

Evaluation of a new Lightmix[®] multiplex RT-PCR for the detection of 7 respiratory bacterial pathogens

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Abstract

Rapid and accurate diagnosis of bacterial pathogens causing respiratory tract infections is essential for patient care, targeted therapy and application of appropriate infection control measures. Although respiratory pathogens like *Chlamydophila pneumoniae*, *Mycoplasma pneumoniae* and *Legionella* spp. can cause severe pneumonia, diagnostic procedures to detect them are rarely initiated. In addition, due to complexity and poor performance of culture-based and serological detection methods, atypical respiratory pathogens often remain undetected. To enable a fast and accurate detection of the most important atypical bacterial pathogens causing pneumonia, we evaluated the performance of a new respiratory multiplex Lightmix[®] RT-PCR (TIB Molbiol, Germany). The multiplex RT-PCR displayed a detection limit of 10 DNA copies per RT-PCR reaction and showed 100% sensitivity and 100% specificity, respectively for pathogen detection in 351 clinical respiratory specimens. The Lightmix[®] multiplex RT-PCR represents a low-cost, fast (< 1.5 hours) and accurate diagnostic tool for respiratory pathogen detection.

Introduction/ Materials and Methods

Community-acquired pneumonia (CAP) is one of the most common infectious diseases. It has been estimated that 15% of all cases of CAP are due to atypical bacterial pathogens¹. Reliable differentiation between typical and atypical bacterial pathogens causing pneumonia is necessary as they require different therapeutic approaches and antibiotic therapy (e.g. β -lactam resistance in atypical pathogens)^{2,3}. Molecular methods, like multiplex RT-PCR, can overcome the limitations of culture-based and serological methods, permitting rapid and sensitive diagnosis, and thereby reducing the fatal consequences of inappropriate antibiotic treatment.

Bacterium	Target
<i>B. parapertussis</i>	IS1001
<i>B. pertussis</i>	IS481
<i>C. pneumoniae</i>	ompA
<i>C. psittaci</i>	rpoB
<i>Legionella</i> spp./ <i>L. pneumophila</i>	16S rRNA gene
<i>M. pneumoniae</i>	RepMP1

Table 1. Bacterial, respiratory pathogens detected in the multiplex Lightmix[®] RT-PCR.

Objective

We evaluated a new multiplex Lightmix[®] RT-PCR for simultaneous detection and identification of 7 important atypical bacterial pathogens (Table 1) in 351 clinical respiratory specimens. Sensitivity and specificity of pathogen detection with the multiplex RT-PCR were compared to singleplex RT-PCR assays (Table 2).

Results

Pathogen	Multiplex RT-PCR	Singleplex RT-PCR			
		Negative	Positive	Specificity = 100%	
<i>B. parapertussis</i>	Multiplex RT-PCR	Negative	346	0	Sensitivity = 100%
		Positive	0	5	K = 1
<i>B. pertussis</i>	Multiplex RT-PCR	Negative	183	0	Sensitivity = 100%
		Positive	0	168	K = 1
<i>C. pneumoniae</i>	Multiplex RT-PCR	Negative	348	0	Sensitivity = 100%
		Positive	0	3	K = 1
<i>C. psittaci</i>	Multiplex RT-PCR	Negative	340	0	Sensitivity = 100%
		Positive	0	11	K = 1
<i>L. pneumophila</i>	Multiplex RT-PCR	Negative	331	0	Sensitivity = 100%
		Positive	0	20	K = 1
<i>Legionella</i> spp.	Multiplex RT-PCR	Negative	340	0	Sensitivity = 100%
		Positive	0	11	K = 1
<i>M. pneumoniae</i>	Multiplex RT-PCR	Negative	205	0	Sensitivity = 100%
		Positive	0	146	K = 1

Table 2. Sensitivity and specificity of the multiplex Lightmix[®] RT-PCR for detecting atypical respiratory pathogens in clinical specimens and agreement of singleplex RT-PCR vs. multiplex RT-PCR results (k statistics)⁴.

References

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CONCLUSION

The multiplex Lightmix[®] RT-PCR showed very good diagnostic performance for respiratory pathogen detection and is comparable to singleplex RT-PCR assays with respect to specificity and sensitivity.