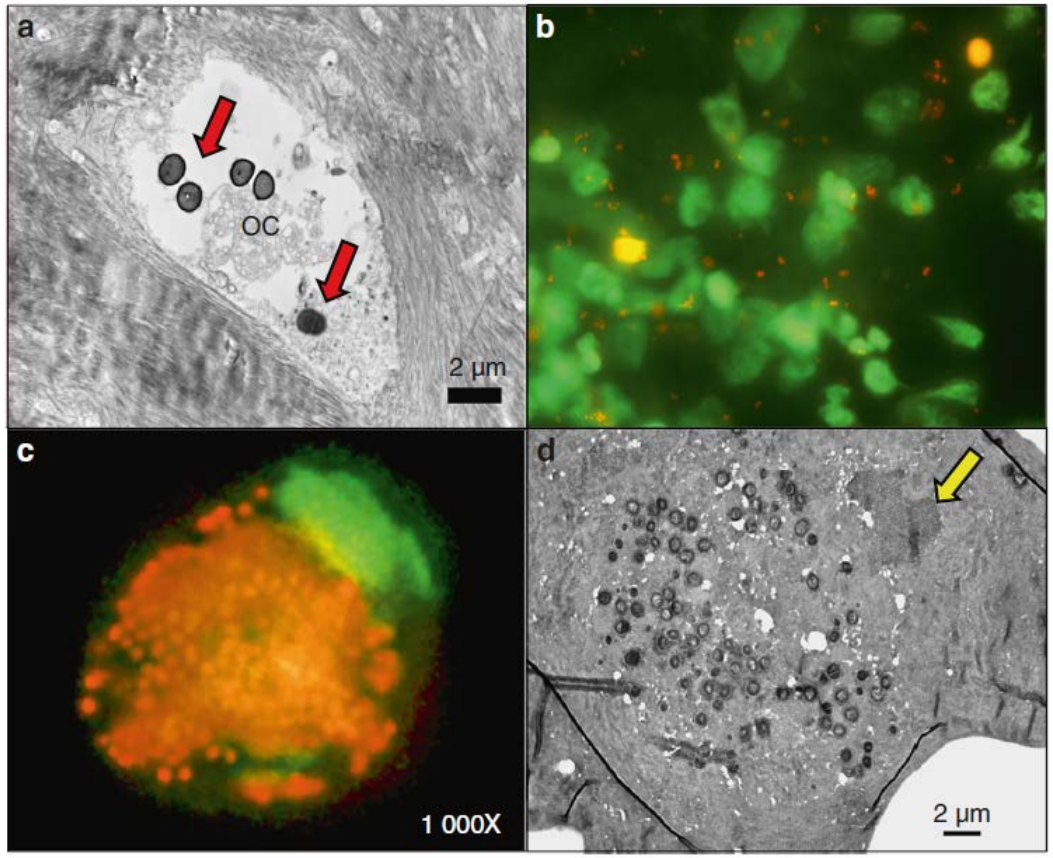
Salgado-Pabón & Schlievert; Nat Rev Microbiol. 2014; 12:585-91

Intracellular survival and persistent infections

Evidence of an intracellular reservoir
in osteocytes (A,B), osteoblasts (C) and bone matrix
of a patient with recurrent osteomyelitis



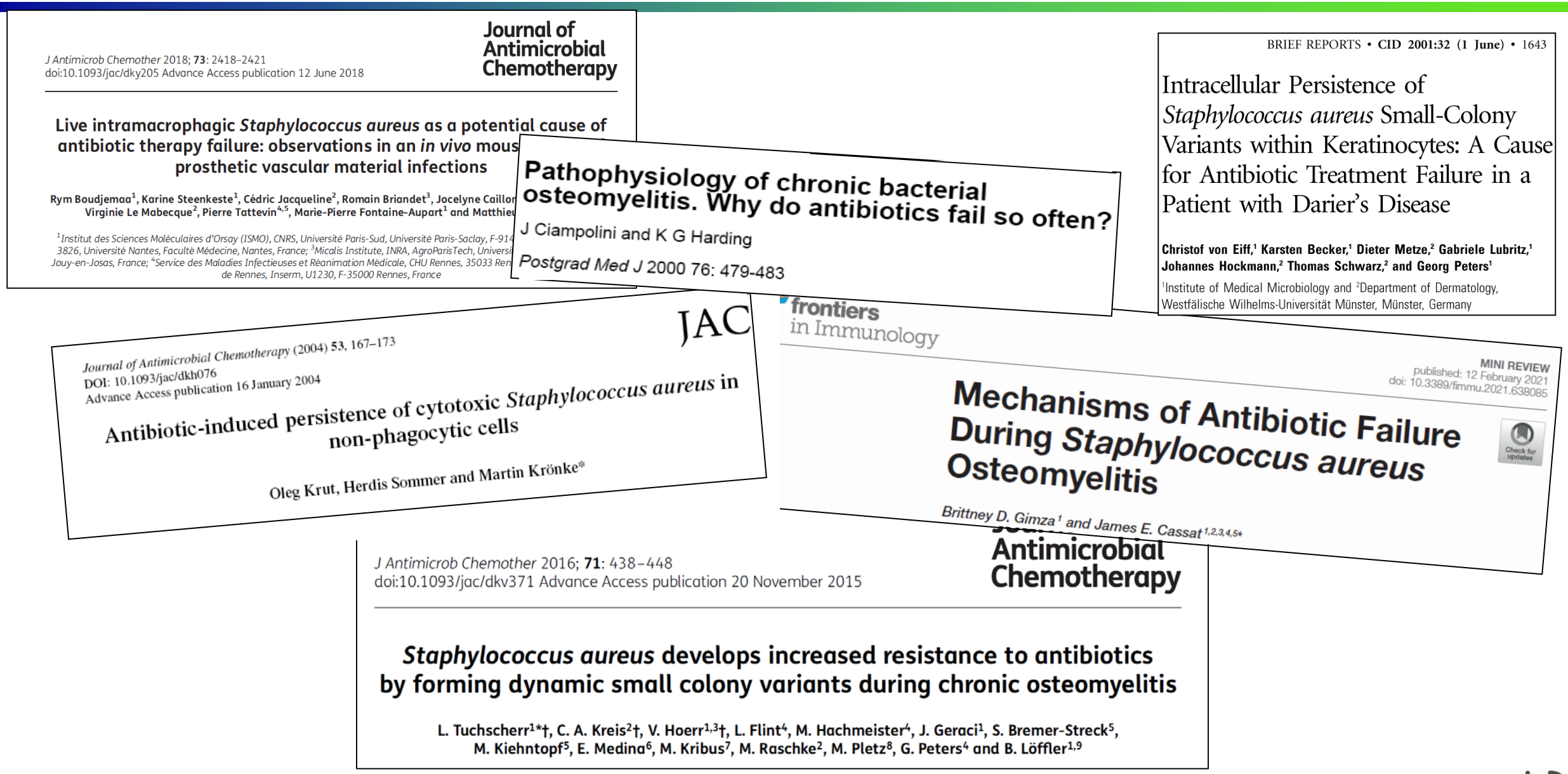
Evidence of bacteria in osteocyte-lacuno canalicular network (A-B)
and of 'Trojan horses' macrophages (C-D)



Bosse et al., J Bone Joint Surg Am. 2005; 87: 1343-7

Masters et al., Bone Research 2019; 7:20

Antibiotic failure against intracellular *S. aureus*



Journal of Antimicrobial Chemotherapy

J Antimicrob Chemother 2018; **73**: 2418–2421
doi:10.1093/jac/dky205 Advance Access publication 12 June 2018

Live intramacrophagic *Staphylococcus aureus* as a potential cause of antibiotic therapy failure: observations in an *in vivo* mous… prosthetic vascular material infections

Rym Boudjemaa[1], Karine Steenkeste[1], Cédric Jacqueline[2], Romain Briandet[3], Jocelyne Caillon… Virginie Le Mabecque[2], Pierre Tattevin[4,5], Marie-Pierre Fontaine-Aupart[1] and Matthieu…

[1]Institut des Sciences Moléculaires d'Orsay (ISMO), CNRS, Université Paris-Sud, Université Paris-Saclay, F-914… 3826, Université Nantes, Faculté Médecine, Nantes, France; [3]Micalis Institute, INRA, AgroParisTech, Universi… Jouy-en-Josas, France; [4]Service des Maladies Infectieuses et Réanimation Médicale, CHU Rennes, 35033 Ren… de Rennes, Inserm, U1230, F-35000 Rennes, France

Pathophysiology of chronic bacterial osteomyelitis. Why do antibiotics fail so often?

J Ciampolini and K G Harding

Postgrad Med J 2000 76: 479-483

BRIEF REPORTS • CID 2001:32 (1 June) • 1643

Intracellular Persistence of *Staphylococcus aureus* Small-Colony Variants within Keratinocytes: A Cause for Antibiotic Treatment Failure in a Patient with Darier's Disease

Christof von Eiff,[1] Karsten Becker,[1] Dieter Metze,[2] Gabriele Lubritz,[1] Johannes Hockmann,[2] Thomas Schwarz,[2] and Georg Peters[1]

[1]Institute of Medical Microbiology and [2]Department of Dermatology, Westfälische Wilhelms-Universität Münster, Münster, Germany

JAC

Journal of Antimicrobial Chemotherapy (2004) **53**, 167–173
DOI: 10.1093/jac/dkh076
Advance Access publication 16 January 2004

Antibiotic-induced persistence of cytotoxic *Staphylococcus aureus* in non-phagocytic cells

Oleg Krut, Herdis Sommer and Martin Krönke*

frontiers in Immunology

MINI REVIEW
published: 12 February 2021
doi: 10.3389/fimmu.2021.638085

Mechanisms of Antibiotic Failure During *Staphylococcus aureus* Osteomyelitis

Brittney D. Gimza[1] and James E. Cassat[1,2,3,4,5]*

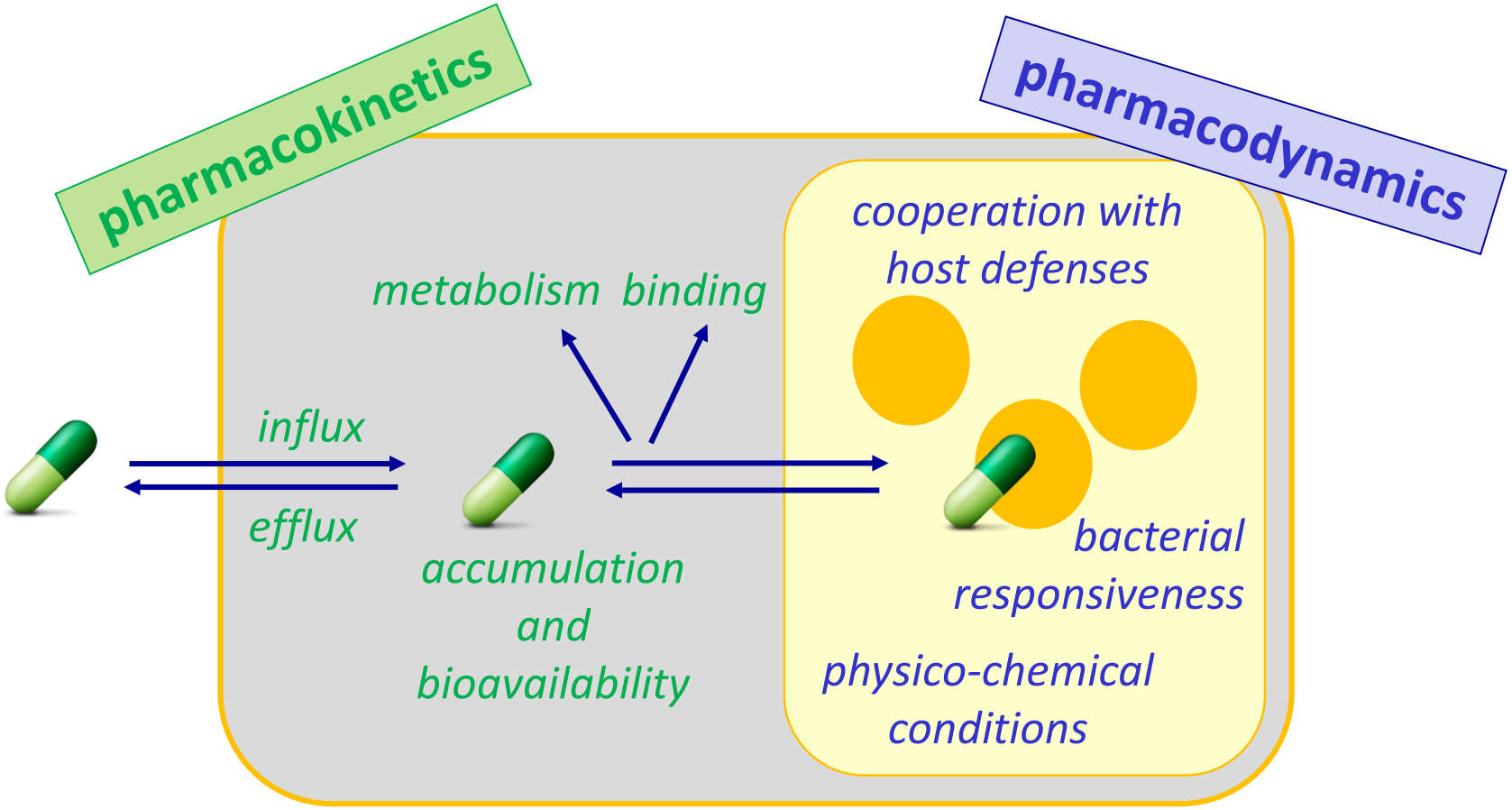
Antimicrobial Chemotherapy

J Antimicrob Chemother 2016; **71**: 438–448
doi:10.1093/jac/dkv371 Advance Access publication 20 November 2015

Staphylococcus aureus develops increased resistance to antibiotics by forming dynamic small colony variants during chronic osteomyelitis

L. Tuchscherr[1]*†, C. A. Kreis[2]†, V. Hoerr[1,3]†, L. Flint[4], M. Hachmeister[4], J. Geraci[1], S. Bremer-Streck[5], M. Kiehntopf[5], E. Medina[6], M. Kribus[7], M. Raschke[2], M. Pletz[8], G. Peters[4] and B. Löffler[1,9]

PK/PD parameters and intracellular activity



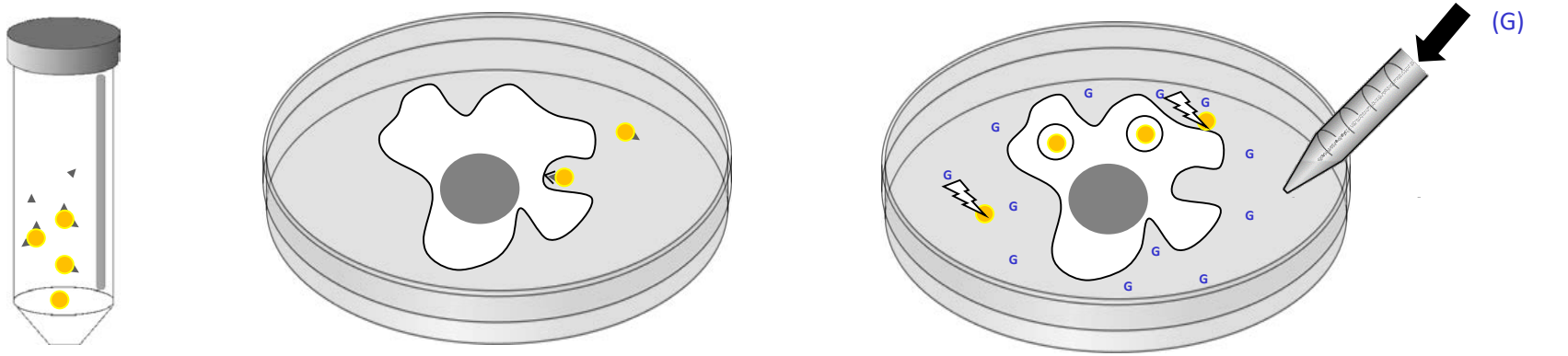
Carryn et al, Infect Dis Clin North Am 2003; 17:615-34

In vitro model of intracellular infection

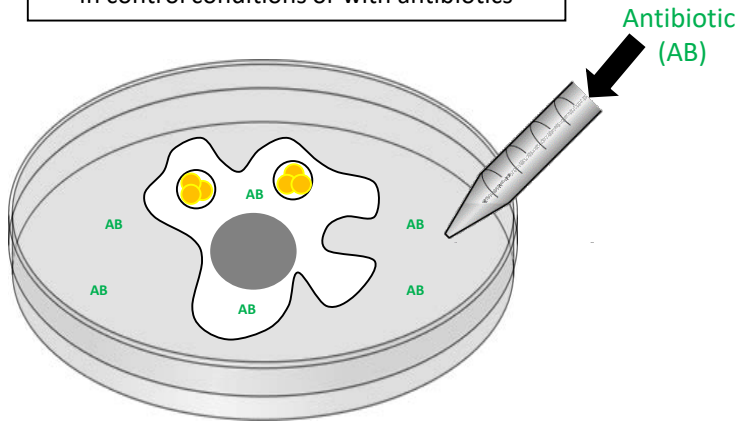
Opsonization
Incubation
with 10 % human serum
in culture medium

Phagocytosis
Incubation of bacteria with
cells at an appropriate MOI

Extracellular wash
Elimination of non phagocytosed bacteria
by incubation with 50-100 X MIC gentamicin;
elimination of gentamicin by washing



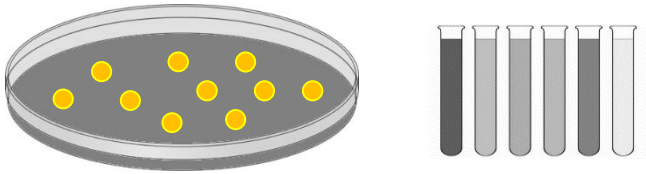
Intracellular infection
Incubation over time
in control conditions or with antibiotics



Determination of residual intracellular inoculum
Determination of cfu and protein content in cell lysates

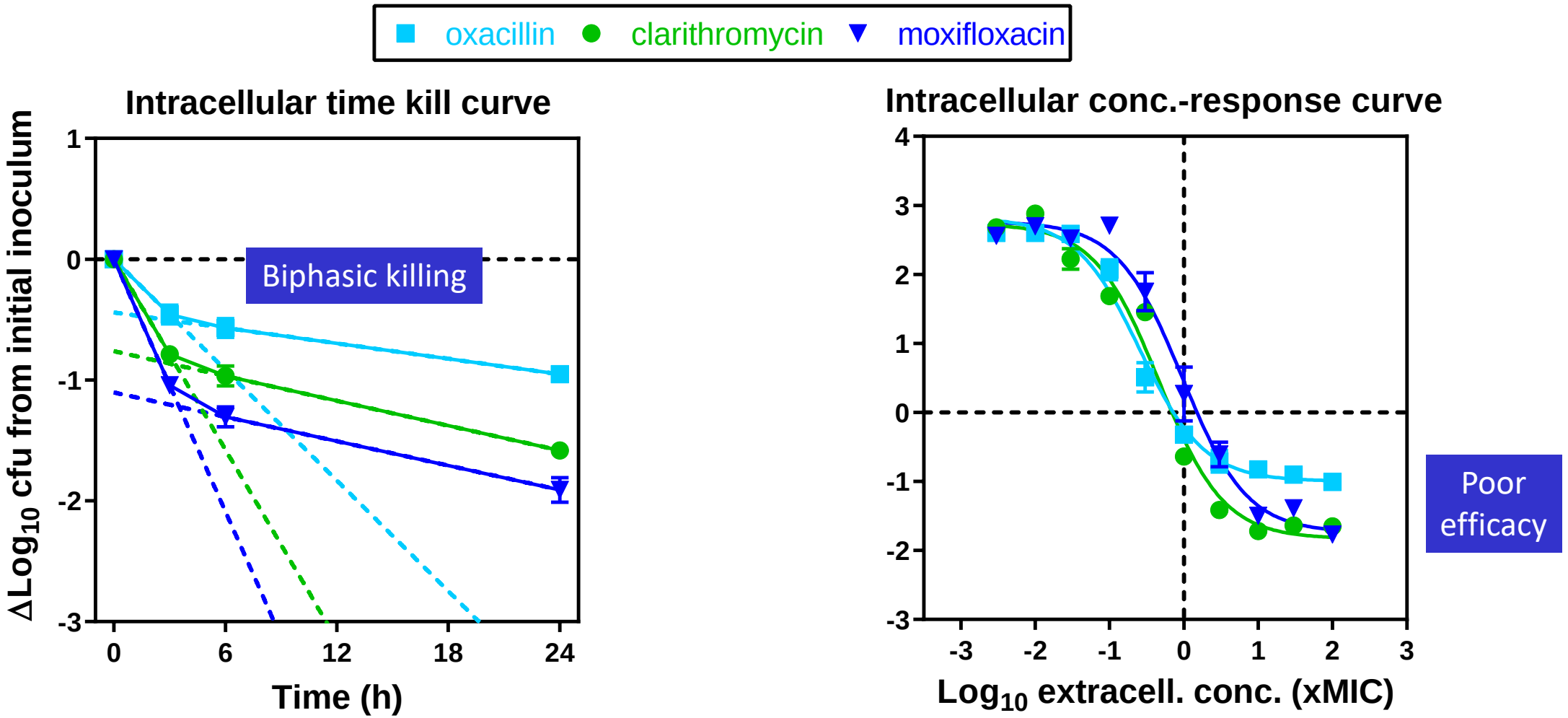
cfu

proteins



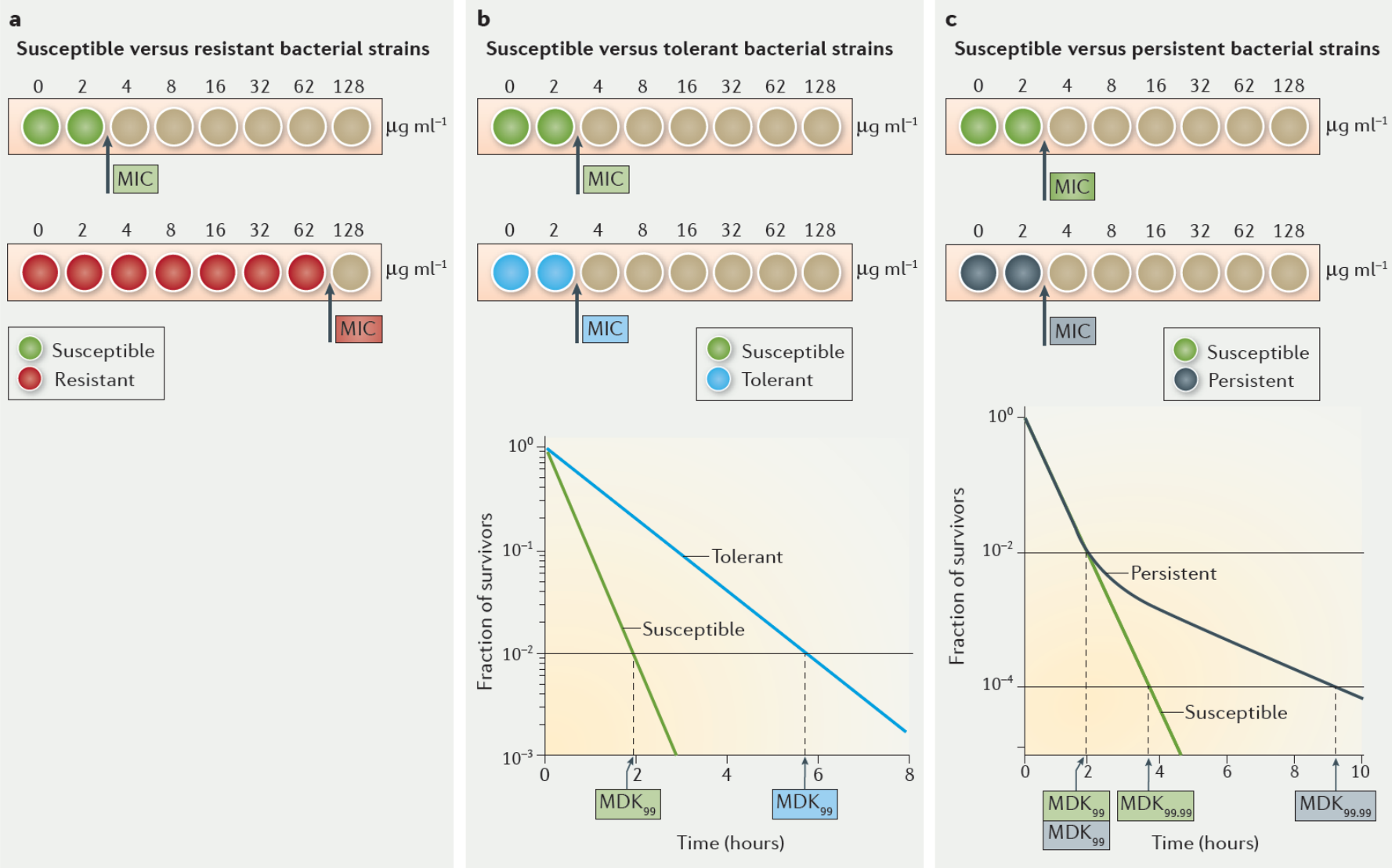
Peyrusson et al; Methods Mol Biol. 2021; 2357:239-251.

Intracellular vs extracellular activity of oxacillin



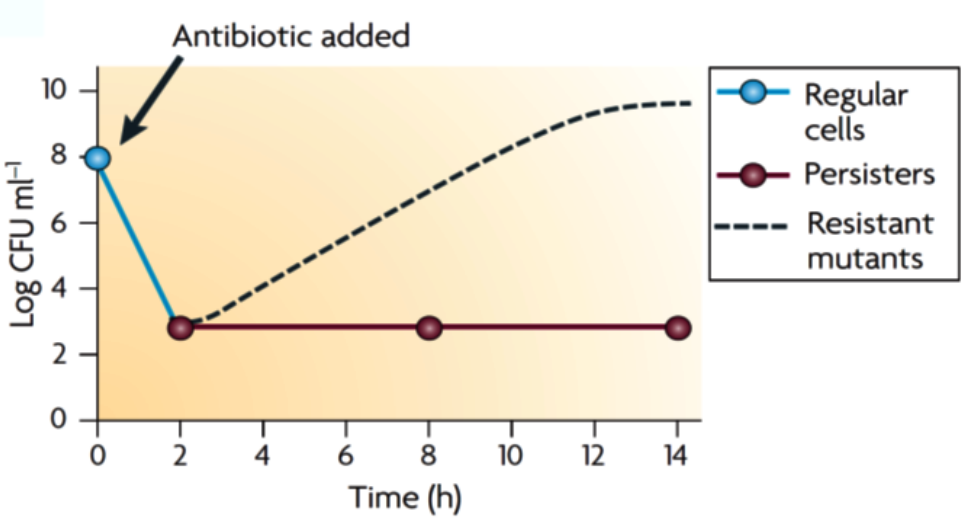
Peyrusson et al; Methods Mol Biol. 2021; 2357:239-251.

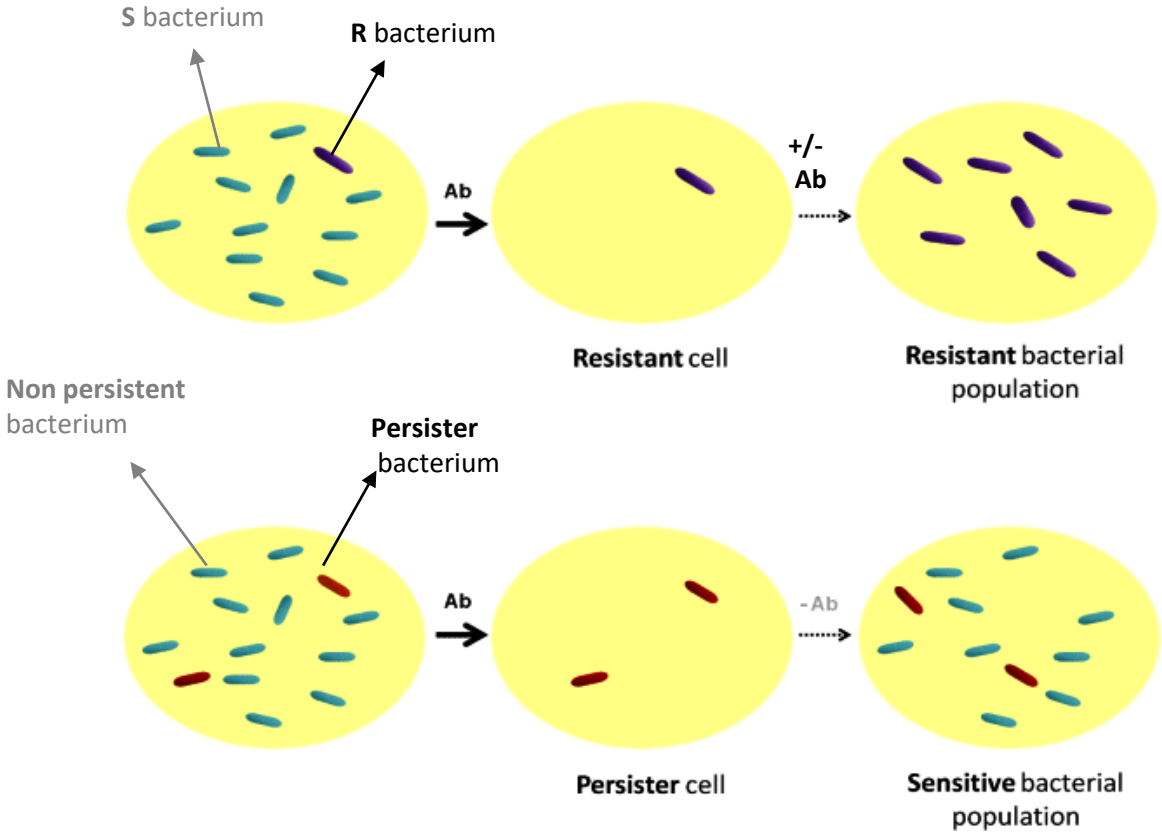
Poor response to antibiotics: resistance, tolerance, or persistence ?



Brauner et al., Nat Rev Microbiol. 2016; 14:320-30.

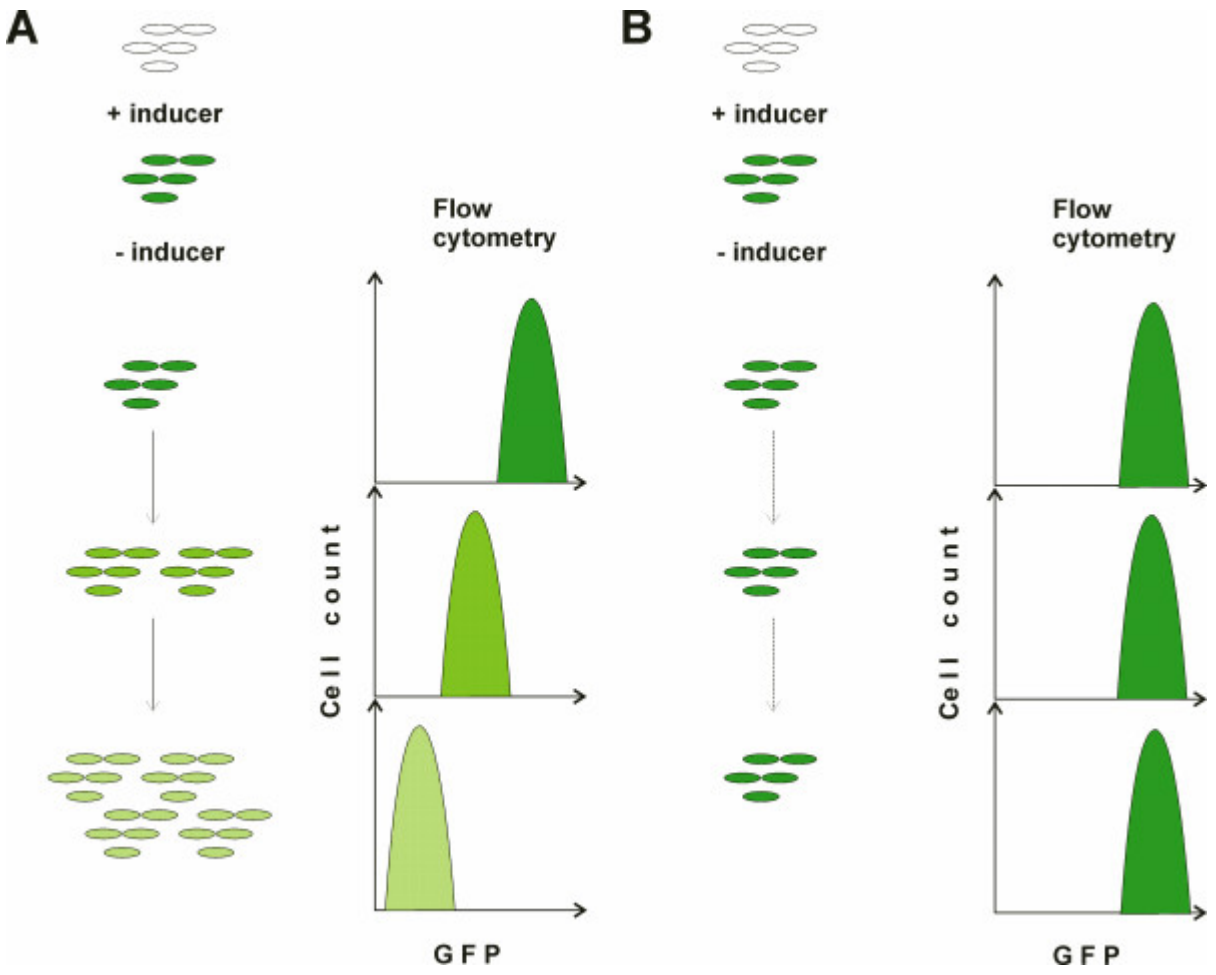
Persisters and antibiotics





https://www.biw.kuleuven.be/dtp/cmpg/spi/research.aspx

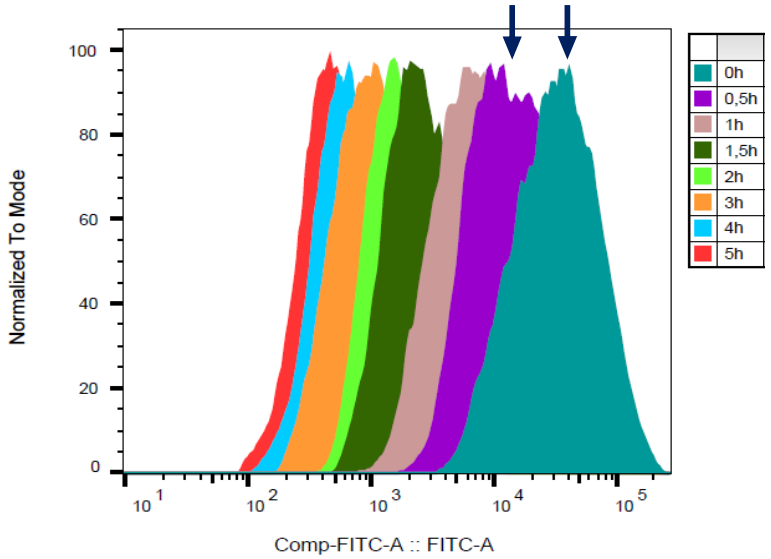
Following bacterial multiplication at the single cell level and in real time



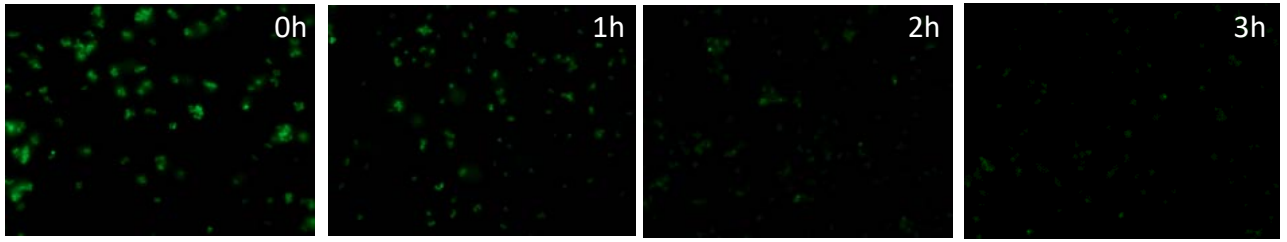
Roostalu et al., BMC Microbiol. 2008; 8:68.

Application to *S. aureus* planktonic cultures

O/N induction
TET 125 ng/mL → Entry into exponential phase → STOP TET → Fluorescence : +1h, +2h, +3h…



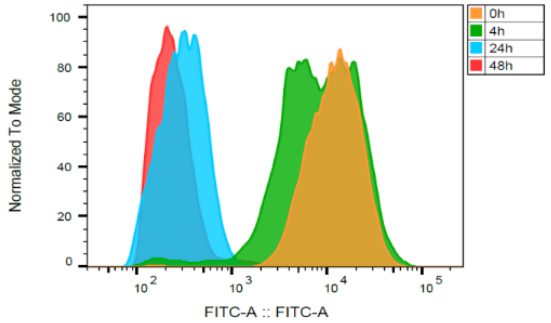
Growth rate
- 28.5 min / generation
- 30.3 min / generation (CFU method)

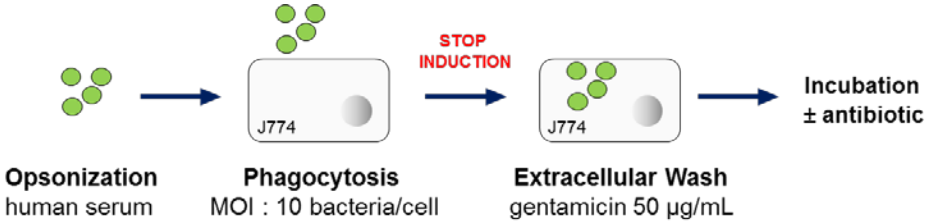


Peyrusson et al, Nat. Comm. 2020; 11:2200

Application to intracellular *S. aureus*

w/o
antibiotic
(gentamicin 5xMIC)



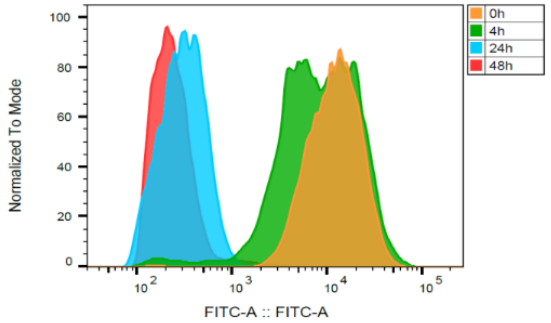


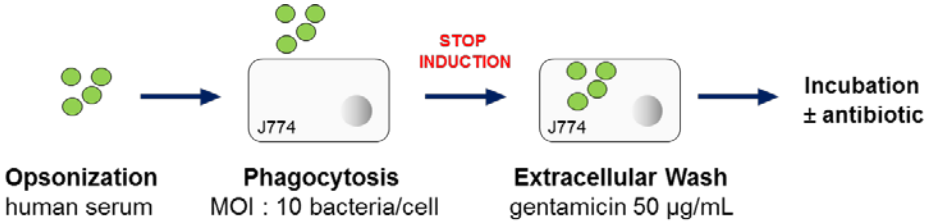
Inoculum actively dividing inside the cell

Peyrusson et al, Nat. Comm. 2020; 11:2200

Application to intracellular *S. aureus*

w/o
antibiotic
(gentamicin 5xMIC)

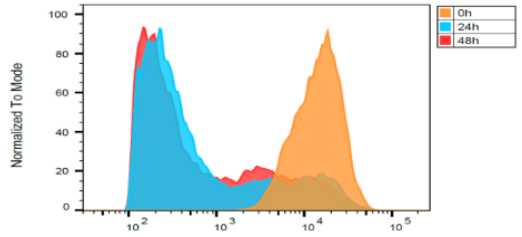




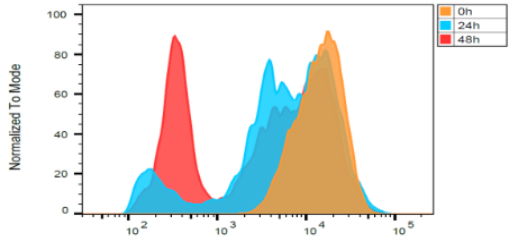
Inoculum actively dividing inside the cell

2 MIC

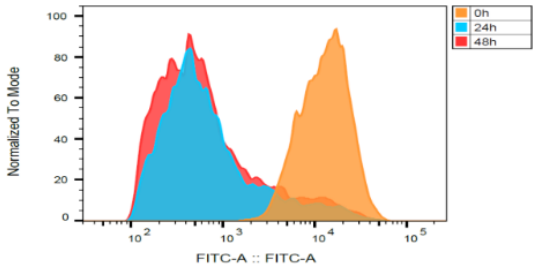
Oxacillin

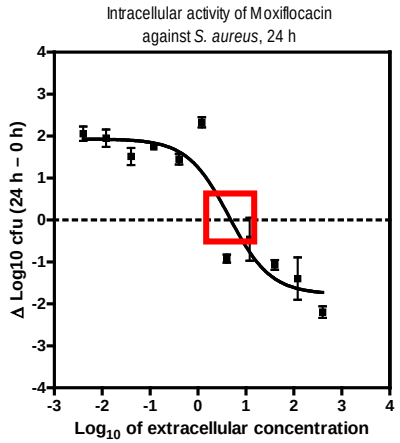


Clarithromycin



Moxifloxacin

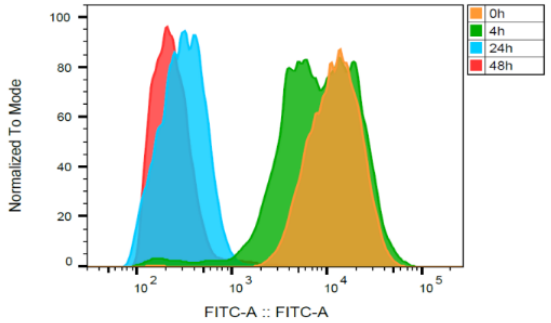


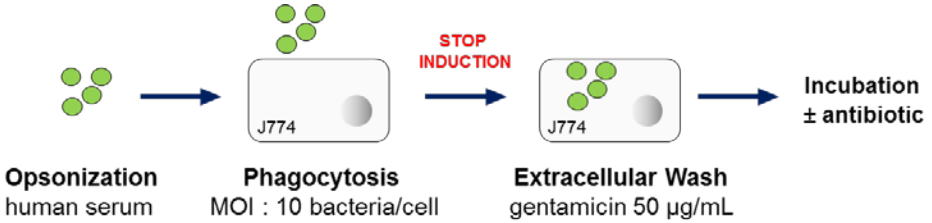


Peyrusson et al, Nat. Comm. 2020; 11:2200

Application to intracellular *S. aureus*

w/o
antibiotic
(gentamicin 5xMIC)





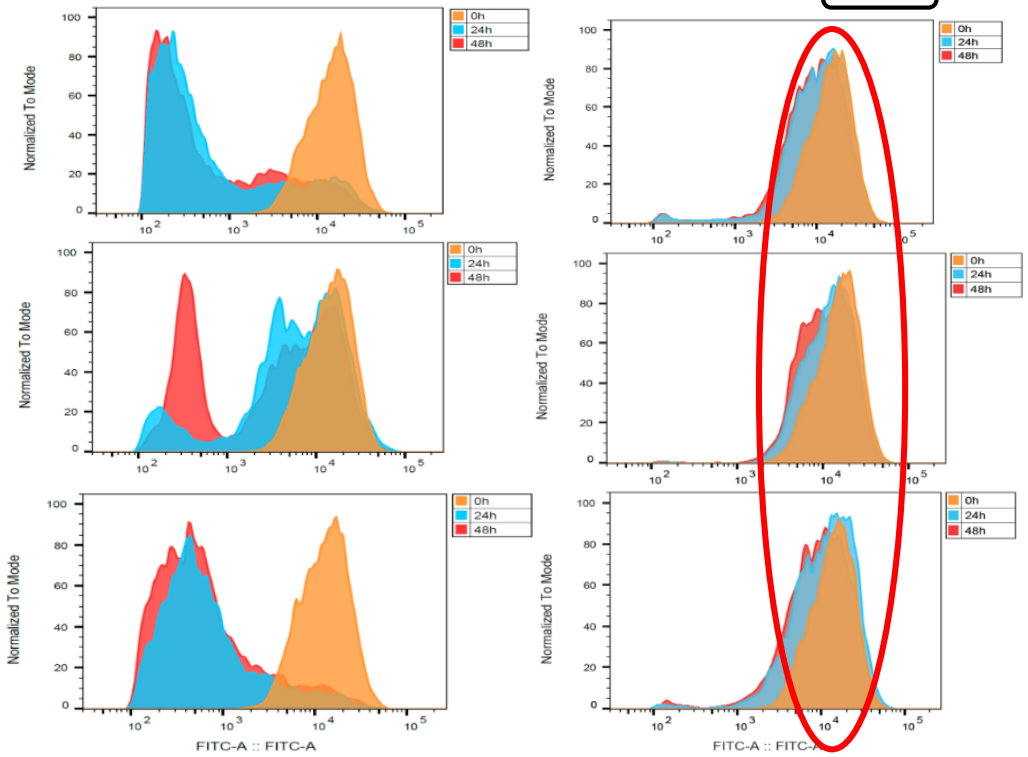
Antibiotic pressure

2 MIC → 50 MIC

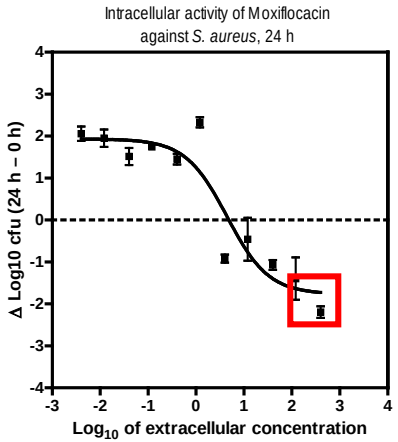
Oxacillin

Clarithromycin

Moxifloxacin



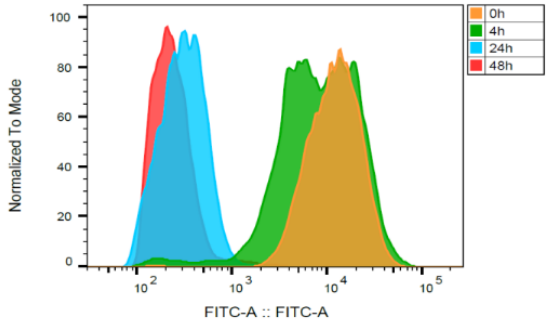
Fully homogenous and non-dividing population

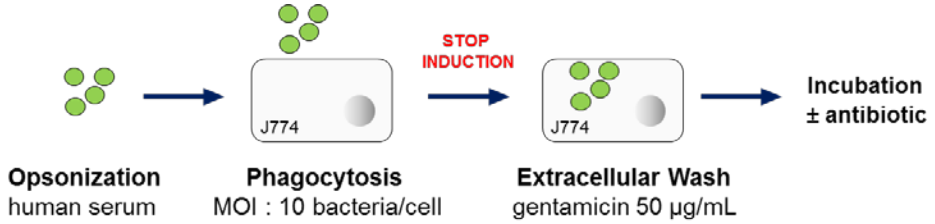


Peyrusson et al, Nat. Comm. 2020; 11:2200

Application to intracellular *S. aureus*

w/o antibiotic (gentamicin 5xMIC)





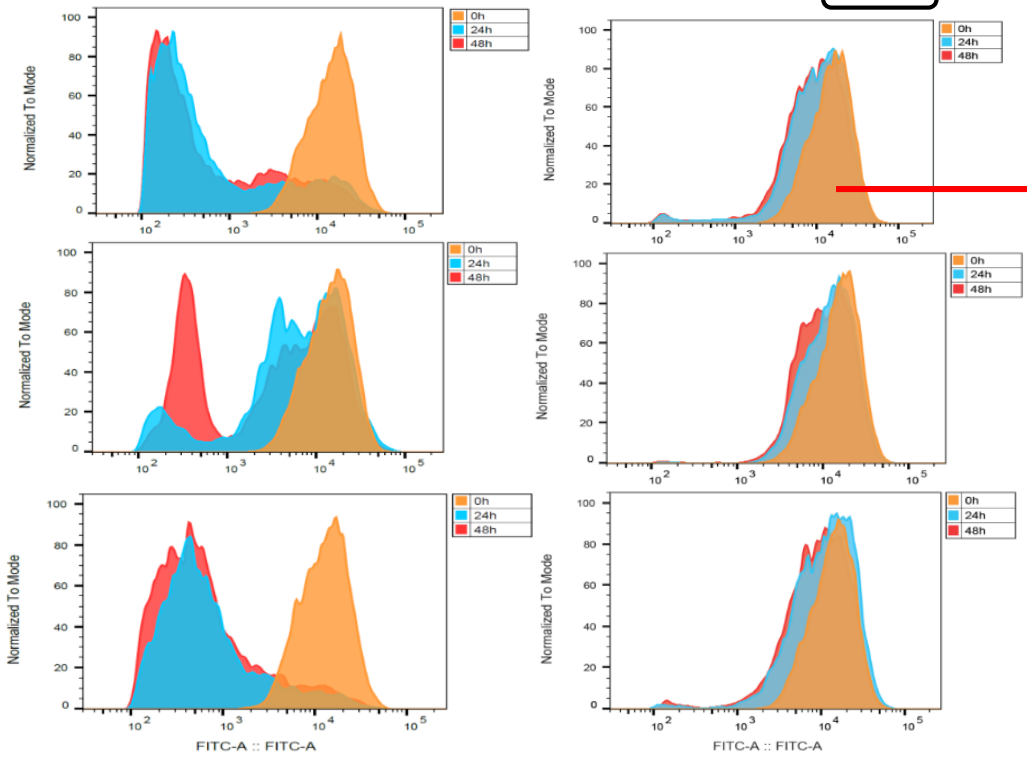
Antibiotic pressure

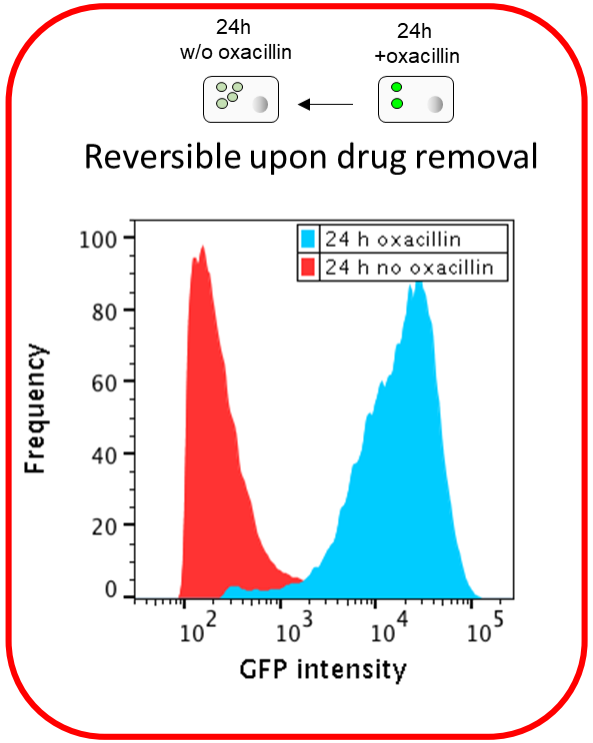
2 MIC → 50 MIC

Oxacillin

Clarithromycin

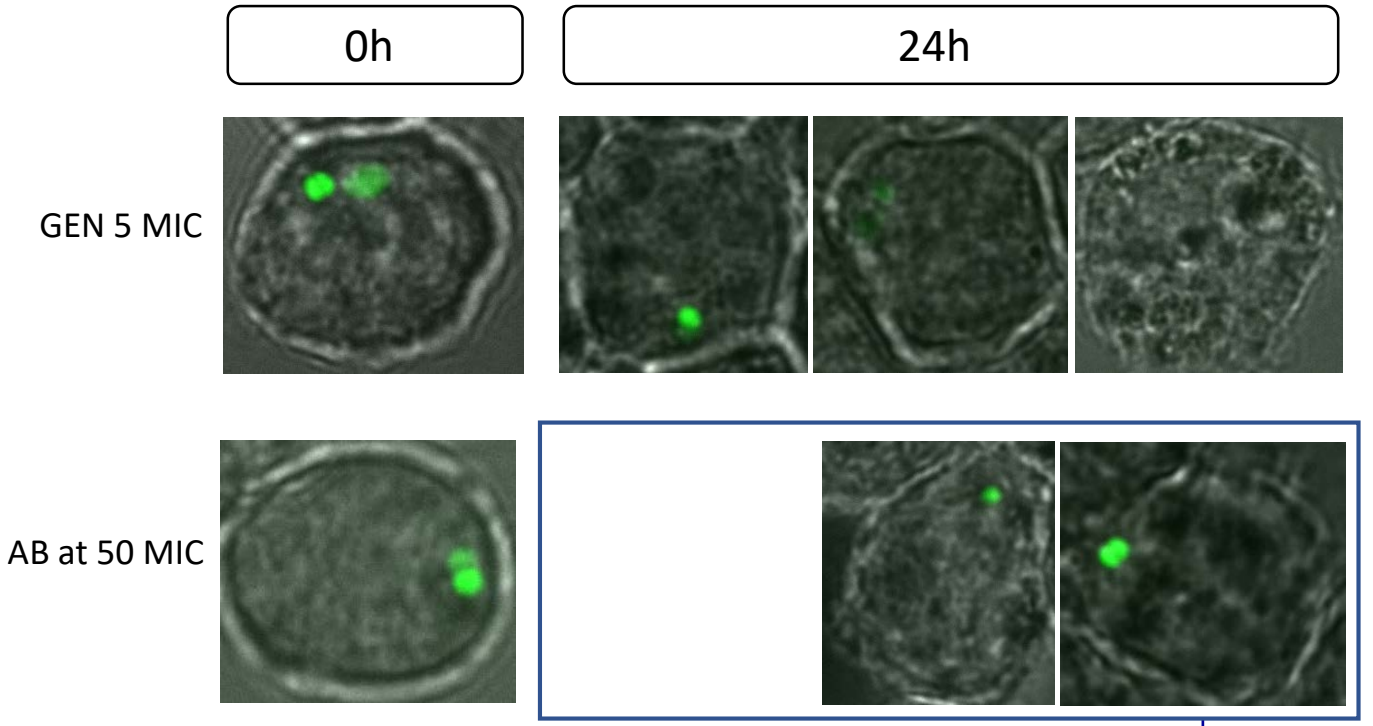
Moxifloxacin





Peyrusson et al, Nat. Comm. 2020; 11:2200

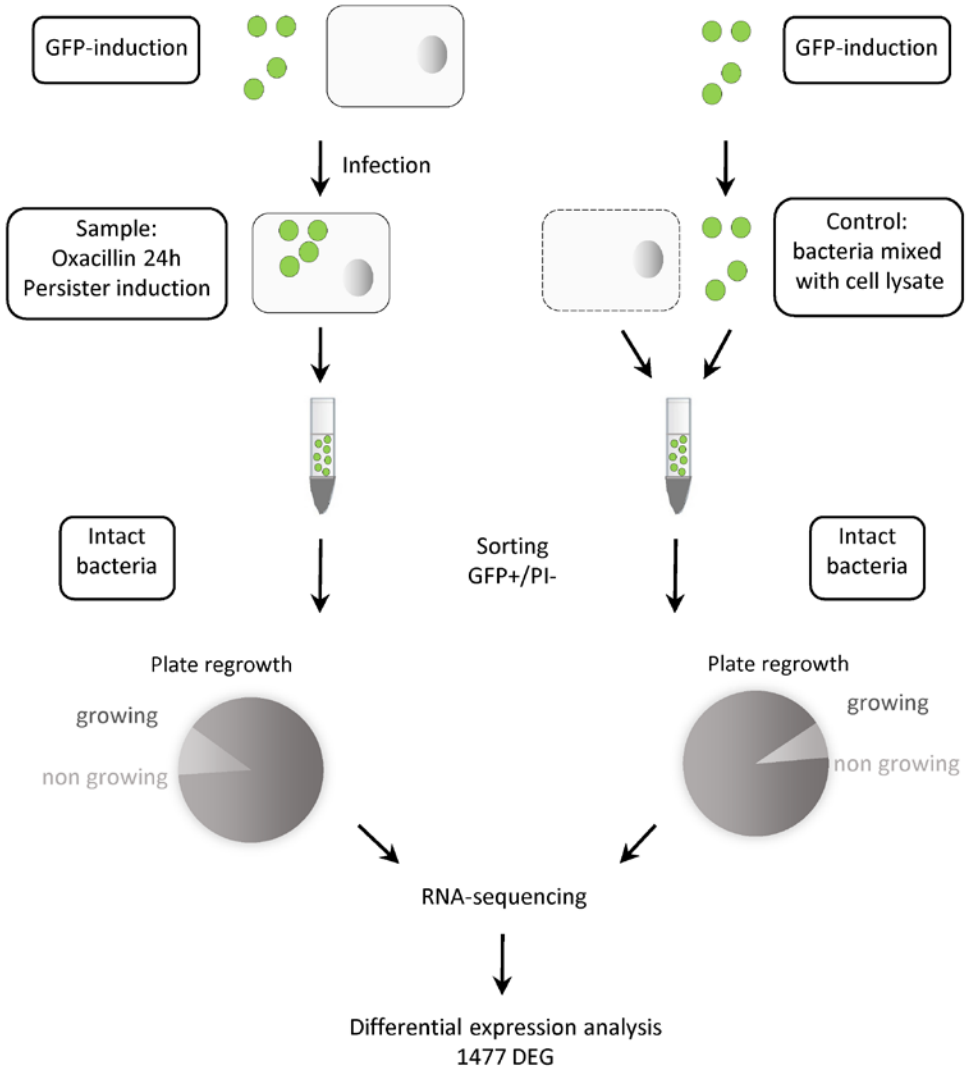
Non dividing bacteria persist inside the cells

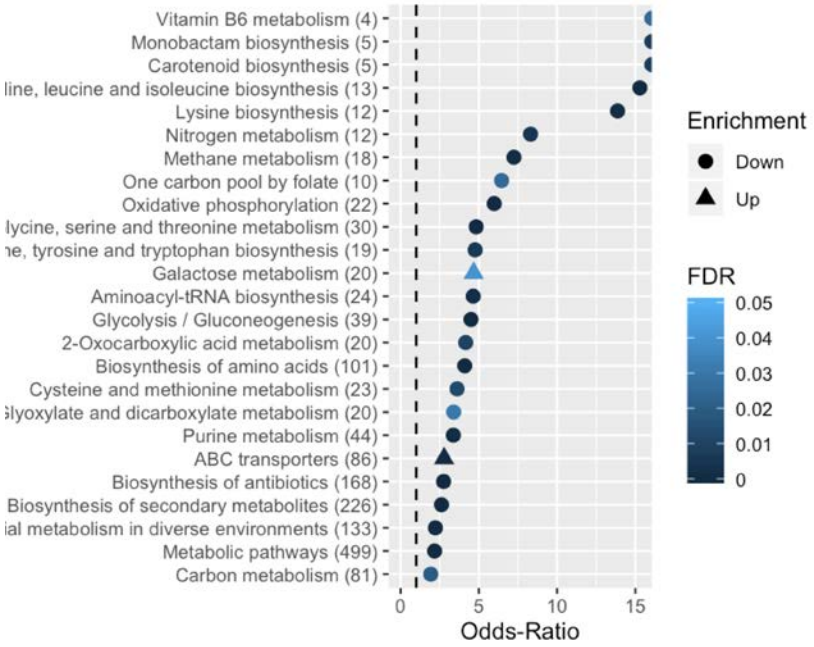


Cell sorting and transcriptomic analysis

Peyrusson et al, Nat. Comm. 2020; 11:2200

Transcriptomic analysis: global view

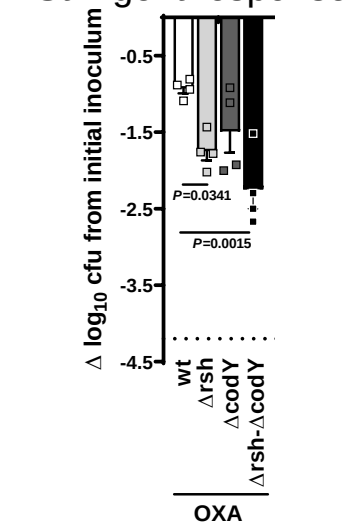


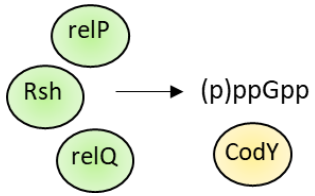


Peyrusson et al, Nat. Comm. 2020; 11:2200

Transcriptomic analysis: more details

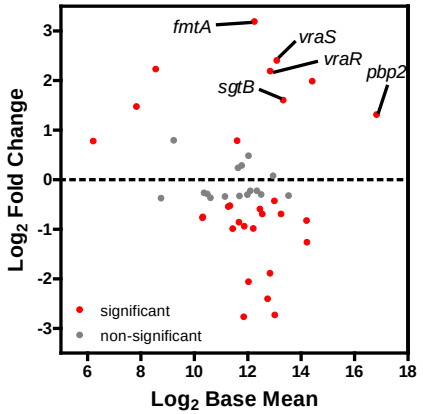
Stringent response

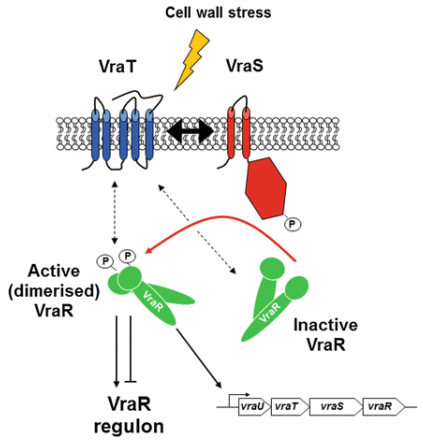




Shutdown energy consuming processes

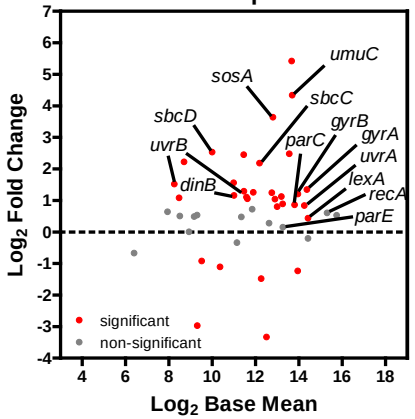
Cell Wall Stress response

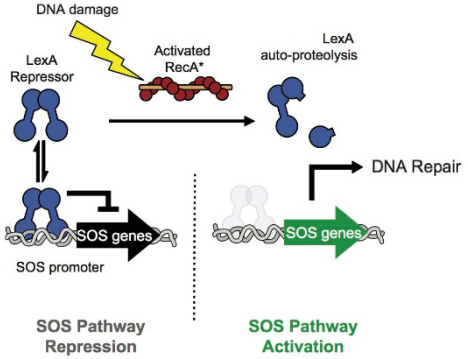




Cell wall maintenance **tolerance to β-lactams**

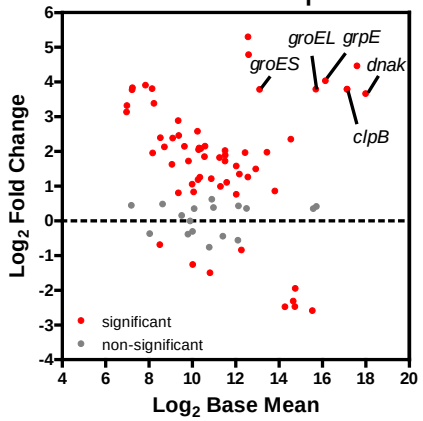
SOS response

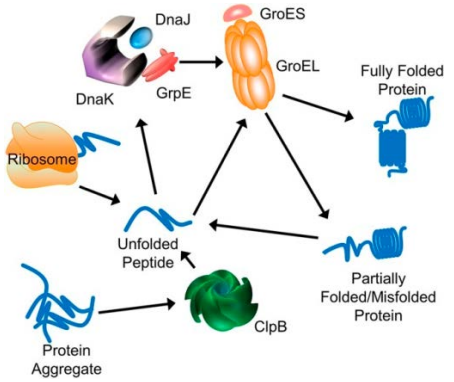




DNA repair **tolerance to quinolones/ β-lactams**

Heat shock response



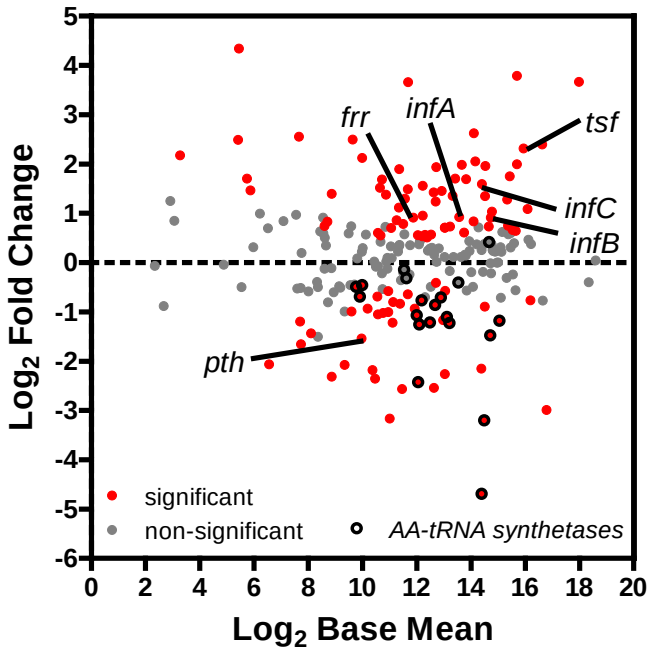


Chaperones system **tolerance to aminoglycosides /macrolides/β-lactams**

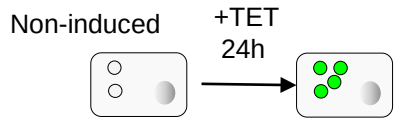
Peyrusson et al, Nat. Comm. 2020; 11:2200

Transcriptomic analysis: more details

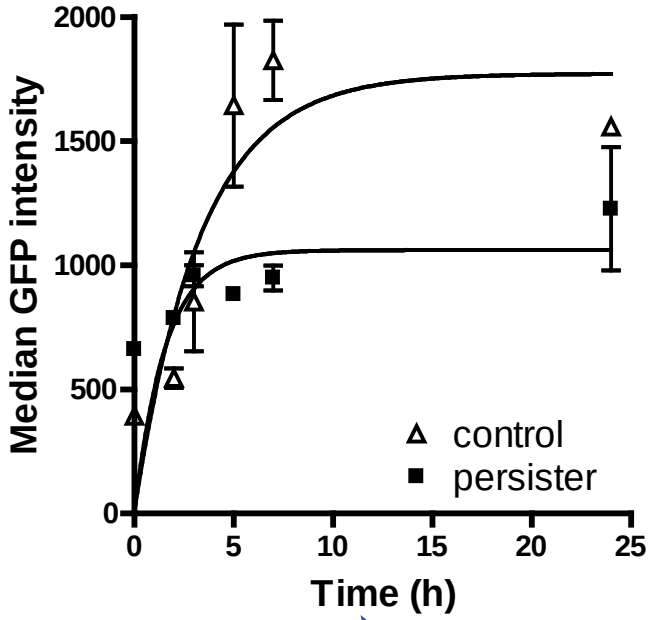
dysregulated but active **protein synthesis**



Protein machinery activated
AA-tRNA synthetases silenced

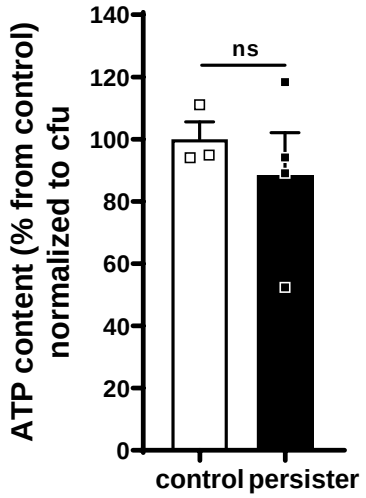


Translation rate



Reduced but still active
de novo protein synthesis

ATP content



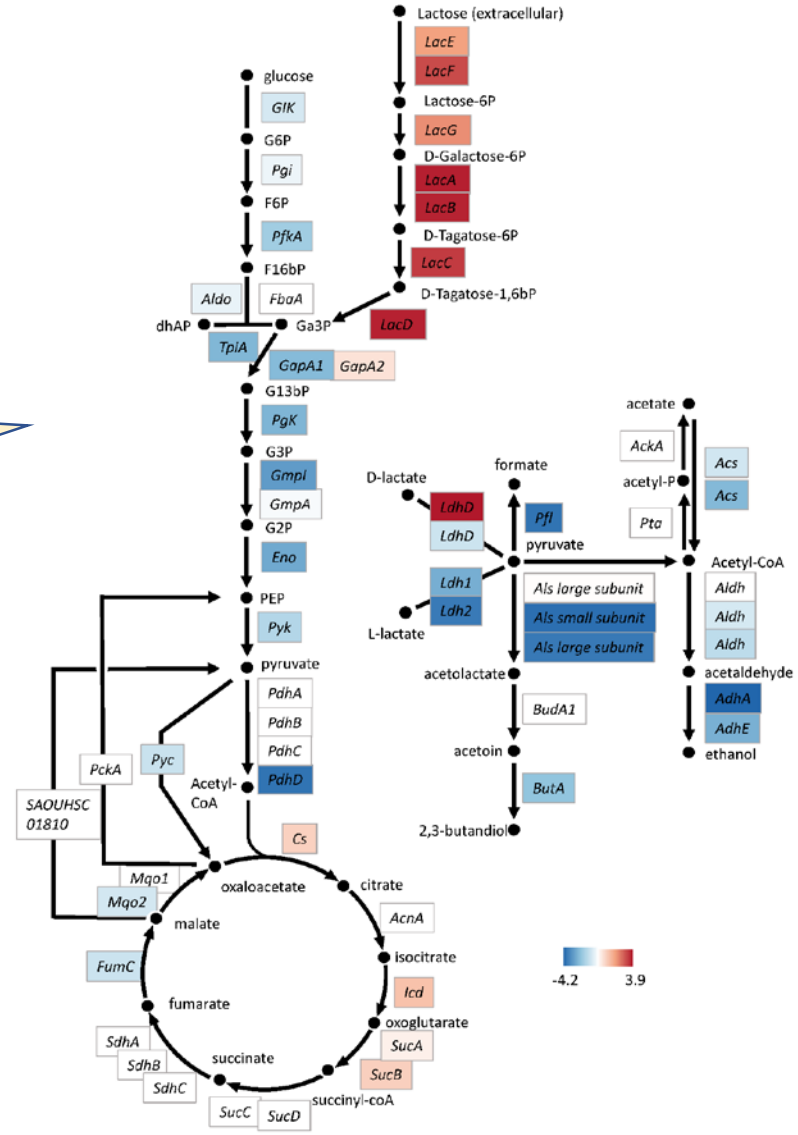
ATP level
maintained

Peyrusson et al, Nat. Comm. 2020; 11:2200

Transcriptomic analysis: more details

Reorientation of **central metabolic flux**

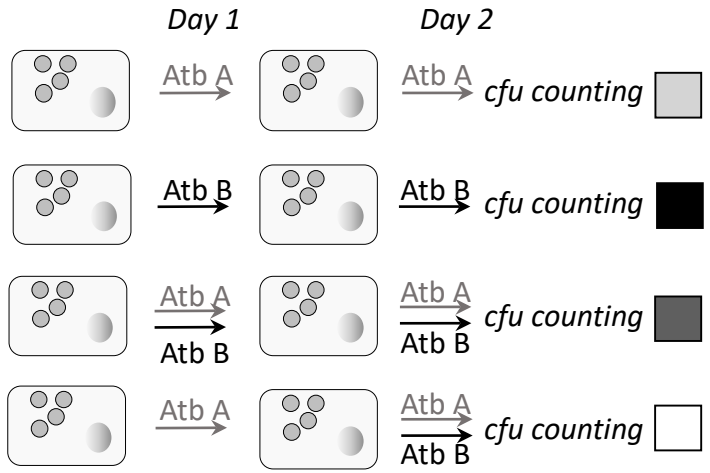
- carbon source shift between glucose and lactose
- Respiration resembling that observed in anaerobiosis.
- oxidative phosphorylation repressed to the benefit of D-lactate fermentation



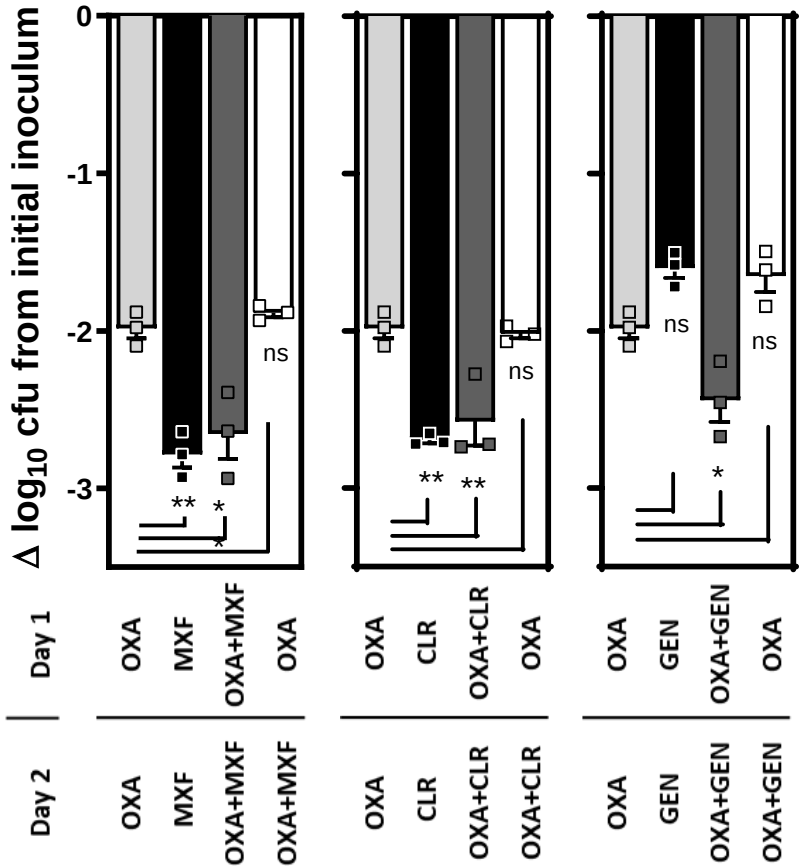
Peyrusson et al, Nat. Comm. 2020; 11:2200

Transcriptomic analysis: more details

Multidrug tolerance

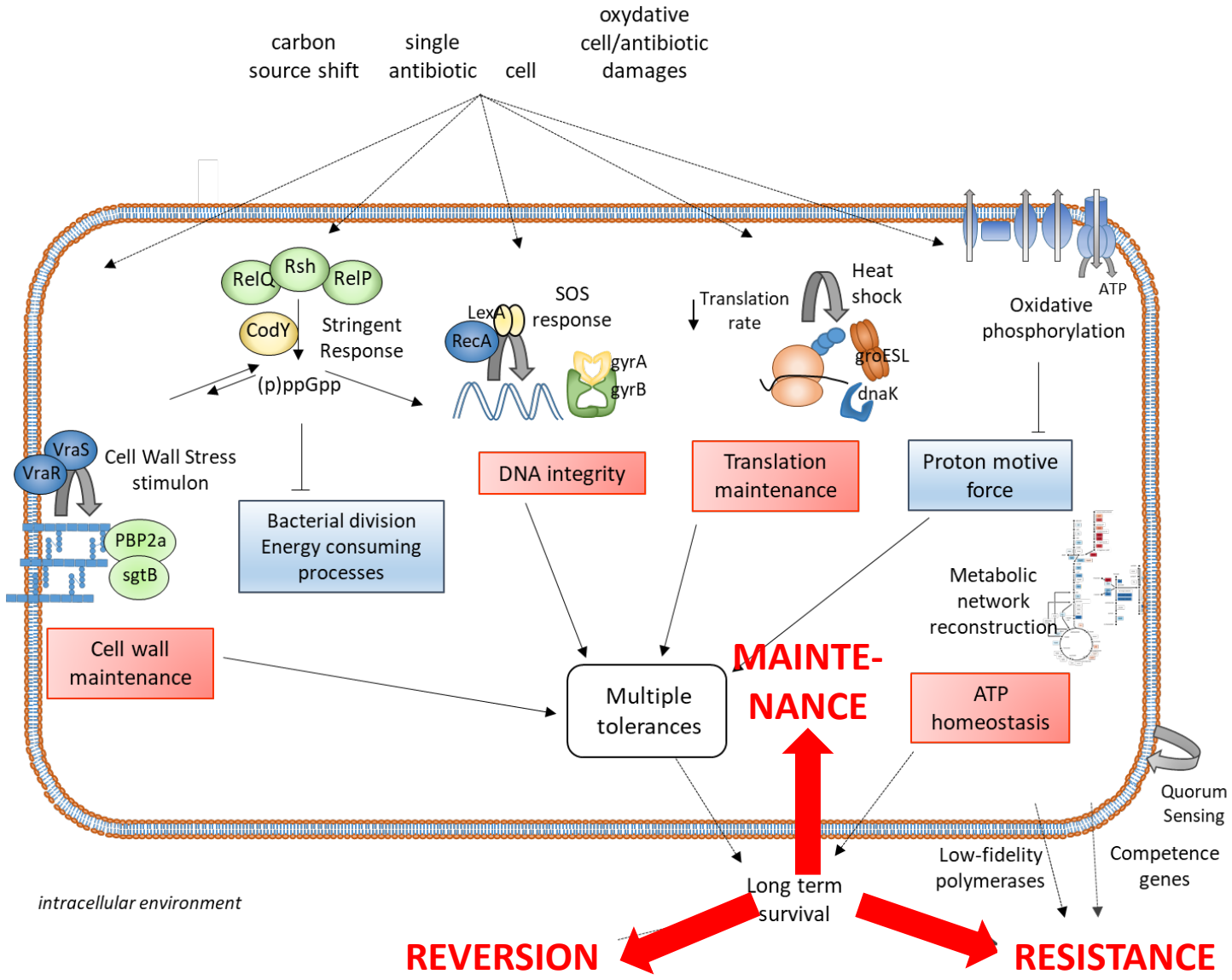


Persister level defined by exposure to the first antibiotic



Peyrusson et al, Nat. Comm. 2020; 11:2200

Intracellular persisters: a global view



Peyrusson et al, Nat. Comm. 2020; 11:2200

Intracellular persisters: clinical implications

D. Parkins

- Intracellular bacteria can remain 'dormant' inside eukaryotic cells
- Dormancy is favored by stressful conditions (antibiotic pressure, e.g.)

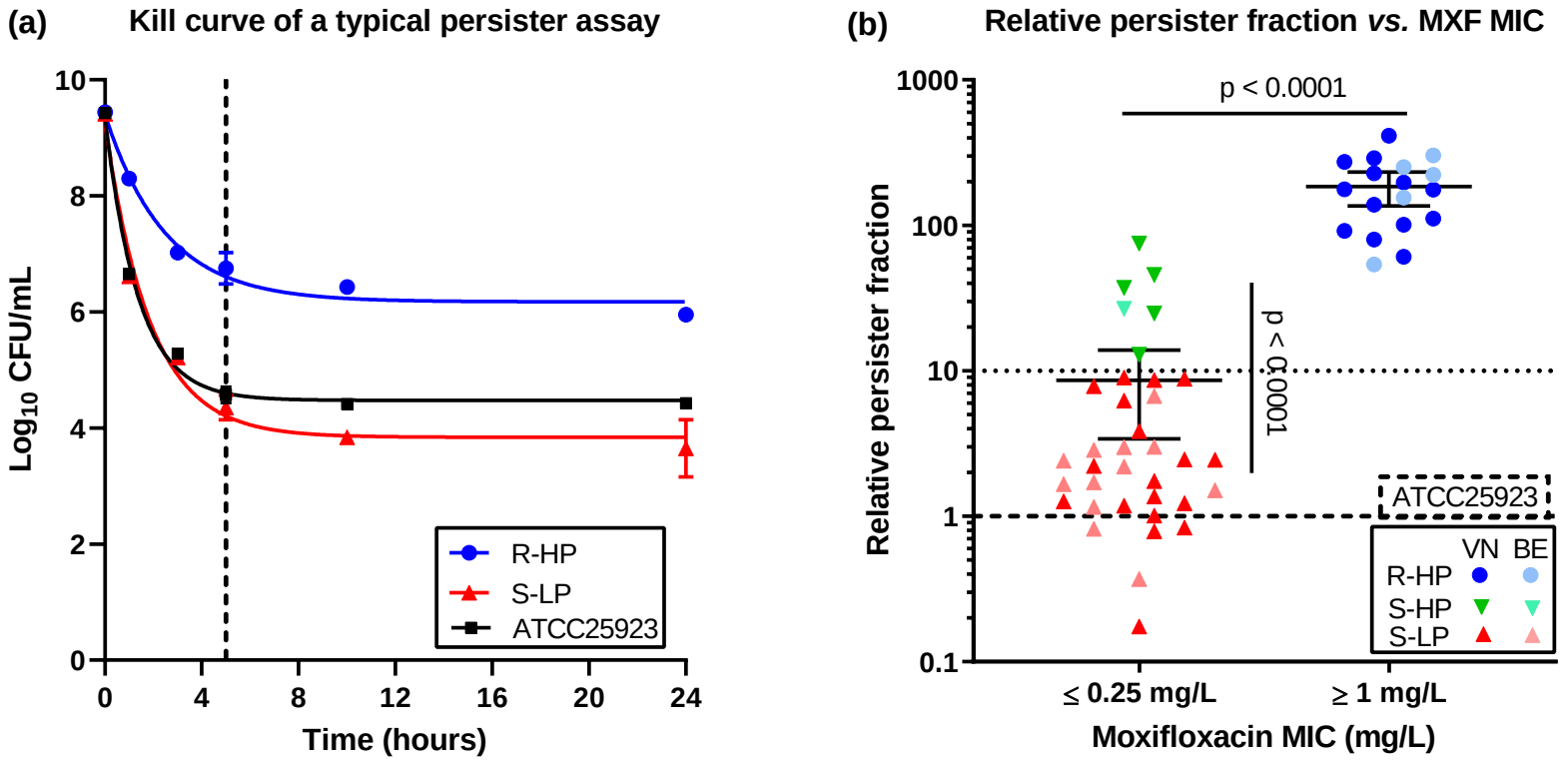
- Dormancy is associated to the activation of a global stress response
  → Dormant bacteria are 'multidrug tolerant'
  → Exposure to one drug makes bacteria non-responsive to other classes of drugs

- Dormancy is reversible when the stress is relieved
  → A possible reason for recurrence of the infection ?

- If deeply dormant, persisters do no grow on agar plates
  → How to detect them in biological samples ?

What about clinical isolates ?

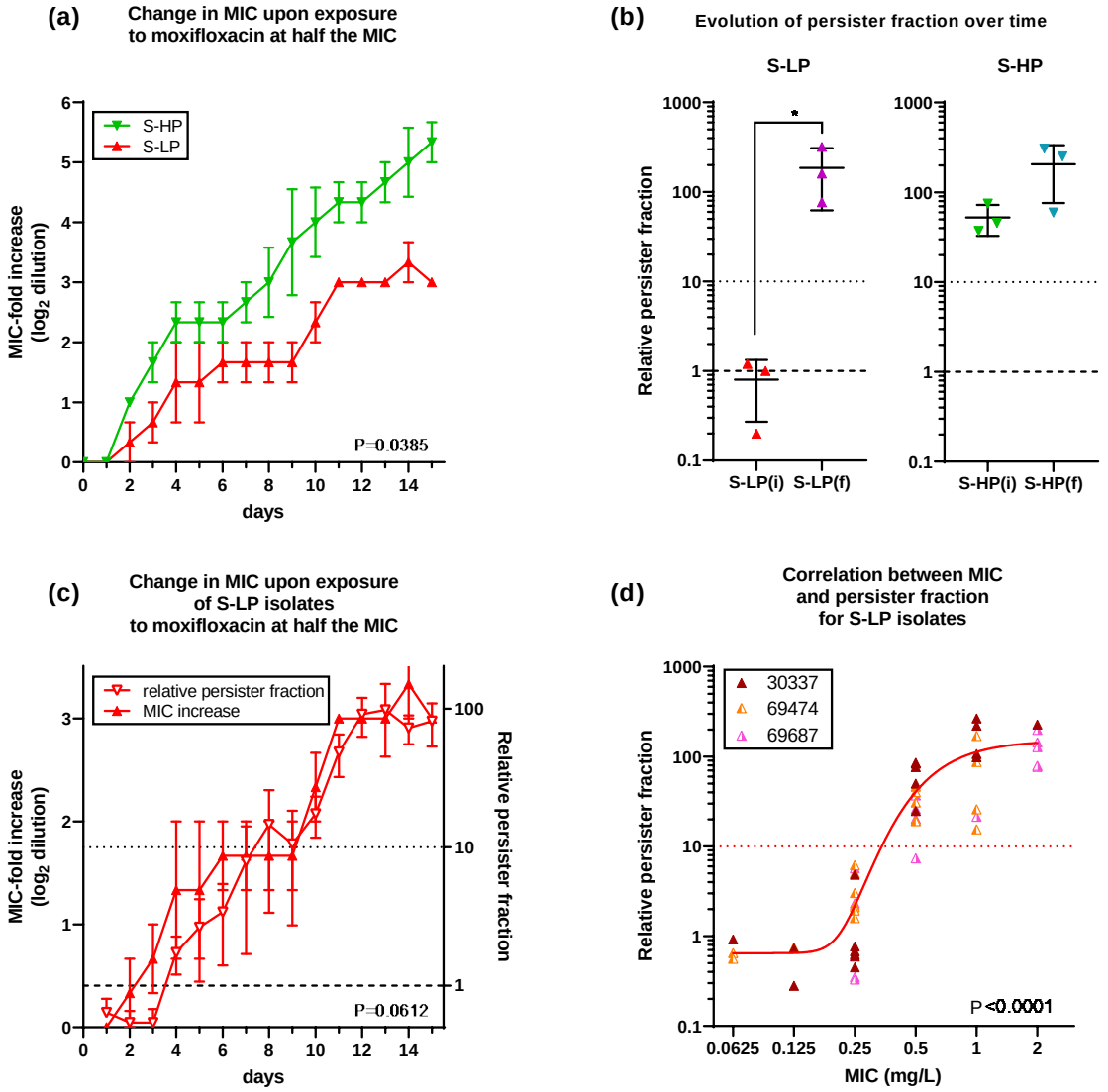
Relative persister fraction to the fluoroquinolone moxifloxacin in a collection of clinical isolates



- All resistant isolates have a high relative persister fraction
- Most susceptible isolates have a low relative persister fraction

Nguyen et al, Front. Microbiol 2020; 11:587364

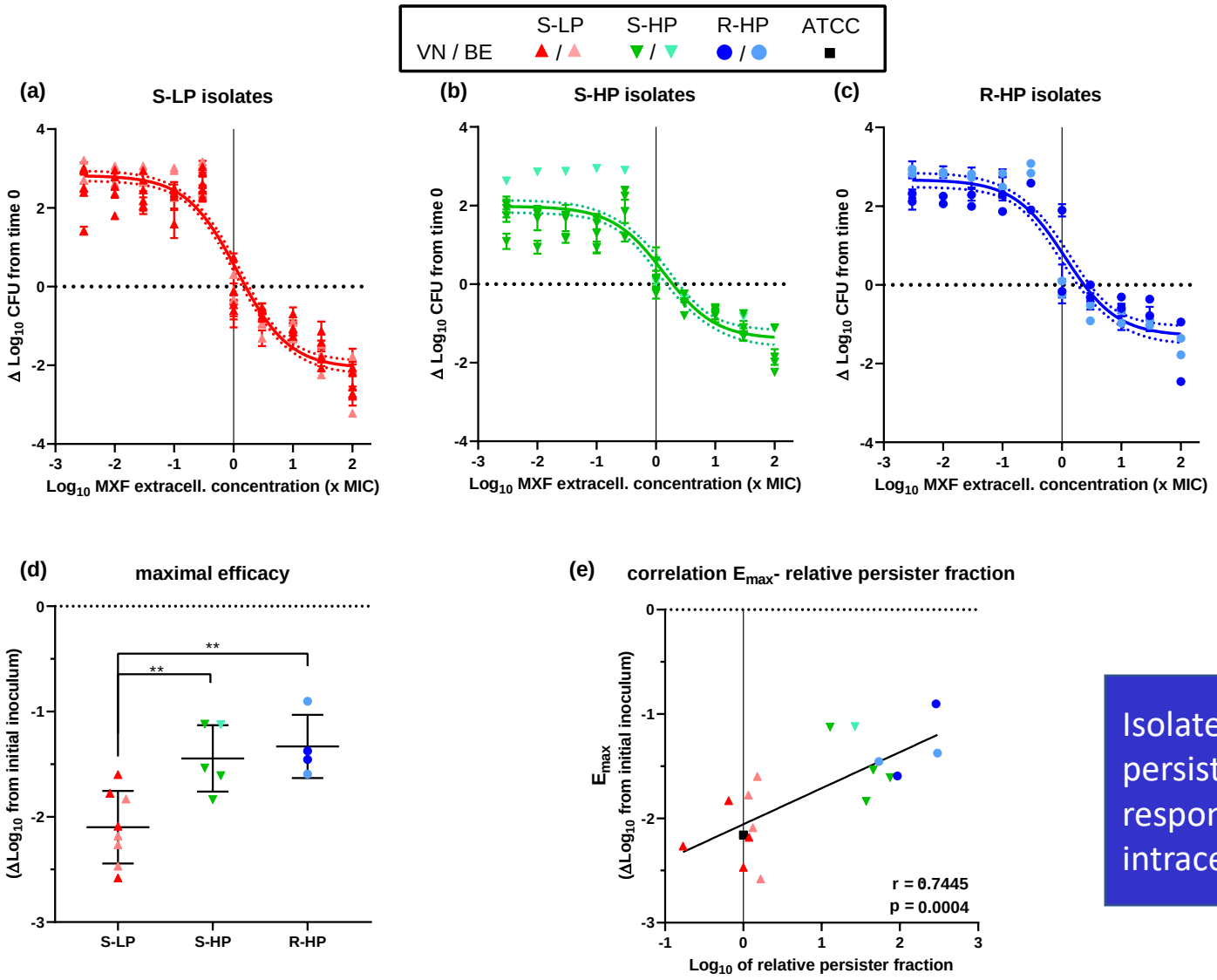
Does persistence prepare for resistance?



- Persistence accelerates the selection of resistance
- Persistence and resistance are acquired together

Nguyen et al, Front. Microbiol 2020; 11:587364

Persister character to predict intracellular tolerance



Isolates with higher relative persister fraction are less responsive to moxifloxacin intracellularly

Nguyen et al, Front. Microbiol 2020; 11:587364

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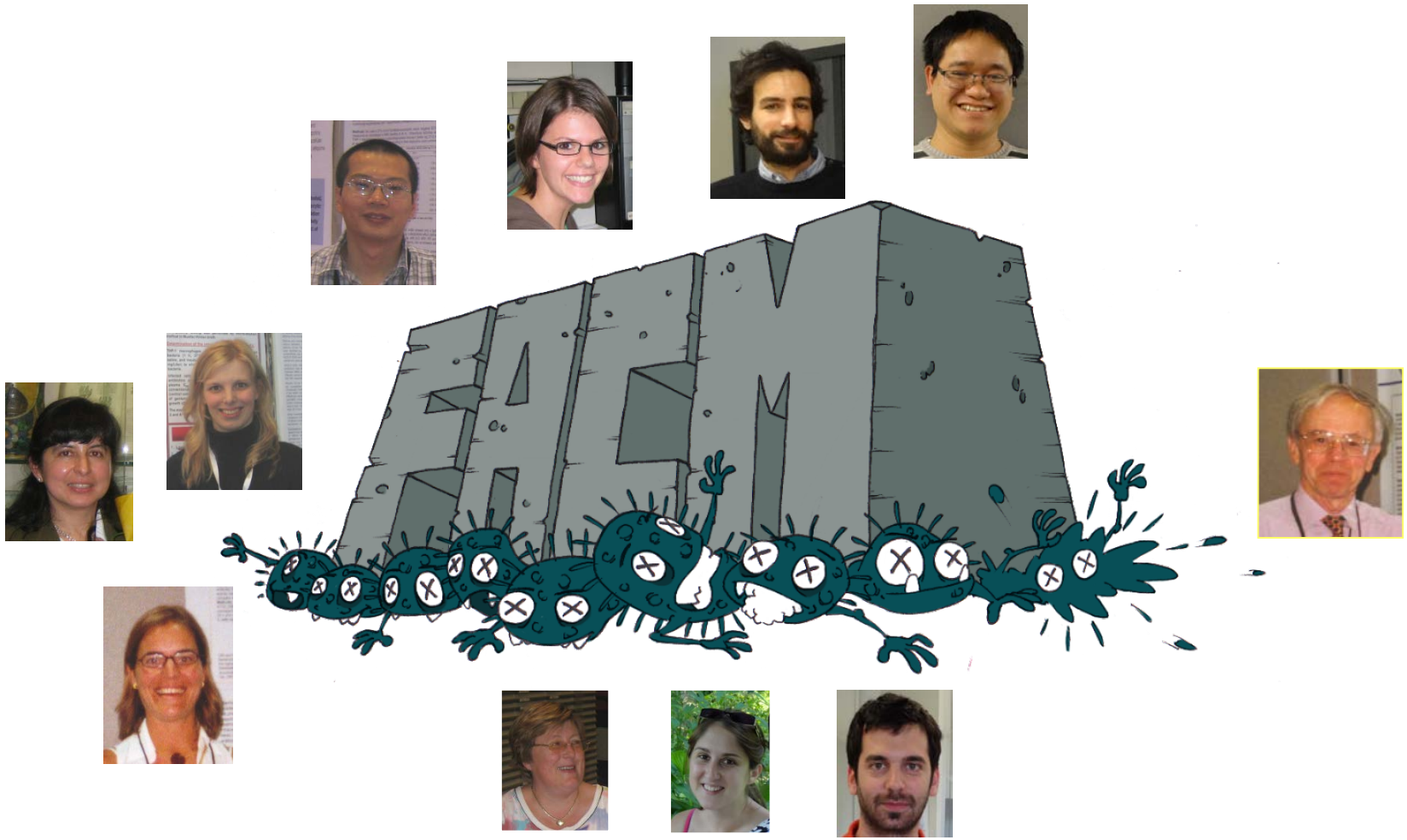
- If deeply dormant, persisters do no grow on agar plates
  → How to detect them in biological samples ?

- Clinical isolates differ by the fraction of persisters in their populations
  → Is there a link with the risk of clinical failure ?

- Activation of stress in persisters favors selection of resistance
  → Another reason to see resistance increase when dealing with chronic infections ?

Still more questions than answers ….

Acknowledgments



Cartoon: L. Desloover