



Difficult-to-treat infections: the role of bacterial biofilm & persisters

S. aureus internalisation
and induction of antimicrobial tolerance

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<www.facm.ucl.ac.be>



How do bacteria protect themselves against antibiotics ?

“offensive strategy”: to develop resistance mechanisms

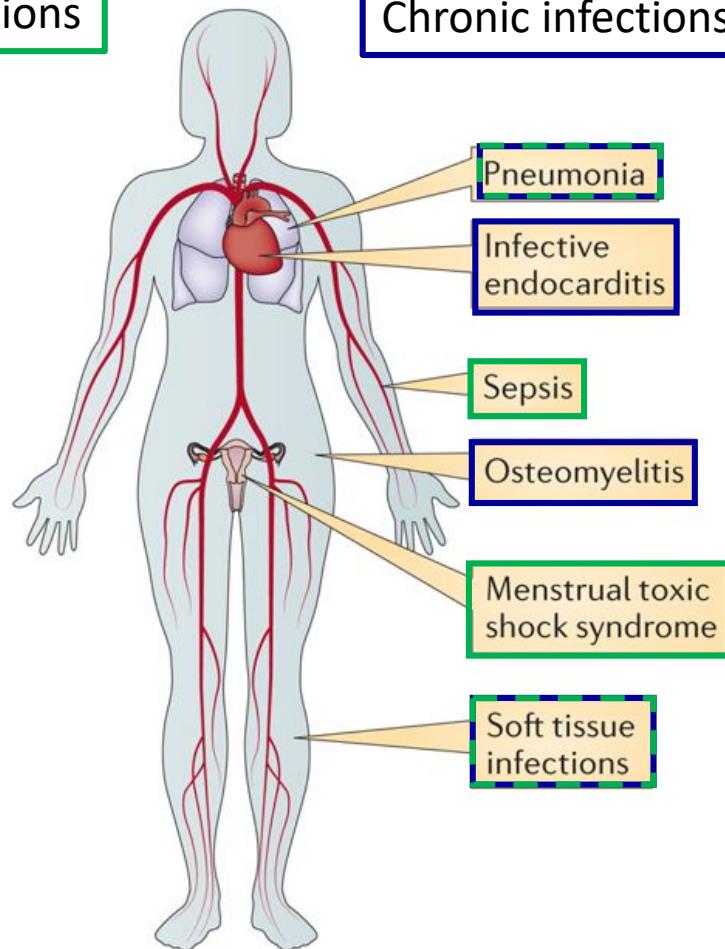


“defensive strategy”: to adopt ‘hidden’ mode of life



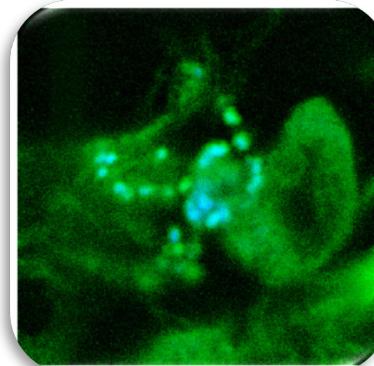
Main infections caused by *S. aureus*

Acute infections



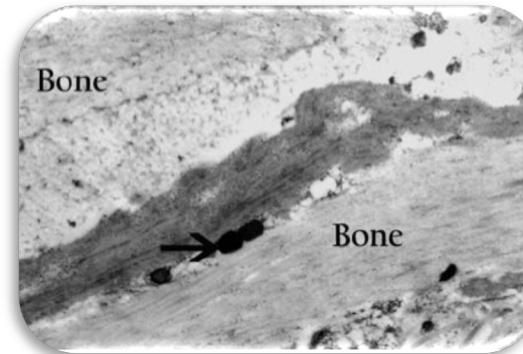
Chronic infections

Macrophages – CF lung



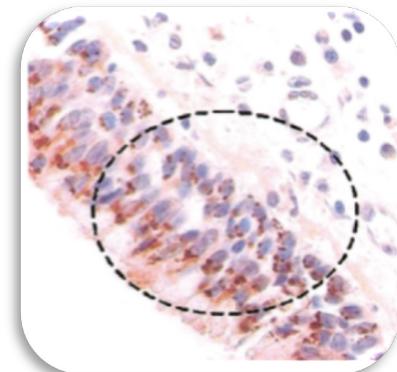
Li et al, *Infect Immun.* 2017; 85(5). pii: e00883-16

Osteoblasts



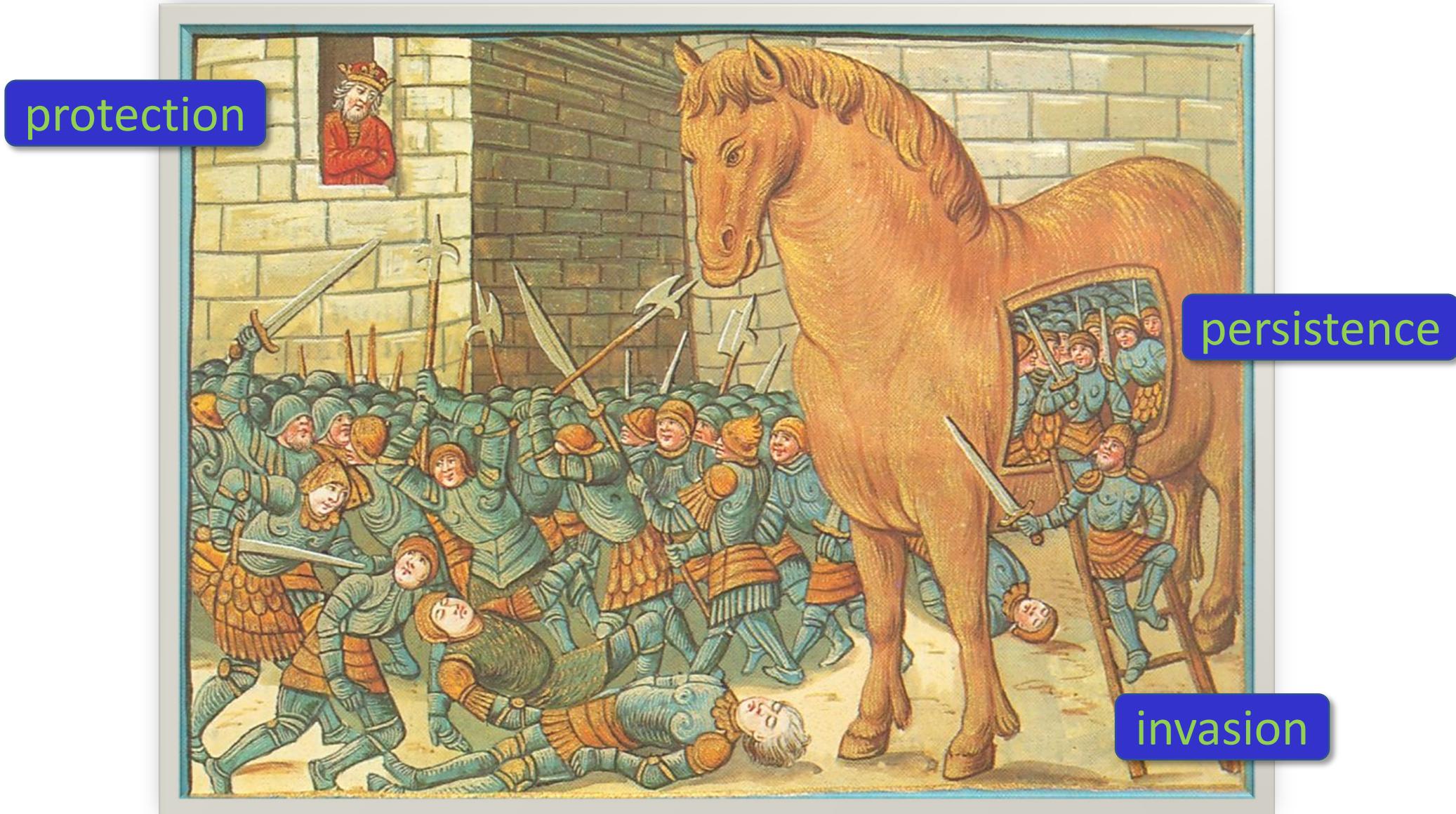
Bosse et al., *J Bone Joint Surg Am.* 2005; 87: 1343-7

Chronic rhinosinusitis

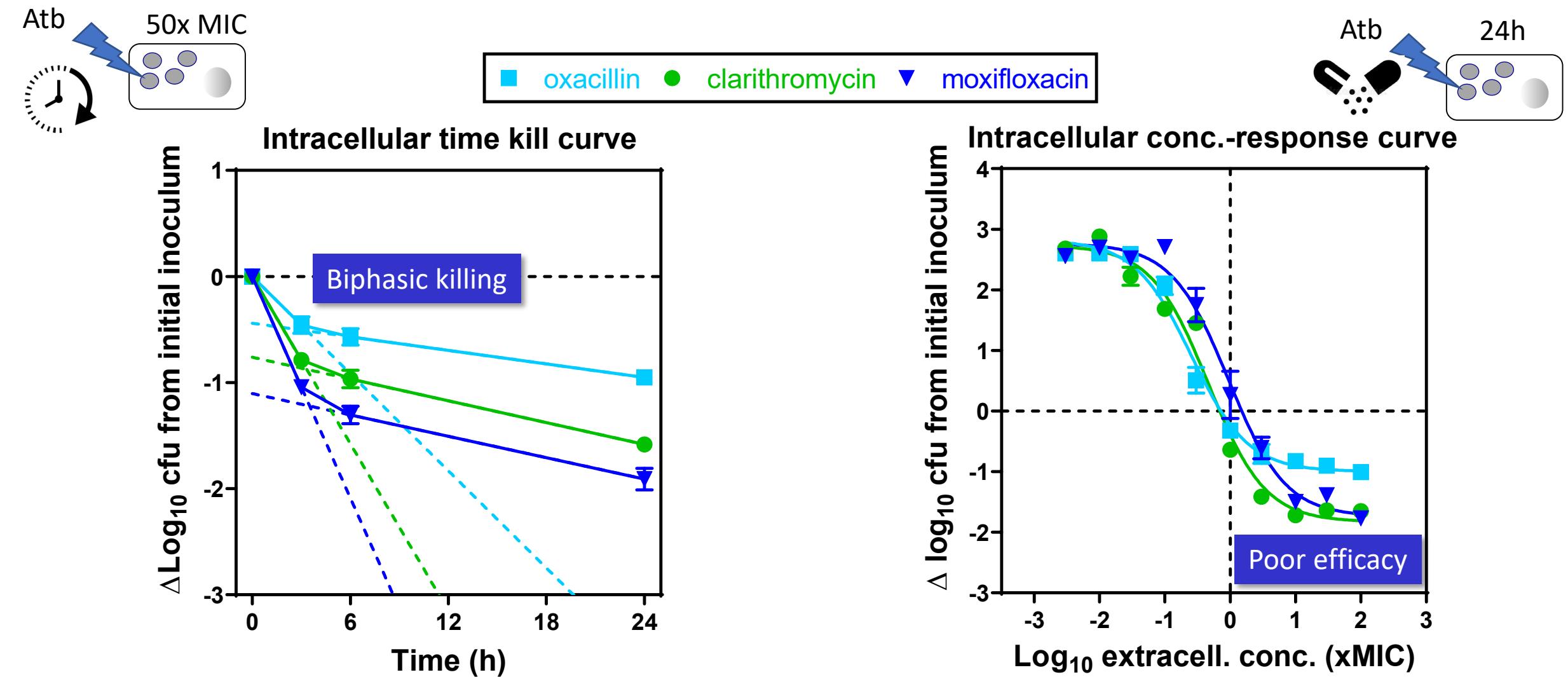


Clement et al, *J Infect Dis.* 2005; 192:1023-8

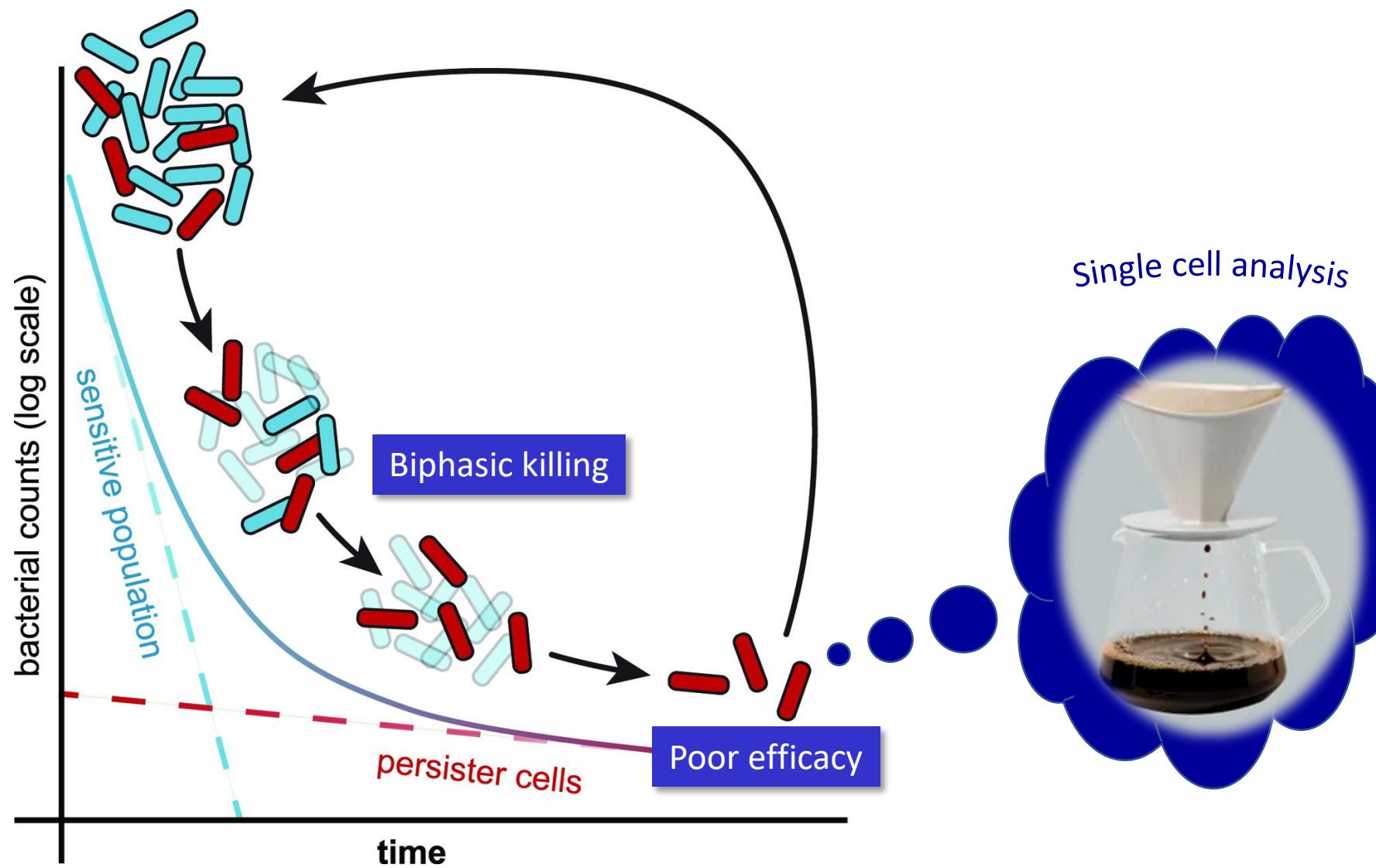
Benefits of intracellular life



Intracellular activity of antibiotics

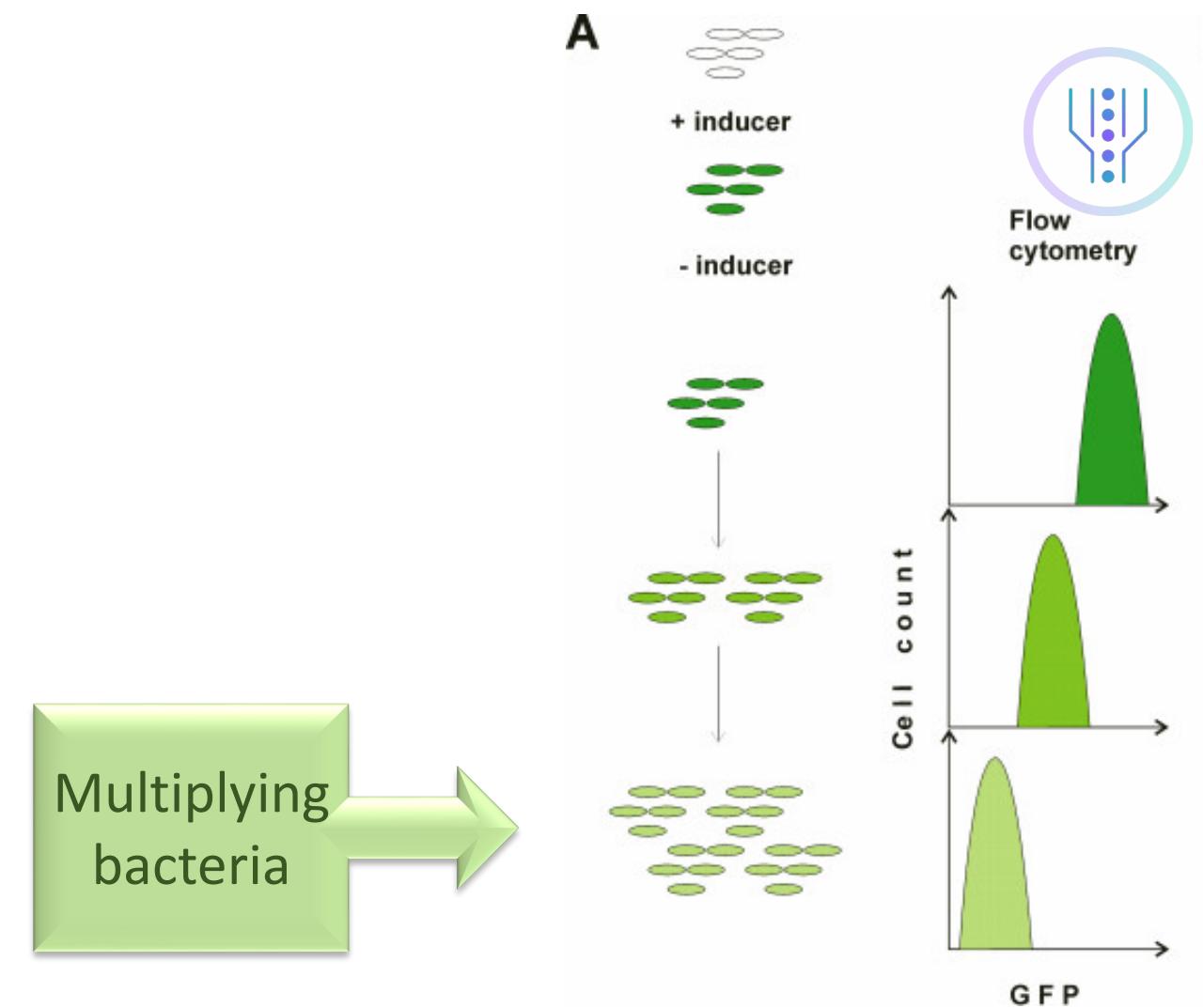


Persisters and antibiotics



Harms et al., Science 2016;354:aaf4268

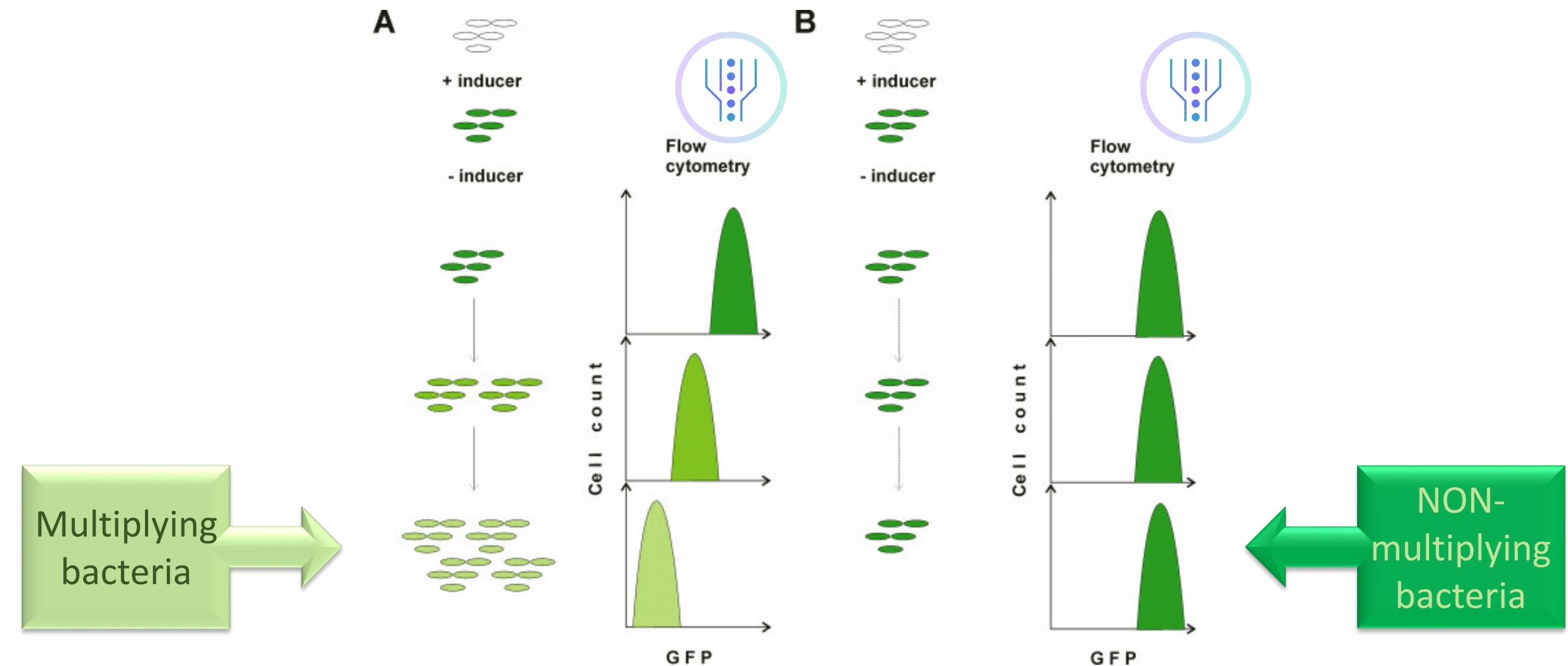
Following bacterial multiplication at the single cell level and in real time



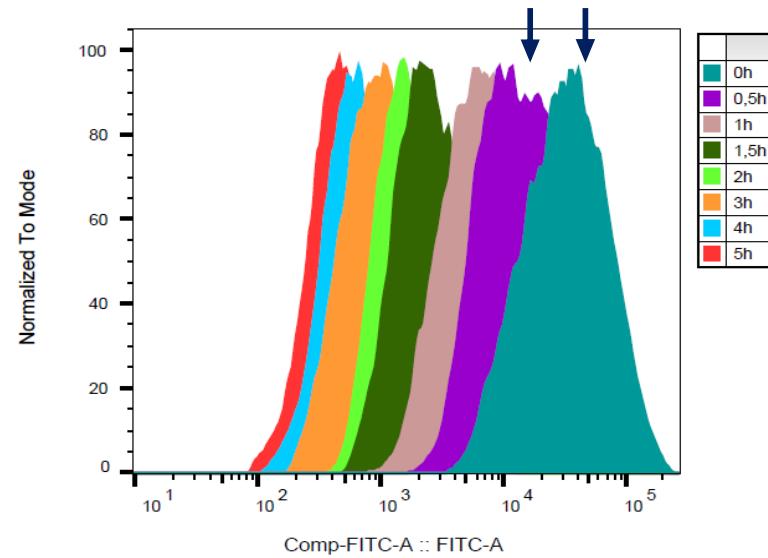
Roostalu et al., BMC Microbiol. 2008; 8:68.

ECCMID 2023

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

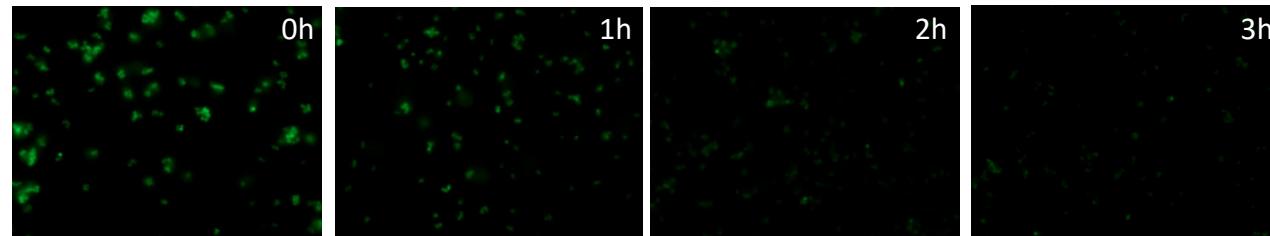


Application to *S. aureus* planktonic cultures



Growth rate

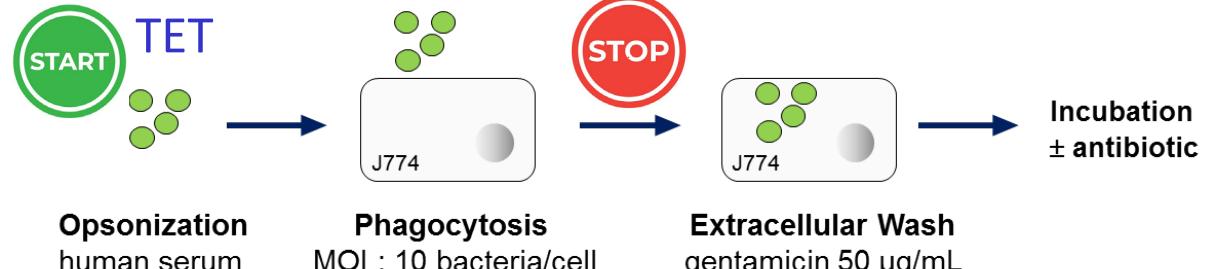
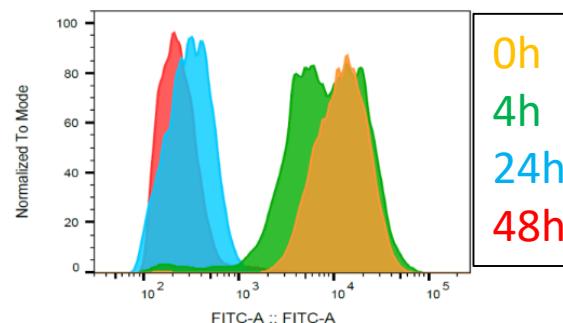
- 28.5 min / generation
- 30.3 min / generation (CFU method)



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

Application to intracellular *S. aureus*

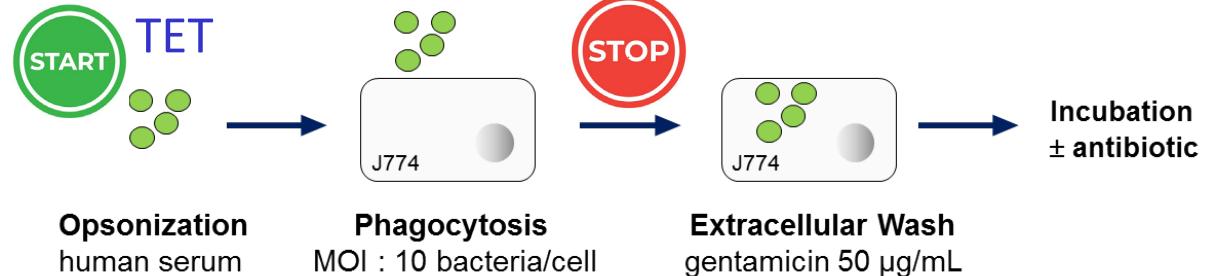
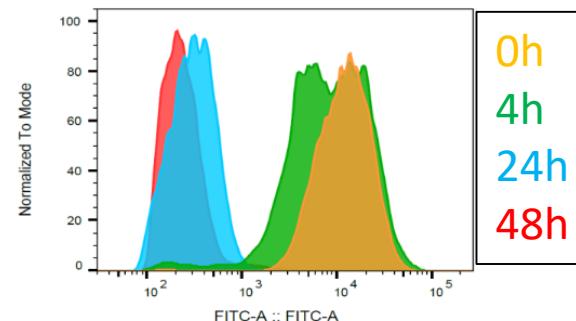
w/o
antibiotic
(gentamicin 5xMIC)



Inoculum actively dividing inside the cell

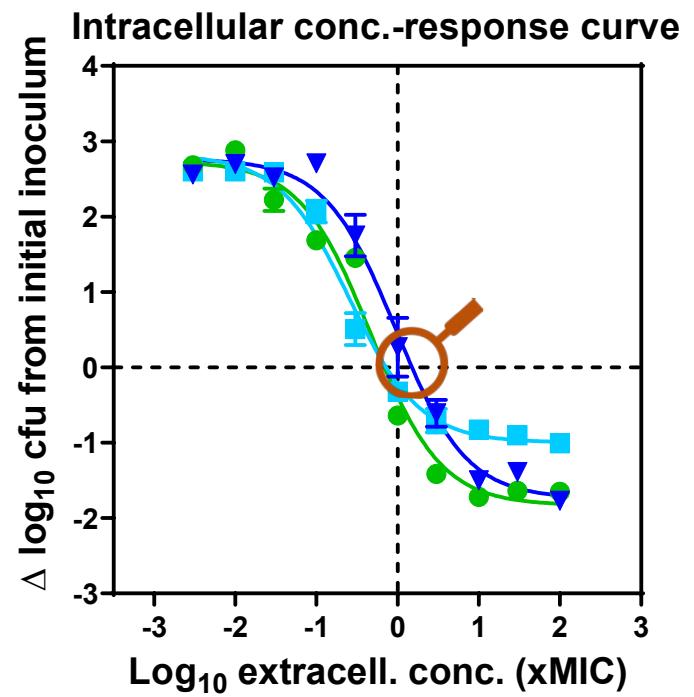
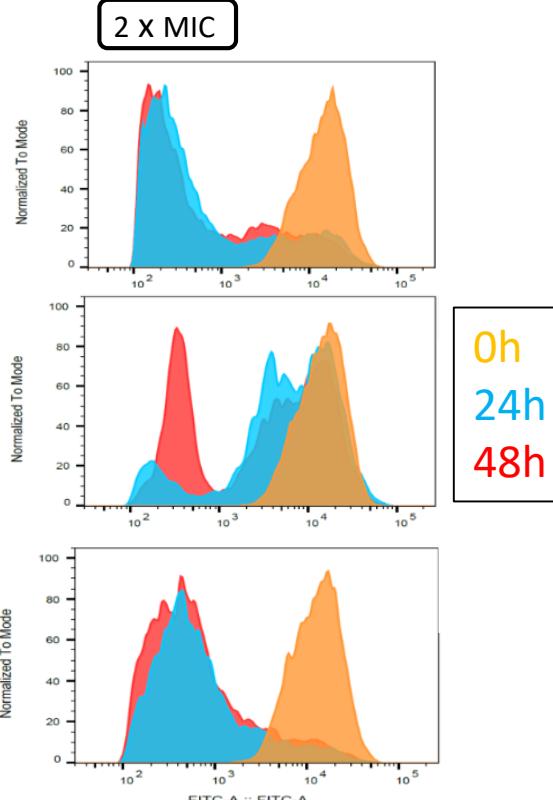
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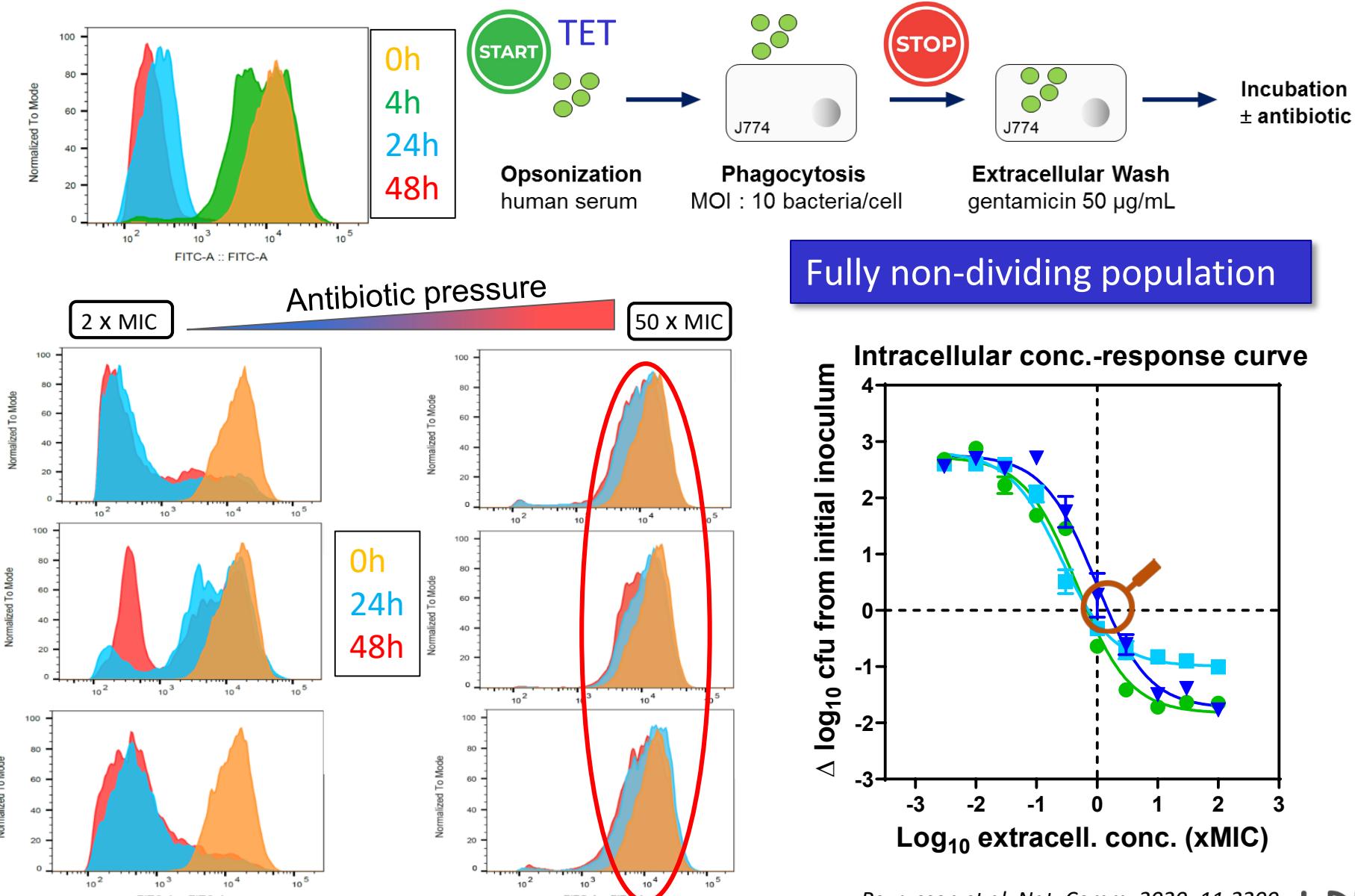
Oxacillin
Clarithromycin
Moxifloxacin



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

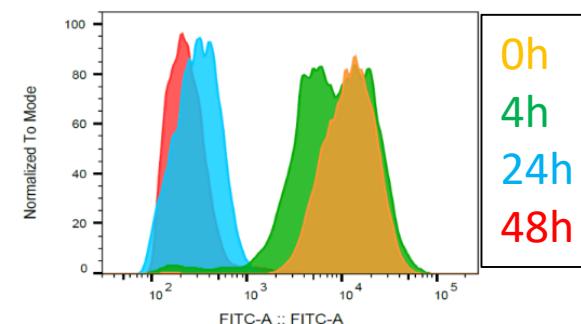
Application to intracellular *S. aureus*

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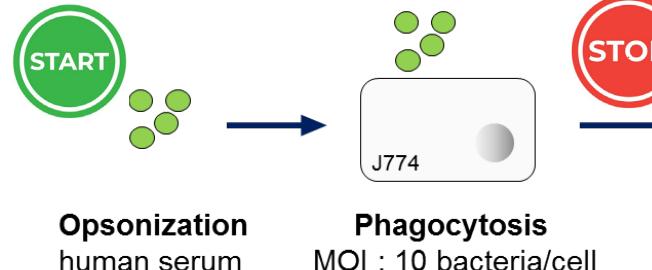
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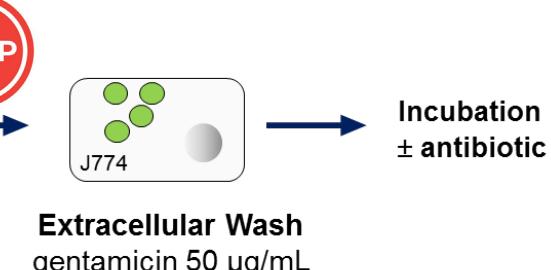
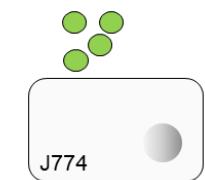


START

Opsonization
human serum



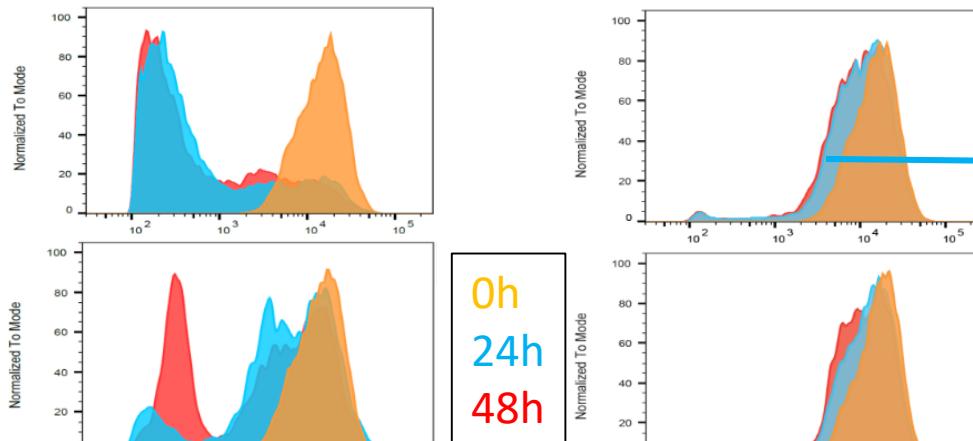
STOP



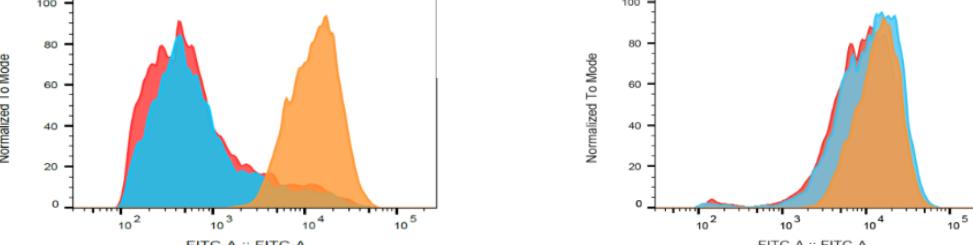
Oxacillin



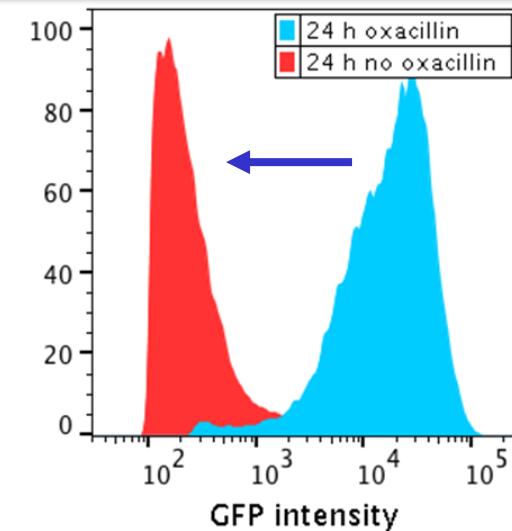
Clarithromycin



Moxifloxacin

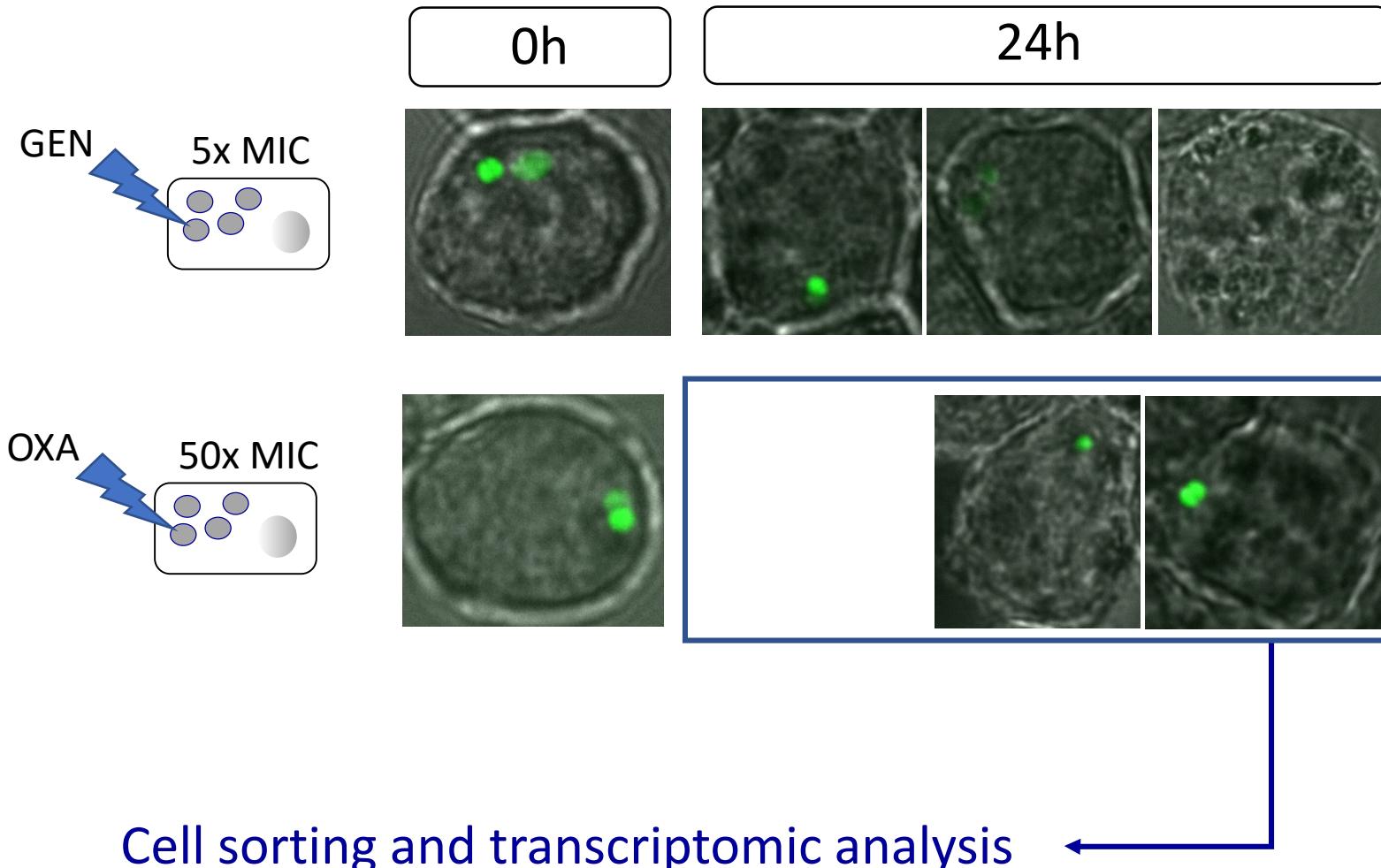


Reversible upon drug removal

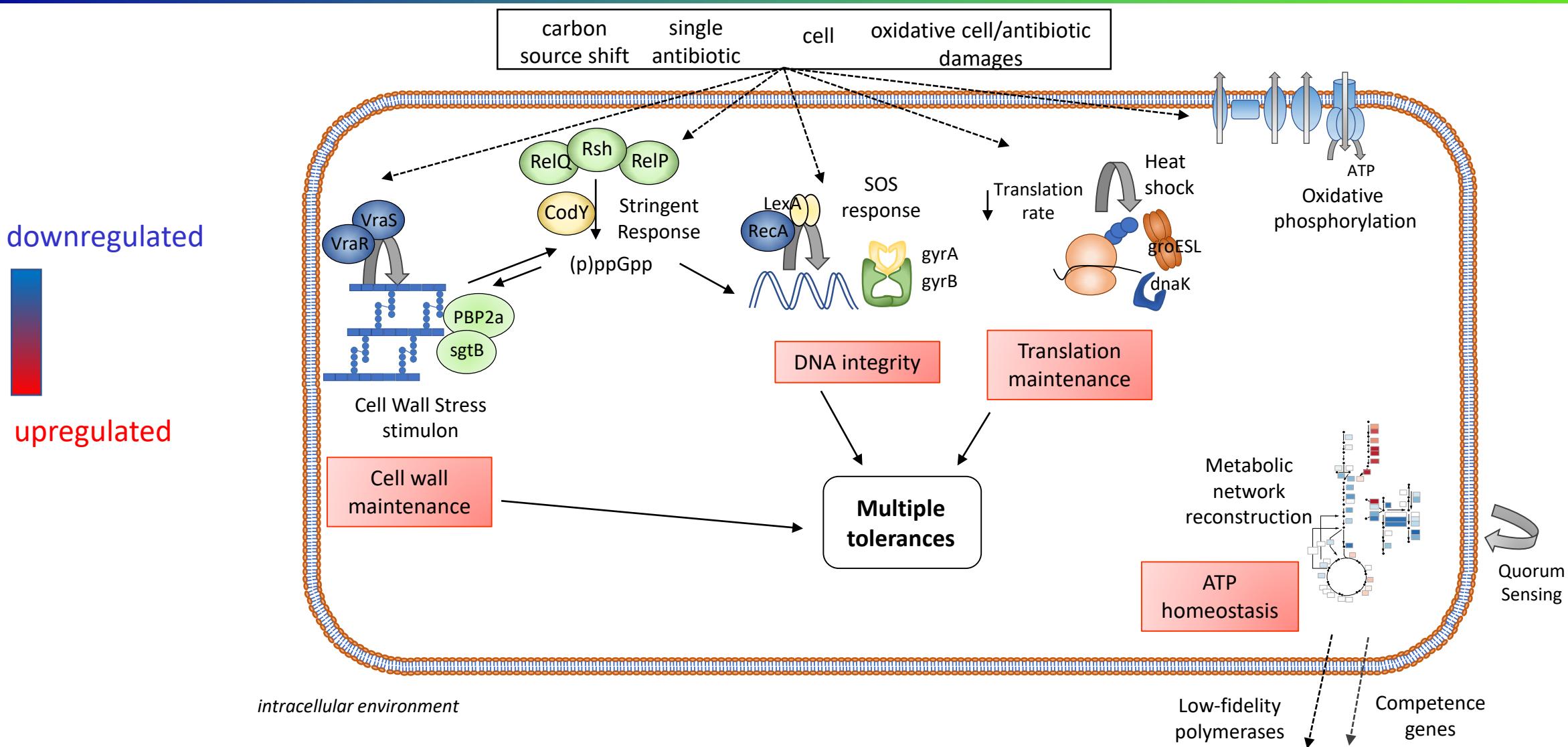


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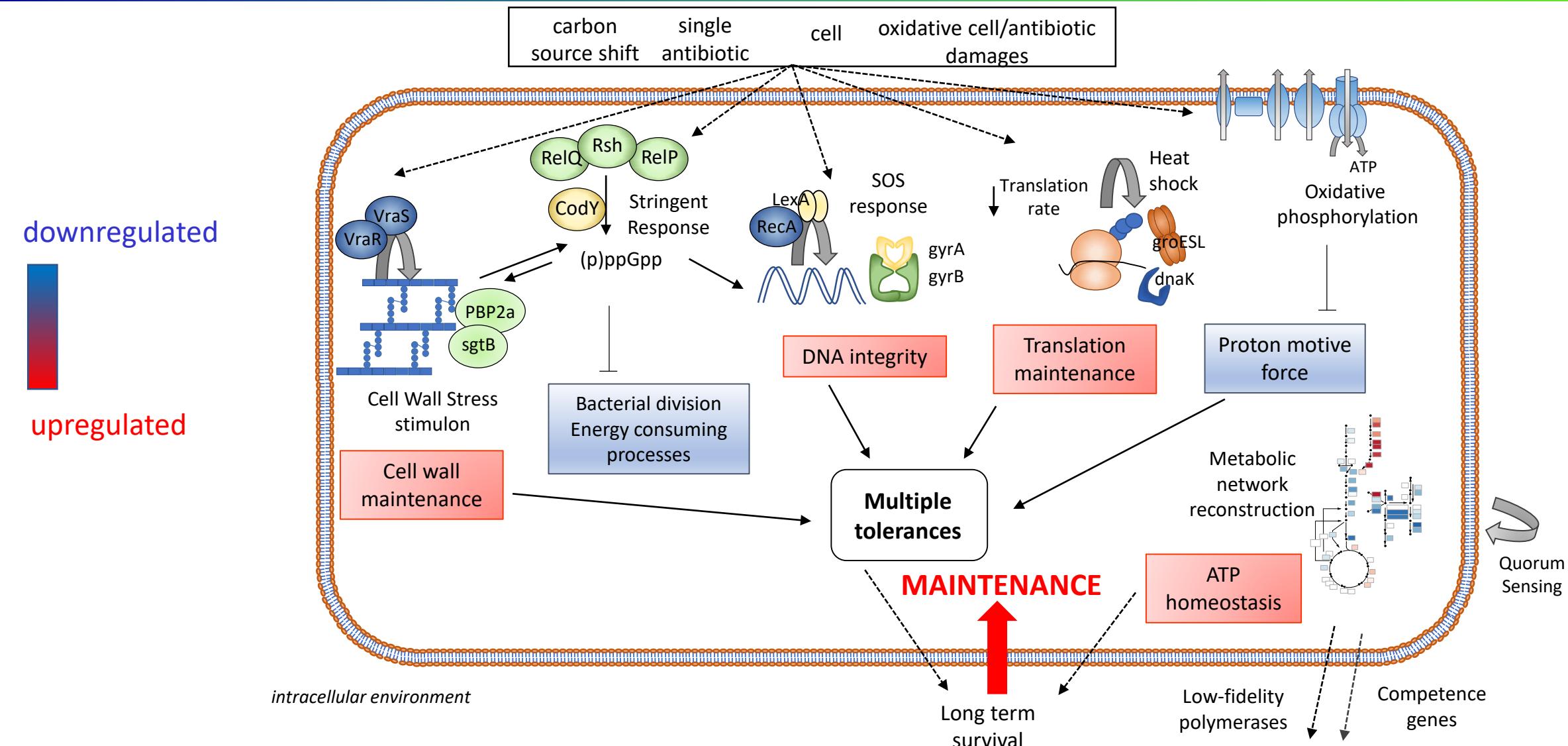
Non dividing bacteria persist inside the cells



Intracellular persisters: a global view



Intracellular persisters: a global view

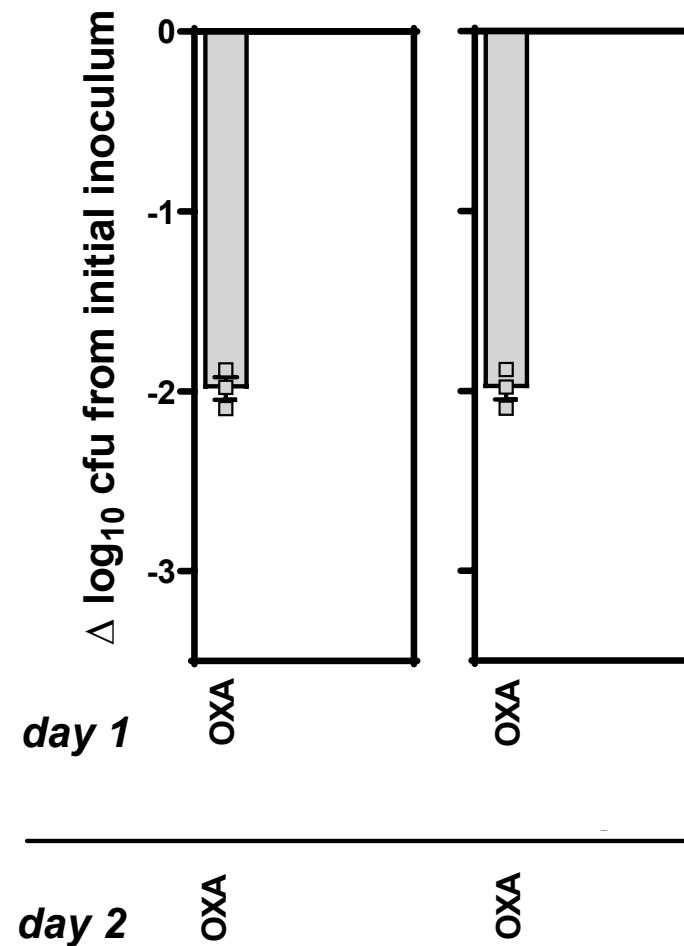
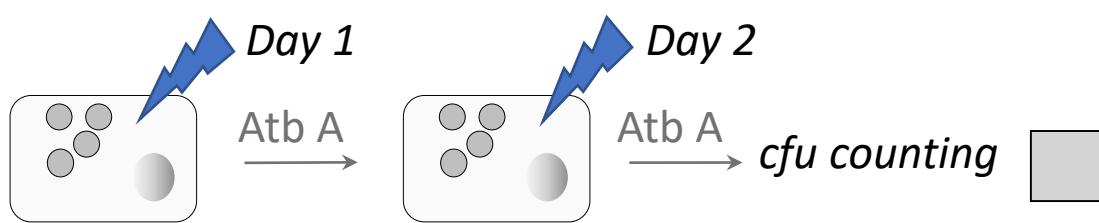


Multidrug tolerance

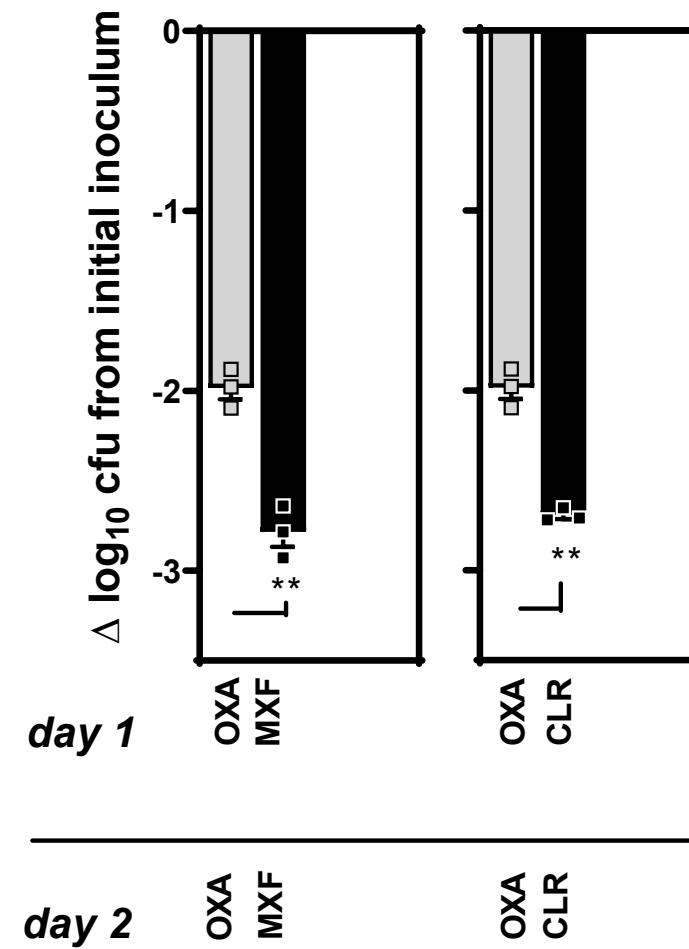
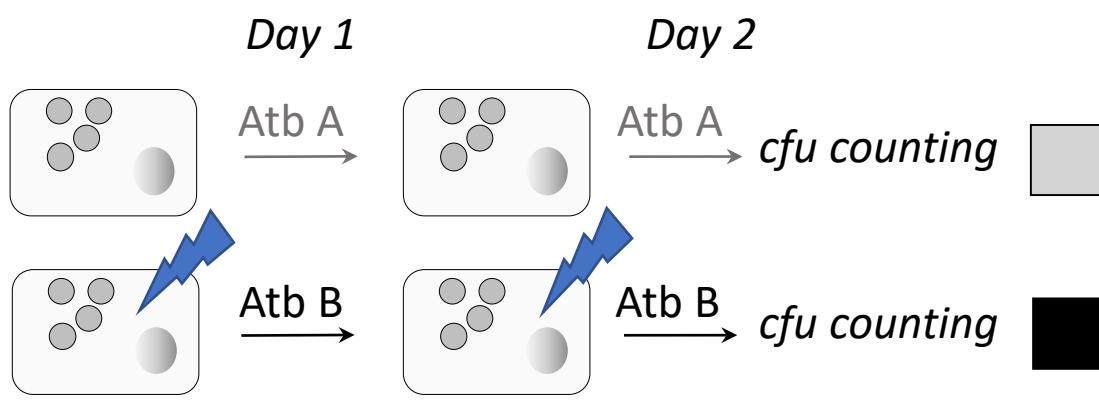
Antibiotic cocktails



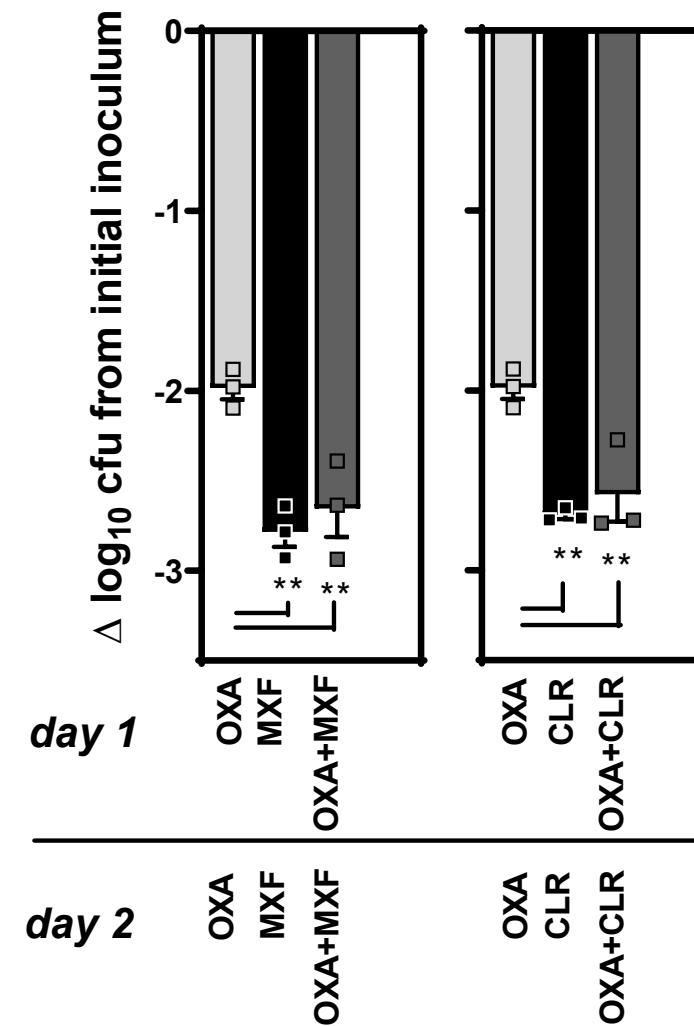
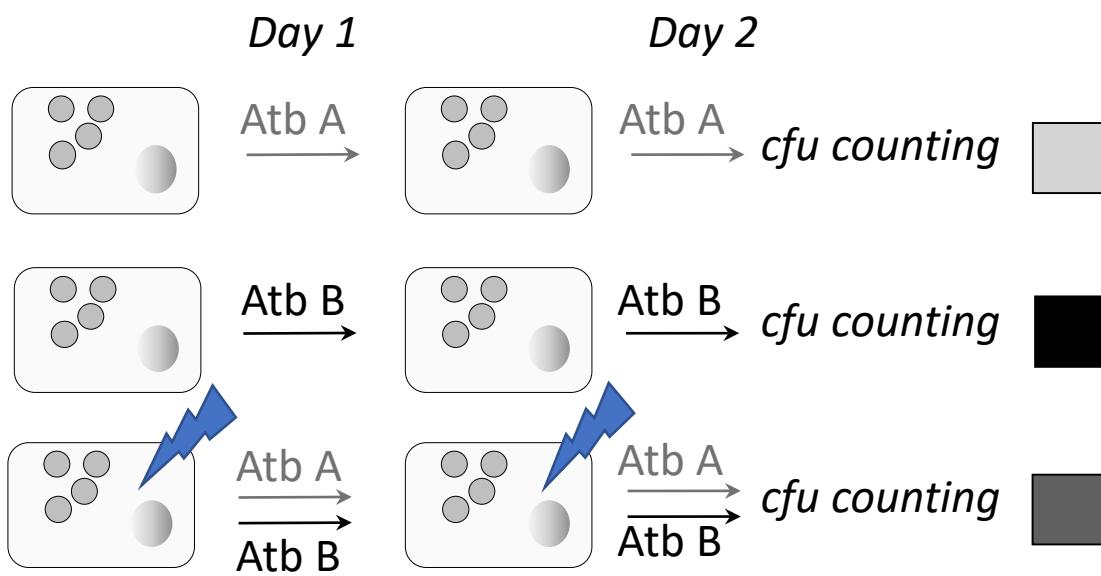
Multidrug tolerance



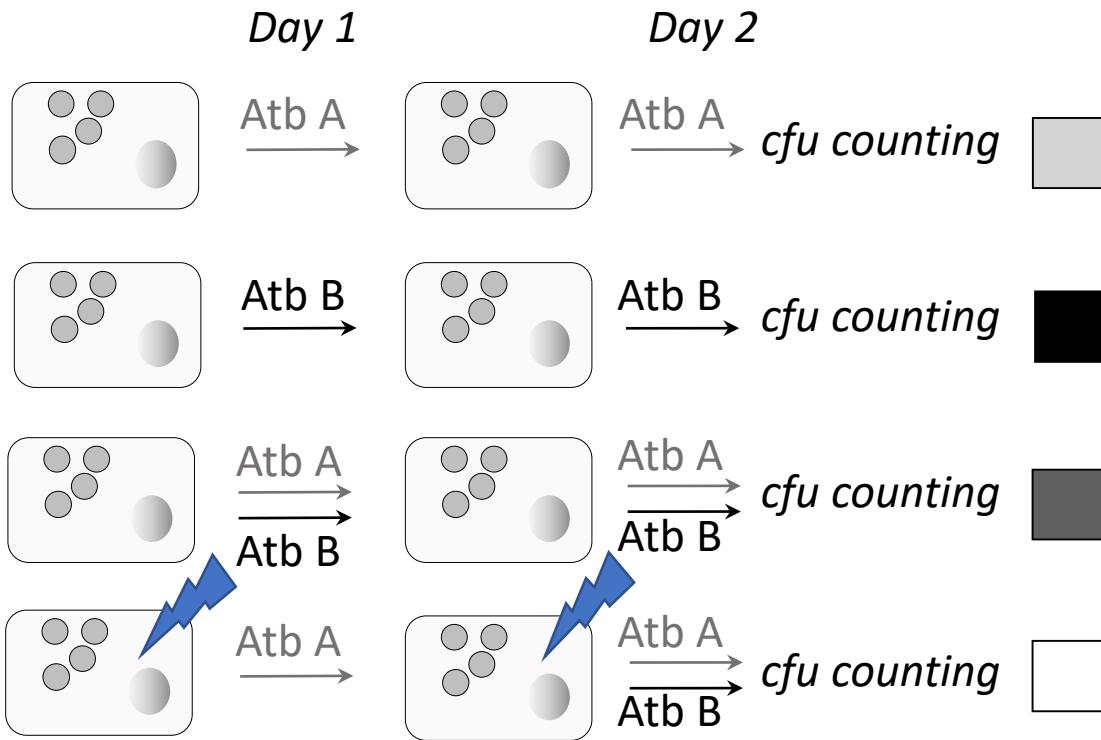
Multidrug tolerance



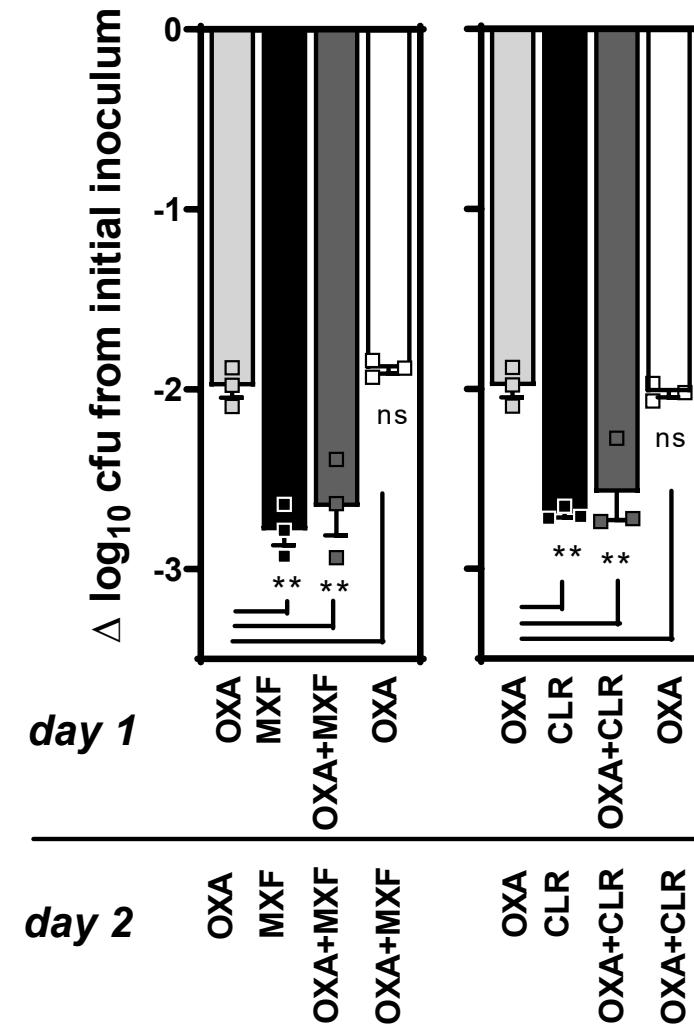
Multidrug tolerance



Multidrug tolerance



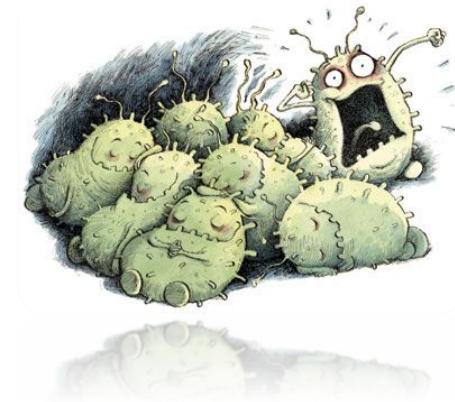
Persister level is defined by exposure to the first antibiotic



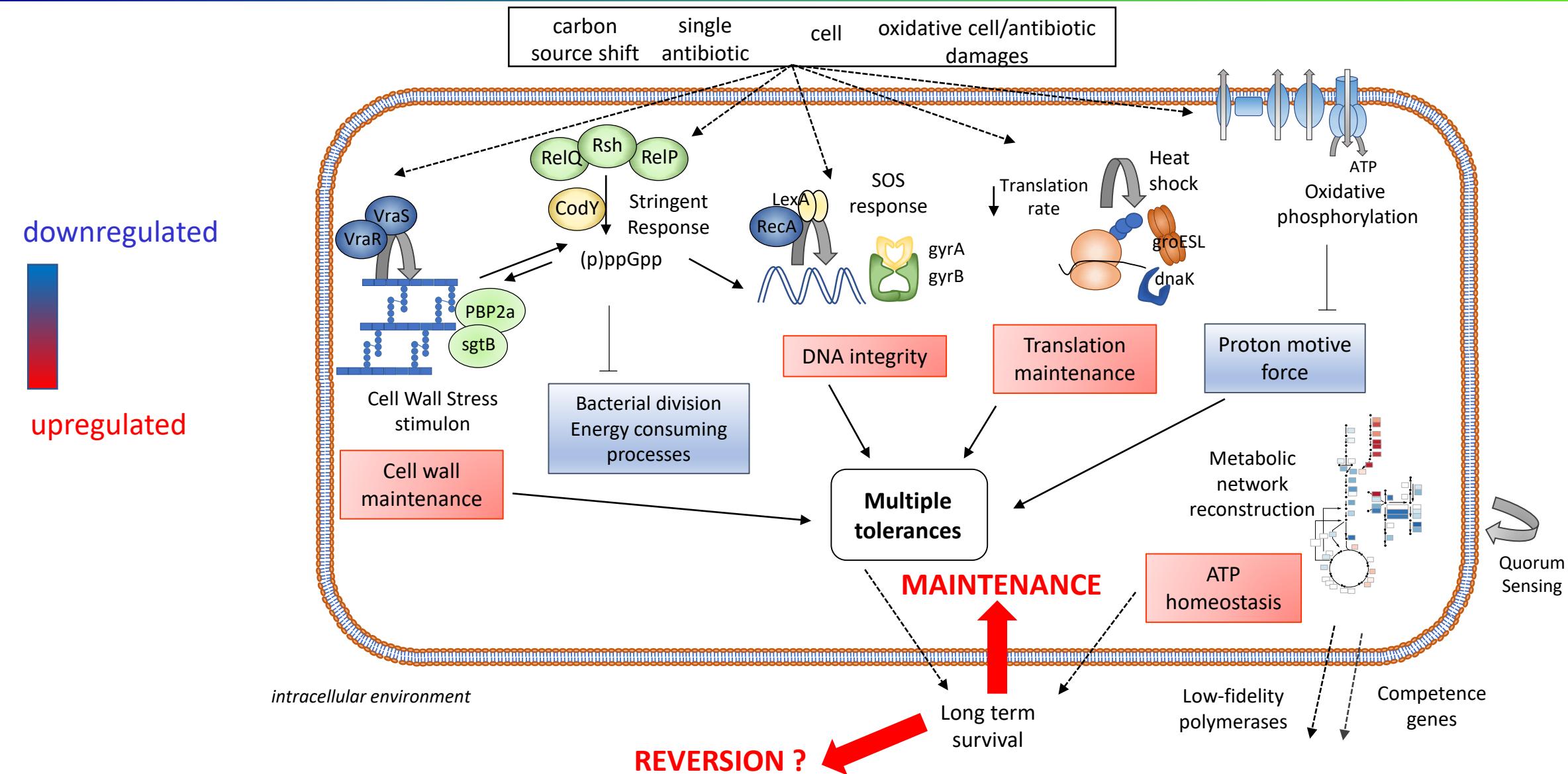
Intracellular persisters: clinical implications

- Intracellular bacteria can remain ‘dormant’ inside eukaryotic cells
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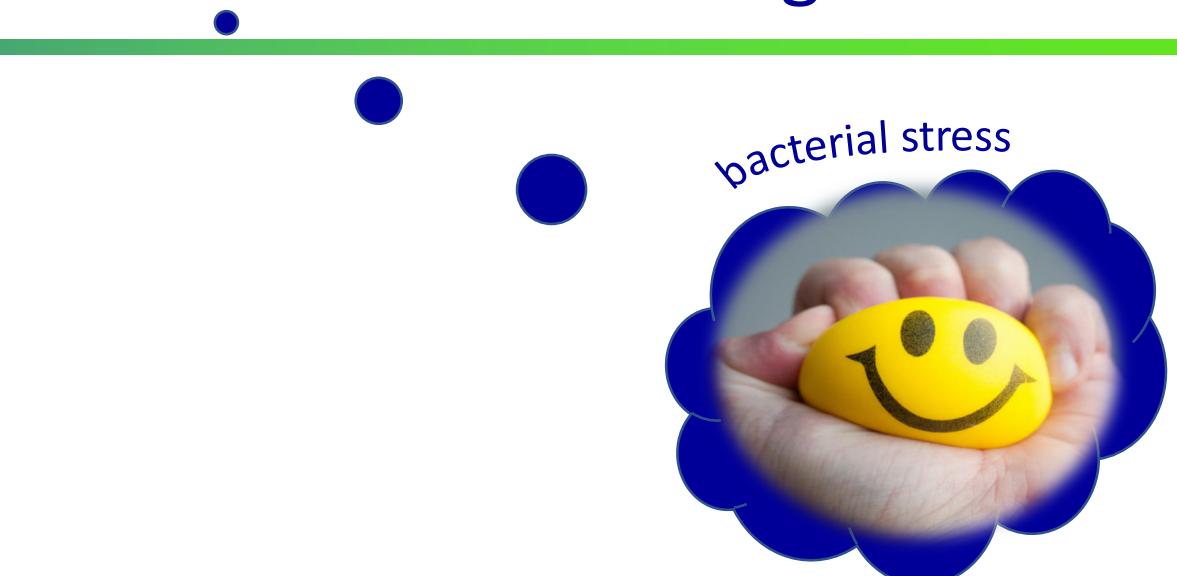
D. Parkins



Intracellular persisters: a global view



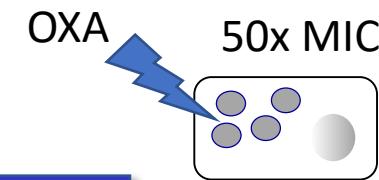
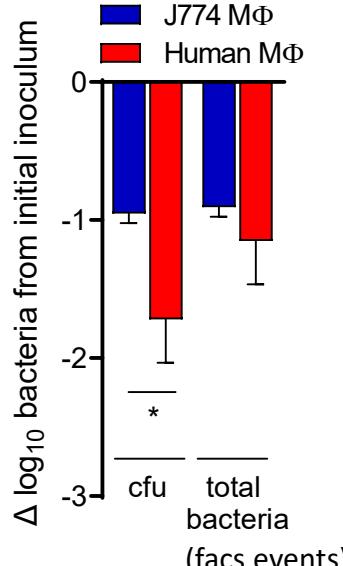
Deepness of dormancy.... Kinetics of awakening



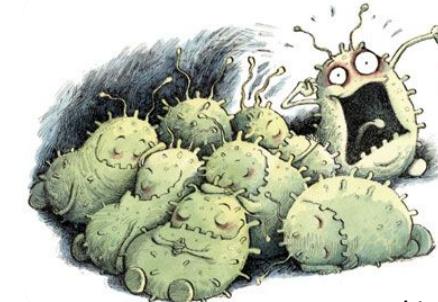


Deepness of dormancy

FACS counts vs colony forming units



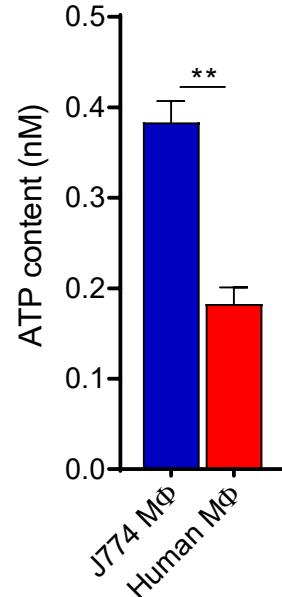
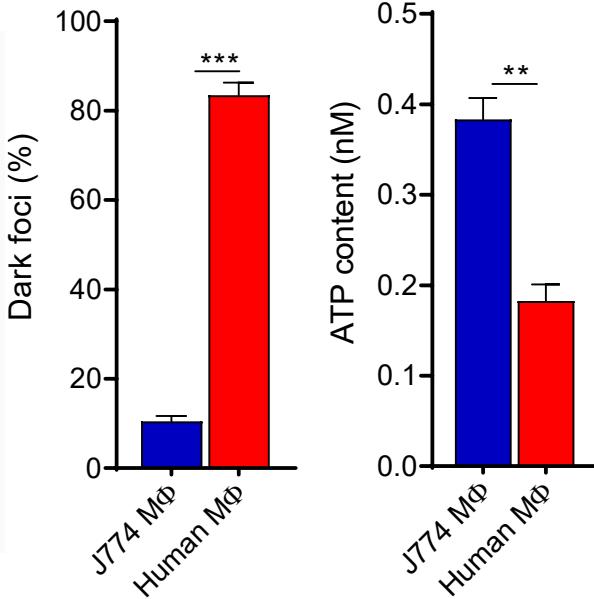
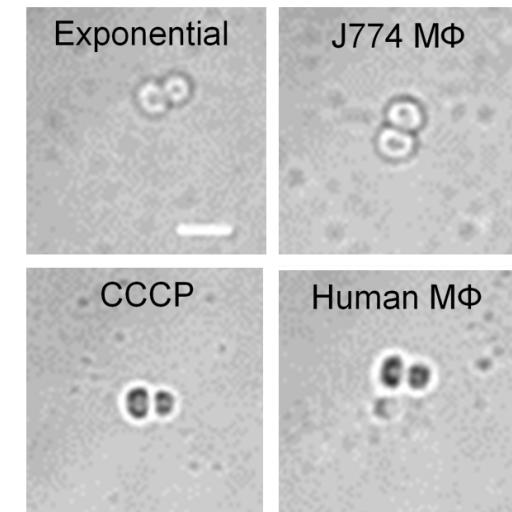
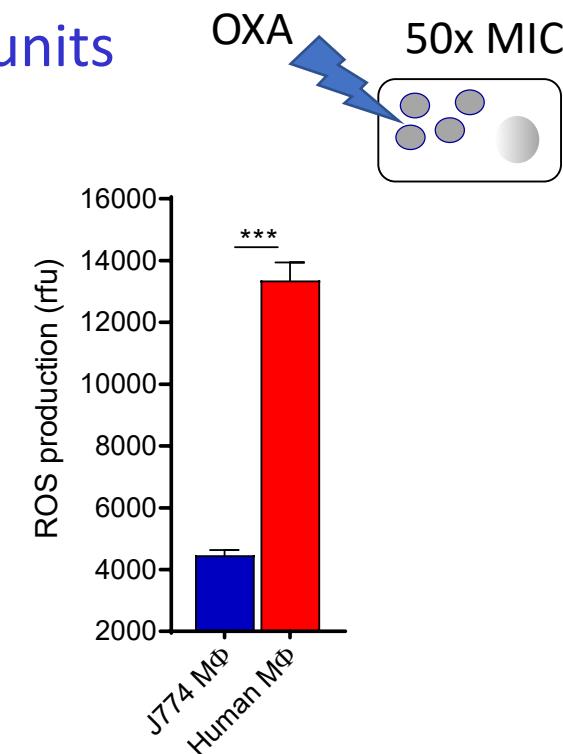
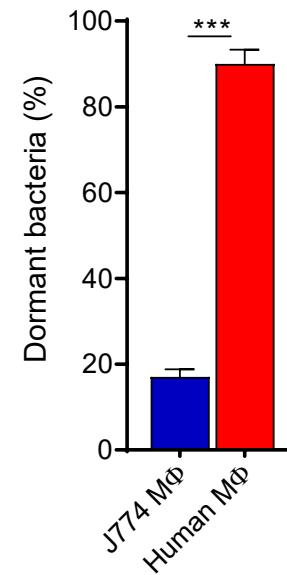
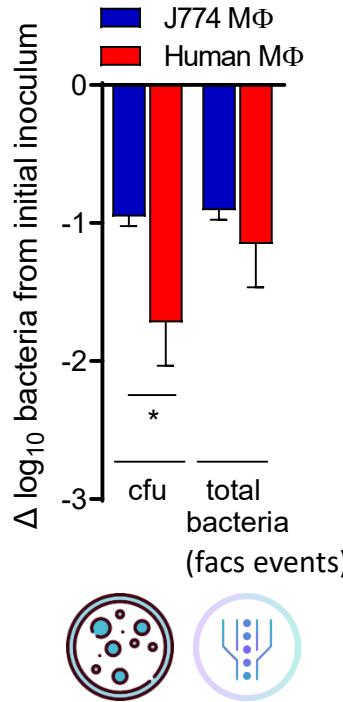
All bacteria do not form colonies when isolated from activated human macrophages





Deepness of dormancy

FACS counts vs colony forming units

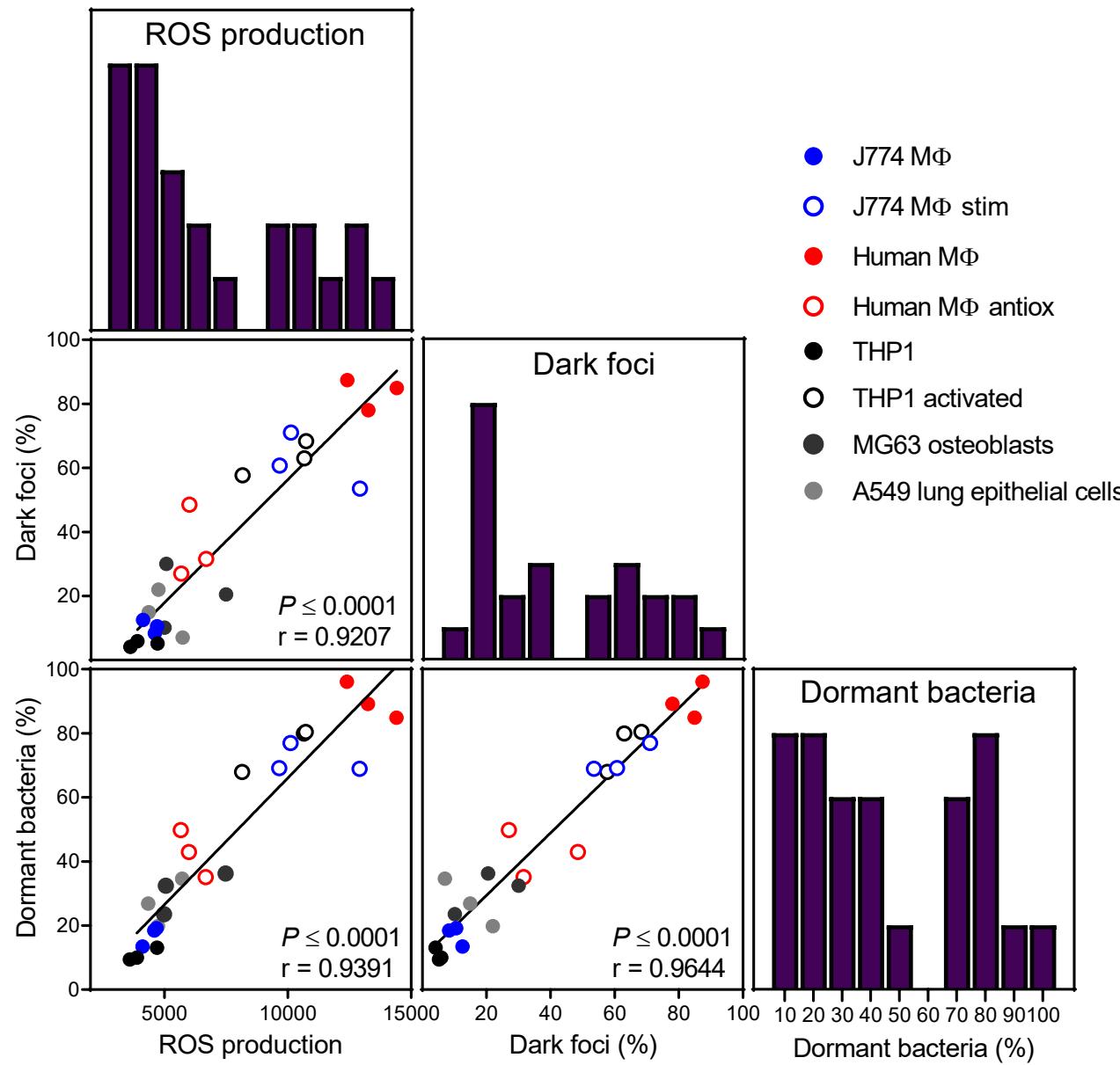


Dormancy level depends on the cell type
(oxidative stress level)

Dormant bacteria show protein
aggregates and lower ATP content



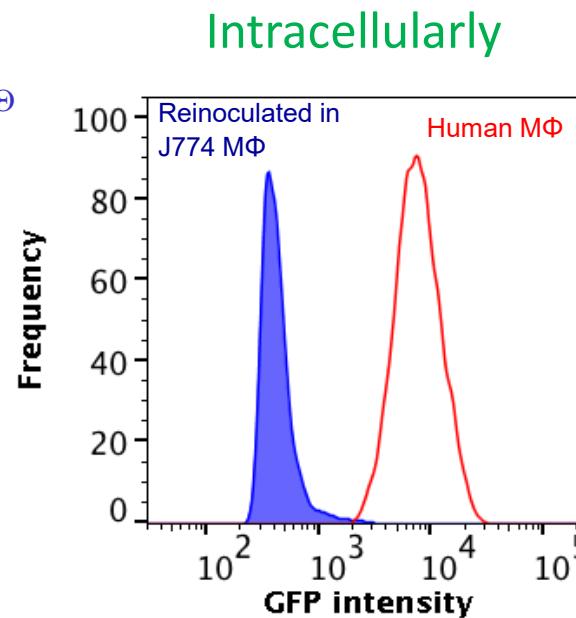
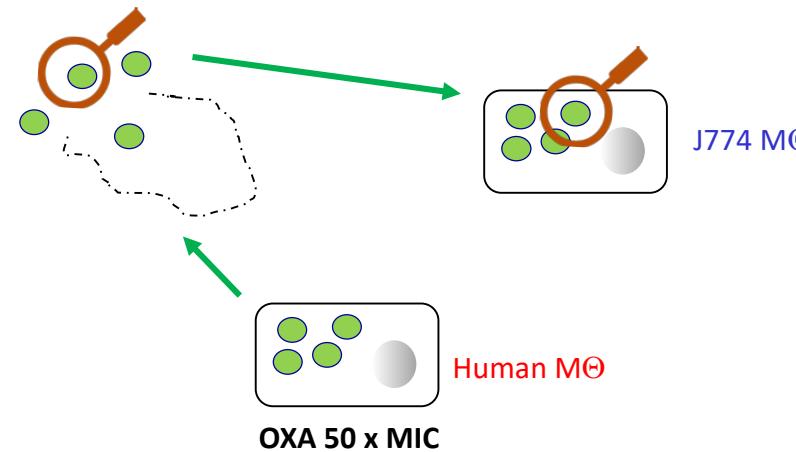
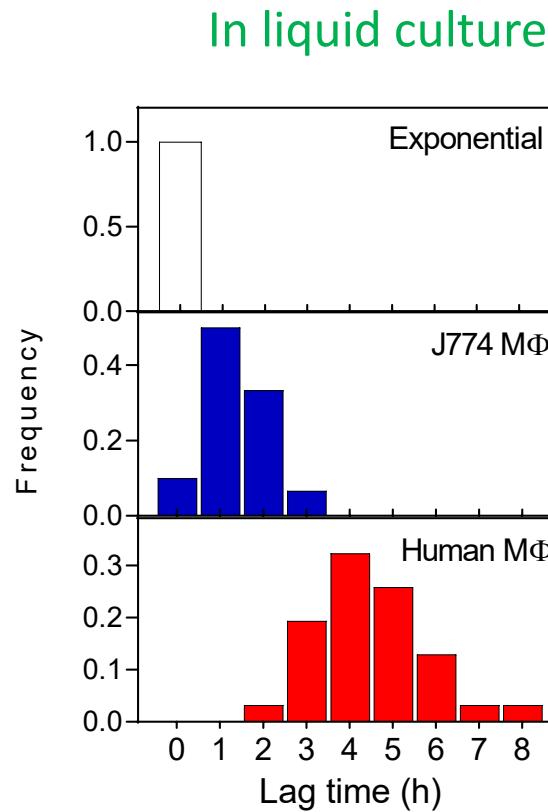
Deepness of dormancy: impact of the cell type



Cell ROS production
highly correlated with
% dormant bacteria
% dark foci

Awakening of dormant forms

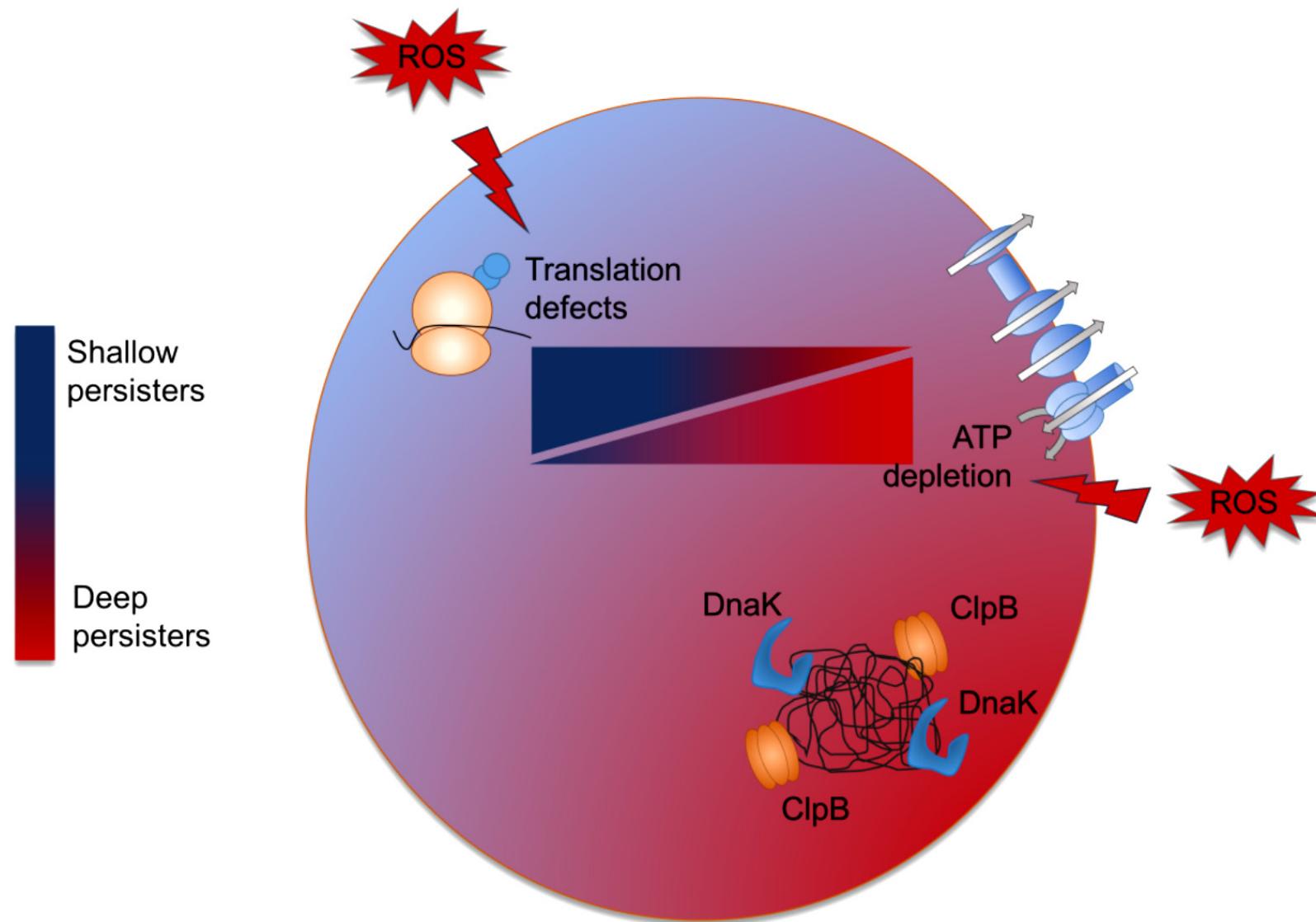
Awakening of intracellular bacteria upon drug removal



Awakening time is longer
for persisters from oxidative cells



Deepness of dormancy : a balance between translation defects and ROS

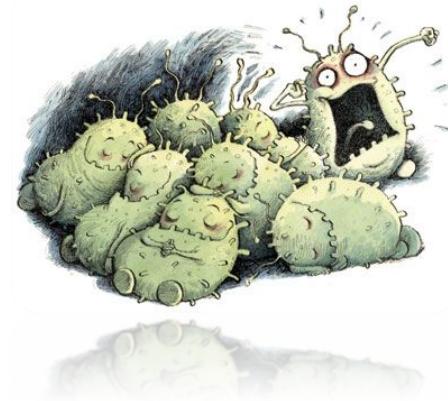


Peyrusson et al, *Microbiology Spectrum* 2022; 10(1):e0231321

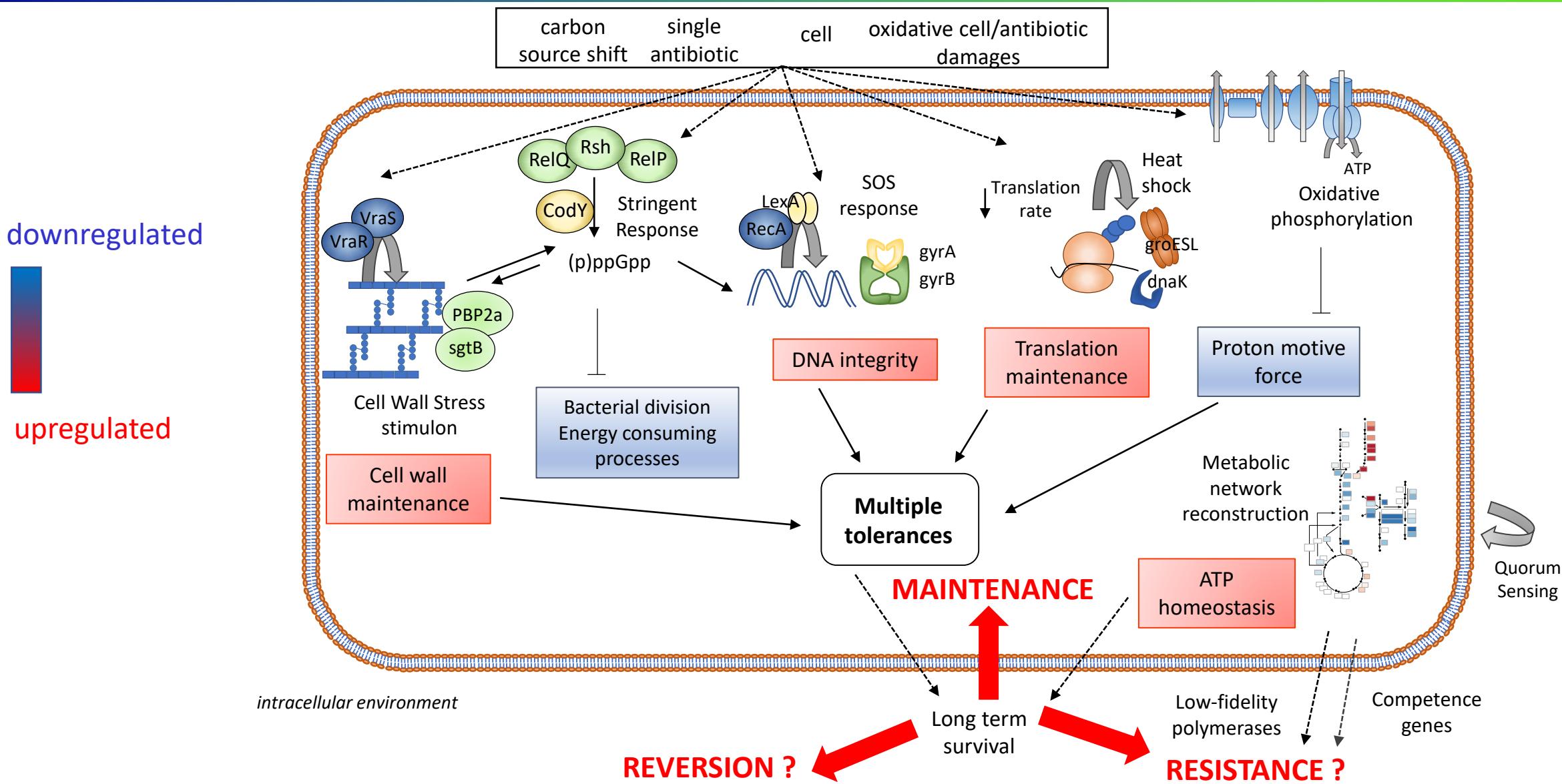
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- Dormancy is associated to the activation of a global stress response
 - Dormant bacteria are 'multidrug tolerant'
 - Exposure to one drug makes bacteria non-responsive to other classes of drugs
- Dormancy is reversible when the stress is relieved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

D. Parkins

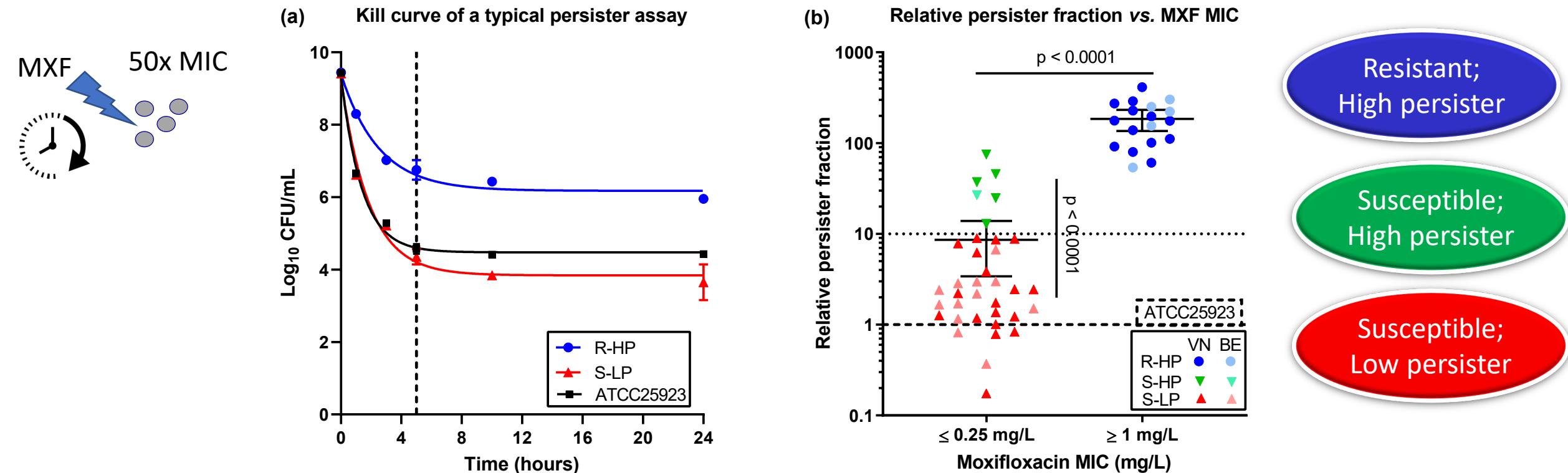


Intracellular persisters: a global view



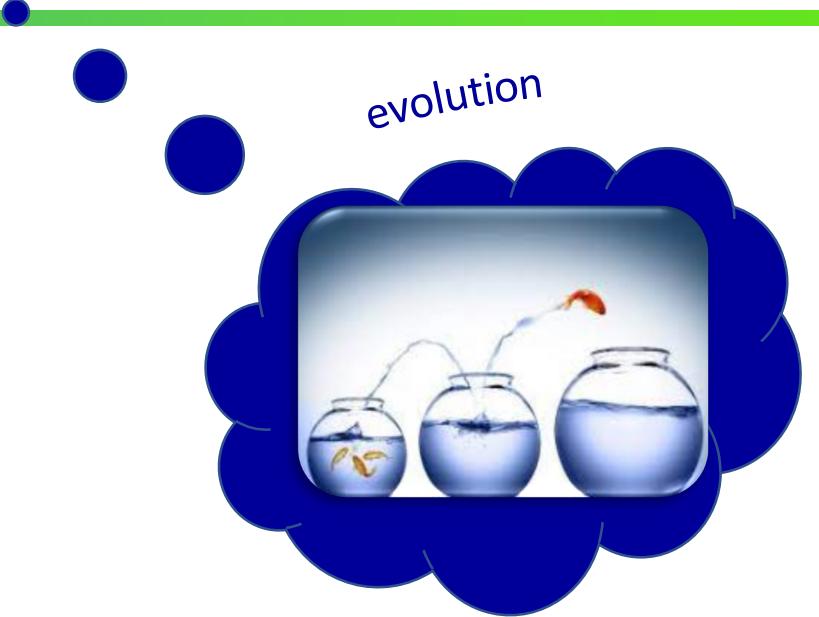
What about clinical isolates ?

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

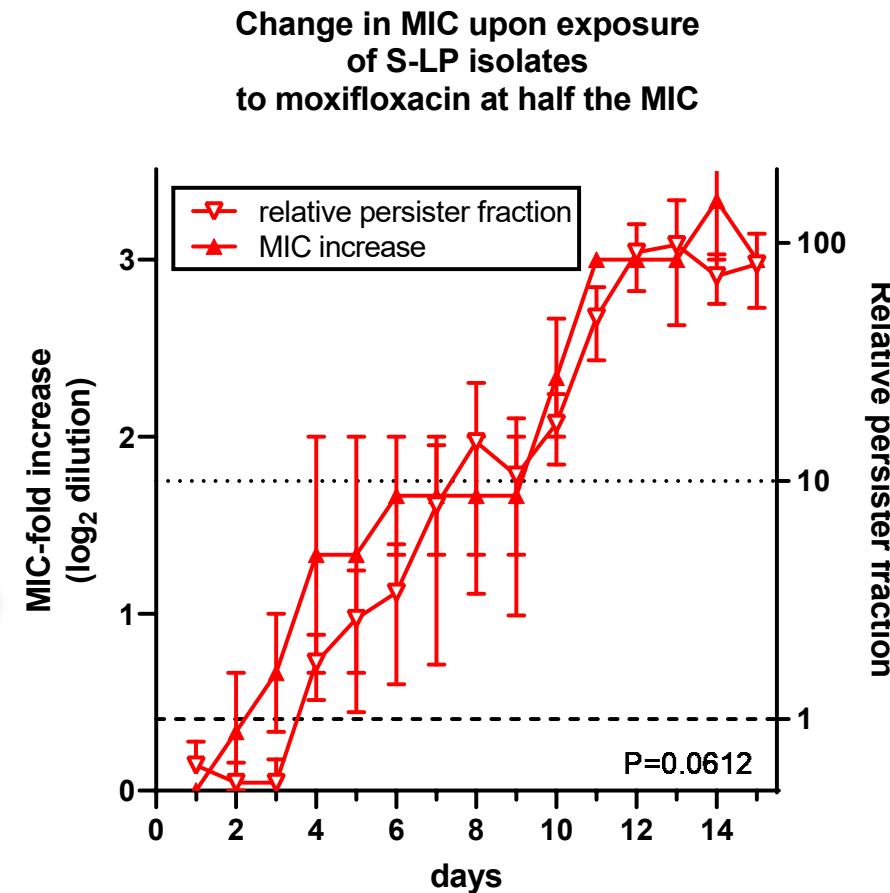
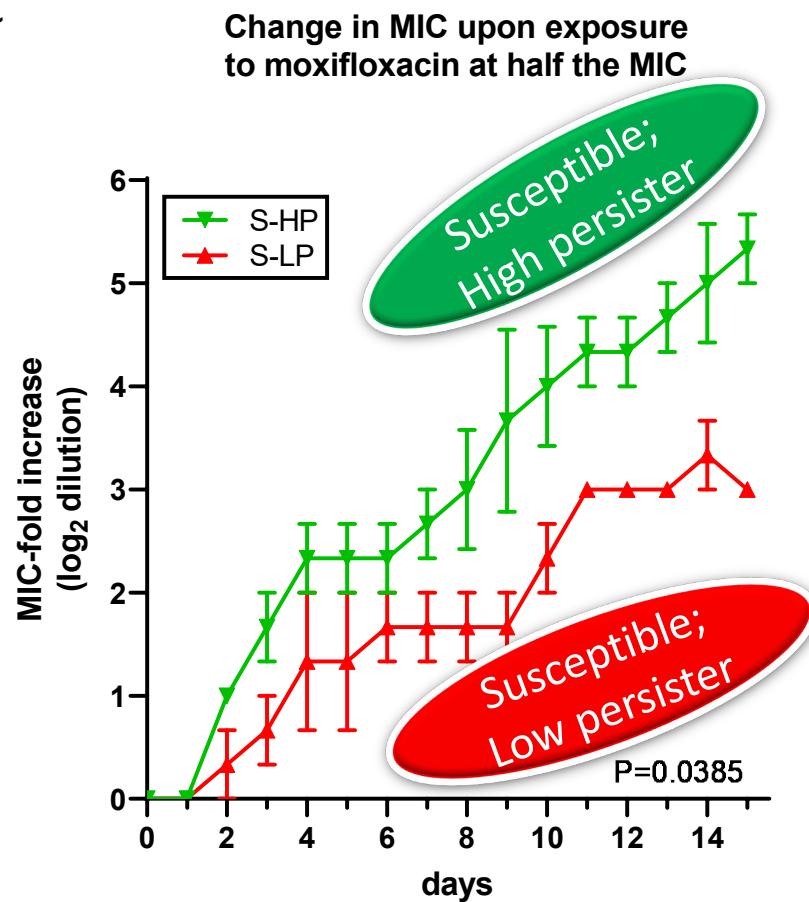
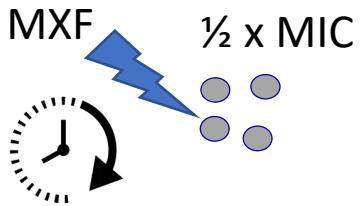


- All resistant isolates have a high relative persister fraction
- Most susceptible isolates have a low relative persister fraction

Does persistence prepare for resistance?



Does persistence prepare for resistance?

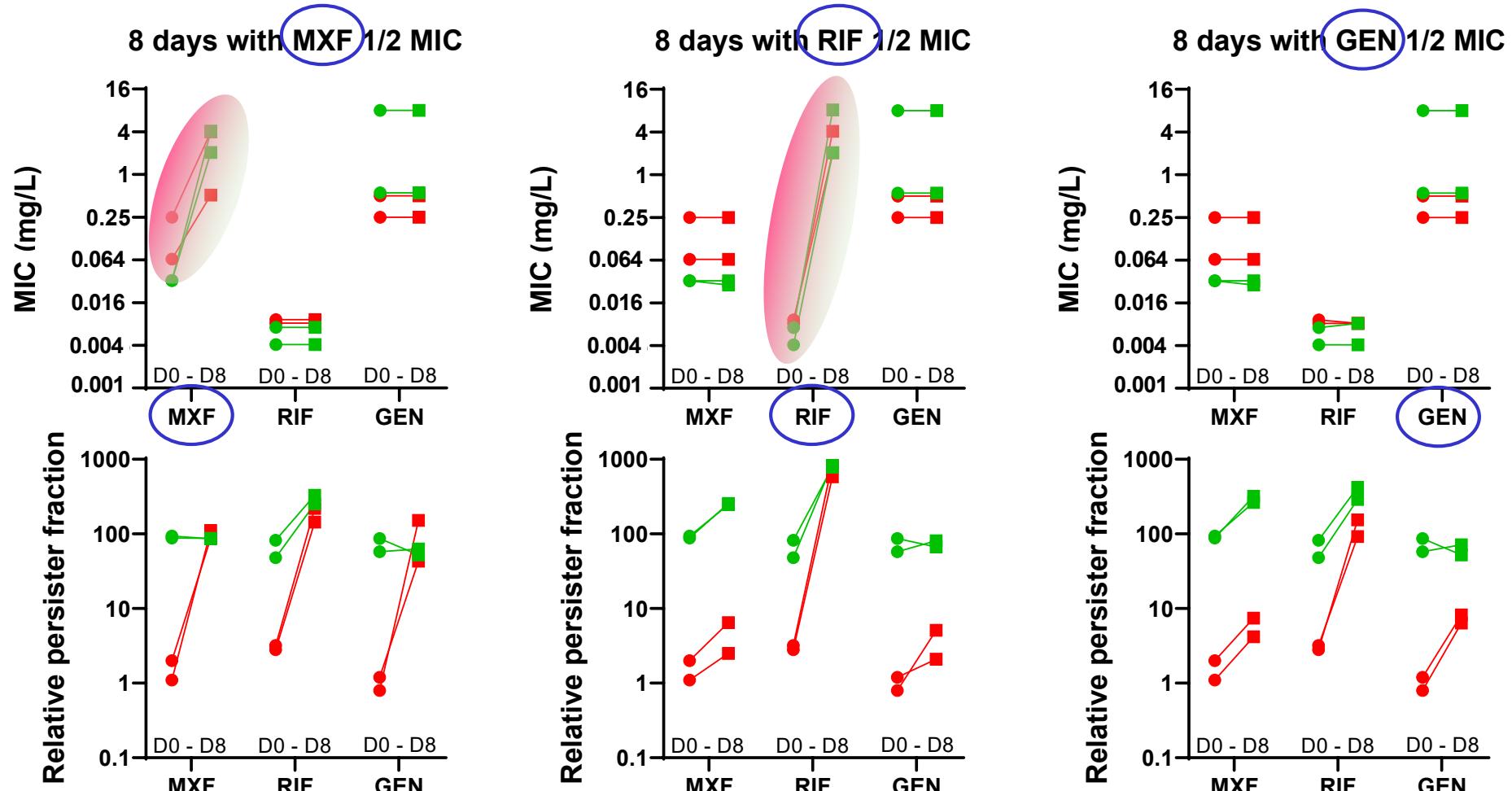
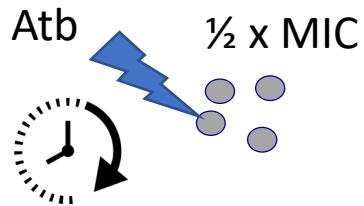


- Persistence accelerates the selection of resistance
- Persistence and resistance are acquired together

Cross-persistence without cross-resistance

Susceptible;
High persister
to MXF

Susceptible;
Low persister
To MXF



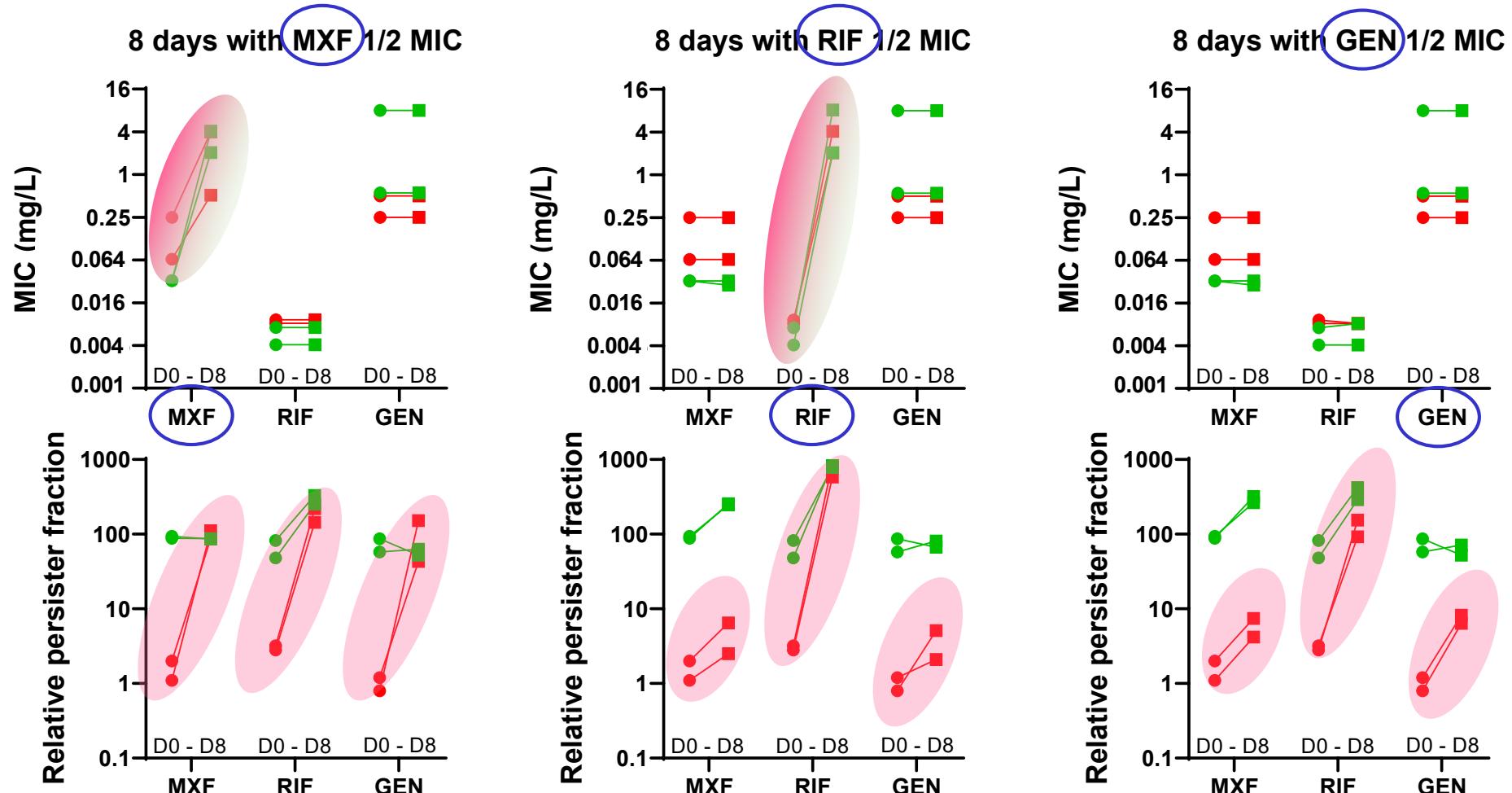
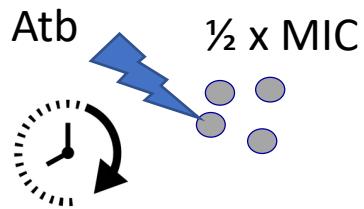
Exposure to sub-MIC

- selects for resistance to the selecting drug (when possible)

Cross-persistence without cross-resistance

Susceptible;
High persister
to MXF

Susceptible;
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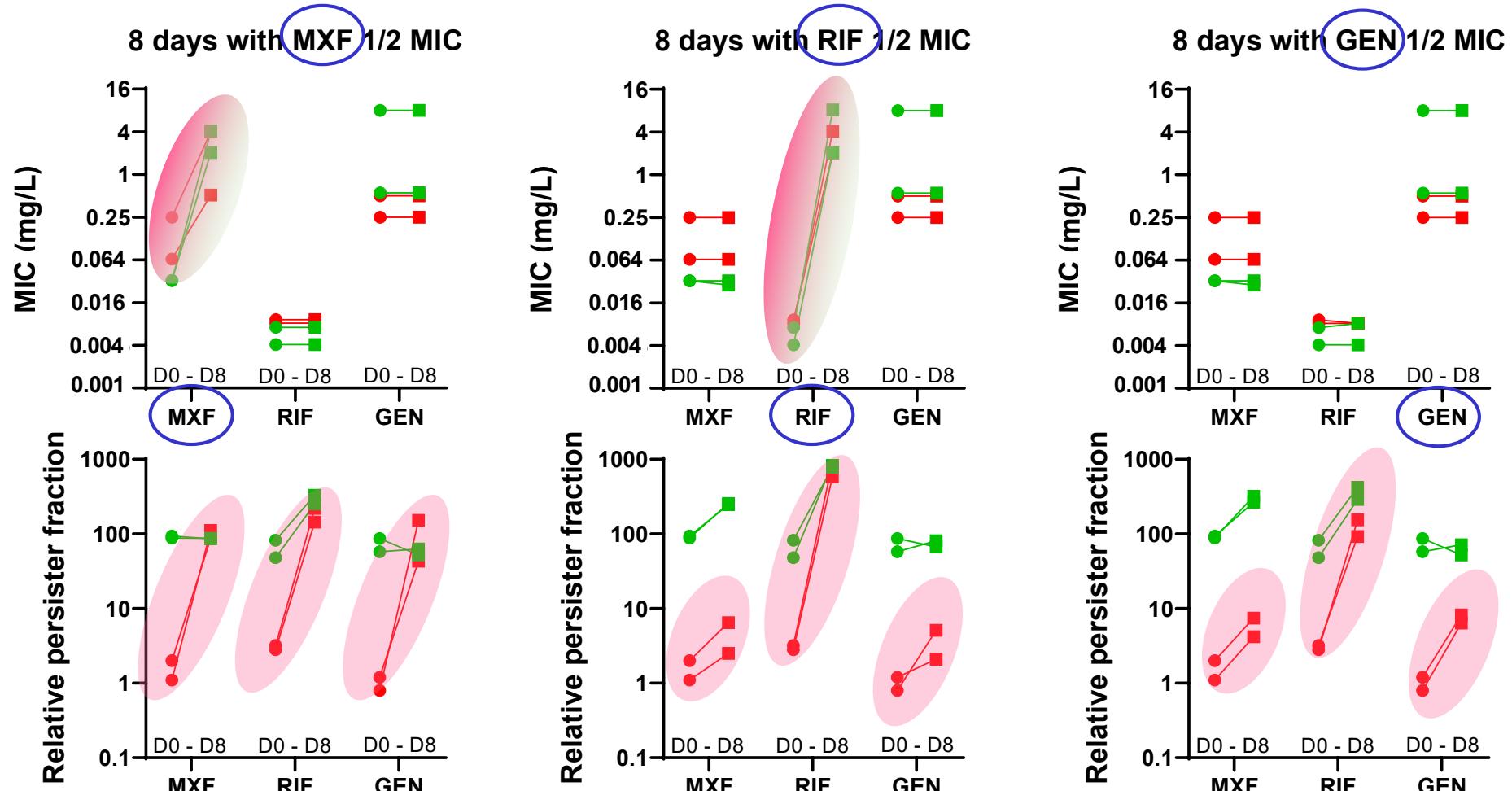
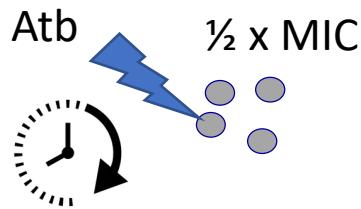
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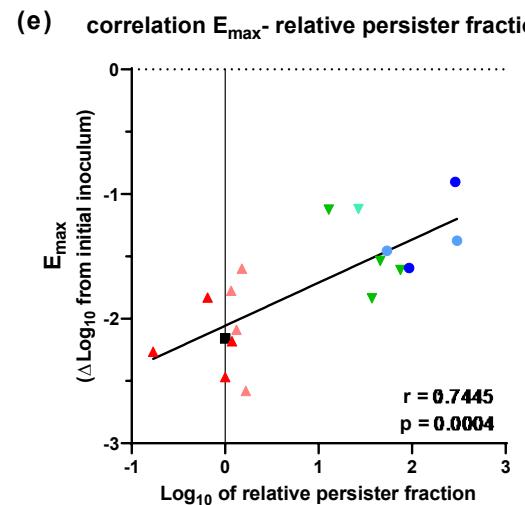
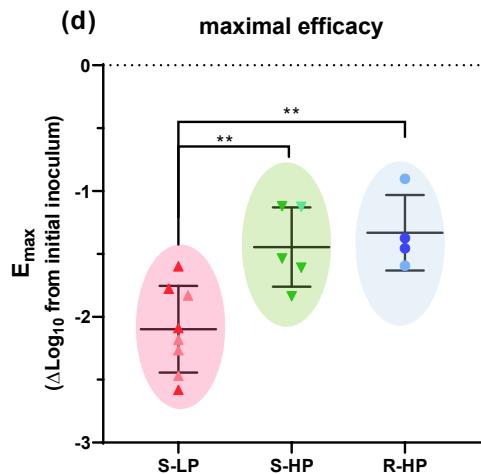
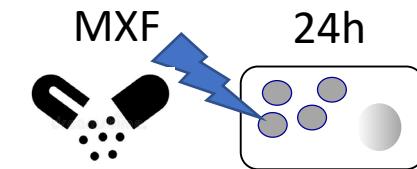
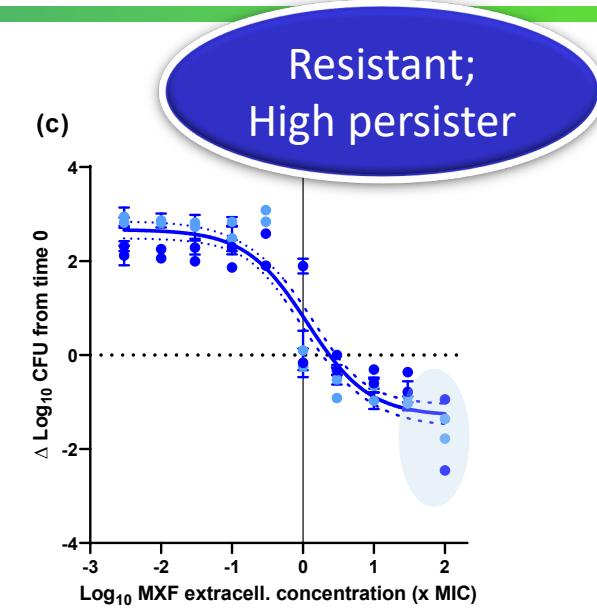
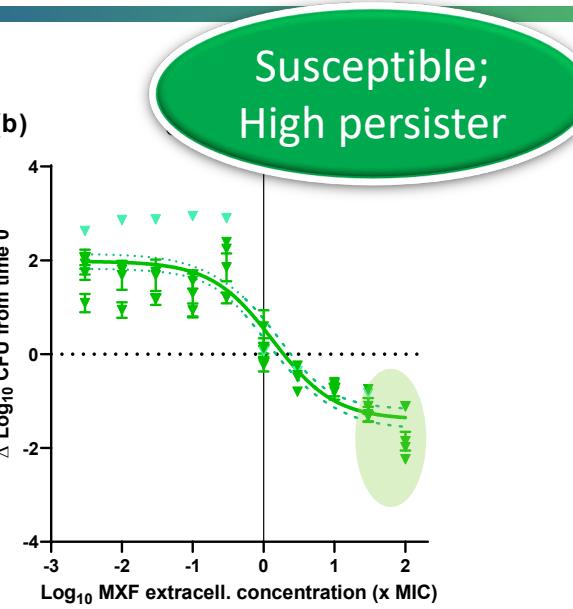
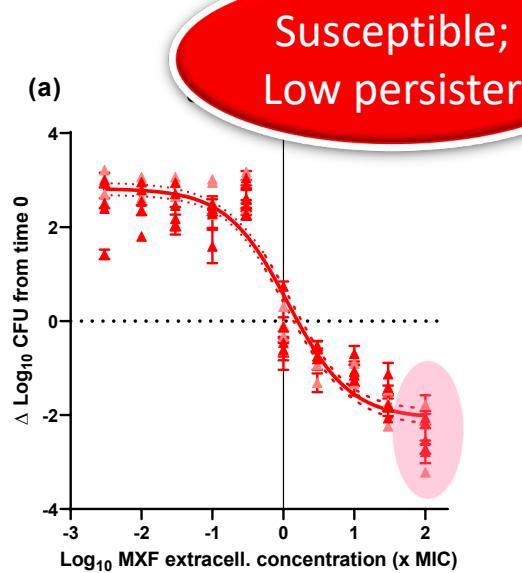
Susceptible;
Low persister
To MXF



Exposure to sub-MIC

- selects for resistance to the selecting drug (when possible)
- increases persistence to different drug classes

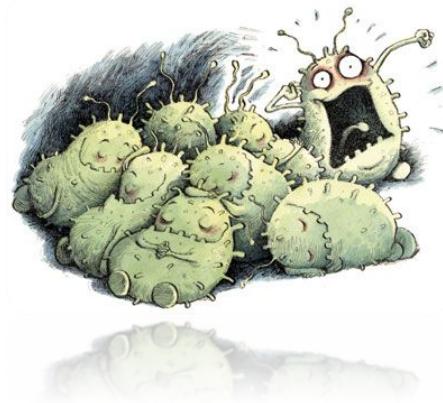
Persister character to predict intracellular tolerance



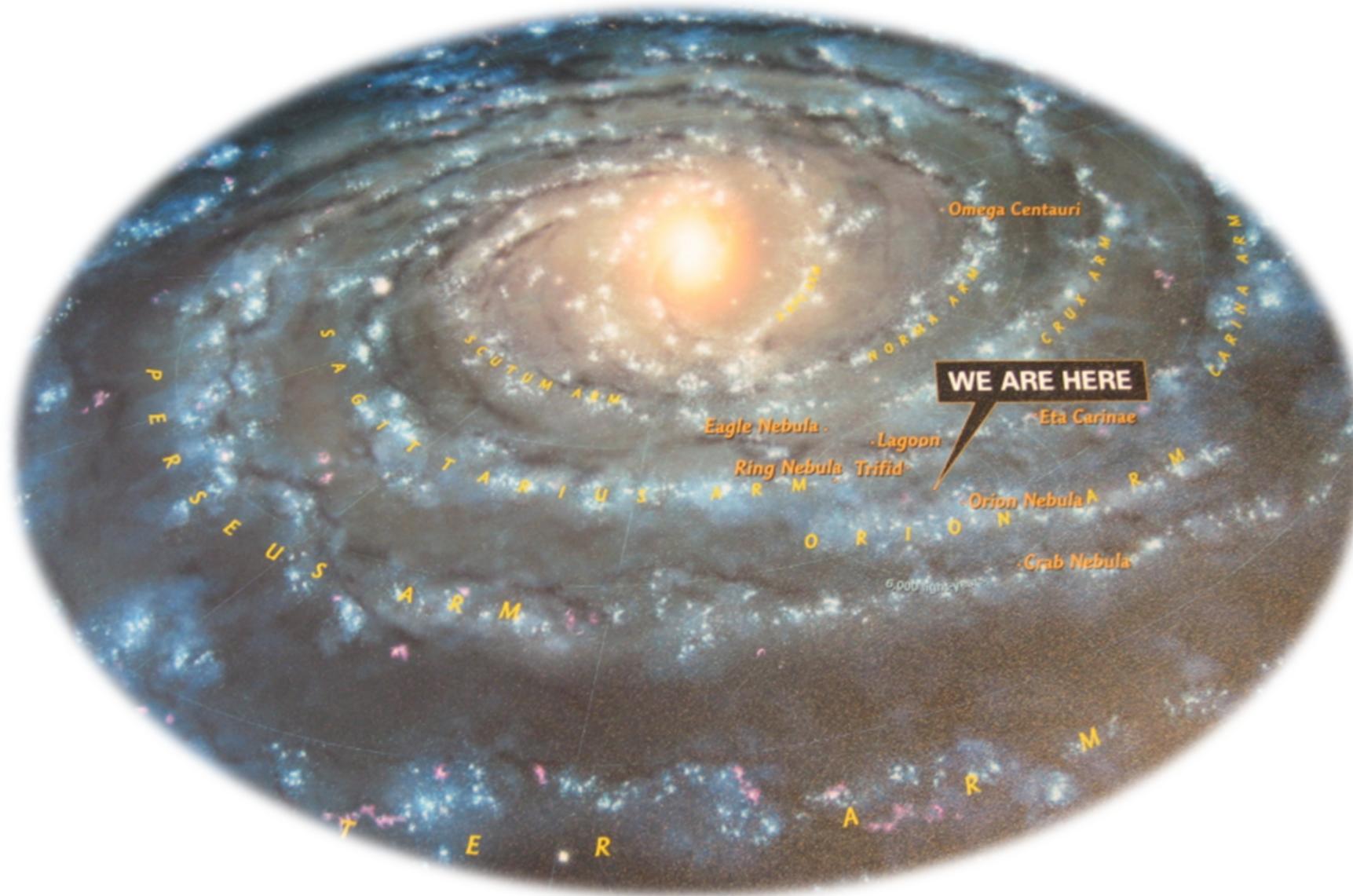
Isolates with higher relative persister fraction are less responsive to moxifloxacin intracellularly

Intracellular persisters: clinical implications

- 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 ?
- 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



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