

## Complete Elimination of Indigenously Isolated *Agrobacterium Tumefaciens* Strains by Quinolone and Metallo $\beta$ -Lactam Antibiotics.

Adnan Amin <sup>1✉</sup>, Waqas Ahmad <sup>2</sup>, Gul Majeed Khan <sup>4</sup> and Muhammad Ayaz Khan. <sup>3</sup>

<sup>1</sup>Gomal Centre of Biochemistry and Biotechnology (GCBB) Gomal University, D.I.khan, Pakistan.

<sup>2</sup>Gomal Centre of Biochemistry and Biotechnology (GCBB) Gomal University, D.I.khan, Pakistan.

<sup>3</sup>Gomal Centre of Biochemistry and Biotechnology (GCBB) Gomal University, D.I.khan, Pakistan.

<sup>4</sup> Faculty of Pharmacy Gomal University, D.I.Khan, Pakistan

### ABSTRACT

The present study aimed to isolate *Agrobacterium tumefaciens* strains from *lycopersicon esculantum* (Tomato) galls and investigate in vitro the potential killing activities of various antibiotics. Seven *Agrobacterium tumefaciens* strains namely WF2, WF7, WF7d, WF11, WF12, WF14 and WF15 were isolated from galls of different *lycopersicon esculantum* from various fields in district D.I.Khan. The isolated strains were assayed for their ability to initiate tumors by using a carrot and potato disc assay. Primarily six antibiotics were screened for susceptibility against *Agrobacterium tumefaciens* by a disc diffusion assay. The antibiotic with the widest zones of inhibition were used for determination of the minimum inhibitory concentration (MIC) and minimum bactericidal concentrations (MBC). The MIC and MBC of meropenem against almost all strains were the same (0.025mg/ml) except for WF14, (MIC/MBC 0.05mg/ml). The ciprofloxacin was reported as the second most active antibiotic against *A. tumefaciens*. Suppression of the growth of all strains occurred at 0.0031mg/ml except for WF7 and WF14 with MIC 0.0062mg/ml. The MBCs of all strains are the same as the corresponding MICs. However, the strain WF15 was two times higher (0.0093mg/ml). The amoxicillin also represented comparatively lower MIC/MBC (0.2mg/ml) except WF14 (MIC 0.4mg/ml, MBC 0.8mg/ml) without clavulanic acid. It is concluded that both meropenem and ciprofloxacin were highly effective in eliminating the *Agrobacterium tumefaciens* in a low concentration. These findings prove the effective use of ciprofloxacin and meropenem in agrobacterium mediated transformation in plants.

**Keywords:** *A. tumefaciens*, crown galls, transformation, T-DNA, minimum inhibitory concentration..

### INTRODUCTION

*Agrobacterium tumefaciens* is an aerobic soil-borne, Gram-negative phytopathogen <sup>1,2</sup> and is considered the causative agent for neoplastic outgrowths commonly referred to as crown galls in a number of plants <sup>3</sup> It overwinters in infested soils and remains saprophyte for several years. <sup>4</sup>

The *Agrobacterium tumefaciens* is being successfully utilized as an effective tool for plant genetic engineering

on account of its ability to bear the transfer and integrate a T-DNA host (a dicot plant) genome. Such transformation, suppression and elimination of agrobacteria in host tissues is not only mandatory to avoid release of genetically modified microorganisms but also necessary to lessen the harmful effects on the growth and regeneration of plant tissues. <sup>5, 6</sup> There are no chemical pesticides available against *A. tumefaciens*, except biological control that can provide protection to some extent. The biological approach is accompanied by the immersion of the roots and crown in a solution containing genetically modified bacteria like *Agrobacterium radiobacter* strain 84 before planting. <sup>7</sup>

Received on 2/1/2011 and Accepted for Publication on 23/4/2011.

✉dani\_amin79@yahoo.com; adnan\_amin@gu.edu.pk

Likewise  $\beta$ -lactam antibiotics including carbenicillin and cefotaxime are commonly used to eliminate the *A. tumefaciens* from plant tissues. The  $\beta$ -lactams bind to penicillin-binding proteins (PBPs) <sup>8</sup> and interfere with the biosynthesis of the peptidoglycan component of the bacterial cell wall <sup>9</sup> thus resulting in cell lysis. <sup>10</sup> However, such antibiotics are not only expensive, but are also needed in high concentrations either alone or in combination (carbenicillin at 500 mg/l, cefotaximes at 200–300 mg/l).<sup>11</sup>

The search for an effective antibiotic with the aim to eliminate *Agrobacterium tumefaciens* is an old pursuit, <sup>12, 13</sup> and numerous antibiotics like ticarcilline, carbenicillin, cefotaxime, erythromycin, spectinomycin, polymyxin B, chloramphenicol, methicillin, augmentin 500, augmentin 250, and moxalactam are being assayed for their activity, but the question whether or not *Agrobacterium* has been completely eliminated still remains unanswered. Yet, in some cases the use of a combination of antibiotics is recommended. <sup>14</sup>

Therefore, there is a need to screen some alternative

antibiotics that are highly effective in the complete elimination of *A. tumefaciens*. This present study was aimed to isolate *A. tumefaciens* from *lycopersicum esculentum*, detect the tumor initiating *A. tumefaciens* strains and screen a suitable antibiotic that completely eliminates these strains.

### Results and Discussions

The susceptibility of selected antibiotics was determined using a disc diffusion method as summarized in table (1), which ranged from 0 to 14mm. The meropenem (12-14mm) represented the widest zones of inhibitions against all strains of *A. tumefaciens* followed by ciprofloxacin (11-13mm) with only a narrow difference in the zones of inhibition. The streptomycin (4-5mm), ceftriaxone (5-7mm) and amoxicillin (4-6mm) has shown almost equal sensitivity to *A. tumefaciens* but comparatively small zones of inhibitions than both meropenem and ciprofloxacin. The aztreonam (0mm) and cefepime (0-2mm) were observed to have no or very little susceptibility towards *A. tumefaciens*.

**Table: 1 Zones of inhibition of *Agrobacterium tumefaciens* against antibiotics.**

Antibiotics	Zones of inhibition(mm)*						
	WF2	WF7	WF7d	WF11	WF12	WF14	WF15
ciprofloxacin	12	13	12	13	11	13	13
ceftriaxone	7	5	6	5	6	5	7
cefepime	2	2	2	1	2	1	0
meropenem	14	14	13	14	13	12	13
amoxicillin	6	5	4	5	4	5	6
aztreonam	0	0	0	0	0	0	0
streptomycin	4	4	5	4	4	5	4

\* mm millimeter

Based on the susceptibility results from a disc diffusion assay, only four antibiotics, namely meropenem, ciprofloxacin, amoxicillin and ceftriaxone, were selected for determination of MIC and MBC which is presented in table (1) and (2), respectively. The  $\beta$ -lactam antibiotics are

best known for their activity against *A. tumefaciens*.<sup>15</sup> The most commonly used antibiotics in *A. tumefaciens* mediated transformation experiments are the carbenicillin and cefotaxime ( $\beta$ -lactam antibiotics).<sup>8</sup> However, there exists multiple problems like  $\beta$ -lactam ring hydrolysis by

$\beta$ -lactamase enzymes produced by the microorganisms which limit their use. Thus, in the search for the best  $\beta$ -lactam antibiotic, ceftriaxone was screened against all *A. tumefaciens* strains. It was surprisingly observed that the results of MIC and MBC were significantly greater (>1.6 mg/ml) than compared to earlier reports for other  $\beta$ -lactams antibiotics<sup>10</sup> which were mostly the result of  $\beta$ -lactamase production by gram negative pathogens.<sup>16</sup> On the other

hand, the amoxicillin represented much better susceptibility against *A. tumefaciens* (MIC 0.2mg/ml and same corresponding MBC) except WF14 (MIC 0.4mg/ml, MBC 0.8mg/ml) which was comparatively higher than described previously<sup>17,18</sup> when amoxicillin was used in combination with clavulanic acid ( $\beta$ -lactamase inhibitor). Likewise, the present study confirms susceptibility of amoxicillin against *A. tumefaciens*.

**Table 2 minimum inhibitory concentration (MIC) of selected antibiotics against *Agrobacterium tumefaciens*.**

Antibiotics	MIC (mg/ml)*						
	WF2	WF7	WF7d	WF11	WF12	WF14	WF15
ciprofloxacin	0.0031	0.0062	0.0031	0.0031	0.0031	0.0062	0.0031
ceftriaxone	0.8	1.6	1.6	1.6	1.6	1.6	1.6
meropenem	0.025	0.025	0.025	0.025	0.025	0.05	0.025
amoxicillin	0.2	0.2	0.2	0.2	0.2	0.4	0.2

\*MIC minimum inhibitory concentration, mg/ml milligram/milliliter

**Table: 3 Minimum bactericidal concentrations (MBC) of antibiotics against *agrobacterium tumefaciens***

Antibiotics	MBC (mg/ml)*						
	WF2	WF7	WF7d	WF11	WF12	WF14	WF15
ciprofloxacin	0.0031	0.0062	0.0031	0.0031	0.0031	0.0062	0.0093
ceftriaxone	1.6	>1.6	>1.6	>1.6	>1.6	>1.6	>1.6
meropenem	0.025	0.025	0.025	0.025	0.025	0.05	0.025
amoxicillin	1.6	>1.6	>1.6	>1.6	>1.6	0.8	>1.6

\*MBC minimum bactericidal concentration, mg/ml milligram per milliliter

The meropenem is an effective antibiotic and its efficacy against *Agrobacterium tumefaciens* mediated transformation has been established previously<sup>7</sup> despite the presence of a  $\beta$ -lactam ring. In the present study, meropenem showed the highest activity (0.025mg/ml) in suppressing all tested *A. tumefaciens* strains except one

(WF14, MIC 0.05mg/ml which is same as MBC).The corresponding MBC for all other strains are of equal concentration (0.025mg/ml), which strongly supports the previous reports.<sup>19</sup> However, the present study reveals significantly lower MIC and MBC values than earlier reports.<sup>20</sup> The geographical location, nature of plant

variety, production of carbapenamases by strains and adaptations of tested strain could be contributing factors in this reference. This strong antimicrobial activity of meropenem is due to the presence of a zwitterionic (presence of positive electrical charges) structure which mainly resists its degradative hydrolysis.<sup>21</sup>

The quinolone are best known for their gram negative microorganism eliminating activities like *Agrobacterium tumefaciens*.<sup>22</sup> In the present study, ciprofloxacin (quinolone) was proven as the second most highly active antibiotic against tested *A. tumefaciens* strains. Suppression of growth of almost all strains occurred at 0.0031mg/ml except WF7 and WF14 with MIC 0.0062mg/ml. The MBC of all strains are the same as the corresponding MIC. However, the strain WF15 had two times higher (0.0093mg/ml) MBC than MIC.<sup>23</sup> An extensive literature review reveals no data regarding MIC and MBC of ciprofloxacin against *A. tumefaciens* isolated from gall tissues of dicot plants. However, the MIC and MBC values of ciprofloxacin determined in the present study were the same as previously reported in patients suffering from *A. tumefaciens* infections.<sup>24</sup> This study highlights ciprofloxacin as the second most active antibiotic in the elimination of *Agrobacterium tumefaciens* from gall tissues.

#### General Experiment

The crown gall tissues were separated from tomato plants (*Lycopersicon esculentum*) cultivated in the fields of district D. I. Khan. The samples were aseptically transferred in sterilized containers to the laboratory.

#### Crown gall extract preparation

The crown gall tissue samples (12gm each approximately) were rinsed in DDW (doubled distilled water) for the removal of soil and toxic materials. Afterwards, the galls were sterilized with household bleach (clorox 10%, Beecham Pakistan (pvt) Ltd) for 2-5 minutes, washed 3 to 5 times with DDW, chopped and immersed in DDW overnight at 28-30°C.

After overnight incubation at 28-30°C, the extracts were inoculated onto selective media including MacConkey agar (Oxoid),<sup>25</sup> Clark's selective media

(Oxoid), and MGY agar medium (Sigma).<sup>26</sup> Colonies were examined for color development, growth and fermentation. The isolated colonies were maintained on Luria-Bertani (LB) agar medium (Oxoid) for further experiments.

#### Agrobacterium Strains:

Seven *A. tumefaciens* strains namely WF2, WF7, WF7d, WF11, WF12, WF14a and WF15 were isolated from tomato crown gall and identified according to procedures developed by Bergeys' manual of determinative bacteriology, 9<sup>th</sup> edition. Standard *A. tumefaciens* was obtained from the Department of Biochemistry, Quaid I Azam University, Islamabad, Pakistan.

#### Tumor development assay

##### a) Carrot bioassay

A tumor development assay was performed using freshly collected carrots (*Daucus carota L.*) from a local market in D. I. Khan city (KPK) Pakistan. The carrots were first surface sterilized with commercial bleach (clorox 10%, Beecham (pvt) Ltd, Pakistan) followed by washing three times with DDW water. Carrot discs were prepared (5×8 mm) aseptically using a sterilized cutter and placed on the nutrient agar containing petri plates (15g/litre) for bioassay. Each carrot disc was then supplied with 100ul of appropriate *A. tumefaciens* inoculums (10<sup>8</sup> cfu/ ml). The petri plates containing the carrot discs loaded with *A. tumefaciens* inoculum were sealed with parafilm and incubated at 27-30°C. After 3 weeks, discs were checked for young gall (tumor) development from meristematic tissues around the central vascular system.<sup>27</sup>

##### b) Potato Disc Bioassay

Red skin potatoes (*Solanum tuberosum L., solanaceae*) were purchased from a local market in D. I. Khan city, (KPK) Pakistan. Potatoes were first surface sterilized (clorox 10%, Beecham (pvt) Ltd, Pakistan). Potato discs were prepared (5×8 mm) aseptically and placed on the freshly prepared nutrient agar (Oxoid) plates (15g/litre). Each disc was supplied with 50µl of *A. tumefaciens* inoculums (10<sup>8</sup> cfu/ml). The petri plates were sealed by parafilm and incubated at room temperature

(25-30°C) for 3 weeks. After the incubation period, the discs were stained with lugol's iodine solution (10%KI and 5% I<sub>2</sub>) for 30 minutes and tumors were observed under a stereo microscope where the tumor cells lack starch.<sup>28</sup>

#### Antibiotics

Seven different antibiotic discs were used namely, ciprofloxacin (Oxoid), ceftriaxone (Oxoid), meropenem (Oxoid), cefepime (Oxoid), streptomycin (Oxoid), amoxicillin (Oxoid) and aztreonam (Oxoid). For MIC and MBC studies, the required active pharmaceutical ingredients (API) were obtained commercially; ciprofloxacin (Bayer (pvt) Ltd, Pakistan), ceftriaxone (Sanofi Aventis (pvt) Ltd, Pakistan), meropenem (Astra Zeneca. UK), and amoxicillin (Glaxo, Smithline and Beecham (pvt) Ltd, Pakistan).

#### Determinations of minimum inhibitory concentrations

Minimum inhibitory concentrations (MIC) of the antibiotics were determined by the agar dilution method.<sup>29, 30</sup> The sterilized LB agar (Oxoid) was prepared and allowed to cool to 50°C. After cooling at 50°C about 19 ml of this media was added to sterilized test tubes each containing 1ml of a different concentration of antibiotics.

The mixture was thoroughly mixed and poured into pre-labeled sterile petri dishes. The petri plates having only growth media were prepared in the same way to serve as a control. The concentrations of the antibiotics used in this test ranged from 1.6 mg to 0.01 mg/ml. Suspensions of the *Agrobacterium tumefaciens* having density adjusted to 0.5 McFarland turbidity standard (10<sup>8</sup> cfu/ml) were inoculated onto series of L.B agar plates. The plates were then incubated at 25-30°C for 72 to 96 hours. The lowest concentration which inhibited the growth of the respective organisms was taken as MIC. All tests were carried out in triplicate.

#### Minimum Bactericidal Concentration (MBC)

MBC was defined as the lowest drug concentration producing a survival rate of <0.1%. The MBC of the selected antibiotics was measured by the viable cell count method<sup>31</sup> and the results were expressed as the number of viable cells as a percentage of the control.

#### Conclusion

The present study concludes that the meropenem and ciprofloxacin are best suited for the complete elimination of *Agrobacterium tumefaciens*. The study further proposes these antibiotics for use in *Agrobacterium tumefaciens* mediated plant transformation experiments.

## REFERENCES

- (1) Kersters K, De Ley J, Genus III. *Agrobacterium* Conn 1942. In: Kreig NR, Holt JG (eds) Bergey's Manual of Systematic Bacteriology, 9<sup>th</sup> edition Vol 1. Williams and Wilkins, Baltimore. 1984; 9<sup>th</sup> edition, 244– 254.
- (2) Farrand S., Van Berkum P., Oger P. *Agrobacterium* is a definable genus of the family *Rhizobiaceae*. *Int. J. Syst. Evol. Microbiol.* 2003; 53: 1681–1687.
- (3) Braun AC. Tumor inception and development in crown gall disease. *Ann. Rev. Plant. Physiol.* 1962; 13: 533-558.
- (4) Alsop CM. Screening for active ingredients in plant extracts that inhibit the growth of *Agrobacterium tumefaciens*. *The Plant Health Instructor*. 2004; DOI: 10.1094/PHI-I-2004-0226-01.
- (5) Mogilner N, Zutra D, Gafny R, Bar-Joseph M. The persistence of engineered *Agrobacterium tumefaciens* in agro infected plants. *Mol. Plant. Microb. Interact.* 1993; 6: 673–675.
- (6) Matzk A, Mantell S, Schiemann J. Localization of persisting agrobacteria in transgenic tobacco plants. *Mol. Plant. Microb. Interact.* 1996; 9: 373–381.
- (7) Lopez MM, Goris MT, Salcedo CI, Montojo AM, Miro M. Evidence of biological control of *Agrobacterium tumefaciens* strains sensitive and resistant to agrocin 84 by different *Agrobacterium radiobacter* strains on stone fruit trees. *App. Environ. Microbiol.* 1989; 55 (3): 741-746.
- (8) Ghuysen JM. Penicillin-binding proteins. Wall peptidoglycan assembly and resistance to penicillin: facts, doubts and hopes. *Int. J. Antimicrob. Agent.* 1997; 8:45–60.
- (9) Demain AL, Elander RP. The  $\beta$ -lactam antibiotics: past, present, and future. *Ant. Van. Leeuwenhoek.* 1999; 75: 5–19.
- (10) Asbel LE, Levison ME. Cephalosporins, carbapenems,

- and monobactams. *Infect. Dis. Clin. N. Am.* 2000; 14: 435–447.
- (11) Hammerschlag FA, Zimmerman RH, Yadava UL, Hunsucker S, Gercheva P. An evaluation of antibiotics for the elimination of *Agrobacterium tumefaciens* from apple leaf explants in vitro and for the effect of regeneration. *Hort. Sci.* 1995; 30: 876.
- (12) Shackelford NJ, Chlan CA. Identification of antibiotics that are effective in eliminating *Agrobacterium tumefaciens*. *Plant. Mol. Biol. Rep.* 1996; 14: 50–57.
- (13) Labia R, Morand A, Peduzii J. Timentin and  $\beta$ -lactamases. *J. Antimicrob. Chemother.* 1986; 17: 17–26.
- (14) Verbist L, Verhaegen J. Susceptibility of ticarcillin-resistant gram-negative bacilli to different combination of ticarcillin and clavulanic acid. *J. Antimicrob. Chemother.* 1986; 17: 7–15.
- (15) Ogawa Y, Mii M. Screening for highly active  $\beta$ -lactam antibiotics against *Agrobacterium tumefaciens*. *Arch. Microbiol.* 2004; 181: 331–336.
- (16) Bush K, Jacoby GA, Medeiros AA. A functional scheme for  $\beta$ -lactamases and its correlation with molecular structure. *Antimicrob. Agent. Chemother.* 1995; 39: 1211–1233.
- (17) Vanden E, Annemieke V, Els VG, Dirk I, Marc VM, Elfride. The use of amoxicillin and ticarcillin in combination with a  $\beta$ -lactamase inhibitor as decontaminating agents in the *Agrobacterium tumefaciens*-mediated transformation of *Artemisia annua* L. *J. Biotechnol.* 1996; 23: 89–95.
- (18) Chatchawankanphanich O, Ieamkhang S. Augmentin as an alternative antibiotic for growth suppression of *Agrobacterium* for tomato (*Lycopersicon esculentum*) transformation. *Plant. Cell. Tissue. Org. Cult.* 2005; 82: 213–220.
- (19) Ogawa Y, Masahiro M. Screening for highly active  $\beta$ -lactam antibiotics against *Agrobacterium tumefaciens*. *Arch. Microbiol.* 2004; 181: 331–336.
- (20) Ying CAO, Niimi Y, HU S. Meropenem as an Alternative Antibiotic Agent for Suppression of *Agrobacterium* in Genetic Transformation of Orchid. *Agri. Sci. China.* 2006; 5: 839–846.
- (21) Nordmann P, Poirel L. Emerging carbapenemases in Gram-negative aerobes. *Clin. Microbiol. Infect.* 2000; 8: 321–31.
- (22) Petras K, Baliukynait V, Iulis V, Jankauskien A. Peritonitis caused by *Agrobacterium tumefaciens* in a child on peritoneal dialysis. *Nephrol. Dial. Transplant.* 2003; 18: 2456.
- (23) Ansorg R, Muller KD, Wiora J. Comparison of inhibitory and bactericidal activity of antipseudomonal antibiotics against *Pseudomonas aeruginosa* isolates patients from cystic fibrosis patients. *Cemother.* 1990; 36: 222–229.
- (24) Hassan N, Sirius H, and Randall RP. *Rhizobium (Agrobacterium) radiobacter* Identified as a Cause of Chronic Endophthalmitis Subsequent to Cataract Extraction. *J. clin. Microbiol.* 2003; 41(8) 3998–4000.
- (25) Bopp CA, Berner FW, Wells JG, Stockbine NA. Manual of clinical microbiology. 7<sup>th</sup> Edi ASM Press Wasington, D.C., USA, 1999.
- (26) Putnam M. Protocol for the isolation of agrobacterium from herbaceous plant material Oregon State University plant clinic. [http:// www.science. Oregonsteedu. bpp/plant\\_clinic/protocol11%/20for%20isolation%20of %20agrobacterium.pdf](http://www.science.Oregonsteedu.bpp/plant_clinic/protocol11%/20for%20isolation%20of%20agrobacterium.pdf), 2006.
- (27) Aysan Y, Sahin F. An outbreak of crown gall disease on roses caused by *agrobacterium tumefaciens* in Turkey. *Plant. Path.* 2003; 52: 780–780.
- (28) Hussain A, Zia M, Mirza B. Cytotoxic and antitumor potential of *fagonia cretica* L. *Turk. J. biol.* 2007; 31: 19–24.
- (29) EUCAST Definitive Document. Determination of minimum inhibitory Concentrations (MICs) of Antimicrobial Agents by Agar Dilution. EUCAST Definitive Document, E. Def 3.1. 2000; 6: 509–515.
- (30) Mukherjee PK. Quality Control of Herbal Drugs, an Approach to Evaluation of Botanicals. Business Horizons, New Delhi, India, p. 256, 2002.
- (31) Toda, M, Okubo S, Hiyoshi R, Shimamura T. The bactericidal activity of tea and coffee. *Letter. Appl. Microbiol.* 1989; 8: 123–125.

