# بسم الله الرحمن الرحيم

صدق الله العظيم (سورة العلق الآية (1

# **Dedication**

I dedicate this research to

My magnificent father...
who gave me the power and support in
every steps in my life
My beloved mother....
Who taught me how I could be
humane

My beloved brothers and sisters....

For their support and kindness

My lovely husband and
kid........

The persons whom I love, respect and appreciate.....

&

Every one from whom I learned...

# **Acknowledgment**

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- ♦ With a great deal of respect I would like to express my thanks to my supervisor Professor Sulieman Mohamed Elsanousi for his advice, enthusiasm, help and endless guide.
- ◆ My deep thanks are extended to my Co- Supervisor Professor Yousif Fadlalla Hamedelnil and Doctor Nahid Ahmed Gornas for their help and encouragement.
- ♦ This study is honored by the help of the National Center of Kidney Disease and Surgery.
- ◆ Finally, thanks to staff members of the Central laboratory for their help and support.

#### **Abstract**

This study was carried out in Khartoum State during March 2013 to March 2014, to study period from phenotypic and genotypic characterization of bacterial pathogens in hemodialysis patients and their antibiotics susceptibility. Two specimens for culture were hundred and one blood collected from patients attended 17 Dialysis Units. The specimens were cultured on Thioglycollate broth which support the growth of anaerobes and aerobes and has been used in modified form for blood culture purposes. The obtained colonies were investigated using VITEK 2 Compact System for bacterial identification and susceptibility testing. During this study, 62 patients showed positive blood culture. them 56 (90.3%) patients had Gram-positive Out of bacterial infections and 6 (9.7%) patients had Gram-negative bacterial infections. Staphylococcus epidermidis was the most common microorganism associated with hemodialysis catheter-related bloodstream infection, it involved 35 of the 62 (56.5%) cases. Other prominent bacteria included six Enterococcus faecalis and six Enterococcus faecium (9.7%),

Staphylococcus aureus 4 (6.5%), Pseudomonas aeruginosa 3 (4.8%), Staphylococcus vitulinus, Staphylococcus hominis, Staphylococcus simulans. Streptococcus uberis, Enterobacter cloacae, Serratia marcescens and Escherichia coli (1.6% each). The antibiotic susceptibility results showed linezolid, that only vancomycin, tigecycline nitrofuranation were fully efficacious against Gram-positive isolates, they were highly resistant to benzylpenicillin (92.9%) and oxacillin (83.9%). While Gram-negative isolates were fully resistant (100%)to ampicillin, ampicillin/sulbactam, cefazolin and cefoxitin. They were all susceptible to amikacin.

In attempting to identify of *Staphylococcus epidermidis, P. aeruginosa*, *Enterococcus faecalis, Enterococcus faecium and Staphylococcus aureus* strains at the DNA level, Polymerase chain reaction (PCR) was used based on specific primer for 16S rRNA gene. The results showed that PCR was found to be rapid and more sensitive and specific in identification.

The presence of class 1 and 2 integrons was tested by PCR using primers specific for the integron integrase genes intl1 and intl2. Class 1 integrase Gene was present in all Gramnegative isolates (6) and in 48 of 56 Gram- positive isolates. The class 2 intl gene was not found in this study. Most integrons were present in the multi-resistant isolates, indicating a general concordance between the presence of

integrons gene and antibiotic resistance, and that the integrons have played an important role in the dissemination of antimicrobial resistance in these species.

#### الخلاصة

أجريت هذه الدراسة في ولاية الخرطوم في الفترة ما بين مارس 2013 وحتي مارس 2014 لدراسة خواص الطراز المظهري والجيني للبكتريا المسقمه عند مرضي غسيل الدم وحساسيتها للمضادات الحيويه. جمعت 201 عينه من الدم من مرضي يترددون علي 17 مركز للاستصفاء الدموي. وتم تزريع عينات الدم في اوساط ثيوجليكوليت السائله التي تستخدم لتحفيز نمو البكتريا الهوائيه واللاهوائيه. تم تحديد نوع البكتريا الممرضه واختبار حساسيتها للمضادات VITEK 2 Compact System .

اظهرت هذه الدراسه ان 62 عينة زراعة دم ايجابية النمو البكتيري، 56 (( 90.3% منهم موجبه لصبغة جرام بينما 6 (9.7%) سالبه لصبغة جرام. اظهرت

الدراسه ان العنقوديه البشرويه البيضاء هي الاكتر شيوعا بين البكتريا المسببه لالتهاب الدم الناتج عن التهاب قسطرة الاوعيه الدمويه التي تستخدم في عملية الاستصفاء الدموي وتمثل 35 من اصل 62 حاله، يليها 6(9.7%) من المكوره المعويه الاليويه و4 (9.7%) من المكوره المعويه الاليويه و4 (6.5%) من المكوره العنقوديه الذهبيه، 3(4.8%) من الزائفه الزنجاريه وواحده من كل من المكوره العنقوديه فيتيولينيس و المكوره العنقوديه هومينس والمكوره العنقوديه سميولنس و المكوره العقديه ابرايس والامعائيه المزرقيه والسراتيه الزابله والاشريكيه القولونيه بنسبة (1.6%) لكل

عكست هذه الدراسة مقاومة البكتريا الموجبه لصبغة جرام للبنزايل بنسلين (92.9%) و الاوكساسلين (83.9%)، بينما لاتوجد مقاومه للفانكوميسين واللينزوليد والتيقسايكلين والنيتروفيرانتوين وان البكتريا السالبه لصبغة جرام عالية المقاومه (100%) لكل من الامبسلين والامبسيلين سلباكتام والسيفازولين والسيفواكزتين. وعكست ايضا فعالية المضاد الحيوي الاميكاسين على كل انواع البكتريا المعزوله

قد اظهر (PCR) خلصت الدراسه الي ان استخدام تفاعل البلمره المتسلسل دقه و حساسيه عاليه في تحديد جنس ونوع البكتريا تحت الدراسه وهي العنقوديه البشرويه البيضاء و الزائفه الزنجاريه و المكوره المعويه البرازيه و المكوره المعويه الاليويه و المكوره العنقوديه الذهبيه في وجود البادئ المكوره المعويه الاليويه و المكوره العنقوديه الذهبيه في وجود البادئ المكوره المتخصص لجين (16)

و integron integrase 1 وايضا تم التحقق من وجود الجينات (intl2) فئة 2 واظهرت الدراسه (PCR) بواسطة تفاعل البلمره المتسلسل (PCR) فئة 2 موجود في كل البكتريا السالبه لصبغة جرام بينما وجد في 14 intl1 ان جين لم يوجد في هذه intl2 من 56 من البكتريا الموجبة لصبغه جرام وان جين يلعب دورا هاما في انتشار intl1 الدراسه. توصلت الدراسه الي ان جين مقاومه البكتريا للمضادات الحيويه .

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#### **List of Abbreviations**

Abbreviation
(pmp)
AMC
AST
ATCC
AV
AV
AV
Arteriovenous fistulas

AVGs BSIs CAB CDC	Arteriovenous grafts Bloodstream infections Catheter-associated bacteremia Centers for Disease Control and
CKD CKF CoNS CRB CRBI	Prevention Chronic kidney disease Chronic kidney failure Coagulase-negative staphylococci Catheter-Related Bacteramia Catheter-related bloodstream
CVCs DNA DOQI	infection Central venous catheters Deoxyribonucleic acid Dialysis Outcome Quality
ESRD FMCNA	Initiative End-stage renal disease Fresenius Medical Care-North
GFR GHL GN GP HCRI	America Glomerular filtration rate Gentamicin and heparin lock Gram negative Gram positive Hemodialysis-catheter related
HD ID MICs	infections Hemodialysis Identificaton card int integrase minimum inhibitory
MU NHSN	concentrations methylumbelliferone National Healthcare Safety
PCR PCs RI SI	Network Polymerase Chain Reaction permanent access Resistant integron Superintegrons

TCC Tuni TDCs UTIs VRE Va

Tunneled central venous catheter
Tunneled dialysis catheters
Urinary tract infections
Vancomycin-resistant enterococci