

27th **ECCMID**

Vienna, Austria
22 – 25 April 2017

The congress of  ESCMID

Session: EV021 Nosocomial infection surveillance & epidemiology

Category: 8d. Nosocomial infection surveillance & epidemiology

22 April 2017, 08:45 - 15:30
EV0326

Stenotrophomonas maltophilia from infected hospitalized patients: a focus on the most pathogenic genetic backgrounds

Camille Corlouer¹, Brigitte Lamy², Marine Desroches³, José Ramos-Vivas⁴, Emna Mehiri⁵, Olivier Lemenand⁶, Col Bvh⁷, Jean-Winoc Decusser^{*8}

¹*Chu Henri Mondor; Bacteriology and Infection Control*

²*Laboratoire de Bactériologie, Chu de Nice; Department of Bacteriology*

³*Inserm Umr1137, Iame Evrest Team, Paris-Diderot University, Faculty of Medicine Xavier Bichat; University Hospital Henri Mondor; Department of Bacteriology and Infection Control (Ap-Hp)*

⁴*Instituto de Investigación Valedecilla (Idival)*

⁵*A. Mami Hospital of Pneumology, Ariana; Faculty of Pharmacy, Monastir*

⁶*Saint Nazaire Hospital; Laboratory of Bacteriology*

⁷*Emile Muller Hospital; Laboratory of Bacteriology*

⁸*Hôpital Henri Mondor; Assistance Publique - Hôpitaux de Paris; Bacteriology Laboratory*

Background: *Stenotrophomonas maltophilia* (Sm) is an archetypal opportunistic environmental bacteria responsible for healthcare-associated infections (HAIs). The aim of this study is to decipher the population structure of Sm from hospitalized infected patients, that is a key element to improve selectively the management of human or environmental reservoirs.

Material/methods: We characterized genotypically and phenotypically a willfully varied sample of 83 human strains from various clinical origins and from 18 geographically distant hospitals.

Results: Among the 80 MLST typeable strains, only 29% corresponded to described STs, mainly ST5 (n= 6) and ST4/26/31 (n=2). The ST distribution and the phylogenetic tree based on the concatenated MLST housekeeping genes did not support a clusterization according to the geographical or clinical origin, or to the antimicrobial susceptibility. Noteworthy we detected a colistin heterogeneously resistant non-related subpopulation of strains. Beyond the MLST scheme, we confirmed (i) the previously reported genogroups organization, (ii) the predominance of the genogroups 6 and, unexpectedly, 2 that grouped 41% (33/80) and 16% (13/80) of the strains, respectively. These both genogroups represented 57% (20/35) of the respiratory and 75% (9/12) of the cystic fibrosis patient strains. Failing so far to identify predominant or emerging ST, we confirmed the over-representation of some genogroups among strains responsible for HAIs. The pathogenic potency of Sm environmental or human reservoirs should then be tested using this genogrouping affiliation rather than other molecular methods.

Conclusions: Our findings could facilitate the management of Sm reservoirs, focusing our efforts toward controlling environmental contamination or cross-transmission due to the human predominant and most pathogenic genogroups.