

Resistance to quinolones, cephalosporins and macrolides in *Escherichia coli* causing bacteraemia in Peruvian children (Article)

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Abstract [View references \(19\)](#)

Objectives To characterise the β -lactam, quinolone and macrolide resistance levels and mechanisms in 62 *Escherichia coli* isolates causing bacteraemia in Peruvian children. **Methods** Minimum inhibitory concentrations (MICs) of ciprofloxacin, nalidixic acid (NAL) and azithromycin were determined in the presence and absence of Phe-Arg- β -naphthylamide. Susceptibility to other 14 antimicrobial agents was also established. Extended-spectrum β -lactamases (ESBLs) were identified, and mutations in *gyrA* and *parC* as well as the presence of transferable mechanisms of quinolone resistance (TMQR) and macrolide resistance (TMMR) were determined. **Results** Fifty isolates (80.6%) were multidrug-resistant. High proportions of resistance to ampicillin (93.5%), NAL (66.1%) and trimethoprim/sulfamethoxazole (66.1%) were observed. No isolate showed resistance to carbapenems and only two isolates were resistant to nitrofurantoin. Twenty-seven isolates carried ESBL-encoding genes: 2 *bla*_{SHV-12}; 13 *bla*_{CTX-M-15}; 4 *bla*_{CTX-M-2}; 6 *bla*_{CTX-M-65}; and 2 non-identified ESBLs. Additionally, 27 *bla*_{TEM-1} and 9 *bla*_{OXA-1-like} genes were detected. All quinolone-resistant isolates showed target mutations, whilst TMQR were present in four isolates. Efflux pumps played a role in constitutive NAL resistance. The association between quinolone resistance and

ESBL production was significant ($P = 0.0011$). The *mph(A)* gene was the most frequent TMMR (16 isolates); *msr(A)* and *erm(B)* genes were also detected. Only one TMMR-carrying isolate [presenting *mph(A)* and *erm(B)* concomitantly] remained resistant to azithromycin when efflux pumps were inhibited. Conclusions A variety of ESBL-encoding genes and widespread of *bla*_{CTX-M-15} in Lima has been shown. The role of efflux pumps in azithromycin resistance needs to be further evaluated, as well as effective control of the use of antimicrobial agents. © 2017 International Society for Chemotherapy of Infection and Cancer

Author keywords

- Antimicrobial resistance
- Bacteraemia
- Extended-spectrum β -lactamase (ESBL)
- Macrolide resistance
- Peru
- Quinolone resistance

Funding details

Funding number

CES11/012

FI12/00561

Funding text

Funding sponsor

Instituto de Salud Carlos III

Instituto de Salud Carlos III

JR has a fellowship from the program I3SNS of the ISCIII [grant no. CES11/012]; MJP has a postdoctoral fellowship from CONCYTEC/FONDECYT [grant no. CG05-2013-FONDECYT]; CG had a predoctoral grant from the ISCIII [FI12/00561]. This work was supported by: Agencia Española de Cooperación Internacional para el Desarrollo (AECID), Spain, Programa de Cooperación Interuniversitaria e Investigación Científica con Iberoamérica [D/019499/08, D/024648/09, D/030509/10 and A1/035720/11]; Spanish Network for the Research in Infectious Diseases [REIPI RD12/0015]; and Generalitat de Catalunya, Departament d'Universitats, Recerca i Societat de la Informació [2014 SGR 26].

- **ISSN:** 22137165
- **Source Type:** Journal
- **Original language:** English
- **DOI:** [10.1016/j.jgar.2017.06.011](https://doi.org/10.1016/j.jgar.2017.06.011)
- **Document Type:** Article
- **Publisher:** Elsevier Ltd