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Effect of Zinc Concentration in Mueller-Hinton Agar on Susceptibility of Pseudomonas aeruginosa to Imipenem

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The susceptibility of Pseudomonas aeruginosa to imipenem has been shown to vary according to zinc concentration in the media. MICs of imipenem for 68 unique clinical isolates of P. aeruginosa were determined in media supplemented with zinc at concentrations between 0.5 and 6.0 μg/ml. In agar containing up to 3 μg of zinc/ml, 75 to 82% of the strains were susceptible to imipenem at an MIC of ≤4 μg/ml. In agar supplemented to contain 6 μg of zinc/ml, however, only 40% of the strains were susceptible to imipenem. Manufacturers should ensure that the concentration of zinc in commercial media is below 3 μg/ml to avoid false classification of isolates as resistant to imipenem.

Impenem (N-formimidoyl thienamycin), a member of the carbapenem class of antibiotics, has activity against a broad spectrum of organisms that includes Pseudomonas aeruginosa. Traditionally, serious infections due to this organism require the administration of two effective antimicrobial agents to achieve cure and to help prevent the development of resistance during treatment (4). Accurate detection of resistance of P. aeruginosa to imipenem by the clinical microbiology laboratory is critical for proper use of this antibiotic (9).

Unfortunately, in vitro testing of imipenem has been problematic, partly because of the instability of this compound in the commercially prepared dry-format, predried broth, and frozen microdilution plates that are used by many laboratories for susceptibility testing (1, 3, 5, 8). Baron and Hindler showed that the bioactivity of imipenem in these plates is dependent upon the type of medium used and on the time and temperature of incubation (1). Other investigators found additional factors that affect the reliability of imipenem bioactivity tests: variations in lots of Mueller-Hinton broth (MHB), multiple passaging of the control strain of P. aeruginosa, and moisture in stored dry-format plates (5, 8, 9).

A study by Cooper and colleagues reported that zinc concentration in commercial media influenced the susceptibility of P. aeruginosa and other gram-negative bacilli to imipenem (2). They found that a Mueller-Hinton agar (MHA) with a higher zinc concentration (2.62 μg/ml) was associated with a higher MIC of imipenem for P. aeruginosa, reaching concentrations that are greater than or equal to the susceptibility breakpoint of 16 μg/ml established by the National Committee for Clinical Laboratory Standards (NCCLS), resulting in misclassification of susceptible strains as resistant (2). However, it appears that the changes in MICs were within a onefold dilution for many strains and within the inherent error of the assay. In addition, Cooper et al. tested media with differences other than zinc concentration alone obtained from different manufacturers. In this study, we attempted to document the findings of Cooper et al. and to determine whether higher zinc concentrations in MHA independently increase the MIC of imipenem for P. aeruginosa.

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multaneously on BBL MHA, Difco MHA, and Difco MHA supplemented with 6.0, 3.0, 2.0, 1.0, and 0.5 μg of zinc/ml.

**Results.** The actual zinc concentration was measured by inductively coupled plasma-emission spectroscopy. The zinc content of Difco MHA was 0.2 μg/ml. In zinc-supplemented media, the measured zinc content was ±18% of the target concentration for all solutions tested.

Table 1 shows the cumulative percentages of 68 strains of *P. aeruginosa* that were susceptible to increasing concentrations of imipenem when tested with BBL MHA, Difco MHA unsupplemented with zinc, and Difco MHA supplemented with 0.5, 1.0, 2.0, 3.0, and 6.0 μg of zinc/ml. The percentage of isolates susceptible to imipenem at various concentrations was similar for Difco unsupplemented MHA (zinc concentration = 0.2 μg/ml) and for MHA supplemented with 0.5 μg of zinc/ml. There was no notable difference in susceptibility to imipenem when agar dilution testing was performed on media supplemented with zinc at concentrations of 0.5 versus 1.0 and 2 versus 3 μg/ml.

Table 2 illustrates the influence of various zinc concentrations in MHA on susceptibility of the 68 *P. aeruginosa* isolates to imipenem. The number of isolates that were resistant (9 to 15%) remained generally constant throughout the study. The most notable difference in susceptibility occurred when MHA was supplemented with 6 μg of zinc/ml, at which concentration 51% of the strains were classified as intermediate; in contrast, 3 to 12% of the strains were intermediate when tested in all other types of media with lower zinc concentrations. For classification as susceptible, 75 to 82% of the strains were susceptible to imipenem in all media except MHA supplemented with 6 μg of zinc/ml, in which only 40% of strains were susceptible. Figure 1 illustrates the degree of change in MIC of imipenem when *P. aeruginosa* isolates were tested by using MHA with zinc at concentrations of 3 and 6 μg/ml.

**Discussion.** Cooper and colleagues (2) reported that the zinc concentration in MHA can increase the MIC of imipenem for *P. aeruginosa*, often to concentrations that are greater than or equal to the susceptibility breakpoint of 16 μg/ml established by NCCLS (7). They noted that the effects of high zinc concentration varied in media from different manufacturers. Cooper et al. concluded that this finding was clinically significant despite the fact that the difference seen was a onefold dilution when the broth dilution method was used. Their conclusion was valid for strains for which the MIC was at the breakpoint of interpretive susceptibility criteria (between 4 and 16 μg/ml), where a shift of one twofold dilution can change the interpretation from “susceptible” to “intermediate” or from “intermediate” to “resistant.” For 95% of the strains they tested, the MIC was less than or equal to 8 μg/ml when a low-zinc medium (Difco) was used, and for 93%, the MIC was less than or equal to 16 μg/ml when a medium with a higher zinc concentration (2.61 μg/ml; BBL) was used. Given the limits of reliability of agar dilution testing, we were concerned that the effect of zinc was unclear and that a concentration of 3 μg/ml did not produce a clinically significant difference in the MICs for most strains.

An increase in the amount of zinc in MHA correlates in vitro with an increase in the MIC of imipenem, but it is not known if zinc levels in humans influence imipenem in vivo antibacterial activity. The normal concentration of zinc in serum is 12 μmol/l or 0.8 μg/ml (6). The danger of misreporting strains as intermediate or resistant is that clinicians have limited antibiotic choices when treating patients with *Pseudomonas* infections and imipenem represents a necessary therapeutic option, often as part of a multidrug regimen. However, at zinc concentrations of 3 μg/ml and below, differences in MICs were not clinically relevant, except for strains for which MICs are near the breakpoint for classification as intermediate or resistant.
Similarly, while at least 75% of all strains were inhibited by 4 μg of imipenem/ml in media supplemented with 0.5, 1, 2, and 3 μg of zinc/ml, fewer than half (40%) of the 68 strains were inhibited by 4 μg of imipenem/ml in MHA supplemented with 6 μg of zinc/ml. This suggests that by controlling the amount of zinc in media, manufacturers can prevent erroneous reporting by the microbiology laboratory of resistance to imipenem.

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