In vitro, Susceptibilities of Clinical Yeast Isolates to Antifungal Drugs of Polyene, Pyrimidine, and Azoles, and their Effect in Yeast Adhesion and Mycelial Formation

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Abstract
In vitro, susceptibilities were determined for 107 clinical isolates of Candida albicans obtained from the laboratory of King Abdulaziz University Hospital (UHC). The agents tested included amphotericin B (as a polyene), flucytosine (as a pyrimidine), and fluconazole (as an azole). MICs were determined by the broth microdilution technique following National Committee for Clinical Laboratory Standards document, using RPMI 1640 broth medium supplemented with 3 g glucose l-1, and the E-test with solidified RPMI 1640 supplemented with 18 g glucose l-1. The susceptibility tests indicated that amphotericin B is the most active fungicidal drug, fluconazole was with less activity and flucytosine was more effective than the later drug. The appropriate rank order of best agreement between the MIC technique, E-test and disk diffusion methods was amphotericin B>flucytosine>fluconazole. The influence of the tested drugs in adherence of C.albicans on phenyl sepharose (resin) column indicated that amphotericin B was with high antiadherence activity, followed by fluconazole and flucytosine (47, 33 and 18%, respectively.) The effect of the drugs on mycelial formation by the tested C.albicans isolates revealed that amphotericin B showed 71% inhibition of mycelial formation, fluconazole 58% and flucytosine showed about 40% inhibition of mycelial formation.

Key Words: C.albicans, yeast adhesion, susceptibilities, antifungal drugs

Introduction
Candidiasis, which is caused by the pathogenic yeast Candida albicans, is the most frequent fungal infection. C.albicans normally exists as a common organism and is the most frequent opportunistic fungal infection of man and can cause either systemic or mucosal infection (Soll, 2002). Three classes of antifungal drugs are used to fight Candida infections. The fungicidal polyene drugs such as amphotericin B act by binding to sterols in the plasma membrane, disrupting membrane function. The fungistatic azoles, such as fluconazole, act by inhibiting the largest enzyme lanosterol demethylase in the ergosterol biosynthetic pathway (White et al., 1998). Flucytosine is one of the pyrimidine drugs that inhibit nucleic acids formation (John et al., 1995).

All over the world, invasive fungal infections are steadily increased in frequency and clinical importance. Even more disturbing is the growing number of reports on resistance of fungi against commonly used antifungal drugs (Odds, 1993). Consequently, there is a need for a precise, clinically relevant easy to perform in vitro susceptibility testing method to guide antifungal therapy and monitor local resistance patterns (Ghannoum, 1996; Martins & Rex, 1996; Hoffman & Pfaffer, 2001; Pfaller & Yu, 2001 and; Rex & Pfaller, 2002). A standard reference procedure has been described by the National Committee for Clinical Laboratory Standards (NCCLS, 1995). That reference procedure is a macrotube dilution technique (MIC) which is also cumbersome for use in most clinical laboratories. A broth microdilution adaptation of that procedure has found to be acceptable (Espinol-Ingroff et al., 1992; Pfaller et al., 1994; and Sewell et al., 1994). The E-test, (AB Biodisk, Solna, Sweden) is a proprietary test that has also been found to be capable of giving reliable results (Sewell et al., 1994; and Colombo et al., 1995). For use in a clinic laboratory, a standardized disk diffusion test that is widely used to test
antibacterial agents (Barry & Brown, 1996).

The adhesion of pathogenic microorganisms to their target cells is recognized as the first event prior to colonization and infection of host tissues (Ofek & Beachey, 1980). *Candida* is a dimorphic yeast-like fungus that adheres to many epithelial and to some resins based in their cell hydrophobic surfaces. (King *et al.*, 1980; Segal & Savage, 1986; Kennedy *et al.*, 1987; and Polaquin et al., 2006). Several environmental and biophysical factors have been seen to influence yeast binding to epithelial cells (Samaranayake & MacFarlane, 1982; Persi et al., 1985; Kennedy & Sandin, 1988; Hazen, 1989; and Mehentee & Hay, 1989). Also, the host cell membrane receptors have a role in adhesion (Brassart et al., 1991).

*Candida albicans* is a dimorphic yeast with the ability to switch from yeast cells (blastospores) to hyphae. Hyphae are thought to be an important virulence factor that promotes invasion of cells into the mucosa and that allows *Candida* cells to resist macrophage and neutrophil engulfment (Odds, 1988). The effects of azoles, polyene and pyrimidine antifungal agents on the yeast cell/hypha transition in susceptible isolates were studied (Odds *et al.*, 1985; Abu-El-Teen *et al.* 1989). At subinhibitory concentrations of drugs, hyphal branching was inhibited and at clinically relevant concentrations, hyphal development was arrested and the cells remained as yeast cells. This inhibition was independent of the inhibition growth (Ghannoum et al., 1992; and Ha & White, 1999).

In a previous work the author (Kabli, 2006) study the pattern of growth and mycelial formation of two *Candida* isolates and in another work (Kabli, 2007) the conditions for induction of mycelial formation by *Candida* (ATCC 10231) was elucidated. The present work aimed to test, in vitro, the efficiency of the antifungal drugs susceptibility tests (MIC, Disk-diffusion, and E-test) for *Candida* and the correlation between polyene (amphotericin B), azoles (fluconazole), and pyrimidine (flucytosine) drugs resistance and adhesion of *Candida*, as well as, its hyphal formation.

## Materials and Methods

### Organisms

One hundred seven clinical isolates of *Candida albicans* were obtained from the laboratory of King Abdulaziz University Hospital (UHC), Jeddah, Saudi Arabia. They were identified with the API 20C system (Bio Merieux, Marcy l’Etoile, and France). If needed, microscopical examination of morphology on control agar (Oxoid) was used to confirm identity. Two reference strains with known susceptibility patterns (*Candida* ATCC 90028) susceptible strain (NCCLS, 1995) and *Candida* ATCC 64550 resistant strains (Martinez & Rodriguez, 1996) were selected for comparative susceptibility testing with amphotericin B, flucytosine and fluconazole.

For short-term storage, isolates were grown on Sabouraud’s agar slants (Sanoﬁ Diagnostic, Pasteur) and stored at 2-5°C temperature. Subcultures were repeated every 6 months and the isolates viability was examined regularly.

### Susceptibility testing methods

The NCCLS macro tube dilution procedure (NCCLS, 1995) was used as standard method for evaluation of the other methods. MICs were read after 24 and 48h, the 48-h MIC was used as the reference end point. Antifungal agents disks (MAST Diagnostics) of amphotericin B 20 µg, flucytosine 1 µg and fluconazole 25 µg were tested. Every disk-test was accompanied by an E-test strip (AB Biodisk) applied to the same plate, thus providing another MIC for evaluation of the disk procedure. The E-test (disk and E) were read after 24 and 48h, although 48-h MICs were used for evaluation.

### Antifungal Agents

Amphotericin B (Sigma A2422), flucytosine (Sigma F-7129) and fluconazole (Pfizer, Sandwich, United Kingdom). Amphotericin B was dissolved in dimethyl sulfoxide at a concentration of 1,280 µg/ml, flucytosine, and fluconazole each was dissolved in 0.85% saline also at a concentration of 1,280 µg/ml. Stock solutions were stored at -7°C until used.

### Assay Media

RPMI broth was prepared from RPMI 1640 broth medium (Sigma R 7880) supplemented with 0.3g of glutamine (Janssen, Beerse, Belgium) per liter, buffered with 34.6g of morpholine-propanesulfonic acid (MOPS) per liter and adjusted to pH 7.6. This medium contains 2g glucose l-1 and was used for the NCCLS broth macrodilution method. RPMI agar for disk-diffusion test and diffusion E-test was prepared by the same way as RPMI broth and supplemented with 18 g of glucose/l and 15g of Bacto-agar/l (Van Eldere et al., 1996).
In vitro, Susceptibilities of Clinical Yeast Isolates to Antifungal Drugs

Inoculum

Prior to testing, each isolate was grown on Sabouraud’s dextrose agar (Sanofi Diagnostic, Pasteur) for 24 h at 36°C. Suspensions were prepared from individual colonies (diameter ≥ 1mm) in 5ml of sterile 0.85% saline to a density of a 0.5 McFarland standard (1-5 x 10⁶ CFU/ml). Dilutions of that inoculum suspension were prepared and quantitatively subcultured to confirm the actual number of CFU/ml. The tests were repeated if the inoculum was not within the range of 0.5-2.5 x 10⁶ CFU/ml (NCCLS, 1995). RPMI-glucose agar in a 15-cm-diameter Petri plate was inoculated with a swab moistened in an inoculum suspension adjusted to match a McFarland 0.5 turbidity standard. One drug E-test strip and one antifungal drug disk was applied to each inoculated plate.

Incubation

All tests were incubated in an ambient air at 36°C, and the results were recorded after 24h and again after 48h of incubation.

Endpoint determination

For the NCCLS reference test, the MIC was determined as the lowest concentration inhibiting at least 90% of the growth (Espinel-Ingroff et al., 1994; and NCCLS, 1995). That was determined by comparing each tube to a 1:5 dilution of the growth control tube. For agar-based tests, inhibitory zones were measured at the point where there was a sharp decline in the amount of the growth (approximately 90% inhibition). Similar guidelines were used for reading E-test according to the manufacturer’s instructions.

For the MIC, the isolate considered resistance for amphotericin or flucytosine if MIC ≥ 4 µg/ml⁻¹, and for fluconazole if MIC ≥ 8 µg/ml⁻¹ (Fugn et al., 1995; and Goff et al., 1995).

Adhesion of C. albicans to phenyl sepharoseresin

The method was based on cell surface hydrophobicity of C. albicans (Polaguini et al., 2006) using hydrophobic interaction chromatography through column of phenyl sepharose (Sigma P-7892). C. albicans cultivated in Sabouraud’s agar medium for 48h at 36°C was inoculated into flasks each containing 50ml RPMI 1640 medium and incubated under shaked conditions at 36°C for 24h. Under aseptic conditions, the yeast cells separated by centrifugation, washed three times with phosphate buffer saline PBS (Ghannoum et al., 1992). In phosphate buffer saline (PBS) cell density of O.D=1 was prepared and 5 ml was passed through 30 cm phenyl sepharose column, using Pasteur pipette. The yeast cells were collected and counted as optical density using spectrophometer (470nm). The tested antifungal drug (5ml) was added at its subminimal inhibitory concentration, thereafter the cell count as O.D. was determined.

Effect of Antifungal drugs on hyphal formation

A random collection for C. albicans isolates (nine) were analyzed for hyphal formation in the absence and presence of antifungal drugs, at a concentration equal half its MIC (Ghannoum et al., 1992). A standard protocol for large-scale hyphal formation was used. The cells were grown to stationary phase (48h) at 30°C followed by washing in PBS and resuspension to a final concentration of less than 3x10⁶ cells/ml in an induction medium (M199) at 37°C, under shaking conditions (240 rpm). After 3h over 250 cells were examined microscopically with a haemocytometer (Ha & White, 1999).

Results and discussion

Susceptibility of C. albicans to tested antifungal drugs:

The results (Fig.1) indicated that about 21.5% of the investigated C. albicans isolates with high susceptibility to amphotericin B (inhibition zone ≥ 22 mm) and also the same percentage of isolates showed low susceptibility to the same drug (zone of inhibition ≤ 17 mm). However, 57% of the isolates showed inhibition zone ranged between 18-22mm (moderate susceptibility). While about 92.5% of the same tested isolates were with high susceptibility to flucytosine (inhibition Zone ≥ 23 mm) and only 12.8% of lower susceptibility (18-22mm inhibition zone). On the other hand, 4.7% of yeast isolates were resistant to the flucytosine of pyrimidine nature. As for the otherazole drug, fluconazole, only 15% of the isolates were highly susceptible (inhibition zone ≥ 36 mm) and about 43% showed moderate susceptibility (inhibition zone 27-<36mm), while 15% showed low susceptibility, thus inhibition zone ranged between 10-26 mm. On the other hand, about 26.1% of the isolates are extremely resistant to the drug.

As the MIC is considered, the isolates of C. albicans showed different susceptibilities to the tested antifungal drugs (Fig.2). Thus, only 3% of the isolates were resistance
to the polyene amphotericin B, while 11% were resistance to the pyrimidine flucytosine. However, as much as 63% of the isolates were resistance to theazole drug of fluconazole.

The results of E-test susceptibility of the tested *C. albicans* isolates indicated that all the isolates were susceptible to the amphotericin B and 9% were resistance to flucytosine. On the other hand, as high as 63% of isolates, were resistances to theazole drug (fluconazole). The results indicated that, in vitro, disk-diffusion test gave, to some extent, false indication for *C. albicans* susceptibility to the tested polyene (amphotericin B) or pyrimidine (flucytosine) and azole (fluconazole) antifungal drugs, while MIC technique and to lesser extent E-test technique gave to some extent different susceptibility figures for the tested isolates than disk diffusion test (Fig. 3). The data indicated that the polyene, amphotericin B, is the most active fungicidal drug against *C. albicans* isolates, and the azole drug was with less fungicidal effect, while the pyrimidine drug (flucytosine) was more effective than fluconazole. Therefore, the appropriate rank order of best agreement between the MIC technique, E-test and disk diffusion methods was amphotericin B>flucytosine>fluconazole. The disk diffusion test, MIC and E-test methods were used successfully by many workers to test the susceptibility of *C. albicans* isolates (Braga et al., 2007; Steenkamp et al., 2007; De Logu et al., 2005; Ostrosky-Zeichner et al., 2003; Paniagua et al., 2002; Ha & White, 1999; Ruhnke et al., 1996; Van Eldere et al., 1996; and Barry & Brown, 1996). In accordance with our findings that MIC test was the most precise method to test *C. albicans* susceptibility, most the above workers recommended the use of MIC technique to test, in vitro, the susceptibility of *C. albicans* to the antifungal drugs.

**Effect of the tested antifungal drugs in adherence of *C. albicans* isolates**

The first step of candidiasis is correlated to the adherence of *C. albicans* cells to epithelial host cells (Osullivan et al., 1997; and Segal et al., 1997). The effect of subminimal inhibitory concentrations (SMIC) of amphotericin B, flucytosine and fluconazole in adherence of 10 randomly by chosen *C. albicans* isolates on phenyl sepharose column (Fig. 4) indicated that the tested drugs noticeably decreased the adherence of the isolates on phenyl sepharose by 47, 18, and 33%, respectively. This indicates that amphotericin B drug with high anti adherence activity on the tested isolates, followed by fluconazole (33%), while flucytosine have low antiadherence activity in *C. albicans* isolates. These findings for fluconazole and flucytosine are vice versa the results of susceptibility of the yeast isolates to the same drugs using disk diffusion, MIC and E-test techniques. In accordance with these results, it was reported that

![Fig 1. Average of susceptibility of 107 *C. albicans* isolates to amphotericin B, flucytosine, and fluconazole using disk diffusion test.](image)
In vitro, Susceptibilities of Clinical Yeast Isolates to Antifungal Drugs

Fig 2. Percentage of susceptible isolates of the tested *C. albicans* (107 isolates) as influenced by different concentration of antifungal drugs of amphotericin B (a), fluconazole (c) using MIC susceptibility test.
Fig 3. Comparison between the tested techniques used to study the susceptibility of *C. albicans* isolates for the antifungal drugs of amphotericin B, flucytosine and fluconazole.

Fig 4. Effect of amphotericin B, flucytosine and fluconazole antifungal drugs on adherence of *Candida albicans* on phenyl sepharose.
exposure of \textit{C. albicans} to subinhibitory concentrations of fluconazole and amphotericin B inhibited yeast adherence to endothelial cells by 22 and 91%, respectively (Ghannoum \textit{et al.}, 1992). It was also reported that the antiadherence activity of flucytosine is more less that of amphotericin B (Hawser, 1996).

**Effect of the tested fungicides on mycelial formation by \textit{C. albicans} isolates**

The pathogenicity of \textit{C. albicans} is usually due to its mycelial formation (morphogenesis dimorphism) (Gorman \textit{et al.}, 1986). Therefore, the influence of subinhibitory concentrations of amphotericin B, flucytosine and fluconazole on the tested \textit{C. albicans} isolates were investigated. The results (Fig. 5, 6) indicated that the tested fungal drugs lowering significantly mycelial formation by the isolates. Amphotericin B has the most deleterious influence in mycelial formation, where abortion ranged between 46 to 96% (about 71% inhibition) was detected. In the second order fluconazole inhibit mycelial formation by 36 to 86% (about 58%), while flucytosine showed the lowest percentage of inhibition of mycelial formation.

**Fig 5.** The influence of amphotericin B, flucytosine, and fluconazole drugs on mycelial formation of \textit{C. albicans}.

**Fig 6.** Mean effect of amphotericin B, flucytosine and fluconazole antifungal drugs on mycelial formation of \textit{Candida albicans}. 
21-74% (about 40% inhibition). It was reported that amphotericin B was inhibitor for mycelial formation more than fluconazole (Ghannoum et al., 1992). The effect of antifungal drugs on mycelial formation was studied by many workers (Ha & White 1999; De Logu et al., 2005; Braga et al., 2007; and Cateau et al., 2008).

The present work clearly indicated that, in vitro, amphotericin B as a polyene antifungal drug was the most effective (inhibitory) tested drug against C. albicans isolates growth, adhesion and mycelial formation, while the pyrimidine drug (flucytosine) was with lower activities on the same isolates under the experimental conditions. And fluconazole (azole) was inhibitor for the same parameters than flucytosine. These finding may due to the experimental conditions as well as the mode of action of each drug.

**Conclusion**

The mentioned results revealed that, in vitro, amphotericin B is the most effective antifungal drug in response to susceptibility tests; adherence and mycelial formation of the tested C. albicans isolates. The pyrimidine drug (flucytosine) was more effective than the azole drug (fluconazole) in susceptibility tests. While vice versa was recorded for adherence and mycelial formation of the yeast isolates.

**References**


حساسية عزلات خميرة طبية على البيئات الصناعية، للمضادات الفطرية بولين، بيراميدين، والآزول، وتأثيرها على الالتصاق الخميرة وتكوين الميسليوم

صالح عبدالله كابلي
قسم علوم الأحياء، كلية العلوم، جامعة الملك عبدالعزيز، جدة، المملكة العربية السعودية

الملخص

تم تحديد حساسية 107 عزلة طبية للكانديدا البيكانز على البيئات الصناعية. تم الحصول عليها من مختبر مستشفى جامعة الملك عبدالعزيز بجدة. العوامل المختبرة تحتوي على أمفوتيراسين -ب (بولين)، فلوسيتروسين (بيراميدين)، فلوكونازول (آزول)، (MICS) (تحديد حساسية عبر اليوتيراسين -ب باستخدام البيئة الصلبة (E-test) والبيئة الصلبة (RPMI 1640) مزودة بـ18 جم جلوكوز/لتر، اختبار MIC وطريق E-test باستخدام البيئة الصلبة (RPMI 1640) مزودة بـ18 جم جلوكوز/لتر. وقد أوضحت اختبارات تحديد الحساسية أن أمفوتيراسين -ب أكثر فعالية في مكافحة الفطريات، فلوكونازول كان أكثر فعالية، بينما فلوسيتروسين كان فعالًا أكثر من العقار الأخير. وقد كان الترتيب المناسب لأفضل اتفاق بين تقنية E-test وطريق MIC، واختبار MIC، واختبار MIC أن فلوسيتروسين -ب > من فلوكونازول. وأوضح تأثير العقارات المستخدمة على الالتصاق (PHENYLE SEPHAROSE (RESIN) للكانديدا البيكانز على فينيل سيفاروز (PHENYLE SEPHAROSE (RESIN) للكانديدا البيكانز على فينيل سيفاروز لمجموعة العزلات المختبرية. كما أوضح تأثير العقارات على تكوين الميسليوم أن أمفوتيراسين -ب كبح 43% من تكوين الميسليوم، فلوكونازول 37%، وفلوسيتروسين 58%، وفلوسيتروسين أعطى 40% كبح لتكوين الميسليوم.