

**NATIONAL INSTITUTE  
OF INFECTIOUS DISEASES**

*"Prof. Dr. MATEI BALȘ"*

# Broad range PCR coupled with electrospray ionization mass spectrometry – usefulness in a tertiary infectious disease centre

Dragos Florea, Emil Neaga, Mihaela Fratila,  
Alexandru Rafila, Daniela Talapan, Adrian  
Streinu-Cercel and Dan Otelea

*1 National Institute for Infectious Diseases "Prof. Dr. Matei Balș", Bucharest, Romania*

*2 Carol Davila University of Medicine and Pharmacy, Bucharest, Romania*

# Background

- Rapid and reliable diagnosis is needed for timely initiation of appropriate antibiotic treatment
- Novel methods are being developed to overcome the limitations of current culture based methods
- Broad range PCR coupled with electrospray ionization mass spectrometry (PCR/ESI-MS) is a culture-independent method able to detect a broad spectrum of bacteria directly from clinical specimens in less than 8 hours

# Background

## PCR/ESI-MS

- PCR primers target broadly conserved bacterial and *Candida* genes
- ESI-MS able to discriminate amplicons
- analysis of base composition signatures of multi-locus amplicons from one or more different species
- detection and identification of more than 670 bacteria and 4 antibiotic resistance markers (*mecA*, *vanA*, *vanB*, *bla*<sub>KPC</sub>)

# Objective

- to evaluate the performance of PCR-ESI/MS compared to the phenotypic methods currently used for the diagnosis of bacterial infections in our tertiary level infectious diseases centre

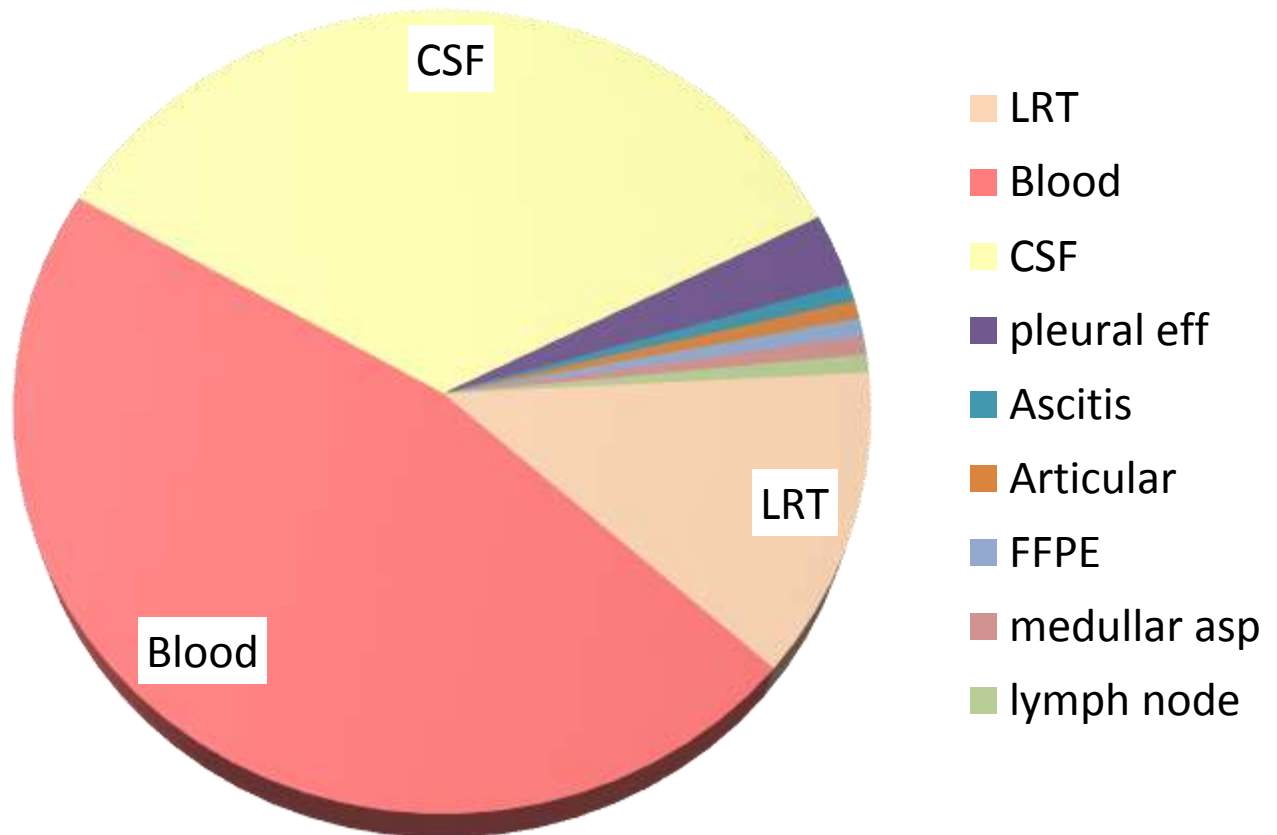
# Methods

- observational study
- the National Institute for Infectious Diseases "Prof. Dr. M. Bals" (Bucharest, Romania)
- paired samples collected between March to November 2016 from patients with a clinical suspicion of infection
- standard microbiological phenotypic tests
- PCR/ESI-MS - the IRIDICA System and the BAC Assay kits (Abbott Molecular, Des Plaines, IL) for bloodstream infections (BSI), lower respiratory tract (LRT) and sterile fluids/tissue (SFT)

# Results

- 136 paired samples

## Sample types



# Results

Comparative results of BAC Assays and standard-of-care culture

Results	No of samples
PCR/ESI-MS +, culture +	24
PCR/ESI-MS +, culture -	30
PCR/ESI-MS -, culture +	0
PCR/ESI-MS -, culture -	82

Positivity rate: 39.7% for PCR/ESI-MS and 17.6% for standard microbiological tests

# Results

- Comparative positive results in blood specimens

Organism	Matched positive	PCR/MS +, culture -
<i>Acinetobacter baumannii</i>	0	1
<i>Bartonella quintana</i>	0	1
<i>Enterobacter cloacae</i>	0	1
<b><i>Escherichia coli</i></b>	<b>2</b>	<b>3</b>
<i>Fusobacterium nucleatum</i>	0	1
<i>Mycobacterium avium complex</i>	0	2
<i>Mycobacterium tuberculosis complex</i>	0	1
<i>Neisseria meningitides</i>	0	1
<b><i>Pseudomonas aeruginosa</i></b>	<b>1</b>	<b>0</b>
<b><i>Staphylococcus aureus</i></b>	<b>1</b>	<b>2</b>
<i>Staphylococcus epidermidis</i>	0	1
<i>Streptococcus pneumoniae</i>	<b>1</b>	<b>0</b>
<i>Streptococcus pyogenes</i>	0	1



# Results

- Comparative positive results in blood specimens

Organism	Matched positive	PCR/MS +, culture -
<i>Acinetobacter baumannii</i>	0	1
<i>Bartonella quintana</i>	0	1
<i>Enterobacter cloacae</i>	0	1
<i>Escherichia coli</i>	2	3
<i>Fusobacterium nucleatum</i>	0	1
<i>Mycobacterium avium complex</i>	0	2
<i>Mycobacterium tuberculosis complex</i>	0	1
<i>Neisseria meningitidis</i>	0	1
<i>Pseudomonas aeruginosa</i>	1	0
<i>Staphylococcus aureus</i>	1	2
<i>Staphylococcus epidermidis</i>	0	1
<i>Streptococcus pneumoniae</i>	1	0
<i>Streptococcus pyogenes</i>	0	1

# Results

- Comparative positive results in blood specimens

Organism	Matched positive	PCR/MS +, culture -
<i>Acinetobacter baumannii</i>	0	1
<b><i>Bartonella quintana</i></b>	<b>0</b>	<b>1</b>
<i>Enterobacter cloacae</i>	0	1
<i>Escherichia coli</i>	2	3
<b><i>Fusobacterium nucleatum</i></b>	<b>0</b>	<b>1</b>
<b><i>Mycobacterium avium</i> complex</b>	<b>0</b>	<b>2</b>
<b><i>Mycobacterium tuberculosis</i> complex</b>	<b>0</b>	<b>1</b>
<i>Neisseria meningitidis</i>	0	1
<i>Pseudomonas aeruginosa</i>	1	0
<i>Staphylococcus aureus</i>	1	2
<i>Staphylococcus epidermidis</i>	0	1
<i>Streptococcus pneumoniae</i>	1	0
<b><i>Streptococcus pyogenes</i></b>	<b>0</b>	<b>1</b>

# Results

- Comparative positive results in sterile fluids/tissue

Organism	Matched positive	PCR/MS +, culture -
<i>Enterococcus faecalis</i>	0	1
<i>Fusobacterium nucleatum</i>	0	2
<i>Haemophilus influenzae</i>	0	1
<i>Listeria monocytogenes</i>	0	2
<i>Neisseria meningitidis</i>	0	2
<i>Propionibacterium acnes</i>	0	1
<i>Pseudomonas aeruginosa</i>	0	1
<i>Serratia marcescens</i>	0	1
<i>Staphylococcus aureus</i>	1	0
<i>Streptococcus intermedius</i>	0	1
<i>Streptococcus pneumoniae</i>	0	2

# Results

- Comparative positive results in respiratory samples

Organism	Matched positive	PCR/MS +, culture -
<i>Acinetobacter baumannii</i>	5	1
<i>Coxiella burnettii</i>	0	1
<i>Enterococcus faecalis</i>	0	1
<i>Enterococcus faecium</i>	0	1
<i>Klebsiella pneumoniae</i>	0	1
<i>Moraxella catarrhalis</i>	0	1
<i>Providencia</i>	0	0
<i>Pseudomonas aeruginosa</i>	2	0
<i>Staphylococcus aureus</i>	2	0
<i>Streptococcus pneumoniae</i>	1	2
<i>Ureaplasma urealyticum</i>	0	1

# Results

- Comparative analysis of discordant positive results

Sample type	Matched positive	Additional PCR/MS detection	Additional culture detection
Blood	<i>E. coli</i>	<i>A. baumannii</i>	-
ETA	<i>S. aureus</i>	<i>M. catarrhalis</i>	-
ETA	<i>A. baumannii</i>	-	<i>Providencia</i>
ETA	<i>A. baumannii</i>	-	<i>E. faecalis</i>
Pleural effusion	-	<i>F. nucleatum</i>	<i>S. anginosus</i>
ETA	<i>Acinetobacter</i>	<i>A. calcoaceticus</i>	<i>A. baumannii</i>

# Results

- Antibiotic resistance markers detections

Antibiotic resistance marker	Matched positive	Discordant result	Matched negative
<i>mecA</i>	2	0	2
<i>vanA</i>	0	0	0
<i>vanB</i>	0	0	0
KPC	0	0	0

# Conclusions

- PCR/ ESI – MS allowed **twice more detections** of a **broader range** of bacteria from various clinical samples in a **shorter time** compared to conventional phenotypic methods.
- This method might have an important impact on timely selection of targeted antimicrobial therapy and avoidance of unnecessary treatments, especially in critically ill patients.
- Further studies of compared performance might help to fully understand the significance of the rather small number of discordant results

Thank you