

Emergence of antibiotic-resistant extremophiles (AREs)

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Abstract Excessive use of antibiotics in recent years has produced bacteria that are resistant to a wide array of antibiotics. Several genetic and non-genetic elements allow microorganisms to adapt and thrive under harsh environmental conditions such as lethal doses of antibiotics. We attempt to classify these microorganisms as antibiotic-resistant extremophiles (AREs). AREs develop strategies to gain greater resistance to antibiotics via accumulation of multiple genes or plasmids that harbor genes for multiple drug resistance (MDR). In addition to their altered expression of multiple genes, AREs also survive by producing enzymes such as penicillinase that inactivate antibiotics. It is of interest to identify the underlying molecular mechanisms by which the AREs are able to survive in the presence of wide arrays of high-dosage antibiotics. Technologically, “omics”-based approaches such as genomics have revealed a wide array of genes differentially expressed in AREs. Proteomics studies with 2DE, MALDI-TOF, and MS/MS have identified specific proteins, enzymes, and pumps that function in the adaptation mechanisms of AREs. This article discusses the molecular mechanisms by which microorganisms develop into AREs and how “omics” approaches can identify the genetic elements of these adaptation mechanisms. These objectives will assist

the development of strategies and potential therapeutics to treat outbreaks of pathogenic microorganisms in the future.

Keywords Antibiotic-resistant extremophiles · AREs · Antibiotics · Genomics · Proteomics

Introduction

Antibacterial resistance has been defined as the ability of microorganisms to remain viable and multiply in the presence of antibiotics. Resistance to antimicrobial agents is a global health concern. Increasing usage and the remains of antibiotics in the environment lead to the development of bacteria into superbugs, capable of adapting and surviving in the presence of multiple classes of antibiotics due to gradual modifications in their antibiotic resistance genes. Because these organisms are resistant to multiple and high-dose antibiotics, we attempt to classify them as antibiotic-resistant extremophiles (AREs). The closely related term *extremophiles* applies to organisms, including microbes, that can sustain life in extreme environmental conditions such as hot springs, volcanic areas, the deep sea, extreme high and low temperatures ($>45^{\circ}\text{C}$, $<15^{\circ}\text{C}$), high pressure, high salt concentration, radiation, etc. (Mesbah and Wiegel 2008; Kumar et al. 2010; Singh and Gabani 2011; Copeland et al. 2012), and now high levels of antibiotics. In response to the damage caused by antibiotics, AREs are able to induce genes that modify certain proteins and enzymes toward adaptations that lead to their resistance and survival in the presence of a broad range of antibiotics (Rossolini and Thaller 2010). These organisms even show normal growth as would be observed when grown in the presence of antibiotics. For example, treatment of *Stenotrophomonas maltophilia* with ciprofloxacin and gentamicin showed that

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the bacterial counts at the end of 24 h exceeded the starting inoculum in a normal growth fashion (Garrison et al. 1996). In another study, a treatment of planktonic bacteria with 25 and 59 mg/kg of linezolid resulted in no significant difference when compared to a treatment with saline (Baldoni et al. 2009).

The common usage of antibiotics for human therapies as well as in agriculture, aquaculture, and livestock has resulted in adaptations among pathogenic bacteria and their development of resistance to multiple drugs. A well-known case is the methicillin-resistant *Staphylococcus aureus* (MRSA), which is resistant to aminoglycosides, macrolides, tetracycline, chloramphenicol, and lincosamides (Okesola 2011). Other multidrug-resistant (MDR) pathogens currently being investigated include *Acinetobacter baumannii*, *Mycobacterium tuberculosis*, and *Pseudomonas aeruginosa* (Carattoli 2009). MDR *M. tuberculosis*, which is resistant to first- and second-line antibiotic drugs, has recently been identified in Nepal, China, and India and is causing widespread health care crises in these countries (Engstrom et al. 2012; Poudel et al. 2012). Almost 23 % of the currently known strains of *P. aeruginosa* are MDR (Gill et al. 2011). An increase in MDR *P. aeruginosa* has been linked to an increase in septic shock, leading to an increase in patient mortality (Taccone et al. 2012). The widespread use of antibiotics will continue to develop more species of bacteria into MDR organisms. Others in line to become threats to the human population due to their multidrug resistance include *P. aeruginosa* and *A. baumannii*.

Through microbial evolution, bacteria have developed various types of mechanisms for antibiotic resistance. The classes of drugs against which bacteria have developed resistance include β -lactams, glycopeptides, and fluoroquinolones (Woodford and Livermore 2009; Rice 2012). Microorganisms can be turned into AREs through gene mutations (Breidenstein et al. 2011; Canton and Morosini 2011) or via exogenous sources such as transferable plasmids that contain a variety of resistance genes (Rice 2012). Multiple AREs have shown different adaptation strategies, such as acquisition of highly efficient efflux pumps, which are actively and efficiently able to exocytose a wide variety of antibiotics (Higgins 2007). Another important evolutionary strategy, spontaneous mutations, allows bacteria to acquire genes, proteins, and enzymes that they then use to combat the deadly effects of antibiotics (Erill et al. 2006). These mechanisms of mutation, transferability, and evolution of antibiotic resistance genes evolve the new generation of antibiotic-resistant bacteria. This article aims to define AREs, their environment and the mechanisms by which microbes turn into AREs coping with high levels of antibiotics. A brief description of genomics and proteomics technologies will fill the gaps in understanding the global profile of genes and proteins that assist microbial modification into AREs.

Antibiotic-resistant extremophiles and environment

Food and Drug Administration (FDA) approved and clinically proven safest dose of different classes of antibiotics that has ability to inhibit microbial growth in the society are being considered as regular antibiotics. However, over the past few decades' extensive use of antibiotics has enforced microorganisms to adapt and survive in the presence of approved dosages, thereby evolving into the superbug. Adapted microorganisms, which are able to thrive at higher dosage of different classes of antibiotics [i.e., aminoglycosides, ansamycins, carbacephem, cephalosporins (various generations), glycopeptides, lincosamides, lipopeptide, macrolides, β -lactams, sulfonamides, and quinolones], otherwise lethal to normal microorganisms, are being referred as 'AREs'.

Unmetabolized drugs from the extensive use of antibiotics in human and animal therapeutics are excreted in urine and fecal matter and end up in recipient waters (Diwan et al. 2010). In addition, the antibiotics find their way into the environment from pharmaceutical plants as a result of dumping of wastes and unused antibiotics (Kummerer 2009). In developing countries, the higher levels (31 g/L) of various antibiotics, chemicals and heavy metals were detected in recipient waters (Larsson et al. 2007). Despite the efforts of the wastewater treatment, the high levels of antibiotics were detected 17 km downstream of the site, finding their ways to get into groundwater used for human consumption (Fick et al. 2009).

In addition to aquatic environments, hospitals are prime sites in which bacteria are continuously exposed to the antibiotics. Diwan et al. (2010) reported 236.6 μ g/L ciprofloxacin in the wastewater from hospital. In Europe, the first generation cephalosporin usage increased by ~ 3 times and the second generation by 20 % between 1997 and 2009. A substantial increase of the third generation was also reported in other countries such as France, Italy, and Russia (Versporten et al. 2011). In Singaporean hospitals, the prescription of monitored antibiotics was increased from 233.12 defined daily doses (DDD)/1,000 inpatient-days in 2006 to 254.38 DDD/1000 inpatient-days in 2010. In Switzerland, the total consumption of systemic antibiotics rose from 46.1 DDD/100 inpatient-days to 54.0 DDD/100 inpatient-days between 2004 and 2008 (Pluss-Suard et al. 2011). These over-usages of antibiotics resulted into remains and excretion of unmetabolized antibiotics and their presence in wastewater providing a perfect environment to antibiotic sensitive microorganisms to adapt and/or mutate in which the AREs can thrive. The overuse of antibiotics in humans and animals makes them the best reservoir where bacteria can be adapted to high dose of antibiotics under perfect living conditions. The microbial communities exposed to the high levels of antibiotics under

both in vivo and in vitro conditions circumvent to thrive under great selective pressure forcing them to evolve into AREs.

With continued modification of microbial genome, several of the organisms that have developed antibiotic resistance from nature have also been found in human cultures. Clinical strains of *A. baumannii* showed resistance to minimal inhibitory concentration (MICs) of over 64 mg/L Imipenem, 64 mg/L Sulbactam, and 512 mg/L Fosfomycin (Santimaleeworagun et al. 2011). Table 1 summarizes few AREs that have shown resistance to MIC of various antimicrobial agents. It has also been found that the presence of metallo- β -lactamase has shown to have a higher MIC in *P. aeruginosa* than the non metallo- β -lactamase producing strains in patients with pneumonia in intensive care units (Vitkauskiene et al. 2011). *P. aeruginosa* has been found to be resistant to MICs of mezlocillin (75 mg/L), ceftazidime (30 mg/L), and cefepime (30 mg/L) in patients with lower respiratory tract infections acquired in intensive care unit (Ozer et al. 2012). Four isolates of *Salmonella enterica* were found to be resistant to MICs of antibiotic Ceftriaxone (256 mg/L) from human clinical specimens (Firoozeh et al. 2011). The ability of these organisms to survive and thrive above the MIC can characterize them as AREs.

In addition to the excessive use of antibiotics in human therapeutics, the wide use of antibiotics in livestock has also led to the adaptation of antibiotic-resistant bacteria

into AREs. A recent study in Ghana indicated that over 98 % of the farmers used antibiotics on animals to prevent infections and many even used them on a weekly basis (Donkor et al. 2012). Recently, it was determined that the wide use of antibiotics in poultry and pigs in Australia caused several strains of *Campylobacter* sp. (isolated from fecal samples) to develop resistance to MIC of lincomycin (51–100 %), ampicillin (33.3–60.2 %), and tetracycline (5.6–40.7 %) (Obeng et al. 2012). Similarly, in Switzerland, a countrywide survey found that third-generation cephalosporin-resistant *E. coli* were found in broilers, swine, and cattle (Endimiani et al. 2012). Many strains in animals were found to have a higher resistance of drugs when compared to humans. For example, *E. coli* isolated from animals revealed a higher resistance than that of human isolates for ampicillin (Donkor et al. 2012). In addition, the overall prevalence of multiple drug resistance among the *E. coli* isolates was 91.6 % whereas in the human isolates was only 70.6 % (Donkor et al. 2012). The large families of antibiotics have various novel means of inhibiting cellular growth in microorganisms (Blanchard 2005; Sherman 2005; Clardy et al. 2006). However, many bacteria have developed novel mechanisms to combat the deadly effects of antibiotics. The antibiotic-resistant extremophiles have multiple molecular mechanistic adaptations to eliminate antibiotics from their cytoplasm as well as inactivate them, thus rendering them ineffective.

Antibiotic efflux pumps

Most pathogens resist the action of antibiotics through pumps, which drive microbial metabolic products including physiological substrates, non-antibiotic substrates, and antibiotics into (influx) or outside (efflux) the cell (Liang et al. 1995; Brown et al. 1999; Jariyawat et al. 1999; Ribera et al. 2002). In clinically relevant microorganisms, five different protein-family-based efflux pumps have been identified: the multidrug and toxic compound extrusion (MATE) family (Brown et al. 1999), the adenosine triphosphate (ATP) binding cassette (ABC) superfamily, such as P-type ATPase (van Veen and Konings 1998), the small multidrug resistance (SMR) family (Paulsen et al. 1996), the major facilitator superfamily (MFS) (Marger and Saier 1993), and the resistance-nodulation-cell division (RND) family (Saier et al. 1994). The three major types of efflux pumps MFS, SMR and RND are discussed below.

The natural functions of the various efflux pumps are still a topic of debate. However, the physiological role of these systems is evasion of naturally produced toxic molecules, thereby allowing the bacterium to survive in its ecological niche. Natural functions suggested for efflux pumps include removal of metabolic products, removal of

Table 1 Potential antibiotic-resistant microorganisms (AREs) in human subjects

| Microorganism | Antibiotics | MIC (mg/L) | Ref. |
|---------------------------|----------------|------------|---------------------------------|
| <i>A. baumannii</i> AB307 | Imipenem | 64 | Santimaleeworagun et al. (2011) |
| | Sulbactam | 64 | |
| <i>A. baumannii</i> AB167 | Fosfomycin | 256 | Santimaleeworagun et al. (2011) |
| <i>A. baumannii</i> AB315 | Fosfomycin | 512 | |
| <i>P. aeruginosa</i> | Ciprofloxacin | 64 | Vitkauskiene et al. (2011) |
| | Amikacin | 256 | |
| | Piperacillin | 256 | |
| | Mezlocillin | 75 | Ozer et al. (2012) |
| | Piperacillin | 100 | |
| <i>S. enterica</i> | Ceftriaxone | 256 | Firoozeh et al. (2011) |
| <i>H. pylori</i> | Metronizadole | 8 | Eisig et al. (2011) |
| | Clarithromycin | 1 | |
| <i>S. pneumoniae</i> | Cefaclor | >32 | Kiffer and Pignatari (2011) |
| | Azithromycin | >32 | |
| <i>H. influenzae</i> | Amoxicillin | 16 | |
| <i>M. catarrhalis</i> | Amoxicillin | 32 | |

toxins, and buffering the organism against surges in pools of potentially toxic metabolites (Helling et al. 2002). It has been also suggested that the natural function of RND pumps might include the efflux of molecules required for cell-to-cell signaling such as quorum sensing (Rahmati et al. 2002). The MATE transporters are known to confer resistance to multiple cationic toxic agents, including fluoroquinolones, as H^+ and Na^+ antiporters. However, the substrate profiles for this family are generally narrower than those of the RND transporters. To this day, only about 20 MATE transporters have been characterized (Kuroda and Tsuchiya 2009).

MFS efflux pumps

MFS transporters are known to represent the largest group of secondary active transporters. These transporters are antiporters that are thought to function as monomers. However, in Gram-negative bacteria, MFS efflux systems can function as components of tripartite systems together with additional membrane fusion proteins and outer membrane channels (Pao et al. 1998). These systems enable the transporter to efficiently export the substrates across the double membranes of Gram-negative bacteria. This system has the largest family of transport proteins and it contains many important efflux pumps. Two major types of pumps that exist in this category are 14 transmembrane segments and 12 transmembrane segments.

QacA and QacB pumps are involved in actively pumping biocides and dyes such as ethidium bromide, benzalkonium chloride, cetyltrimethylammonium bromide, pentamidine isethionate, and chlorhexidine (Paulsen et al. 1996). EmrB of *E. coli* also belonging to this category allows for resistance of compounds such as carbonyl cyanide *m*-chlorophenylhydrazone and antibiotics such as nalidixic acid and thiolactomycin (Lomovskaya and Lewis 1992). Floyd et al. (2010) observed that LmrS, a MFS efflux pump of *S. aureus*, was able to actively pump a 16-fold increase in linezolid and tetraphenylphosphonium and an eightfold increase in sodium dodecyl sulfate, trimethoprim, and chloramphenicol. NorA of *S. aureus* is able to actively pump puromycin, tetraphenylphosphonium, and fluoroquinolones (Neyfakh et al. 1993). In addition to this, *S. aureus* also contains NorB and NorC. In about one-half of *S. aureus* infections more than half of the strains had overexpression of NorB and NorC, two chromosomally coded pumps (DeMarco et al. 2007).

In addition to *S. aureus*, MFS pumps have been found in *A. baumannii* and *E. coli*. A MFS pump AmvA belonging to *A. baumannii* had decreased susceptibility to antibiotics, disinfectants, dyes, and detergents, as well as greatly enhanced efflux activity (Rajamohan et al. 2010). Smith et al. (2009) identified a multidrug pump, EmrD-3,

belonging to the MFS of transporters and shared homology with the Bcr/CflA subfamily in *Vibrio cholera*. In *E. coli*, this pump was able to effectively lower intracellular concentrations of ethidium bromide, linezolid, tetraphenylphosphonium chloride, rifampin, erythromycin, minocycline, trimethoprim, and chloramphenicol.

SMR efflux pumps

SMR efflux pumps were first reported in *S. aureus* plasmids, followed by chromosomes of Gram-negative bacteria. EmrE of *E. coli* is a well recognized SMR pump that function as a homodimer of a small four-transmembrane protein (Jack et al. 2001; Schuldiner 2007). The inward flux of the proton and outward flux of the substrate are coupled by the sharing of the common binding sites (Schuldiner 2007).

SMR pumps have been proven to be very effective. Expression of a cloned *abeS* gene of the SMR family from *A. baumannii* in a hypersensitive *E. coli* host KAM32 resulted in a decreased susceptibility to various classes of antimicrobial agents, detergents, and dyes. In addition, the deletion of *abeS* from *A. baumannii* caused the resistive strain to become sensitive to various antimicrobial agents (Srinivasan et al. 2009). An SMR family gene, *ssmE*, found in *Serratia marcescens* and cloned into hypersensitive *E. coli*, also produced elevated levels of resistance to antimicrobial agents. It was able to effectively efflux ethidium in an energy-dependent fashion (Minato et al. 2008). A two-component multidrug efflux pump, EbrA and EbrB, in *Bacillus subtilis* also showed an elevated energy-dependent efflux of ethidium in *E. coli*. Neither was found to be sufficient for resistance when alone, but the simultaneous expression of EbrA and EbrB in *E. coli* made it resistant to a wide array of antimicrobial agents (Masaoka et al. 2000).

RND efflux pumps

RND efflux systems function as proton/drug antiporters and are widespread among Gram-negative bacteria. The efflux systems belonging to the RND family confer resistance to aminoglycosides and decreased susceptibility to fluoroquinolones, tetracycline, chloramphenicol, erythromycin, trimethoprim, netilmicin, and meropenem. The transport proteins of this family play a predominant role in the multidrug resistance of Gram-negative bacteria. Two examples of these types of pumps are AcrB of *E. coli* and MexB of *P. aeruginosa* (Tseng et al. 1999). These pumps are associated with two other classes of proteins: the outer membrane factor family of proteins, such as TolC of *E. coli*, and membrane fusion proteins, such as ArcA of *E. coli* and MexA of *P. aeruginosa* (Dinh et al. 1994;

Paulsen et al. 1997). Expression of these pumps allows for Gram-negative bacteria to become resistant to penicillin G, oxacillin, cloxacillin, nafcillin, macrolides, novobiocin, linezolid, and fusidic acid. Inactivation of the ArcB in *E. coli* makes the bacteria completely susceptible to these agents (Nikaido 2009). The RND pumps show extremely wide substrate specificity. For example, *E. coli* AcrB pumps out not only most common antibiotics, but also dyes, detergents, and solvents. Table 2 summarizes major RND pumps and the substrates that are known to be pumped out by the organisms.

Expression of most of the RND pumps is reported to be regulated by specific regulator proteins (Li and Nikaido 2004). The MexXY, an aminoglycoside efflux pump of *P. aeruginosa*, can be expressed in the presence of its substrates (Masuda et al. 2000). However, with other pumps, the gene expression is regulated not by its substrates, but by its repressor genes and as a result, the efflux pump overexpression occurs because of mutations in the repressor gene. For example, MexAB-overproducing strains of bacteria had mutations in the *mexR* gene, a repressor for the *mexAB* gene (Cao et al. 2004). It has also been observed that in *P. aeruginosa*, the *mexZ* repressor gene upstream of *mexXY-oprA* in PA7 is mutated, leading to overexpression of *mexXY-oprA*. In addition, the effect of modifying enzymes was enhanced by the presence of this efflux pump to develop a high-level aminoglycoside resistance (Morita et al. 2012).

The evolution of RND efflux pumps has been a big threat in the development of AREs. RND pumps have made major contributions to the intrinsic and elevated resistance of clinically relevant pathogens (Poole 2005b). For example, fluoroquinolone resistance is mostly attributed to mutational alteration of the target topoisomerases; however, many strains have been found where the increased resistance has been caused by increased efflux

(Mazzariol et al. 2000). In another example, significant portions of aminoglycoside-resistant clinical isolates of Gram-negative bacteria are known to owe their resistance to increased active efflux (El’Garch et al. 2007). The trend to increasingly add disinfectants to household products like soaps has caused selection for the overproduction of these RND pumps (Aiello et al. 2007). In addition, the RND pumps have been known to efflux spermidine (Neyfakh 1997), secrete secondary metabolites, protect bacteria against bile salts and detergents that are abundant in environment (Zgurskaya and Nikaido 1999), as well as toxic metals such as Co^{2+} , Ni^{2+} , Cd^{2+} , and Zn^{2+} (Goldberg et al. 1999).

Adaptation of antibiotic resistance extremophiles (AREs)

AREs and adaptive plasmids

Acquiring of a plasmid by a bacterium, which allows it to adapt to a certain environmental condition (i.e., high antibiotic environment), is known as an adaptive plasmid. The R plasmids were first discovered in Japan, and contained resistance genes for chloramphenicol, tetracycline, aminoglycosides, and sulfonamides (Clark and Pazdernik 2012). R plasmids have been widely known to contain genes for antibiotic resistance in microorganisms (Clark and Pazdernik 2012). Most of the resistant genes are components of transposons, which can insert genes in the middle of any piece of DNA. Transposon Tn21 is a large, complex, multiple composite transposon (Liebert et al. 1999) that contains genes for mercury, sulfonamide, and aminoglycoside resistance. Many resistant genes in R plasmids contain a unique 59-base 3'-sequence tag that led to the discovery of the integron (Hall and Stokes 1993).

Table 2 Substrate specificity of some RND multidrug efflux pumps

| Organism | RND Pump | Substrate | Ref. |
|----------------------|----------|---|-----------------------|
| <i>E. coli</i> | AcrB | Acriflavine, bile salts, chloramphenicol, crystal violet, ethidium bromide, fatty acids, fluoroquinolones, macrolides, novobiocin, organic solvents, penicillins, sodium dodecylsulfate, tetracyclines, trimethoprim, Triton X-100 | Nikaido et al. (1998) |
| | AcrD | Aminoglycosides, deoxycholate, fusidic acid, novobiocin | |
| <i>P. aeruginosa</i> | MexB | Acriflavine, aminoglycosides, chloramphenicol, cephalosporins, crystal violet, ethidium bromide, macrolides, novobiocin, organic solvents, penicillins, sodium dodecylsulfate, sulfonamides, tetracyclines, trimethoprim, triclosan | Tseng et al. (1999) |
| | MexD | Chloramphenicol, cephalosporins, fluoroquinolones, macrolides novobiocin, tetracyclines, triclosan | |
| | MexF | Chloramphenicol, fluoroquinolones, tetracyclines | |
| | MexY | Aminoglycosides, fluoroquinolones, macrolides, tetracyclines | |

This contains a gene for the enzyme integrase, which allows the cell to insert the resistance gene at a predetermined site downstream from a strong promoter.

Once the gene is integrated, it becomes tagged, allowing it to be easily integrated into another integrin, which might contain another set of resistance genes. For example, a Tn21 already containing a sulfonamide resistance gene *sulI* and a truncated version of a multidrug efflux gene *qacE* has integrated an aminoglycoside resistance gene *aadA1* at the specific integration site *attI* (Liebert et al. 1999). Many integron structures have been found to be associated with a downstream structure called an ISCR element. This contains a presumed transposase gene that functions in an unusual open-ended transposition event and recruits various resistance genes and delivers them close to the integron structure (Toleman et al. 2006). In a study that examined the relationship between the IncP1- α plasmid RP1 and plasmids R1033 and R934, it was determined that the Tn1 and ampicillin resistance genes contained in the plasmids were acquired by the IncP1- α backbone on three separate occasions (Pinyon and Hall 2011).

Chowdhury et al. (2011) reported that a plasmid-mediated quinolone resistance gene, *qnrA1*, along with *aac(6')-Ib-cr* and *bla* (CTX-M-3) genes, was on a mobile plasmid and able to spread to other bacterial species that were under the selective pressure of fluoroquinolones and β -lactam antimicrobials. In *Aeromonas hydrophila* infections, antibiotic treatment with flumequine, tetracycline, and trimethoprim strongly induced the expression of genes mediating conjugative transfer of the R-plasmid pRAS1 carrying the resistive genes *TcR*, *TmR*, and *SuR* (Cantas et al. 2012). IncF plasmids, which carry the *bla*CTX-M-14 gene, responsible for ceftazidime and defotaxime resistance, were able to readily spread in *E. coli* from various clinical isolates, causing horizontal transfer of resistance genes (Kim et al. 2011).

Gene duplication and amplification

Gene amplification has been found in all forms of life. It is a known contributor to human and microbial evolution by generating genomic variance that is required for genetic adaptation. In the environment, microorganisms, through horizontal gene transfer, acquire necessary genes in the form of plasmids. These genes have been known to go through duplication and amplification in bacteria to adapt in the presence of various toxic drugs, including antibiotics.

The plasmid-borne amplifications involved in antibiotic resistance were first identified in *Proterus mirabilis* (Perlman and Stickgold 1977). Normark et al. (1977) observed chromosomal gene amplification in *E. coli* as microbial adaptation against antibiotics. In this strain, AmpC β -lactamase was amplified up to 30 times. Apart

from the direct increase in antibiotic resistance that results from increased expression of a modifying or degrading enzyme or efflux pumps, there are also examples in which duplications have mediated more unpredicted mechanisms to increase resistance. Duplication of part of the ribosome-binding site of the macrolide resistance gene *ermA* has been found in both *S. aureus* and *E. faecalis* (Sandegren and Andersson 2009). These duplications lead to constitutive expression of *ermA* by bypassing the translational attenuation system that regulates *ermA* expression (Srinivasan et al. 2009). In another example, with macrolide treatment of *S. pneumoniae* infection, the organism developed resistance to the drug due to duplication events in the *rplV* gene, which encodes the ribosomal protein L22.

Persister cells

The antibiotic susceptibility of bacterial cells is influenced by the colony's physiological states. A consequence of this is the incidence of persister cells, discovered when high concentrations of antibiotics were unable to exterminate all the bacterial population. A persister population was always left behind (Lewis 2005). The presence of persisters is now thought to be an example of the strategy whereby bacteria naturally generate mixtures of phenotypically different populations, so that in the event of environmental change, one of them can survive (Dhar and McKinney 2007). It has been determined that the bacterial persisters are able to tolerate antibiotics by not producing hydroxyl radicals (Kim et al. 2011).

In cystic fibrosis patients, *P. aeruginosa*-mediated chronic infection of the airway showed mutations in the *mutS* gene responsible for a hypermutator phenotype (Kenna et al. 2007). In addition, various other mutations in the *mexZ* repressor caused the organism to express the *MexXY-OprM* gene and develop resistance against ofloxacin, carbenicillin, and tobramycin. With chronic antibiotic treatment for this infection, these organisms were able to develop large populations of persister cells and quickly became resistant to a wide range of antibiotics (Mulcahy et al. 2010). In *Staphylococcus epidermidis*, it is the adherent growth mode, rather than the ability to build a multilayer biofilm structure, that contributes to its high resistance to antibiotics. The presence of persister cells in coagulase-negative *Staphylococci* biofilms plays an important role in antibiotic resistance (Qu et al. 2010). In *P. aeruginosa*, it has been determined that quorum-sensing-related signaling has been able to increase the persister cells. Treatment with phenazinepyocyanin and acyl-homoserine lactone 3-OC12-HSL significantly increased the persister numbers in *P. aeruginosa* (Moker et al. 2010). The gain of mutations via hypermutator phenotype is now being considered as the mechanism by which the persister

population becomes resistant to antibiotics and therefore, the development of AREs.

Inactivating enzymes

Inactivating enzymes modify the molecular structure of antibacterial drugs to stop them from acting against targeted microorganisms. β -lactamase (the β -lactam family) is a wide group of antibiotic-resistant enzymes comprising several functional classes such as cephalosporinase, penicillinase, and metalloenzyme. Genes encoding the β -lactamases have been reported in a variety of Gram-negative species, mostly in *Enterobacteriaceae*, *P. aeruginosa*, and *A. baumannii* (Paterson and Bonomo 2005; Jacobson et al. 2012; Poirel et al. 2012). The β -lactamases are able to inactivate the antibiotics by catalyzing the hydrolytic opening of the β -lactam ring (Fig. 1), which leads to resistance in Gram-negative bacteria as the enzymes are concentrated in periplasmic space. Chromosomal or plasmid R-factor-controlled production of β -lactamase in microbes is the most common mechanism of acquired resistance to β -lactam antibiotics (Garcia-Fernandez et al. 2008). This mechanism can be acquired by obtaining new genes through transformation, conjugation, or bacteriophage transduction.

In *A. baumannii*, ceftazimide resistance was found to be mediated by a PER-7 β -lactamase encoded in an ISCR1 element located on a plasmid (Opazo et al. 2012). In other organisms, such as *Bacillus licheniformis* and *S. aureus*, a membrane-bound penicillin receptor (BlaR/MecR) detects the presence of β -lactam and launches a signaling cascade that leads to the synthesis of a β -lactamase (Amoroso et al. 2012). Members of *Enterobacteriaceae* have been known to encode plasmid-based β -lactamases as extended-spectrum β -lactamases (ESBLs). Dortet et al. (2012) showed that ESBLs were located on self-conjugative plasmids and were near other resistant genes belonging to the carbapenemase group of genes, such as *NDM-1*, *OXA-48*, and *OXA-181* in *Enterobacteriaceae*.

One of the main resistance mechanisms to aminoglycoside drugs, as with β -lactams, is the production of aminoglycoside-modifying enzymes (AMEs) (Poole 2005a).

The enzymes aminoglycoside phosphoryltransferase, acetyltransferase, and adenylyltransferase phosphorylate, acetylate and adenylate, respectively, aminoglycoside molecules and decreases their binding affinity to the ribosomal subunits (Poole 2005a). The AMEs found in *P. aeruginosa* have been encoded by the genes *aac-I*, *aac-II*, *ant-I*, and *aph-VI* (Vaziri et al. 2011). In addition, the genes *aphA6*, *aac-I*, *aacC1*, *aacC2*, *aacA4*, *aadB*, and *aadA1* have been found in *A. baumannii*. The occurrence of identical resistance genes in distinct strains indicated that horizontal gene transfer mechanism plays a major role in the dissemination of aminoglycoside resistance in *A. baumannii* (Asadollahi et al. 2011). Another AME, AAC(3)-II found in *E. coli*, showed a significant resistance to gentamicin and amikacin in China (Xiao and Hu 2012).

Altered target

For an antibiotic to be effective, it must be able to bind to its receptors and cause metabolic changes in bacterial cells. The site targeted by an antibacterial agent may be in a form that is not sensitive to the action of the agent. Several studies have reported that penicillin-binding protein (PBP) alterations are key to β -lactam resistance in *P. aeruginosa* (Farra et al. 2008). Substitutions of one or more amino acids in the PBP structures could lead to a reduced affinity for β -lactams (Fig. 2). As a result, the PBPs remain functional and ensure peptidoglycan synthesis, and the cell wall is not altered. In *Burkholderia pseudomallei*, it was observed that prolonged ceftazidime therapy led to resistance due to the deletion of a gene encoding a penicillin-binding protein 3 (Chantratita et al. 2011). An insertion of an aspartate residue at position 345a in PBP-2 that lowered the rate of penicillin acylation sixfold was reported in *Neisseria gonorrhoeae*. The Asp345a mutation acts by altering the interaction between the adjacent residue, Asp346, in the B2a-B2d hairpin loop and Ser363, the middle residue of the SXN active site motif (Tomberg et al. 2012). Banerjee et al. (2008) showed that *S. aureus* is resistant to β -lactam antibiotics as it expresses penicillin-binding protein 2a, which is a low-affinity penicillin-binding protein.

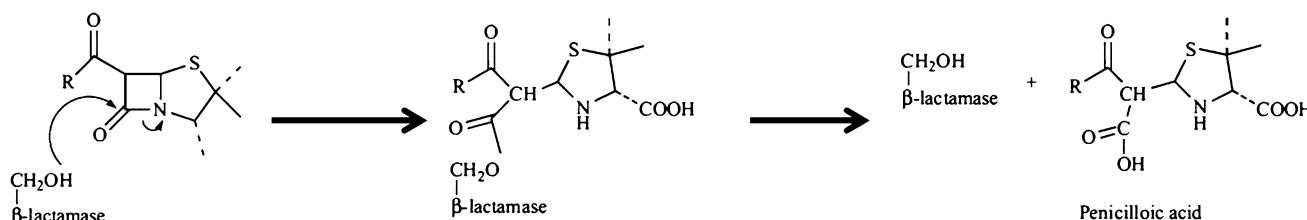
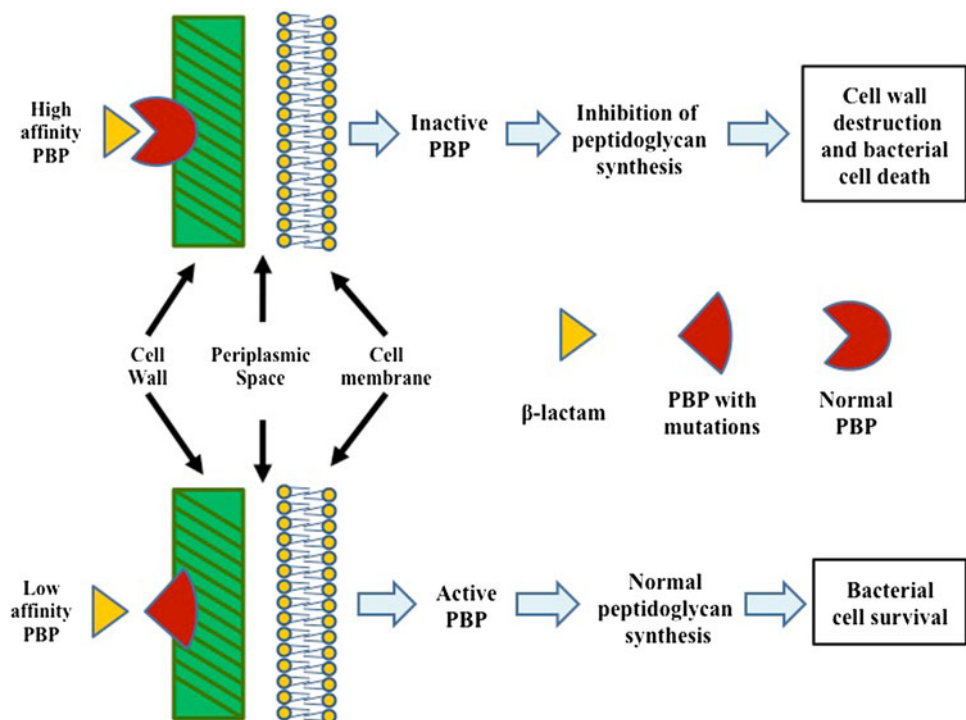


Fig. 1 β -Lactamase-mediated inactivation of penicillin. β -Lactamase deactivates β -lactam antibiotics catalyzing the hydrolytic opening of the β -lactam ring making the antibiotic ineffective

Fig. 2 Low affinity of penicillin-binding protein (PBP) to β -lactam causes bacterial survival. Mutations in the genes coding for PBP may reduce the affinity for β -lactam thereby protecting the bacterial cell wall from being destroyed and increase their survival in high levels of β -lactams



Membrane permeability

Gram-positive and Gram-negative bacteria differ in the structure of their cell walls. Gram-positive bacteria possess a permeable cell wall that usually does not restrict the penetration of antibiotics. It is hypothesized that small and hydrophilic antibiotics cross the membrane via porins, whereas hydrophobic antibiotics diffuse through the membrane directly. A decrease in the number of porins leads to a decrease in the permeability of hydrophilic drugs. Low outer-membrane permeability to hydrophilic compounds contributes substantially to intrinsic resistance to antimicrobials such as β -lactams (Livermore 2001). For example, even highly active anti-pseudomonal β -lactams, such as imipenem, can have their activity affected by the loss of an outer membrane porin (Gotoh and Nishino 1990). Since most porin channels are nonspecific, the entry of other small hydrophilic agents, such as tetracyclines, aminoglycosides, and chloramphenicol, might also be affected by porin loss (Gotoh and Nishino 1990, Sobel et al. 2003). Several molecular genetic events such as gene deletion or reduced genomic expression of the gene encoding the porin channel could lead to loss of porins. Repression of the genes encoding the porins due to mutated proteins produced by the bacterium can also be a factor in increasing the antibiotic resistance potential of that organism.

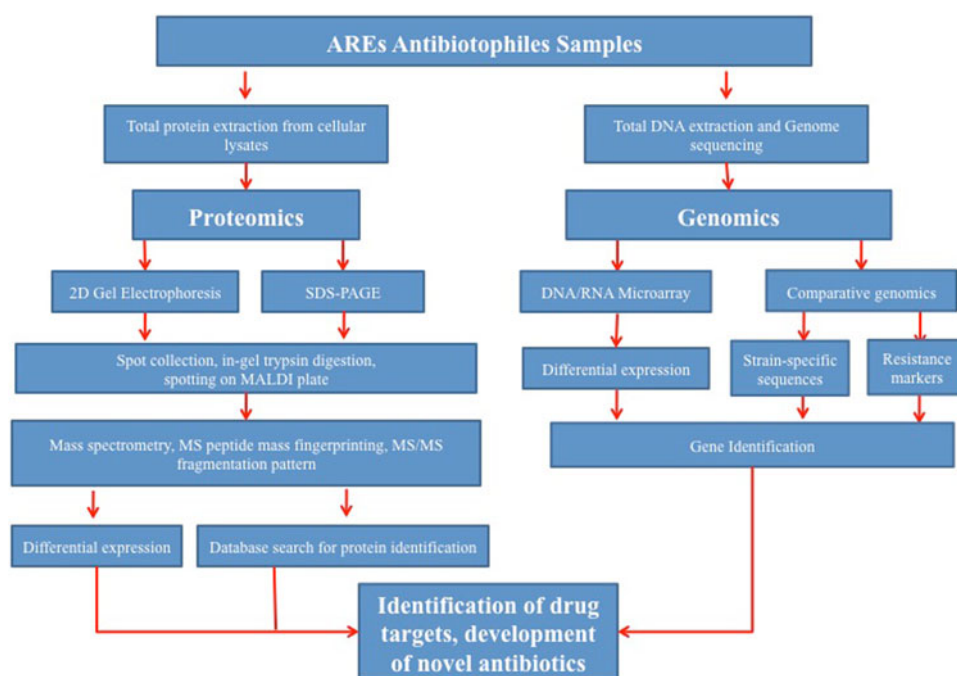
P. aeruginosa is a major pathogen that infects cystic fibrosis and immune-compromised patients. The antibiotic resistance of *P. aeruginosa* is due to the outer membrane

protein H, which is an eight-stranded β -barrel protein with four extracellular loops of equal size (Edrington et al. 2011). Champlin et al. (2005) determined that outer cell envelope impermeability played a big role in resistance to high triclosan concentrations in *P. aeruginosa*.

Integration of “-omics” and antibiotic-resistance

The genome (genomics DNA) of an organism is its entire set of hereditary information that is converted to mRNA (transcriptome) for protein translation. The proteome of an organism is the entire set of proteins that are expressed in the organism under uniform or specific environmental conditions. Due to the recent considerable increase in antibiotic-resistant bacteria, understanding the mechanisms of resistance at the molecular level is extremely important to control the growth of multidrug-resistant strains and to develop new therapeutic strategies. This also involves the study of structure and functional interactions between proteins. Potential genes and proteins involved in antibiotic resistance mechanisms can be identified and studied via advanced genomics and proteomics techniques (Nagaraj and Singh 2010; Singh et al. 2011) (Fig. 3). Recent advances in next-generation sequencing, genomics, and proteomics have opened the door for new drug designs that can revolutionize the treatment of pathogens that have become resistant to the standard of treatment antibiotics (Nagaraj and Singh 2010; Fothergill et al. 2012).

Fig. 3 Typical workflow for ‘-omics’ based genomics and proteomics approach in identifying genes and proteins involved in antibiotic resistance in AREs. Variety of techniques including 2DE, SDS-PAGE, DNA/RNA microarray, and comparative genomics can be used to identify the genes and proteins involved in molecular mechanisms in the development of antibiotic resistance in AREs



Genomics

The complete genome sequences of many bacterial pathogens are now available and can be used for genome organization, including comparisons through microarrays (Ishii et al. 2007). Sun et al. (2012) identified critical virulence factors involved in antibiotic resistance mechanisms via high-throughput methods involving a growth-based screen on a library of 55,000 small molecules. The microarray analysis confirmed genes involved in antibiotic resistance in the presence of various different types of antibiotics (Sun et al. 2012).

Comparative genome analysis of the microorganism *Streptococcus suis* showed horizontal gene transfer as an evolutionary force in determining multidrug resistance with different gene modulations (Hu et al. 2011). In another study of multidrug-resistant pathogenic *E. coli*, the bla (CMY-2) plasmid lineage appeared to have been derived from an ancestral IncA/C plasmid type harboring *floR-tetAR-strAB* and Tn21-like accessory modules (Fernandez-Alarcon et al. 2011). A comparative genomic analysis of *Klebsiella pneumoniae* strain 1162281 with another strain of *K. pneumoniae* revealed a core set of 3,631 conserved orthologous proteins, which suggested a large component of the genetic and phenotypic diversity of the isolate was largely in part due to horizontal gene transfer (Kumar et al. 2011). In curated lists of over 400 antibiotic resistance genes, *K. pneumoniae* 1162281 showed the presence of additional efflux pumps, extended-spectrum β -lactamases, and multiple mechanisms of fluoroquinolone resistance, unlike susceptible strains (Kumar et al. 2011). The genome

analysis of *Salmonella enteric* serovar *typhimurium* T000240 strain revealed that its multidrug resistance was due to the acquisition of a genomic island via IS1 derivatives on its chromosome (Izumiya et al. 2011).

Several individual sets of genes were studied by polymerase chain reaction (PCR) to reveal the severity of antibiotic resistance in bacteria. *S. pneumoniae* isolates were screened for the presence of antibiotic resistance genes and real-time PCR assays were used to identify *mef(E)*, *mef(A)*, *erm(B)*, and *tet(M)* genes (Bowers et al. 2012). Araujo et al. (2011) tested multidrug-resistant *Enterococcal* isolates for macrolide (*ermA*, *ermB*, and *ermC*), tetracycline (*tetM*, *tetK*, and *tetL*), vancomycin (*vanA*, *vanB*, *vanC-1*, and *vanC-2/3*), and *vatD*, *vatE*, *aac(6')-aph(2'')*, *aph(3')*, and *ant(6')* resistance genes. It was determined that some isolates possessed a *vanA* or acquired type genotype, while others had an intrinsic mechanism of resistance, *vanC1*. The *vanA*-containing isolates showed resistance to tetracycline and erythromycin and possessed the *tetM*, *tetL*, and *ermB* genes (Radhouani et al. 2010a). Metagenomic analyses of ancient DNA from 30,000-year-old Beringian permafrost sediments revealed a complete vancomycin-resistant element *vanA*, confirming that antibiotic resistance is a natural phenomenon that predates the modern selective pressure of today's large antibiotic use (D'Costa et al. 2011). Multiplex PCR was used by Porrero et al. (2012) to confirm that isolates were indeed methicillin-resistant *S. aureus* (MRSA), and then multilocus sequence typing was conducted to characterize the isolates and further determine the genes involved in antibiotic resistance.

In addition to comparative genomics, transcriptomic studies have also provided insight into the genes involved in antibiotic resistance. A transcriptomic screening revealed a possible increase in the metabolism and transport of carbohydrates in linezolid-resistant *S. pneumoniae* mutants. A global analysis of gene expression highlighted that metabolism alterations were associated with linezolid resistance in *S. pneumoniae* (Feng et al. 2011). DNA microarrays were used to compare the gene expression profile of *S. pneumoniae* M22, a multidrug-resistant mutant, with the strain M4. The strain *S. pneumoniae* M22 expressed 22 genes at higher levels than M4, including genes responsible for branched-chain amino acid biosynthesis and two genes, *patA* and *patB*, with sequences matching ABC transporter proteins (Marrer et al. 2006). Table 3 lists various other genes differentially expressed and found in AREs.

Proteomics

Proteomics technology characterizes the global proteins in an organism at a given time under certain conditions. Because the mechanism of antibiotic resistance is mediated from DNA to RNA to proteins, proteomics can be used to study and characterize the novel pumps and enzymes used to combat antibiotics. Two-dimensional gel electrophoresis (2-DE) has proven to be an excellent tool in studying the proteins involved in the molecular mechanisms of antibiotic resistance. A comparative analysis of two vancomycin-resistant *Enterococci* (*E. faecium* SG41 and *E. durans* SG3) on 2-DE showed 60 modulated protein spots corresponding to 97–45 kDa molecular weight proteins (Radhouani et al. 2010b). The proteomic study also revealed that antibiotic-resistant cells produced peptidoglycan precursors that terminated in the depsipeptide D-alanine-2-D-hydroxy acid rather than the dipeptide D-alanine-D-alanine, which prevents binding of antibiotics such as vancomycin (Radhouani et al. 2010b). Twelve differentially expressed proteins related to bacterial virulence, antibiotic resistance, and DNA protection were identified in a piperacillin/tazobactam-resistant (PTZ) strain of *E. coli* using 2-DE followed by MALDI-TOF/TOF-MS (dos Santos et al. 2010). Several proteins that were observed to increase in abundance in the PTZ strain were OmpA, glyceraldehyde-3-phosphate dehydrogenase A, and superoxide dismutase Fe-SOD (dos Santos et al. 2010). These proteins may play a role in dismantling the structure of the antibiotics and making them nonfunctional. MRSA has long been recognized as an important antibiotic-resistant pathogen in humans; a 2-DE proteomic analysis of *S. aureus* ST398 revealed 227 proteins unique to *S. aureus*, many of which were involved in virulence and antibiotic resistance (Monteiro et al. 2012).

The global proteome was screened in two penicillin mutants of *S. pneumoniae* and revealed a number of differentially expressed proteins, including PstS, a subunit of the phosphate ABC transporter (Soualhine et al. 2005). Inactivation of PstS led to an increased susceptibility to penicillin. In addition, increased levels of PstS mRNA were found in 12 different isolates responsible for increased penicillin resistance (Soualhine et al. 2005). In a proteomics study of *S. pneumoniae*, Feng et al. (2011) reported that modulated glycolytic proteins, enzymes, and transporters involved in the metabolism of sugars were overexpressed in antibiotic-resistant strain R6M2-LZD. The components of a phosphotransferase (PTS) system (spr0562, spr0563, and spr0564 proteins) were also reported to be overexpressed (Feng et al. 2011).

In addition to 2-DE, mass spectrometry (MS/MS) has also proven effective to study the underlying mechanisms of antibiotic resistance. The proteomic profile of rifampicin-resistant *Brucella abortus* was examined and compared to that of a non-resistant strain using MS-drive comparative proteomics; the resistant strain contained a mutation in the *rpoB* gene. In the same study, 12 836 MS/MS spectra identified 6,753 peptides corresponding to 456 proteins, of which 39 were differentially regulated in the resistant strain and were involved in various metabolic pathways (Sandalakis et al. 2012). From this study, it can be hypothesized that various proteins, such as pyruvate decarboxylase, urocanate hydratase, bifunctional protein FOLD, and an aminotransferase class-III: maltose-binding protein could potentially regulate antibiotic resistance (Sandalakis et al. 2012). Using an MS/MS technique, Piras et al. (2012) were able to identify the proteins that were differentially regulated in a multidrug-resistant *E. coli* as those involved in the metabolic pathways, including malate dehydrogenase, fructose-bisphosphate aldolase, triosephosphate isomerase, phosphoglucosyltransferase, and others. Various membrane and transport proteins, such as thiosulfate-binding protein, zinc transport protein B, outer membrane protease OmpP, and OmpX may also play a role in antibiotic resistance (Piras et al. 2012).

After protein spots are resolved using 2-DE, MALDI-MS is a useful tool for identifying peptides to analyze plasmid-encoded antibiotic resistance genes and proteins. This technology has been previously used to investigate β -lactamase activities in various Gram-negative bacteria (Hooft et al. 2012). In addition to 2-DE, LC-MS has also been used for comparative proteomics analysis of clinical isolates of daptomycin-resistant *S. aureus*, which revealed that differentially regulated proteins were involved in the cell wall associated with targets and biofilm formation (Fischer et al. 2011). Table 4 summarizes differentially expressed proteins involved in the major metabolic pathways that have been recently found in antibiotic-resistant

Table 3 Differentially regulated proteins in antibiotic-resistant bacteria as identified using genomic techniques

| Organism | Gene | Regulation | Description | Ref. |
|---------------------------------------|---|------------|---|---------------------|
| <i>Streptococcus</i> sp. MGAS166 | <i>copZAY</i> | Up | Ion export | Sun et al. (2012) |
| | <i>speB</i> | | Streptolysin-virulence | |
| | <i>spy1135-1137</i> | | Nucleotide metabolism | |
| | <i>ntplECABD</i> | Down | V type ATP synthase | |
| | <i>atpEBFHGDC</i> | | ATP synthase | |
| | <i>sagABCDEFGH</i> | | Streptolysin S-virulence | |
| | <i>accDAC, fabZBFG, DKPH</i> | | Lipid metabolism | |
| | <i>ptsBCD, glgP, malMEGDCX, lacABCDEF</i> | | Carbohydrate metabolism | |
| | <i>oppABCD, dppBCDE, arcABC/ Spy1541-1549</i> | | Amino acid metabolism | |
| | | | | |
| <i>Streptococcus suis</i> R61 | <i>mef(E)</i> | Up | Erythromycin resistance | Hu et al. (2011) |
| | <i>SSUR61_1068</i> | | Amikacin and dibekacin resistance | |
| | <i>SSUR61_2113</i> | | Streptomycin A resistance | |
| | <i>SSUR61_1983</i> | | β -Lactamase_B | |
| <i>Klebsiella pneumoniae</i> 1162281 | <i>SHV-75</i> | Up | β -Lactamase type BLA | Kumar et al. (2011) |
| | <i>blaP1</i> | | β -Lactamase type BLA | |
| | <i>cmlA1</i> | | Chloramphenicol resistance protein | |
| | <i>norA</i> | | Multidrug efflux protein | |
| | <i>acrA, acrB</i> | | Acridine/acriflavin resistance protein | |
| | <i>yceE (mdtG)</i> | | Drug efflux system protein MdtG | |
| | <i>macB (ybjZ)</i> | | Macrolide transporter ATP-binding protein | |
| <i>Klebsiella pneumoniae</i> JH1 | <i>SHV-60</i> | Up | β -Lactamase type BLA | |
| | <i>norA</i> | | Multidrug efflux protein | |
| | <i>acrA, acrB</i> | | Acridine/acriflavin resistance protein | |
| | <i>yceE (mdtG)</i> | | Drug efflux system protein MdtG | |
| | <i>macB (ybjZ)</i> | | Macrolide transporter ATP-binding protein | |
| | | | | |
| <i>Acinetobacter baumannii</i> UMB001 | <i>adeFGH operon</i> | Up | Efflux pump | Sahl et al. (2011) |
| | <i>adeA and adeB</i> | | adeABC efflux pump complex | |
| | <i>adeFGH operon</i> | | Efflux pump | |
| | <i>adeA and adeB</i> | Down | adeABC efflux pump complex | |
| | <i>adeC</i> | | Outer membrane protein AdeC | |
| | <i>adeFGH operon</i> | Up | Efflux pump | |
| | <i>adeA and adeB</i> | | AdeABC efflux pump complex | |
| | <i>adeC</i> | Down | Outer membrane protein AdeC | |

microorganisms via proteomics platforms. These proteins may play a role in the metabolism of antibiotics and in making them inactive, enabling the microorganisms to survive.

Future directions and challenges

Currently, there is an ongoing need to define the molecular mechanisms behind the antibiotic resistance of AREs. These may lead to the discovery of new channel proteins or

responsive genes that the AREs induce to evolve toward extreme antibiotic resistance, and further our understanding of AREs. Additional studies will reveal the unique means by which AREs efflux or inactivate antibiotic drugs, or how they alter the binding sites of antibiotics, rendering them inactive. Further studies need to be conducted to determine the efficiency of the various antibiotic resistance mechanisms used by the AREs. This will help the pharmacological industry to develop precise drugs that target the proteins and genes that contribute most to antibiotic resistance.

Table 4 Differentially expressed proteins in antibiotic-resistant microorganisms identified using proteomic techniques

| Organism | Enzyme | Regulation | Biological process | Ref. |
|-----------------------------|---|------------|---|--------------------------|
| <i>S. pneumoniae</i> 1974M2 | Lactate oxidase, fructokinase, putative alcohol dehydrogenase, dihydrolipoamide S-acetyltransferase, glucokinase 6-phosphofructokinase | Up | Energy metabolism | Feng et al. (2011) |
| | Fructose biphosphatealdolase, 3-ketoacyl-acyl carrier protein reductase, acetyl-CoA carboxylase alpha subunit, hydroxymyristoyl-dehydrogenase | Down | | |
| | Ribosomal protein S18 | Up | Protein translation | |
| | Ribosomal protein S6 | | | |
| | Ribosomal protein S2 | Down | | |
| <i>B. abortus</i> | Dihydrodipicolinate synthetase | Up | Amino acid biosynthesis | Sandalakis et al. (2012) |
| | Glutamine synthetase | | | |
| | 2-Dehydro-3-deoxyphosphooctonate aldolase | | Cell envelope process | |
| | Catalase | | Detoxification | |
| | Glyceraldehyde 3-phosphate dehydrogenase | | Energy metabolism | |
| | Beta-ketoacyl synthase | | | |
| | Adenine phosphoribosyltransferase | | Nucleotide and nucleoside metabolism | |
| | Periplasmic binding protein | | Transport and binding | |
| | Malate dehydrogenase | Up | Energy metabolism | |
| <i>E. coli</i> (MDR) | Fructose biphosphatealdolase | | | Piras et al. (2012) |
| | Isocitrate dehydrogenase ATP synthase gamma chain, fumaratereductase iron-sulfur subunit | Down | | |
| | Curved DNA-binding protein | Up | Molecular chaperon | |
| | Outer membrane protease ompP | | Ion transport | |
| | Thiosulfate-binding protein | | | |
| | Phosphoserine aminotransferase | | Amino acid biosynthesis | |
| | | | | |
| <i>E. durans</i> SG3 | Chaperone protein dnaK | Up | Stress response | Radhouani et al. (2010b) |
| | Tryptophan repressor-binding protein | | Tryptophan operon regulation | |
| <i>E. faecalis</i> SG41 | Chaperonin groL | | Protein folding | |
| | D-Alanine-D-alanine ligase | | Cell wall biogenesis/peptidoglycan biosynthesis | |
| <i>E. coli</i> (Ec-PTZ) | Outer membrane protein A | Up | Cell invasion, serum resistance, conjugation | dos Santos et al. (2010) |
| | | | | |
| | Alkyl hydroperoxidoreductase subunit F | | Stress response | |
| | Chaperone protein clpB | | | |
| | Fumaratereductase iron-sulfur subunit | | Energy metabolism | |
| | Transaldolase B | Down | Pentose-phosphate shunt | |
| | Glyceraldehyde 3-phosphate dehydrogenase A | | Energy metabolism | |
| | Alkyl hydroperoxidoreductase subunit C | | Stress response | |

The variety of genomic and proteomic methods discussed above can be useful in determining the genes, proteins, and molecular mechanisms involved in antibiotic resistance (Fig. 3). DNA microarrays and transcriptomics have been useful in determining the differential gene

expression of antibiotic-resistant strains. 2-DE followed by MS/MS and MALDI-TOF/TOF-MS can be useful to identify and compare the protein expressions that are involved in the molecular mechanisms of antibiotic resistance. However, these technologies can only reveal the

primary and secondary protein structures; additional methods are still needed to reveal the tertiary or even quaternary structures of proteins involved in antibiotic resistance mechanisms. Microbial genomics and proteomics are driving the new era of therapeutic discovery, but this process of researching new drugs to fight antibiotic resistance has been very slow to progress. Further challenges that remain include studying the metabolomics and interactomics of AREs to fully understand the metabolic profiles of these organisms.

Conclusion

AREs are becoming prevalent and raising serious health issues and challenges to the pharmaceutical industry. New ways to study the survival strategies of AREs are needed. The combined effects of the different mechanisms of antibiotic resistance discussed in this article have led to the development of AREs, and their study is inevitable. Further, the availability of genome sequences of many AREs and the integration of “omics” technologies into the field have revolutionized the study of microbial strategies for thriving under otherwise deadly conditions. These survival strategies could lead us to categorize antibiotic-resistant microorganisms under novel group of extremophiles: AREs. Existing gene sequences from other extremophiles and the discovery of new targets through “omics” integration will allow us to grow our understanding of the resistance mechanisms and create clinical treatments to effectively fight the growing threat of antibiotic-resistant pathogens.

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