PREVALENCE OF COAGULASE NEGATIVE STAPHYLOCOCCUS AT A TERTIARY CARE HOSPITAL, JAIPUR

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Article Info: Received 25 September 2019; Accepted 16 October 2019
DOI: https://doi.org/10.32553/ijmb.v3i10.623

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Conflict of interest: No conflict of interest.

Abstract
Background: Coagulase-negative staphylococci (CoNS) have been recognized as an important agent of human infection since the past five decades. Currently, there are 38 species of CoNS isolated from various human infections.

Methods: A observational descriptive study conduct on 71 samples collected from the hospitalized patients and nonhospitalized patients. Various samples like Urine, body fluids, pus, blood, swabs (wound, high vaginal, nose, throat) and other clinical samples were collected from patients attending outpatient departments (OPD) and admitted in wards and ICUs in NIMS hospital and processed for isolation and identification of Coagulase negative Staphylococcus (CONS) by the phenotypic methods.

Results: Staphylococcus epidermidis(35.21%) isolated more in our study. Second most common species was Staphylococcus saprophyticus(33.80%). Other species that isolated were as Staphylococcus haemolyticus(15.49%), Staphylococcus lugdunensis(7.04%), Staphylococcus schleiferi(4.22%) and Staphylococcus xylosis(7.40%)

Concussion- In this study, the most common species identified was S. epidermidis.

Keywords: Staphylococcus, Infection, Urine, Blood, Pus.

Introduction:
Staphylococci are widely spread in nature although they are mainly found living on the skin, skin glands and mucous membrane of mammals. They may be found in the mouth, blood, mammary glands, intestinal, genitourinary and upper respiratory tracts of the hosts. Staphylococcus generally have a benign or symbiotic relationship with their host; however they may develop the lifestyle of a pathogen if they gain entry into the host tissue through trauma of the cutaneous barrier, inoculation by needles or direct implantation of medical devices. Infected tissues of host support large populations of staphylococci and in some situations they persist for long periods1

Coagulase-negative staphylococci (CoNS) have been recognized as an important agent of human infection since the past five decades. Currently, there are 38 species of CoNS isolated from various human infections. The important among them are Staphylococcus saprophyticus, Staphylococcus epidermidis, Staphylococcus haemolyticus, Staphylococcus lugdunensis, Staphylococcus hominis, Staphylococcus capitis, Staphylococcus warneri, and Staphylococcus xylosus. Earlier CoNS were taken as insignificant contaminant; now, they are regarded as major cause of nosocomial bloodstream infections, urinary tract infections, skin and soft-tissue infections, and various indwelling device-related and prosthetic implants infections. The significant change in the patients' profile, that is, increased number of premature newborns, elderly patients, chronically ill patients, and immunocompromised patients along with greater use of indwelling or implanted foreign body has made CoNS a predominant nosocomial pathogen. Colonization of skin and mucous membrane of the inpatient by multidrug resistant CoNS strain and its transmission by hands of health-care workers is critical step in the making CoNS a successful nosocomial pathogen,2,5

MATERIAL AND METHODS

Permission and Ethical consideration:

Permission for the study will be obtained from the hospital’s Ethical Committee. Patients will be informed about the nature of the research and the confidentiality of the personal information that they have provided.

Study Population:

A total of 71 samples were collected from the hospitalized patients and nonhospitalized patients.
Study design: A observational descriptive study

Study Period: Six months from July 2018 to December 2018.

Study Samples: Various samples like Urine, body fluids, pus, blood, swabs (wound, high vaginal, nose, throat) and other clinical samples were collected from patients attending outpatient departments (OPD) and admitted in wards and ICUs in NIMS hospital and processed for isolation and identification of Coagulase negative Staphylococcus (CONS) by the phenotypic methods. Various samples collected with all aseptic precaution and transported to microbiology laboratory.

RESULTS

The present study carried out in the Department of Microbiology and Immunology of NIMS Medical College, Shobha Nagar, Jaipur, Rajasthan India.

Out of total 71 samples 41 (57.74 %) samples from Male while 30 (42.25 %) from Female patient. Out of total 71 samples, maximum from age group between 11-20 years i.e. 21.12% while minimum from <80 above years of age i.e. 2.81%. we had maximum urine samples(40%), followed by pus(15.49%), sputum(16.90%), high vaginal swab(1.40%), blood(2.81%), CSF (1.40%), pleural fluid(1.40%), ET secretion(2.81%) and Ear swab(8.45%), semen (1.40%).

Table 1: Distribution of CoNS species in various clinical samples

<table>
<thead>
<tr>
<th>CoNS Species</th>
<th>Urine</th>
<th>Pus</th>
<th>Blood</th>
<th>Sputum</th>
<th>HVS</th>
<th>Semen</th>
<th>Nasal swab</th>
<th>ET Secretion</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staphylococcus epidermidis</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>Staphylococcus haemolyticus</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>11</td>
</tr>
<tr>
<td>Staphylococcus lugdanensis</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Staphylococcus schleiferi</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Staphylococcus saprophyticus</td>
<td>17</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>3</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>Staphylococcus xylosis</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

Staphylococcus epidermidis(35.21%) isolated more in our study. Second most common species was Staphylococcus saprophyticus(33.80%). Other species that isolated were as Staphylococcus haemolyticus (15.49%), Staphylococcus lugdanensis (7.04%), Staphylococcus schleiferi(4.22%) and Staphylococcus xylosis(7.40%)

DISSCUSSION

The present study was conducted in the department of microbiology NIMS medical college and hospital, NIMS University, Jaipur. The purpose of this study was isolation, identification and antibiogram of Coagulas negative Staphylococcus isolated from various clinical samples at a tertiary care hospital.

In our study the CONS infection was more common in males (57.74%) than in females (42.25%) in the present study, which is similar to other by Usha M. G., Shwetha D. C., et al.6 also showed that male had more infection with CoNS than females.

In the present study out of the total of 71 relevant clinical samples collected, 71 (15%) samples were identified as Coagulase negative Staphylococcus, which is similar to other by C.Roopa7, revealed growth of Coagulase negative Staphylococcus on culture.

The highest numbers of CoNS isolates were Staphylococcus epidermidis (38.33%) followed by Staphylococcus saprophyticus (35%). The other species isolated were Staphylococcus haemolytics (15%), Staphylococcus lugdanensis (5%), Staphylococcus schleiferi and Staphylococcus xylosis both are (3.33%). In our study, the most commonly isolated species was S. epidermidis, similar to other studies as shown by Subadra Singh et al, where the rate of isolation was 40%63. Sheik et al. and Asangi et al.9 also showed that S. epidermidis is the most commonly isolated species from clinical specimens, seen in 19.40% and 44.8%, respectively.

CONCLUSION

In this study, the most common species identified was S. epidermidis.

REFERENCES

2. Antonio Pinna, Stefania Zanetti, Mario Sotgiu, Leonardo A Sechi, Giovanni Fadda, Francesco Carta,


5. David Greenwood, Mike Barer, Richard Slack, Will Irving, Medical Microbiology, eighteen edition, Staphylococcus, P-181


