



Effect of Atorvastatin and Vitamin D against Multi-drug Resistant *Staphylococcus* spp and *Escherichia coli* Isolated from Bovine Mastitis Cases

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ABSTRACT

Background: In the current scenario, the emergence of antimicrobial resistance has made it difficult to treat bacterial infections alone using antibacterial agents.

Methods: Milk samples collected from 100 mastitis affected cows from August 2018 to June 2019 and were stored at 4°C. After species confirmation, isolates were subjected to ABST and screened for resistance genes - *mecA*, *blaTEM* using PCR. Minimum Inhibitory Concentration (MIC) of tetracycline and ampicillin were determined against both *Staphylococcus* spp and *E. coli*, alone and in combination with atorvastatin, vitamin D by using a modified microdilution method.

Result: *Staphylococcus* and *E. coli* isolates showed 80.65% and 85.71%, 100% and 85.71% resistance against tetracycline and ampicillin, respectively. Atorvastatin and vitamin D did not display antibacterial effects as sole agents against both bacterial species. However, there was a significant decrease in the MIC of ampicillin against *E. coli* and *Staphylococcus* spp when combined with atorvastatin and vitamin D but not for tetracycline.

Key words: ABST, Ampicillin, Atorvastatin, Bovine, Mastitis, Resistance, Tetracycline, Vitamin D.

INTRODUCTION

Mastitis is an inflammation of the udder caused by a various microorganisms, is a widespread and economically devastating disease in dairy cattle reported across the world (Abebe *et al.*, 2016). A wide variety of organisms are implicated in the occurrence of mastitis, chief among them being *Staphylococcus aureus* and *E. coli* (Aksoy, 2021). The principal treatment for mastitis is administration of antibacterial agents, namely ampicillin, cloxacillin, penicillin G, streptomycin and tetracycline (Bhosale *et al.*, 2014). However, the effective treatment of bovine mastitis mainly depends on the antimicrobial susceptibility of the organisms, the type of mastitis, the type of cattle breed and the treatment regimen (Barkema *et al.*, 2006).

As the udder quarters were infected with penicillin-sensitive pathogens, penicillin G to be used as first-line antibiotic agents (Grave *et al.*, 1999). However, the appearance of penicillin G resistant staphylococci causing bovine mastitis has been reported (Ramasamy *et al.*, 2021). Tetracycline is the most intensively used antibiotics due to its relative safety, low cost and broad-spectrum activity against Gram-positive, Gram-negative and Mycoplasma (Al-Nazawi, 2006). Antibiotics like ampicillin and tetracycline, which were hitherto effective in the treatment of mastitis, have reported significantly reduced efficacy (Mirzaagha *et al.*, 2011). Treatment of mastitis has become increasingly difficult and challenging owing to the rapid emergence of antimicrobial resistance (Beuron *et al.*, 2014).

Recently, the non-antibiotic drugs such as atorvastatin and vitamin D possess pleiotropic properties, the antibacterial effect being one such quality that has received a lot of attention lately (Masadeh *et al.*, 2012; Golpour *et al.*, 2019). The increasing problem of antibiotic resistance, the

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discovery of newer antibiotics having almost come to a standstill, has prompted the scientific community to look for ways to strengthen the efficacy of antibiotics through synergistic interaction with non-antibiotic drugs. Because of the above, the purpose of this study was to determine the in-vitro antibacterial effect of atorvastatin and vitamin D alone and in combination with antibiotics against multi-drug resistant *Staphylococcus* spp and *E. coli* isolated from bovine mastitis cases.

MATERIALS AND METHODS

Sample collection

The study was conducted at the Department of Veterinary Pharmacology and Toxicology, Madras Veterinary College,

Chennai, Tamil Nadu, India from August 2018 to June 2019. A total of 100 milk samples were collected from different cows suspected for mastitis from the Department of Clinics, Madras Veterinary College Teaching Hospital, Chennai. About 15 mL of milk was aseptically transferred to a sterile universal sampler tube and were refrigerated at 4°C.

Isolation and characterization

Selective isolation of *Staphylococcus* spp and *E. coli* was performed using Mannitol Salt Agar (MSA) and Eosin Methylene Blue agar (EMB), respectively. The individual colonies obtained from selective media were stored as glycerol stocks at -20°C. Biochemical kits were used for the characterization of the isolates (HiMedia™). Polymerase Chain Reaction (PCR) was performed for genotypic characterization of the isolates (Fang and Hedin, 2003)

including *tuf* gene for *Staphylococcus* spp, *uspA* gene for *E. coli* and *nuc* gene for *S. aureus*.

Resistance genes

PCR was carried out for detection of resistance genes *bla*_{TEM} for ampicillin, *tetM* and *tetB* for tetracycline. The PCR products were separated using electrophoresis and the gel were visualized on Mega Capt Gel Doc. A 100bp DNA ladder (Thermoscientific™) was employed to determine the size of the PCR products. The list of primers, cycling conditions for identifying genes and resistance genes are given in Table 1-3, respectively.

Antibacterial sensitivity patterns

An antibiotic sensitivity test (ABST) was performed using the modified Kirby-Bauer disc diffusion method. An overnight

Table 1: List of primers used in this study

Gene	Sequence (5' to 3')	Size(bp)	Reference
<i>bla</i> _{TEM}	F: ATG AGT ATT CAA CAT TTC CG R: GTC ACA GTT ACC AAT GCT TA	847	Bandyopadhyay <i>et al.</i> , 2015
<i>tet</i> (M)	F: AGT GGA GCG ATT ACA GAA R: CAT ATG TCC TGG CGT GTC TA	158	Strommenger <i>et al.</i> , 2005
<i>tet</i> (B)	F: CCT CAG CTT CTC AAC GCG TG R: GCA CCT TGC TGA TGA CTC TT	634	Lyimo <i>et al.</i> , 2016
<i>mec A</i>	F: AAA ATC GAT GGT AAA GGT TGG C R: AGT TCT GCA GTA CCG GAT TTG C	532	Shahraz <i>et al.</i> , 2012
<i>tuf</i>	F: GAA GAA TTA TTA GAA TTA GT R: GTG ATT GAG AAT ACG TCC TC AA	235	Hedge <i>et al.</i> , 2013
<i>nuc</i>	F: GTG CTG GCA TAT GTA TCG CAA TTG T R: TAC GCC CTT ATC TGT TTG TGA TGC	181	
<i>uspA</i>	F: CCG ATA CGC TGC CAA TCA GT R: ACG CAG ACC GTA GGC CAG AT	884	Chen and Griffiths (1999)

Table 2: PCR cycling conditions for identification of genes.

Genes targeted	Initial denaturation	Denaturation	Annealing	Extension	Final extension
<i>tuf</i>	94°C for 5 min	94°C for 30 sec	50°C for 30 sec	72°C for 30 sec	72°C for 10 min
<i>usp A</i>		94°C for 1 min	55°C for 1 min	72°C for 2 min	72°C for 5 min
<i>nuc</i>		94°C for 30 sec	54°C for 30 sec	72°C for 30 sec	72°C for 10 min
			Repeated for 30 cycles		

Table 3: Cycling conditions for resistance genes.

Genes targeted	Initial denaturation	Denaturation	Annealing	Extension	Final extension
<i>mecA</i>	94°C for 5 min	94°C for 1 min	55°C for 1 min	72°C for 2 min	72°C for 5 min
<i>tet</i> (B)	95°C for 5 min	95°C for 30 sec	55°C for 30 sec	72°C for 30 sec	72°C for 2 min
<i>tet</i> (M)	94°C for 5 min	94°C for 1 min	50°C for 1 min	72°C for 90 sec	72°C for 5 min
<i>bla</i> _{TEM}	96°C for 5 min	96°C for 1 min	58°C for 1 min	72°C for 1 min	72°C for 10 min
			Repeated for 35 cycles		

inoculum of culture was diluted to 0.5 McFarland standards and used for ABST. All the antibiotic discs were purchased from HiMedia™. For evaluation of combinations, 1mg of atorvastatin, vitamin D (separately) was dissolved in 1ml of Dimethyl Sulfoxide (DMSO) and 8 µl (8 µg) and 15 µl (15 µg) of the same solution was added to the tetracycline and ampicillin discs. The discs were allowed to be set for 20 minutes at room temperature and then incubated at 35-37°C for 24 hours. A sterile disc inoculated with the same volume of DMSO served as a control (Haeri *et al.*, 2015).

Minimum inhibitory concentration (MIC)

MIC was evaluated using the modified micro-dilution method using the resazurin indicator. A 96 well plate was used for testing of samples and the resulting colour change was noted. The concentration of the drug in the well was calculated to find MIC (Elshikh *et al.*, 2016). The drug solutions used were ampicillin (300 mg/ml), tetracycline (100 mg/ml), atorvastatin (100 mg/ml) and vitamin D (100 mg/ml) in DMSO.

Statistical analysis

Using one way ANOVA, followed by a Post-hoc Duncan test was performed with SPSS software for statistical analysis of the data generated. A p-value <0.005 was considered significant.

RESULTS AND DISCUSSION

100 milk samples were collected from cows with mastitis, 60 samples (60%) showed growth on MSA and/or EMB agar. In that, 40 samples were positive for *Staphylococcus* spp. (66.67%) (Fig 1) and other 20 samples streaked onto EMB



Fig 1: MSA - golden yellow colonies.



Fig 2: EMB plates - metallic green colonies.

agar produced metallic green sheen (33.33%) positive for *E. coli* (Fig 2). Six samples (10%) were produced colonies in both MSA and EMB agar, indicative of polymicrobial infection. The isolates were characterized as *Staphylococcus* spp (72.5%) and *E. coli* (35%) by using commercial biochemical test kits.

Genotypic confirmation of *Staphylococci* spp was carried out through *tuf* gene (Fig 3) and *S. aureus* through *nuc* gene using PCR (Fig 4). Based on results, 77.5% (31/40) isolates were *Staphylococci* spp and among these 41.94% (13/31) isolates were *S. aureus*. The presence of *E. coli* was identified in 35% of isolates (Fig 5).

The ABST targeted for *Staphylococcus* spp isolates revealed 100% resistance against penicillin and ampicillin, 83.87% samples were observed resistant to methicillin and 80.65% were found to be resistant to tetracycline, gentamicin, vancomycin and amikacin. The co-trimoxazole showed 74.19% resistance and 61.29% samples resistant to ciprofloxacin and ceftriaxone. 58.06% and 51.61% noticed resistance to cefotaxime and enrofloxacin respectively.

Based on the sensitivity test, *E. coli* isolates revealed that 85.71% were found to be resistant to tetracycline, gentamicin, cefotaxime, ceftriaxone, co-trimoxazole,

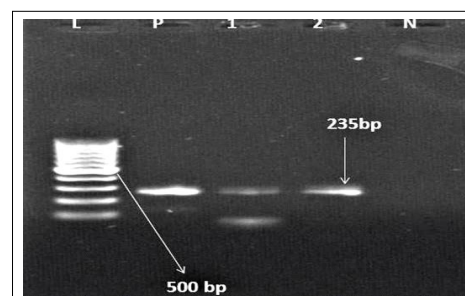


Fig 3: Genotypic confirmation of *tuf* gene.

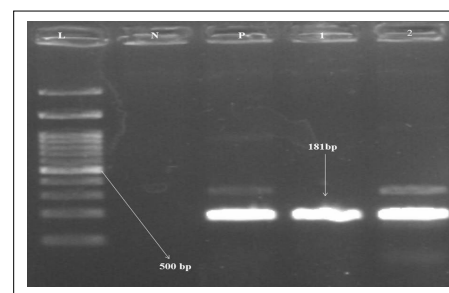


Fig 4: PCR assay for *nuc* gene.

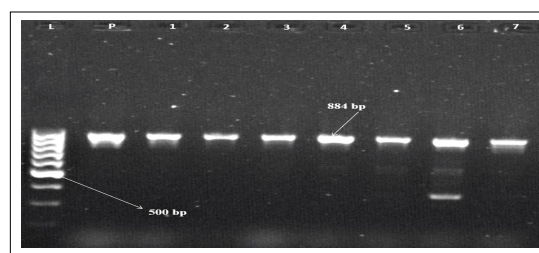


Fig 5: PCR assay for *E. coli* targeting *uspA* gene.

ampicillin, amikacin and ciprofloxacin and 75.43% samples resistant to enrofloxacin. Complete resistance (100%) was observed against penicillin, methicillin and vancomycin. Methicillin resistance was found that 38.46% in *S. aureus* (Fig 6) and 16.67% in other *Staphylococcus* spp. The *bla*_{TEM} gene were expressed in 16.13% of *Staphylococcus* spp and 14.29% of *E. coli* isolates.

The antibacterial effect of atorvastatin, vitamin D revealed no significant antibacterial activity against both *Staphylococcus* spp and *E. coli* isolates (Fig 7). However, the combination of atorvastatin and vitamin D with ampicillin indicated wider zones of inhibition against both *Staphylococcus* spp and *E. coli* (Fig 8 and 9).

There was increased MIC of tetracycline for *E. coli* (2.53 µg/ml) and *Staphylococcus* spp (2.45 µg/ml) observed. The combination of tetracycline with atorvastatin and vitamin D decreased the MIC to 1.73 µg/ml and 1.51 µg/ml for *Staphylococcus* spp respectively. Similarly, for *E. coli*, the MIC was reduced 1.89 µg/ml with tetracycline-atorvastatin and 1.56 µg/ml with tetracycline-vitamin D combination, which was non significant (Table 4).

The MIC of ampicillin for *E. coli* isolates was 22.62 µg/ml and the recommended CLSI (2016) MIC breakpoint for ampicillin against *E. coli* is ≤8 µg/ml. The increase in MIC of ampicillin for *Staphylococcus* spp isolates was 17.20 µg/ml where as the recommended MIC for ampicillin against *Staphylococcus* spp by CLSI (2016) is ≤4 µg/ml. The MIC of ampicillin in combination with atorvastatin against *Staphylococcus* spp and *E. coli* was 2.49 µg/ml and 2.61 µg/ml, respectively. The combination of ampicillin with vitamin D against both *Staphylococcus* spp and *E. coli* produced an

average MIC of 2.742 µg/ml and 1.092 µg/ml, respectively, which was statistically significant (Table 5).

In the present study, *Staphylococcus* spp (77.5%) was the predominant bacteria isolated from the bovine mastitis, followed by *E. coli* (35%). Previous studies in our laboratory have also shown that *Staphylococcus* spp (94%) and *E. coli* (50%) are the most common bacteria usually in mastitis affected milk (Ramasamy *et al.*, 2021). Similar findings were also reported by Jeykumar *et al.*, (2013) and Nalband *et al.*, (2020). Among these *Staphylococcus* spp, 41.94% of samples were carried the *S. aureus* (*nuc*) gene, which is the highest prevalence compared to our previous work (12.9%) (Ramasamy *et al.*, 2021). This may be due to increased resistance *S. aureus* organism in years progress.

ABST results revealed complete resistance of penicillin against both bacterias. The isolates of *Staphylococcus* spp and *E. coli* were showed 80.65% and 85.71% resistance to tetracycline, respectively. Recent study also reported the *Staphylococcus* spp and *E. coli* were resistant to penicillin and tetracycline with high MIC (Anurag *et al.*, 2021; Ramasamy *et al.*, 2021). The increased resistance pattern observed in present study shows that β- lactams and tetracyclines are leading in front for the treatment of mastitis.

The lowest prevalence of beta lactam resistance genes were found in the both *Staphylococcus* spp and *E. coli* isolates from bovine mastitis. None of the tested isolates was positive for *tetM* and *tetB* genes. There was increased

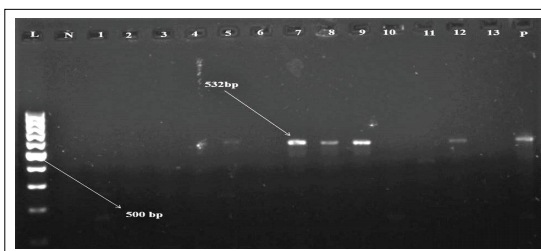


Fig 6: *Staphylococcus aureus* isolates containing *mecA* gene.

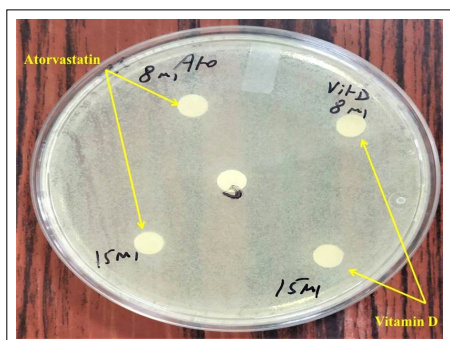


Fig 7: Zone of inhibition of atorvastatin and vitamin D alone.

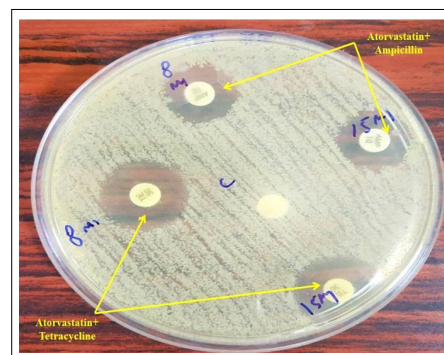


Fig 8: Zone of inhibition of atorvastatin with ampicillin and tetracycline.

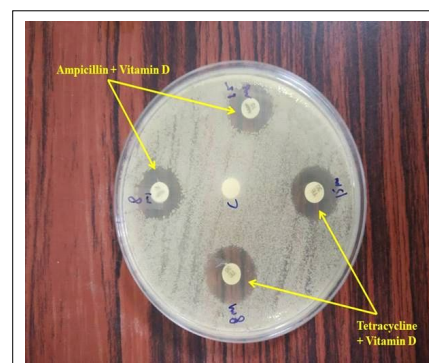


Fig 9: Zone of inhibition of vitamin D with ampicillin and tetracycline.

Table 4: MICs of tetracycline.

Groups	MIC (Mean±SE)	
	<i>E. coli</i>	<i>Staphylococcus spp</i>
Tetracycline	2.53±1.08	2.45±0.47
Tetracycline + Atorvastatin	1.89±0.81	1.73±0.37
Tetracycline + Vitamin D	1.56±0.81	1.51±0.34
P value	0.751 ^{NS}	0.221 ^{NS}

Table 5: MICs of Ampicillin and its combinations.

Groups	MIC	
	<i>E. coli</i>	<i>Staphylococcus spp</i>
Ampicillin	22.62±3.95 ^b	17.20±1.44 ^b
Ampicillin+Atorvastatin	2.61±1.26 ^a	2.49±0.49 ^a
Ampicillin+Vitamin D	1.09±0.60 ^a	2.74±0.73 ^a
P value	0.01**	0.01**

Mean±SE bearing different superscript differs significantly at 1% (p<0.01).

resistance reported for *tet* M (67.70%) and *tet* B (75%) in our previous study (Ramasamy *et al.*, 2021). This variation in the resistance genes expression may be due to changes in the study period.

In the current study, the sole antibacterial effect of atorvastatin was not observed. This result was supported by Manalo *et al.*, (2017), who observed no antibacterial activity in *in vitro*. This may be due to resistant bacterial isolates from clinical samples used in this study, whereas previous workers were used the laboratory standard bacterial culture. The combination of ampicillin and atorvastatin reduced the MIC of ampicillin against both *Staphylococcus spp* and *E. coli*. *In vitro* and *in vivo* studies of statins have shown antimicrobial effects against both organisms (Ko *et al.*, 2018; Choudhary *et al.*, 2015; Thangamalai *et al.*, 2014).

The ampicillin-vitamin D displayed a synergistic antibacterial effect against both study organisms, with a significant decrease in MIC. Also, there is ample evidence to prove that vitamin D possesses antimicrobial properties (Saputo *et al.*, 2018; Youssef *et al.*, 2011). However, it is still unclear how it is responsible for potentiating the antibacterial effect of another antibiotic.

Though the combination of tetracycline with the non-antibiotic drugs *viz.*, atorvastatin and vitamin D produced non-significant reduction in MIC against previously resistant clinical isolates.. This difference between tetracycline and ampicillin might be because of tetracycline is primarily inhibiting the protein synthesis and ampicillin is a cell wall synthesis inhibitor.

CONCLUSION

The atorvastatin and vitamin D improves the effect of ampicillin against resistant bacteria indicating their role in bacterial cell wall synthesis. However, further studies are required to ascertain the exact mechanism of action insofar as its antibacterial property is concerned.

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Conflict of interest: None.

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