# Acid proteinase, phospholipase, and biofilm production of *Candida* species isolated from blood cultures

Gulce Gokce · Nilgun Cerikcioglu · Aysegul Yagci

Received: 23 April 2007/Accepted: 29 August 2007/Published online: 15 September 2007 © Springer Science+Business Media B.V. 2007

Abstract Three virulence factors comprising proteinase, phospholipase, and biofilm among 68 Candida albicans and 31 non-albicans Candida strains (11 C. tropicalis, 8 C. parapsilosis, 6 C. glabrata, 4 C. guillermondii, 2 C. krusei) isolated from blood cultures were analyzed. In total, 61 (89.7%) C. albicans strains were detected as proteinase positive whereas eight (25.8%) non-albicans Candida strains were proteinase positive (P < 0.05). Phospholipase production was detected in 41 (60.3%) C. albicans strains. All non-albicans Candida strains were phospholipase negative. Biofilm production was determined by both visual and spectrophotometric methods. Eight (11.8%) of C. albicans strains and 13 (41.93%) of 31 non-albicans Candida strains were biofilm positive with two of the methods (P < 0.05). According to our results, we may suggest that detection of hydrolytic enzyme and biofilm production abilities of the Candida isolates in clinical mycology laboratories may warn the clinican for a possible hematogenous infection.

Keywords Virulence · Candida · Blood

G. Gokce · N. Cerikcioglu · A. Yagci (⊠) Department of Clinical Microbiology, Marmara University School of Medicine, Haydarpasa, Istanbul 81326, Turkey e-mail: ayagci@marmara.edu.tr

#### Introduction

Since the early 1980s the frequency of nosocomial yeast infections has increased dramatically, with a consequent rise in related mortality and prolonged hospitalizations [1]. According to the results of the National Nosocomial Infections Surveillance System surveys, *Candida* species have become the fourth most common isolate recovered from blood cultures in the US and rates of candidemia have increased substantially as well in Europe [2]. Although *C. albicans* is the most commonly isolated organism from blood cultures, other *Candida* species have emerged as clinically important pathogens [3].

Several Candida species are normal inhabitants of human skin or mucosal surfaces and changes in the host are generally required before diseases can be established and progress. Candida species can respond rapidly to environmental changes, and this flexibility could allow these organisms to take advantage of impaired immunity and facilitate establishment of disease. Multiple characteristics of Candida species have been proposed to be virulence factors that enable the organism to cause disseminated infections in susceptible hosts. The ability to recognize and adhere to host tissues, to respond rapidly to changes in the external environment and to secrete enzymes are all thought to be important in virulence [4]. There are few reports comparing virulence factors of Candida species isolated from blood [5–7]. To our knowledge, this is the first study analyzing three virulence factor including proteinase, phospholipase, and biofilm production among *Candida* strains isolated from blood samples.

### Materials and methods

## Identification of isolates

*Candida* species isolated from blood cultures of patients admitted to Marmara University Hospital were included in the study. The Center for Disease Control (CDC) definition for blood stream infection (BSI) was used and detection of *Candida* in at least one blood culture specimen was considered to represent candidemia [8]. For each patient only one strain was analyzed. Yeast growth was confirmed by observation of typical cells on Gram stained preparates and all isolates were named with germ tube test and carbohydrate assimilation reactions (ID32C, Biomerioux, France).

## Testing protease activity

A yeast suspension of an each test strain was made in a broth of yeast extract, peptone, and glucose (YEPD). From this suspension, a 10 µl sample was put on a sterile paper disk placed on the surface of bovine serum albumin agar medium (pH 5.0) as described previously [9]. The inoculated plates were incubated at 30°C for 6 days. The plates were observed each day for an increasing opacity around the disks caused by growing fungi. Subsequently, clearing of the opacity by hydrolysis of precipitated albumin was affected by acid protease of the fungi; this was recorded. The millimetric zone measurements were evaluated as negative (-) for no clearance, (+) for mild activity (a lysis zone 1–2 mm around the zone), and (++) for strong activity (a lysis zone of 3-5 mm around the disk). The C. albicans CBS 2730 strain was used as positive control and the experiment was carried on three different occasions.

## Testing phospholipase activity

About 10  $\mu$ l of droplets of yeast suspension in sterile saline were placed on the surface of agar medium

(pH 4.3) containing egg yolk at 37°C for 4 days [10]. Phospholipase activity was measured by dividing colony diameter by the diameter of the precipitation zone (pz) around the colony formed on the plate. A pz of 1.0 was evaluated as negative (–), 0.99–0.9 as weak (+), 0.89–0.8 as mild (++), 0.79–0.7 as relatively strong (+++) and <0.69 (++++) as very strong positive. The *C. albicans* SC 5314 strain was used as positive control and the experiment was carried on three different occasions.

Determination of biofilm formation

## Visual detection

A loopful of organisms from the surface of Sabouraud dextrose agar (SDA) plate was inoculated into a polystyrene tube (Falcon conical tube with a screw cap [Becton Dickinson]) containing 10 ml of Sabouraud dextrose broth (SDB) supplemented with glucose (final concentration, 8%). After incubation at 35°C for 48 h, the broth in the tubes were aspirated gently, and tubes were washed with distilled water twice and than stained with 1% safranin for 10 min, after which they were examined for the presence of an adherent layer. Biofilm production was scored as negative, weak (+), moderate (++), or strong (+++) positive [6, 11]. Biofilm producer Staphylococcus epidermidis ATCC 35984 was used as positive control and each isolate was tested at least three times and read independently by two different observers.

### Spectrophotometric detection

Organisms were grown at 35°C for 24 h on SDA plates and saline washed suspensions of each strains were prepared. The turbidity of each suspension was adjusted to  $3 \times 10^7$  cfu/ml with SDB supplemented with glucose (final concentration, 8%). Next, 1 ml of suspension was inoculated into a polystyrene tube containing 9 ml of SDB and each well of microtitration plates was inoculated with aliquots of 200 µl of yeast cell suspension, plates were then incubated at 35°C for 24 h without agitation. The microtiter plate was then washed for four times with phosphate buffered saline, stained with 1% safranin, aspirated,

and spectrophotometer readings were performed at 490 nm with a micro titer plate reader [6]. The percent transmittance (%*T* value) for each test sample was subtracted from the %*T* value for the reagent blank to obtain a measure of the amount of light blocked when passing through the wells (%*T*<sub>bloc</sub>). Biofilm production by each isolate was scored as either negative (%*T*<sub>bloc</sub>, <5), + (%*T*<sub>bloc</sub>, 5–20), ++ (%*T*<sub>bloc</sub>, 20–50), +++ (%*T*<sub>bloc</sub>, ≥50). Each isolate was tested at least three times.

#### **Statistics**

The differences for acid proteinase, phospholipase, and biofilm production capabilities of *C. albicans* and non-albicans *Candida* strains were determined by chi-square and Fisher's exact tests. *P* value <0.05 was considered to be significant.

#### **Results and discussion**

Bloodstream infections due to *Candida* spp. have become an important cause of morbidity and mortality among patients and a number of studies have documented the increased incidence of systemic candidiasis in recent decades. Although *C. albicans* remains as the most common cause of fungemia, there has been an increase in infections due to other *Candida* species [12, 13].

*Candida* species have the ability to produce virulence factors that enhance their capacity to colonize mucosal or synthetic surfaces and to invade host tissues by disrupting host-cell membranes. Proteinases and phospholipases acting as virulence factors which contribute to host-tissue invasion by digesting proteins such as hemoglobin, keratin, collagen, and by degrading cell membranes,

respectively. There are several reports indicating invasive strains of C. albicans produced significantly more extracellular enzyme activity than the commensal strains did [5, 9, 10, 14, 15]. Since the number of studies in other Candida species is limited we compared the positivity of these enzymes in different Candida species. Candida albicans (n: 68) and nonalbicans Candida strains (n: 31) isolated from blood cultures of adults (n: 66) and pediatric (n: 33) patients were analyzed. Non-albicans Candida strains were distributed as follows: 11 (35.4%) C. tropicalis, eight (25.8%) C. parapsilosis, six (19.3%) C. glabrata, four (12.9%) C. guillermondii and two (6.4%) C krusei. Virulence factor positivity of the strains was given in Table 1. In total, 61 (89.7%) C. albicans strains and only eight (25.8%) non-albicans Candida strains were proteinase positive (P < 0.05) (Table 2). Phospholipase production was detected in 41 (60.3%)C. albicans strains with strong positivity in 28 (68.29%) of them whereas all non-albicans Candida strains were phospholipase negative. We detected higher levels of proteinase activity in C. albicans strains than non-albicans Candida strains (89.7% vs. 25.8%, P < 0.05) which is consistent with the

 
 Table 2 Comparison of virulence factors among blood Candida isolates

Virulence factor	C. albicans (n: 68) n (%)	Non-albicans <i>Candida</i> spp ( <i>n</i> : 31) <i>n</i> (%)	Р		
Proteinase	61 (89.7)	8 (27.6)	< 0.05		
Phospholipase	41(60.3)	0 (100)	*		
Biofilm <sup>a</sup>	8 (11.8)	13 (41.93)	< 0.05		
Biofilm <sup>b</sup>	8 (11.8)	12 (38.71)	< 0.05		

<sup>a</sup> Tube adherence method

<sup>b</sup> Microtiter plate method

\* Since all non-albicans isolates were negative statistical analysis could not be performed

**Table 1** Virulence factor positivity among blood Candida isolates

Species	Proteinase (n)			Phospholipase (n)				Biofilm <sup>a</sup> ( <i>n</i> )			Biofilm <sup>b</sup> ( <i>n</i> )					
	(-)	(+)	(++)	(-)	(+)	(++)	(+++)	(++++)	(-)	(+)	(++)	(+++)	(-)	(+)	(++)	(+++)
C. albicans (n: 68)	7	18	43	27	3	10	3	25	60	1	1	6	60	2	1	5
Non-albicans Candida spp (n: 31)	23	4	4	31	0	0	0	0	18	1	2	10	19	0	2	10

<sup>a</sup> Tube adherence method

<sup>b</sup> Microtiter plate method

findings of Ozkan et al. (40% vs. 10%, P < 0.05) [16]. Phospholipase positivity among non-albicans *Candida* strains were reported in few studies [17–19]. However, none of non-albicans *Candida* strains were phospholipase producers in our study, while 60.3% of *C. albicans* were found to be positive.

Although bacterial biofilms and their role in diseases have been investigated in details over a number of years much less are known about fungal biofilms. Recent studies indicate that with the formation of Candida biofilms occurring on devices such as indwelling intravascular catheters, infections become more refractory to conventional therapy because of resistance to antimicrobials [20]. We determined biofilm production by tube adherence and microtiter plate methods (Table 1). Eight (11.8%) of C. albicans strains were detected as biofilm positive with either methods. About 13 (41.93%) of nonalbicans Candida strains by tube adherence and 12 (38.71%) by microtiter plate method were found to be positive. The differences between biofilm positivity among C. albicans and non-albicans Candida strains were significant by two of the methods (P = 0.006, P = 0.011), Table 2. All C. krusei and C. guillermondii, 45% of C. tropicalis, 16% of C. glabrata, 12.5% of C. parapsilosis strains were biofilm positive by tube adherence method. No major discrepancy was observed between methods (except 1 C. guillermondii which was biofilm positive by tube adherence but not by microtiter plate method). Branchini et al. [11] showed that 80% of 31 C. parapsilosis blood isolates produced slime in vitro and suggested that capacity of producing large amounts of viscid slime material in glucose containing solutions may contribute to the ability of this organism to adhere plastic catheters and cause infections in individuals receiving total parenteral nutrition where the glucose concentration of the solution being administered is usually high. Authors investigating biofilm production among Candida species detected higher levels of positivity among non-albicans Candida strains than that of *C. albicans* strains (51–61% vs. 8–12%) [6, 7].

We may conclude that in the pathogenesis of hematogenous candida infections, proteinase and phospholipase activity for *C. albicans* strains and biofilm production for non-albicans *Candida* strains appear to be important virulence factors. The role of these factors in morbidity and mortality of the patients remains unclear. Cerikcioglu et al. suggested exhibition of strong hydrolytic enzyme activities for long duration of colonization might contribute to the development of candidemia in preterm infants [21]. We believe that determination of these factors might be a helpful tool to inform the clinicians about the possible virulence of the strain.

#### References

- Wright W, Wenzel R. Nosocomial Candida. Epidemiology, transmission and prevention. Infect Dis Clin North Am 1997;11:411–25.
- Jarwis WR. Epidemiology of nosocomial fungal infections, with emphasis on *Candida* species. Clin Infect Dis 1995;20:1526–30.
- Krcmery V, Barnes AJ. Non-albicans *Candida* spp. causing fungemia: pathogenicity and antifungal resistance. J Hosp Infect 2002;50:243–60.
- Haynes K. Virulence in *Candida* species. Trends Microbiol 2001;12:591–6.
- Basu S, Gugnani HC, Joshi S, Gupta N. Distribution of *Candida* species in different clinical sources in Delhi, India, and proteinase and phospholipase activity of Candida albicans isolates. Rev Iberoam Micol 2003;20:137–40.
- Shin JH, Kee SJ, Shin MG, et al. Biofilm production by isolates of *Candida* species recovered from non-neutropenic patients: comparison of bloodstream isolates with isolates from other sources. J Clin Microbiol 2002; 40:1244–8.
- Ruzicka F, Hola V, Votova M, Tejkalova RF. Detection and significance of biofilm formation in yeast isolated from hemocultures. Klin Mikrobiol Infeck Lec 2006;12:150–5.
- Garner JS, Jarvis WR, Emori TG, Horan TC, Hughes JM. CDC definitions for nosocomial infections, 1998. Am J Infect Control 1988;16:128–40.
- Chakrabarti A, Nayak N, Talwar P. In vitro proteinase production by *Candida* species. Mycopathologia 1991; 114:163–8.
- Yücel A, Kantarcıoğlu AS. The determination of some virulence factors (phospholipase, protease, germ tube formation and adherence) of *C. albicans* and the correlative relationship of these factors. Turk J Infect 2001;15:517–25.
- Branchini ML, Pfaller MA, Chalberg JR, Frempong T, Isenberg HD. Genotypic variation and slime production among blood and catheter isolates of *Candida parapsilosis*. J Clin Microbiol 1994;32:452–6.
- 12. Pfaller MA, Jones RN, Doern GV, Sader HS, Hollis RJ, Messer SA for the SENTRY participant group. International surveillance of bloodstream infections due to Candida species: frequency of occurrence and antifungal susceptibilities of isolates collected in 1997 in the United States, Canada and South America for the SENTRY program. J Clin Microbiol 1998;36:1886–9.
- Richett H, Roux P, Des Champs C, Esnault Y, Andremont A, French candidemia study group. Candidemia in French hospitals: incidence rates and characteristics. Clin Microbiol Infect 2002;8:405–12.

- Bernardis FD, Sullivan PA, Cassone A. Aspartyl proteinases of *Candida albicans* and their role in pathogenicity. Medical Mycology 2001;39:303–13.
- Ibrahim AS, Mirbod F, Filler SC, et al. Evidence implicating phospholipase as a virulence factor of *Candida albicans*. Infect Immun 1995;63:1993–8.
- Ozkan S, Kaynak F, Kalkancı A, Abbasoğlu U, Kustimur S. Slime production and proteinase activity of *Candida* species isolated from blood samples and the comparison of these activities with minimum inhibitory concentration values of antifungal agents. Mem Inst Oswaldo Cruz 2005;100:319–24.
- Kantarcioglu AS, Yucel A. Phospholipase and proteinase activities in clinical *Candida* isolates with reference to the sources of strains. Mycoses 2002;45:160–5.

- Dagdeviren M, Cerikcioglu N, Karavus M. Acid proteinase, phospholipase and adherence properties of *Candida parapsilosis* strains isolated from clinical specimens of hospitalized patients. Mycoses 2005;48:321–6.
- Kumar CP, Kumar SS; Menon T. Phospholipase and proteinase activities of clinical isolates of *Candida* from immunocompromised patients. Mycopathologia 2006;161:213–8.
- Jabra-Rizk MA, Falkler WA, Meiller TF. Fungal biofilm and drug resistance. Emerg Infect Dis 2004;10:14–9.
- Cerikcioglu N, İlki A, Bilgen H, Ozek E, Metin F, Kalaca S. The relationship between candidemia and candidal colonization and virulence factors of colonizing strains in preterm infants. Turk J Pediatr 2004;46:245–50.