

Dedication

**To the soul of
My dear father
To my dear mother
To my sisters
Brothers,
And
To all those in the medical field**

Acknowledgement

Firstly, I would like to thank Allah for His help, to complete this work. Secondly, I would like to express my gratitude to my supervisor Dr. Humodi Ahmed Saeed for his infinite help and giving me much of his time for suggestion and writing of the thesis.

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Abstract

This study has been carried out in Khartoum state during the period October 2005 to February 2006.

The study has evaluated the activity of Gentamicin, Ciprofloxacin, Ceftazidime Impenem and amikacin against *Pseudomonas aeruginosa*, Tetracycline, Penicillin, Ciprofloxacin Gentamicin, against *staphylococcus aureus*, and isolates of Enterobacteriaceae against Nalidixic acid, Nitrofurantoin, Gentamicin, Ciprofloxacin, Tetracycline, except for *Proteus spp.*

Specimens were collected from different hospital in Khartoum state, including Khartoum Teaching Hospital 131 (34.5%) Medical Military Hospital 76 (20%), Ibrahim Malik Hospital 12 (3.2%), National Health Laboratory 49 (12.8%) & ENT Hospital 122 (29.5%) Different types of bacteria were isolated from those specimens including *Staph aureus* 37 (15%), *E. coli* 70 (28.5%) , *Klebsiella Pneumoniae* 15 (6.1%), *Proteus spp* 57 (23.2%) and *Pseudomonas aeruginosa* 67 (27.2%).

The most effective antibiotic for *Pseudomonas aeruginosa* were Ceftazidime and impenem because the resistant rate was (0%) followed by Amikacin, Gentamicin then Ciprofloxacin. For *E. coli* the most effective antibiotic is Gentamicin because the resistant rate is (7.7%). Nitrofurantion is better than Nalidixic acid for urinary isolates. For *Klebsiela Pneumoniae* isolates Gentamicin and Nitrofurantoin are the most effective antibiotics because of their low resistant rate (20%) for both. *Staph aureus* infections Gentamicin and Ciprofloxacin are the most suitable antibiotics because they have resistant rate of (5.6%) and (10.8%) respectively.

ملخص الأطروحة

تمت هذه الدراسه في ولاية الخرطوم في الفتره من سبتمبر 2005 حتى فبراير 2006.

هدفت هذه الدراسه الى تقييم فاعلية مجموعه من المضادات الحيويه شملت الجنتاميسين ، السبروفلوكساسين،السيفتازيديم، الإمبينيم والإميكيسين، التراسايكلين، البنسلين، النالي ديكسيك أسيد والناتروفيفورانتوين مع مجموعه مختلفه من البكتيريا والتي عزلت من عينات البول ومسحات من الجروح والأذن الملتهبه.

تم جمع هذه العينات من عدة مستشفيات بولاية الخرطوم شملت مستشفى الخرطوم التعليمي(131) عينه وتمثل(34.5%) مستشفى السلاح الطبي بأم درمان (76 عينه وتمثل(20%) مستشفى الأنف والأذن والحنجره بالخرطوم (112)عينه وتمثل (29.5%), مستشفى إبراهيم مالك (12)عينه وتمثل (3.2%) والمعلم القومي الصحي (49)عينه وتمثل (12.8%)

تم عزل وتحديد أنواع مختلفه من البكتيريا شملت العنقوديه الذهبيه (37) سلاله ، (28) من مسحات الجروح الملتهبه وتمثل (75.7%) (8)من مسحات الأذن الملتهبه وتمثل (21.6%) وسلامه واحده من عينه البول وتمثل (2.7%). الأسكريشييه القولونية (70) سلاله منها 44 سلاله من عينات البول وتمثل(54%), 14 من مسحات الجروح وتمثل (14%) و 12 من الأذن الملتهبه وتمثل (18%). عزلت (18) سلاله من جنس الكلبسيلا(10) سلالات من عينات البول وتمثل(12%), (2) من مسحات الجروح الملتهبه وتمثل (22%)

و(3) سلالات من الأذن الملتهبه وتمثل (5%).،جنس المتقبلة 57 سلاله (18) سلاله عزلت من عينات البول والجروح الملتهبه و تمثل(22%) لكل و(21) سلاله من الأذن الملتهبه وتمثل (32%) والذائقه الزنجاريه 67 سلاله 37 منها عزلت من الجروح الملتهبه وتمثل(37%),(22) سلاله من

الأذن الملتهبه وتمثل (33%) و(8) حالات من البول وتمثل (10%). خلصت هذه الدراسه الى أن الامينين والسفتازيديم أفضل المضادات الحيويه في علاج الزائفه الزنجاريه . وأن الجنثاميسين هو الأفضل لعلاج ، الاسكريشييه القولونيه والمتقلبه والعنقودية الذهبيه والنائيتروفيورانتوين والناليديكسيك اسيد هما ألافضل فى حالات التهابات المجاري البوليه والتي تسببها الاسكريشييه القولونيه والكلبيسيلا.

Table of Contents

Subject	Page
Dedication	I
Acknowledgement	ii
Abstract (English)	iii
Abstract (Arabic)	iv
Table of Contents	vi
List of tables	
List of graphs	
List of color plates	
Chapter One (Introduction)	
1. Literature Review	
1.1 The antibiotics	1
1.1.1 Definition	1
1.1.2 Classification of antimicrobial	1
1.1.2.1 According to target organism	1
1.1.2.2 According to mode of action	2
1.1.2.3 According to spectrum	2
1.1.2.4 According to site of action	2
1.1.2.5 Mechanism of antibiotic resistance	12
1.1.2.6 <i>In-vitro</i> antimicrobial sensitivity test , sensitivity testing technique	17
1.1.2.6.1 Dilution method	18
1.1.2.6.2 Disc diffusion on methods	20
1.3 <i>E. coli</i>	20
1.3.1 Definition	21
1.3.2 Pathogenicity	23
1.3.3 Antimicrobial sensitivity	25
1.4 <i>Klebsiella pneumoniae</i>	25
1.4.1 Definition	25
1.4.2 Pathogenicity	26
1.4.3 Antimicrobial susceptibility	27
1.5 <i>Proteus</i>	27
1.5.1 Definition	27
1.5.2 Pathogenicity	28
1.5.3 Antimicrobial susceptibility	30
1.6 <i>Pseudomonas aeruginosa</i>	30
1.6.1 Definition	30
1.6.2 Pathogenicity	32

1.6.3	Antimicrobial susceptibility	35
1.7	<i>Staphylococcus aureus</i>	35
1.7.1	Definition	35
1.7.2	Pathogenicity	36
1.7.3	Antimicrobial susceptibility	36

Chapter Two. : Materials and Methods

2.1	Materials	
2.1.1	Study area	41
2.1.2	Subjects	41
2.1.3	Study duration	41
2.1.4	Sterilization	41
2.1.4.1	Glass ware	41
2.1.5	Types of media	41
2.1.6	Reagents and stains	41
2.2	Methods	43
2.2.1	Collection	44
2.2.2	Inoculation	44
2.2.3	Incubation	44
2.2.4	Examination of growth	45
2.2.5	Identification of isolates	46
2.2.5.1	Gram's stain	46
2.2.5.2	Biochemical Reactions	46
2.2.5.2.1	Catalase test	46
2.2.5.2.2	Fermentation of manitol	46
2.2.5.2.2.	DNase test	47
3		
2.2.5.2.4	Citrate utilization test	47
2.2.5.2.5	Indole production	47
2.2.5.2.6	Urease test	48
2.2.5.2.7	Fermentation of glucose and lactose, gas and H ₂ S production	48
2.2.5.2.8	Oxidase test	49
2.2.6	Sensitivity test	49

Chapter Three : Results

3.1	Bacterial species isolated during this study	50
3.1.1	Biochemical properties of gram positive cocci isolated during this study	50
3.1.2	Biochemical properties of gram negative rods isolated during	50

3.2	this study sensitivity test	51
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Chapter Four : Discussion

List of Tables

Table (1)	Distribution of clinical specimens according to hospitals	53
Table (2)	Distribution of specimens according to the gender	53
Table (3)	Distribution of specimens according to age group	53
Table (4)	The specimens collected to carry out this study	54
Table(5)	Bacterial growth according to the specimen	54
Table (6)	Fermentation pattern on MacConkey agar	54
Table (7)	Bacterial hemolytic activity on blood agar	55
Table (8)	Gram's stain and cell morphology of the isolated bacteria	55
Table (9)	The biochemical tests of Gram +ve Coccii	57
Table (10)	The biochemical tests of Gram negative rods	58
Table (11)	The frequency of isolates according to the specimen	62
Table (12)	Activity of antibiotics on the isolates of <i>Ps.aeruginosa</i>	62
Table (13)	Activity of on the urinary isolates of <i>E.coli</i> (n=44)	63
Table (14)	Activity of antibiotics on <i>E.coli</i> isolated from Wound & ear	63
Table (15)	Activity of antibiotics on the urinary isolates of <i>K. pneumoniae</i>	63
Table (16)	Activity of antibiotics on <i>k. pneumoniae</i> isolated from wound &ear swabs (n=5)	64
Table (17)	Activity of Nalidixic acid on the urinary isolates of <i>Proteus spp.</i> (n=18)	64
Table (18)	Activity of Ciprofloxacin on <i>Proteus spp.</i> (n=57) isolated from urine, ear &wound swabs	64
Table (19)	Activity of Gentamicin on <i>Proteus spp</i> isolated from wound swabs (n=39)	65
Table (20)	Activity of antibiotics on isolates of <i>Staph. aureus</i> from ear &wound swabs	65
Table (21)	Rate of antibiotic resistance for the isolated bacteria	66

List of Graphs

Graph (1)	Frequency of isolates from clinical specimens	67
Graph (2)	Percentage of resistance of <i>Staph. aureus</i> to Gentamicin, Ciprofloxacin, Tetracycline, erythromycin & Penicillin	68

Graph (3)	Percentage of resistance of <i>E.coli</i> , <i>k. pneumoniae</i> <i>Proteus</i> <i>spp</i> to Gentamicin, Ciprofloxacin, Nitrofurantoin, Nalidixic acid &Tetracycline	69
Graph (4)	Frerquency of resistance of <i>Ps.aeruginosa</i> to Gentamicin, Ciprofloxacin, Amikacin, Impenem &Ceftazidime	70

List of color plates:

Plate (1)	Growth of <i>Staph. aureus</i> on Manitol Salt Agar	71
Plate (2)	CLED Agar show non-Lactose fermenter	72
Plate (3)	Growth of <i>Staph. aureus</i> on MacConkey agar	72
Plate (4)	Growth of <i>Proteus spp</i> on MacConkey agar	73
Plate (5)	Citrate utilization test	73
Plate (6)	Indole production test	74
Plate(7)	KIA OF Gram negative bacteria	74