

VITEK 2 and PHOENIX fail to detect high-level gentamicin-resistant *Enterococcus faecium* isolates with *aac-aph* gene

Dear Editor,

Detection of high-level gentamicin resistance is important to evaluate the use of β -lactam and aminoglycoside combination for treatment. The most common mechanism of high-level resistance to gentamicin is due to the presence of bifunctional inactivation enzyme AAC-APH. Twenty-seven vancomycin-resistant strains were tested for gentamicin susceptibility by using automated methods VITEK and PHOENIX systems as well as agar dilution MICs, E test, and disk diffusion using 120 μ g disks. The presence of resistance genes was tested by PCR using specific primers. All isolates tested carried *vanA* and *aac-aph* genes. No inhibition zone was obtained

with highly charged gentamicin disks as well as E test. Agar dilution MICs showed that 5, 3, and 19 strains had MIC 256, 512, and 1024 mg/L, respectively. Four of five isolates with gentamicin MICs 256 mg/L were susceptible by both VITEK and PHOENIX systems, and the remaining one was susceptible by PHOENIX and resistant by VITEK. Three isolates with MICs 520 mg/L were reported resistant by both systems. One isolate with MIC >1024 mg/L was reported susceptible by both automates which may be due to a growth problem. Gentamicin breakpoints for *Enterococcus faecium* of British, French, European, and American institutions have some differences [Table 1]. EUCAST accepts that there is no synergy between β -lactams and aminoglycosides

Table 1: Critical values accepted by British, American, French, and European organizations for high-level gentamicin resistance in enterococci

	MICs (mg/L)							
	≤8	16	32	64	128	256	512	≥1024
¹ Susceptible strains	*	*	*	*				
² BSAC breakpoint						*	*	*
² CLSI breakpoint							*	*
² CA-SFM breakpoint						*	*	*
EUCAST no synergy point						*	*	*
³ PHOENIX/VITEK 2 test								*

¹Distribution of gentamicin MICs among wild-type *E. faecium* shows the highest MIC as 64 μ g/mL (EUCAST). ²Breakpoints accepted by BSAC, CLSI, and CA-SFM for gentamicin resistance are shown in gray. No synergy point is >128 mg/L for EUCAST. ³VITEK and PHOENIX use one well with 500 mg/L gentamicin to detect high-level resistance. Automated systems detect only strains with MICs ≥1024 so they fail to detect *E. faecium* with MICs 256 and 512 mg/L on which use of β -lactams and gentamycin has no synergic effect.

Additional information. MIC values obtained by agar dilution, E test, disk diffusion methods, and automated systems for 27 *E. faecium* isolates and presence of *vanA* and *aac-aph* genes

Organism	Genotype	Gentamicin susceptibilities				
		Agar dilution MICs	E test	Disk diffusion (120 μ g)	PHOENIX	VITEK2
<i>E. faecium</i> SMH1	<i>vanA</i> , <i>aac-aph</i>	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH2	<i>vanA</i> , <i>aac-aph</i>	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH3	<i>vanA</i> , <i>aac-aph</i>	256	>256	6 mm	S	S
<i>E. faecium</i> SMH4	<i>vanA</i> , <i>aac-aph</i>	512	>256	6 mm	R	R

Additional information (contd..)						
Organism	Genotype	Gentamicin susceptibilities				
		Agar dilution MICs	E test	Disk diffusion (120 µg)	PHOENIX	VITEK2
<i>E. faecium</i> SMH5	vanA, aac-aph	256	>256	6 mm	S	S
<i>E. faecium</i> SMH6	vanA, aac-aph	256	>256	6 mm	S	S
<i>E. faecium</i> SMH7	vanA, aac-aph	512	>256	6 mm	R	R
<i>E. faecium</i> SMH8	vanA, aac-aph	512	>256	6 mm	R	R
<i>E. faecium</i> SMH9	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH10	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH11	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH12	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH13	vanA, aac-aph	256	>256	6 mm	S	S
<i>E. faecium</i> SMH14	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH15	vanA, aac-aph	≥1024	>256	6 mm	S	S
<i>E. faecium</i> SMH16	vanA, aac-aph	256	>256	6 mm	S	R
<i>E. faecium</i> SMH17	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH18	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH19	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH20	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH21	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH22	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH23	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH24	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH25	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH26	vanA, aac-aph	≥1024	>256	6 mm	R	R
<i>E. faecium</i> SMH27	vanA, aac-aph	≥1024	>256	6 mm	R	R

for strains with MICs >128 mg/L and this MIC level should be accepted as high level gentamicin resistance, which indicates acquisition of a resistance mechanism. BSAC also agrees with EUCAST recommendation. CA-SFM accepts ≤256 mg/L as susceptible, while for CLSI <512 mg/L is susceptible.^[1-4] MIC testing for gentamicin is useful only to evaluate the presence of β-lactam-aminoglycoside synergy. *E. faecium* isolates with MIC >128 mg/L, this synergy is broken. Our study showed that some of the strains with *aac-aph* gene reported as susceptible by VITEK and PHOENIX. We believe that the concentration used by automates to detect gentamicin-resistant enterococci should be re-evaluated.

References

1. EUCAST Clinical breakpoints. Available from: http://www.eucast.org/clinical_breakpoints/ [Last Accessed on 2010 Dec 1].
2. Recommendations du CASFM. Available from: <http://www.sfm.asso.fr/nouv/general.php?pa=2> [Last Accessed on 2010 Dec 1].
3. BSAC Methods for Antimicrobial Susceptibility Testing, Version 9.1. Available from: http://www.bsac.org.uk/Resources/BSAC/Version_9.1_March_2010_final.pdf. [March 2010].
4. Clinical and Laboratory Standards Institute Performance

standards for antimicrobial susceptibility testing. 15th informational supplement. Approved standard M100-S16. Wayne, PA: CLSI; 2006.

U Arslan, I Tuncer, D Fındık, *B Bozdoğan

Department of Clinical Microbiology,
Selcuk University Selcuklu Faculty of Medicine, Konya
(UA,IT,DF), Adnan Menderes Üniversitesi Tıp Fakültesi,
Tıbbi Mikrobiyoloji AD (BB), and Adu Biltem Epidemiyoloji
Birimi (BB), Aydın, Turkey

*Corresponding author (email: <bbozdogan@adu.edu.tr>)

Received: 19-01-2011

Accepted: 09-03-2011

Access this article online

Quick Response Code:



Website:

www.ijmm.org

DOI:

10.4103/0255-0857.81785