

# Detection of *mecA* and *ermC* genes in *S. epidermidis* isolates among acne patients

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**Abstract**— The purpose of the recent study was to profile of two resistance genes (*mecA* and *ermC*) in *S. epidermidis* which isolated from acne patients. In the study, 150 samples of acne from acne sufferers were collected between August and September 2022 in a private clinical place in the Thi-Qar province of Iraq. The *S. epidermidis* was only found in (40%) isolates. Microscopical examination, morphological characterization, diverse biochemical testes, and accurate identification with Vitek-system were used to recognize *S. epidermidis* isolates. The PCR technique results recorded that (90%) of *S. epidermidis* isolates had *mecA* genes and low percentage of *ermC* (10%).

**Keywords**— *S. epidermidis*, *mecA* gene, *ermC* gene

## I. INTRODUCTION

Acne vulgaris is a Pilosebaceous unit illness, and it is also known as acne vulgaris usually observed in adolescence and it varied in severity from person to person. Acne vulgaris appeared widely in face, chest, and back areas of patients due to the dense sebaceous follicles in these areas. About 80–90% of adolescents in the Western world have acne during adolescence, and this percentage decreases in the rural societies. Acne may occur on inflammatory or non-inflammatory forms. (1,2). The disease had four main causes: infections, hormones and genetics. The *S. epidermidis* is a one of normal flora and it frequently appears on the skin and in mucous membranes. However, *S. epidermidis* has the possibility causes infections in particular condition, since it lives on human skin and mucous membranes in large number (3). The *S. epidermidis* Lacking the coagulase enzyme and distinguishes them from coagulase staphylococci positive such as *S. aureus* (4). The resistance of bacterial strains to antibiotic makes the CoNS infections (methicillin-resistant *S. epidermidis* (MRSE) difficult to be treated (5). Staphylococcal isolates with methicillin resistance acquired and integrated the staphylococcal cassette chromosome-mec (SCCmec), contains the methicillin resistance gene (*mecA*), that codes to penicillin binding protein2a (PBP2a) (6). *Erm* genes are mostly responsible for erythromycin resistance in different Staphylococcus spp (7). The *ermA* and *ermC* are the most

common genes for resistance to MLSB in staphylococci spp (8). The *ermC* located on a mobile genetic portion of a plasmid with size of 3.7 kb (9). The goal of this present study was to detect the two resistance genes (*mecA* and *ermC*) in *S. epidermidis* isolated from acne patients.

## II. MATERIAL AND METHODS

One hundred and fifty samples from patients' acne were obtained from Thi-Qar province during August and September of 2022. Transport media used to collect samples from patients' acne. closed comedones and papules were mined by making a scratch in the lesion surface through a lancet, then sketch out the insides with compression on it (10).

### A. *S. epidermidis* identification

All samples of acne were incubated on different medium. Manitol salt agar was differential and selective media that was used for isolation and identification the *Staphylococcus* spp. The *S. epidermidis* isolates were inoculated in differential media, Blood agar, Chrom agar, to identify the colonies shape, color, and pigments. Then all the plates were incubated at 37°C for 24 hours. Formerly, *S. epidermidis* colonies were used for performing additional biochemical testes to demonstrat the isolates' identification. Vitek compact system was used to the identify *S. epidermidis* exactly.

### B. Polymerase chain reaction of *S. epidermidis* isolates

For extracting the DNA from all isolates of *S. epidermidis*, Presto™ Mini gDNA Bacteria Kit was used. Amplification of the *mecA* and *ermC* genes were done using primers described in Table(1).



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Table (1): Primer sequences of *ermC* and *mecA* genes

NO	Primer	Primer Sequences (5' - 3')	Size Product	References
1	<i>mecA</i>	F:TCCAGATTACAACCTTC ACCAGG	162bp	11
		R:CCACTTCATATCTTGT AACG		
2	<i>ermC</i>	F:ATCTTTGAAATCGGCT CAGG	295bp	12

The entire volume of the PCR tubes was 50µl, and it was made up of the following: 10µl of Master Mix, 1µl of both the forward and reverse primers that were particular to each gene, 5µl of bacterial DNA, and the remaining volume was filled with nuclease-free water. The thermocycling protocol for the PCR amplification of both genes was described in table (2).

Table (2): Program of *mecA* and *ermC* genes (11,12)

Step	Temperature, °C	Time	Cycle
Initial denaturation	95	3 min	1
Denaturation	94	60 sec	30
Annealing	55	45 sec	
Extension	72	60 sec	
Final extension	72	5 min	1

### III. RESULTS AND DISCUSSION

#### A. Bacterial isolation and identification

Only 60 isolates (40%), of the used samples ,white colonies on the mannitol salt agar and blue small colonies on chrom agar, were non-mannitol fermenters and recognized as *S. epidermidis*, as shown in Fig. (1). However, only 10/150 (6.7%) of the isolates did not grow on this medium, and (80/150; 53.3%) of them were classified as different bacterial species. Statistically, there was a significant difference amongst *S.epidermidis* and others *Staphylococcus* at ( $P \leq 0.05$ ).



Fig. (1): The appearance of *S. epidermidis* on A- chrom agar  
B- manitol salt agar

Totally *S. epidermidis* isolates were identified by biochemical tests as Catalase, Novobiocin sensitivity and

Voges-Proskauer tests gave positive results, while Citrate ,Coagulase, DNase, Indol and Methyl red gave negative results. The *S. epidermidis* isolates diagnosed based on Vitek system tests to identify precisely of the desired bacteria.

#### B. Molecular diagnosis

The results of PCR showed 90% of *S. epidermidis* isolates giving positive results for *mecA* gene. Despite the fact that the *ermC* gene finds in slightly percentage just 10% , as represented in Table (3). Statistically, there was a significant differences among gene distribution at ( $P \leq 0.05$ ).

Table (3): occurrence of *mecA* and *ermC* genes in *S. epidermidis* isolates

Gene	Positive results No=60	p. value
<i>mec A</i>	54 (90%)	0.00003
<i>ermC</i>	6 (10%)	
** Chi-Square = 36.800		

According to PCR assay of *ermC* gene, the bands shows in Fig. (2) determined the size of *ermC* gene .The size was nearly 295bp. Although, Fig. (3) revealing the size of *mecA* gene was closely 162bp.

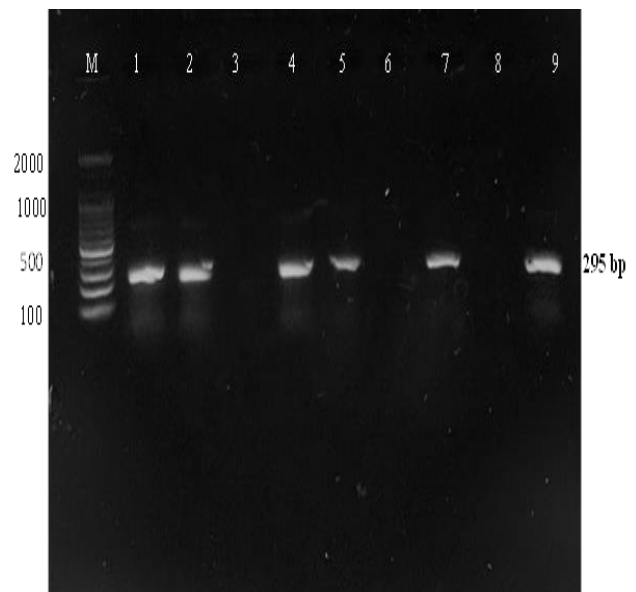


Fig. (2): Agarose gel electrophoresis of *ermC* gene amplification, wherever M: ladder, 1-2,4-5,7,9: positive results; 3:negative control; 6,8 : negative results

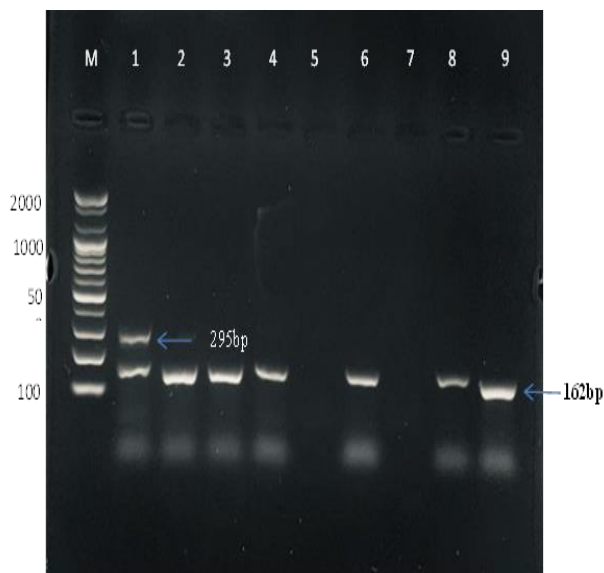


Fig. (3): Agarose gel electrophoresis of *mecA* and *ermC* genes amplification, where M: ladder, 1: positive results of both genes ,2-4,6,8-9: positive results of *mecA* gene; 5: negative control; 7 : negative results.

The current data of PCR technique recorded that (90%) of *S. epidermidis* isolates harbored *mecA* gene. The PCR technique was used to identify *Staphylococcus* spp. (13).

In diverse countries, the resistance of *S. epidermidis* to methicillin increased in the world (14). *S. epidermidis* should be resistance to beta-lactam antimicrobial agents. Methicillin-resistant coagulase negative was more resistant to antibiotics than *S. aureus*. The *S. epidermidis* was a tank for *mecA* and transferred this gene to *S. aureus* through horizontal gene transmission (15).

The present results of *mecA* gene percentage were not integrated with results of (16) displayed the incidence of *mecA* gene was (61.64%). Also, (17, 18, 19) showed the *S. epidermidis* harbored *mecA* gene in different percentage (64.0%, 70.7%,75.43%), respectively. Different studies indicated a *S. epidermidis* had high percentages of resistance against methicillin and carried *mecA* gene, as (20) showed that the *mecA* gene found in 95.8% of *S. epidermidis* isolates; also the *S. epidermidis* giving positive results of *mecA* gene (93.75%) (21). The studied performed by (22, 23) recorded that (85%,92.2%) of isolates harbored *mecA* gene. Other studies reported a low percentage of *mecA* gene existence, like: (24, 25) indicated (34.4%,10%) of isolates carried the *mecA* gene. The study conducted by (26) confirmed that (61.9%) of *S. epidermidis* isolates had *mecA* gene .

The occurrence of *ermC* gene was 10% in entirely isolates of *S. epidermidis*. Macrolides, lincosamides, and streptogramin B (MLSB) antibiotics, particularly erythromycin and clindamycin were essential medicines for treating methicillin resistant staphylococci infection (27). The *ermC* gene was predominant amongst coagulase negative staphylococci (28). The results of *ermC* gene percentage was near with results of ( 29, 30, 31) indicated that low percentage of the *ermC* ( 2.1 %,3.13%, 5.5%), respectively.

Some studies detected high frequency of *ermC* gene in *S. epidermidis* as: (32,33) represented (76%, 66%). While the

studies performed by (34, 28) showed 41.3%, 27.3% isolates of the goal bacteria had *ermC* gene, which phenotypically resistance to erythromycin and clindamycin. Therefore, *ermC* gene was the furthestmost recurrent gene of *erm* genes in *S. epidermidis* (43.8%) (35).

#### REFERENCES

- 1.Suva, A. M.; Patel , M.A.; Sharma , J.N.; Bhattacharya, C. and Mangi, K. R. A Brief Review on Acne Vulgaris: Pathogenesis, Diagnosis and Treatme . Research & Reviews: Journal of Pharmacology, 2014,(4)3 : 2349-1299 .
2. Shannon, F. J. Why do humans get acne? A hypothesis. J. Med Hypotheses. 2020, 134:109412.
- 3.Alnajar,A.M.; Abdelsalam, M.S.; El Aila ,A.N.; Ayesh M.B.; and Antibiotic resistance and *mecA* gene characterization of *Staphylococcus epidermidis* isolated from some hospitals in Gaza strip. J. Scienti. Resea. Science, 2020, 37(2):30-46 .
4. Aryal, S. *Staphylococcus epidermidis*- An Overview. Bacteriology, 2022.
5. Kathie, L.; Rogers, Fey, D. P.; Rupp, E, M. Infectious Disease Clinics of North America Coagulase-Negative Staphylococcal Infections. Sciencedirect, 2009, 23(1): 73-98.
6. Aklilu, E; Nurhardy, A. D.; Mokhtar, A.; Zahirul, I. K.; and Siti Rokiah, A. Molecular detection of methicillin-resistant *Staphylococcus aureus* (MRSA) and methicillin-resistant *Staphylococcus epidermidis* (MRSE) isolates in raw chicken meat. International Food Rese. J. 2016, 23(1): 322-325.
7. Weisblum, B. Erythromycin Resistance by Ribosome Modification. J. Antimicrob. Agents Chemother, 1995, (39) 3: 577–585.
8. Saderi, H.; Emadi ,B.; and Owlia, P. Phenotypic and genotypic study of macrolide, lincosamide and streptogramin B (MLSB) resistance in clinical isolates of *Staphylococcus aureus* in Tehran, Iran . J. Med Sci Monit, 2011,17(2): 48-53.
9. Saribas, Z.; Tunckanat, F.; Pinar, A. Prevalence of *erm* genes encoding macrolide-lincosamide-streptogramin (MLS) resistance among clinical isolates of *Staphylococcus aureus* in a Turkish university hospital. J. Clin. Microbiol. Infect. 2006, 12(8): 797-799.
10. Naghdi, N. and Ghane, M. A comparison of culture and PCR methods for identifying *Propionibacterium acnes* in lesions isolated from patients with acne. Turk. J. Med. Sci, 2017, 47: 967-972.
- 11.Patel, M.;Waites, K.B.; Moser, S.A.; et al. Prevalence of inducible clindamycin resistance among community- and hospital-associated *Staphylococcus aureus* isolates. J Clin. Microbiol. 2006, 44(7): 2481-43
12. Ghanbari, F.; Ghajavand, H.;Havaei, R.; et al. Distribution of *erm* genes among *Staphylococcus aureus* isolates with inducible resistance to c lindamycin in Isfahan, J. Iran. Adv. Biomed. Res, 2016, 5:62..

13. Pottumarthy, S.; Schapis, J.M.; Prentice, J. L.; Houze, Y. B.; Swarry, S.R.; Fang, F. C. and Cookson, B. T. Clinical isolates of *Staphylococcus intermedius* masquerading as methicillin-resistant *Staphylococcus aureus*. *J. Clin. Microbiol*, 2004, 42(12):5881-4.
14. Wolkenstein, P.; Machovcova, A.; Szepietowski, J.C.; Tennstedt ,D.; Veraldi, S. and Delarue, A. Acne prevalence and associations with lifestyle: cross a sectional online survey of adolescents/young adults in 7 European countries. *J. Eur. Acad. Dermatol Venereol*, 2018, 32:306-298
15. Cheung, C.Y.G. and Otto, M. Understanding the significance of *Staphylococcus epidermidis* bacteremia in babies and children. *J. Curr. Opin. Infect. Dis*, 2010, 23 (3): 208-16
16. Chomnawang, T.M.; Surassmo, S.; Nukoolkarn, S.V. and Gritsanapan, W. Antimicrobial effects of Thai medicinal plants against acne-inducing bacteria. *J. Ethnopharmacol*, 2005, 101(1-3):330-3.
17. Cabrera-Contreras, R.; Morelos-Ramírez, R.; Galicia-Camacho, N.A.; and Meléndez-Herrada, E. Antibiotic Resistance and Biofilm Production in *Staphylococcus epidermidis* Strains, Isolated from a Tertiary Care Hospital in Mexico City. *J. ISRN Microbiol*, 2013, 2013: 918-921.
18. Shrestha, L. B.; Raj-Bhattarai, N.K. and Khanal, B. Antibiotic Resistance and *mecA* Gene Characterization of Coagulase-negative *Staphylococci* Isolated from Clinical Samples in Nepal. 2020, 13:3163-3169
19. Pishva, E.; Havaei, A.S.; Arsalani, F.; Narimani ,T.; Azimian, A. and Akbari, M. Detection of methicillin-resistance gene in *Staphylococcus epidermidis* strains isolated from patients in Al-Zahra Hospital using polymerase chain reaction and minimum inhibitory concentration methods. *J. Adv. Biomed. Res*, 2013, 2(1):23.
20. Pourmand, R.M.; Abdossamadi, Z.L.; Salari ,H.M.; Hosseini, M.; Slime layer formation and the prevalence of *mecA* and *aap* genes in *Staphylococcus epidermidis* isolates. *J. Infect. Dev. Ctries*, 2011, 5(1): 34-40.
21. Eftekhari, F. and Raei, F. Correlation of Minimum Inhibitory Concentration Breakpoints and Methicillin Resistance Gene Carriage in Clinical Isolates of *Staphylococcus epidermidis*. *Iran. J. Med. Sci*, 2011, 36(3):213-6.
22. Hellmark, B.; Unemo, M.; Nilsson-Augustinsson, A. and Söderquist, B. Antibiotic susceptibility among *Staphylococcus epidermidis* isolated from prosthetic joint infections with special focus on rifampicin and variability of the *rpoB* gene. *Clin. Microbiol. Infect*, 2009, 15(3): 238-44.
23. Najar-Peerayeh, S.; Moghadas, J.A. and Behmanesh, M. Antibiotic Susceptibility and *mecA* Frequency in *Staphylococcus epidermidis*, Isolated From Intensive Care Unit Patients Jundishapur *J. Microbiol*, 2014, 7(8): e11188.
24. Santos, D.F.F.; Mendonça, C.L.; Reis, L .R.D.; Sá Guimarães, A.; Lange, C.C.; Ribeiro, B.J.; Machado, A.M. and Brito, P.V. Presence of *mecA*-positive multidrug-resistant *Staphylococcus epidermidis* in bovine milk samples in Brazil. *J. Dairy Sci*, 2016, 99(2):1374-1382
25. Wang, P.; Xie, C.; Sun, F.; Guo, L.; Dai ,M.; Cheng ,X. and Ma ,Y. Molecular Characteristics of Methicillin-Resistant *Staphylococcus epidermidis* on the Abdominal Skin of Females before Laparotomy. *Int. J. Mol. Sci*, 2016, 17(6): 9922016.
26. Hussain, Z .; Stoakes ,L.; Massey ,V.; Diagre, D.; Fitzgerald, V.; El Sayed, S.; Lannigan, R. Correlation of Oxacillin MIC with *mecA* Gene Carriage in Coagulase-Negative *Staphylococci*. *J. Clin. Microbiol*, 2000, 38(2):752-4.
27. Zmantar, T.; Kouidhi, B.; Miladi, H.; and Bakhrouf, A. Detection of macrolide and infect ant resistance genes in clinical *Staphylococcus aureus* and coagulase staphylococci negative . *J. BMC. Res. Notes*, 2011, 4:453.
28. Westh, H; Hougaard, D.M; Vuust, J. and Rosdahl, V. T. *erm* genes in erythromycin-resistant *Staphylococcus aureus* and coagulase negative staphylococci. *J. APMIS*, 1995,(103),1-6:225-232.
29. Tavakoli, L and keshavarzi, F. Determination of Resistance to Klindamycine and Erythromycin of *Staphylococcus aureus* Clinical Isolates Obtained from Pathology Laboratories in Sanandaj City. *Scientific J. ilam universi. Medic. sciences*, 2016, 23(7): 51.
30. Abdollahi, S.H.; Ramazanzadeh, R.; Khiabani, D.Z.; Kalantar, E. and Menbari, S.H. Molecular Detection of Inducible Clindamycin Resistance among Staphylococcal Strains Isolated from Hospital Patients. *J. Ardabi. Universit. Medic. Sciences*, 2013, (13)1: 59-68.
31. Khan, S. A.; Nawaz, M. S.; Khan, A. A, and Cerniglia, C. E. Simultaneous detection of erythromycin-resistant methylase genes *ermA* and *ermC* from *Staphylococcus* spp. by multiplex-PCR. *J. Mol. Cell. Probes*, 1999, 13(5):381-71.
32. Westh, H .; Hougaard, M.D.; Vuust, J. and Rosdahl, V .T. *erm* genes in erythromycin-resistant *Staphylococcus aureus* and coagulase negative staphylococci . *APMIS*, 1995, 103(3):225-32
33. Coutinho, S.L.V.; Paiva, M .R.L.; Reiter, C.; Paris, F.; Barth, L.A.; and Alice Machado, P.M.B. Distribution of *erm* genes and low prevalence of inducible resistance to clindamycin among staphylococci isolates. *Braz. J. Infect. Dis*, 2010, (14)6: 564-568.
34. Tanha, M; Shojaii, B. and Saadi, K.A. Antibiotic Susceptibility Profile and Erythromycin Resistance Genes in the *Staphylococcus epidermidis* Strains Isolated by Multiplex. *J. bums org /article*, 2017, 19 (10) :57-61.
35. Javad, M; Mazloumi ; Reza, A; and Saber, Y. Detection of Inducible Clindamycin Resistance Genes *ermA*, *ermB*, and *ermC*) in *Staphylococcus aureus* and *Staphylococcus epidermidis*. *J. Microbiol. Biotechnol*, 2021, (49)3: 449-457.