

ORIGINAL CONTRIBUTIONS

PENICILLIN RESISTANT GONOCOCCI

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Minimum inhibitory concentration (MIC) of penicillin was estimated for 25 strains of *N. gonorrhoeae*, isolated over a period of 10 months (September 1983 - June 1984). In 16 strains, the MIC of penicillin ranged between 0.01 $\mu\text{g/ml}$ and 0.63 $\mu\text{g/ml}$ and all were negative for penicillinase production. In 9 strains, the MIC was $>1.25 \mu\text{g/ml}$, and 5 of these strains produced penicillinase. Of these 5 penicillinase producing strains, 4 had MIC $>10 \mu\text{g/ml}$ and in one it was 2.5 $\mu\text{g/ml}$.

Key Words : Penicillin, Resistance, Gonococci, Penicillinase.

Strains of *N. gonorrhoeae* resistant to penicillin have been reported from all over the world including our country.¹⁻⁶ This increasing resistance to penicillin has been further complicated by the appearance of penicillinase producing strains of *N. gonorrhoeae* (PPNG).⁷ These PPNG strains have been reported to have very high minimum inhibitory concentrations (MIC's) of penicillin.⁸⁻¹¹ Available data shows that PPNG constitute 10-30% of all the isolates in various parts of Asia and Africa. Such strains have also been reported from our country in the recent past.^{8-13,16} The present communication describes the penicillin sensitivity pattern and penicillinase production in *N. gonorrhoeae* in this part of our country.

Material and Methods

Over a period of 10 months (September 1983 to June 1984), 25 strains of *N. gonorrhoeae* were isolated from patients suffering from acute gonococcal urethritis attending the Nehru hospital attached to the PGIMER, Chandigarh,

India. The organisms were isolated and identified by the conventional techniques.¹⁷

All the isolates were screened for resistance to penicillin by the disc diffusion technique using 6 μg (10 i u) disc of penicillin.¹⁸ The strains showing an inhibition zone diameter of $<20 \text{ mm}$ were recorded resistant to penicillin and suggestive of penicillinase production.

The minimum inhibitory concentration of penicillin was tested in all the strains by the plate dilution technique.¹⁸ Doubling dilutions of penicillin G (1640 units/mg) obtained from Sarabhai Chemicals (India) were incorporated in GC agar (Difco) with 1% haemoglobin (Difco) and 1% isovitalax (BBL) to give concentrations from 0.01 to 10 $\mu\text{g/ml}$. The inoculum was prepared by making a suspension of *N. gonorrhoeae* taken from 18-20 hour growth on chocolate agar. The suspension was made in proteose peptone No 3 broth (Difco) and was adjusted to contain 10^8 colony forming units/ml by matching the suspension to a 0.5 McFarland standard. The suspension was then diluted in proteose peptone No 3 broth to contain 10^6 colony forming units/ml. A drop (2-5 μl) of this working dilution was then delivered on the surface of antibiotic containing agar plate. Inoculation was also made on a chocolate agar

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The isolation of 5 PPNG strains from our population suggests that there is a reservoir of such strains in this part of our country. Isolation of such strains is not surprising in a cosmopolitan city like Chandigarh where students from other parts of Asia and Africa come for higher studies. Since two of the strains were isolated from Nigerian students, it is quite possible that these strains came from the African continent. Four of the 7 patients infected with PPNG strains were reported to be foreign students (3 Nigerian, 1 Iranian) in our earlier study.¹³ Epidemiology of the disease could not be investigated due to non-cooperation of the patients and as such the exact source of infection could not be ascertained.

We conclude that the increasing resistance to penicillin and the discovery of PPNG strains in our environments should alert us to a periodical reappraisal of penicillin sensitivity patterns. There should be routine screening and confirmation of all the strains for penicillinase production.

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References

1. Willcox RR : A survey of problems in the antibiotic treatment of gonorrhoea with special reference to South East Asia, *Brit J Ven Dis*, 1970; 46 : 217-242.
2. Willcox RR : A worldwide view of venereal diseases, *Brit J Ven Dis*, 1972; 48 : 163-176.
3. Reyn A : Drug susceptibility pattern of *N. gonorrhoeae*, a worldwide review, *Asian J Infect Dis*, 1977; 1 : 1-14.
4. Bhujwala RA, Pandhi RK, Bhargava NC et al : *N. gonorrhoeae* and its sensitivity to penicillin and tetracyclin over a decade, *Ind J Med Microbiol*, 1983; 1:43-48.
5. Moses JM, Desai MS, Bhosle CB et al : Present pattern of antibiotic sensitivity of gonococcal strains isolated in Bombay, *Brit J Ven Dis*, 1971; 47 : 273-278.
6. Gopalan KN (1970) Quoted from Reyn A : Drug susceptibility pattern of *N. gonorrhoeae*, a world wide review, *Asian J Infect Dis*, 1971; 1 : 114.
7. Perino PL, Morton RS, Piot P et al : Epidemiology and treatment of penicillinase producing *Neisseria gonorrhoeae*. World Health Organisation document WHO/VDT/79/1979 and WHO/VDT/RS/Gon/79/1979/122.
8. Singh KG, Singh Gurmohan, Pandey SS et al : Penicillinase producing *Neisseria gonorrhoeae* in Eastern India, *Brit J Ven Dis*, 1983; 59 : 278.
9. Chowdhury MNH, Pareek SS, Mahgoub Sheikh EL : Penicillinase producing *Neisseria gonorrhoeae* in Riyadh, Saudi Arabia, *Brit J Ven Dis*, 1981; 57 : 256-258.
10. NG WS, Chau PY, Ling Julia, Echeverria P et al : Penicillinase producing *N. gonorrhoeae* isolates from different localities in South East Asia : susceptibility to 15 antibiotics. *Brit J Ven Dis*, 1983; 59; 232-236.
11. Meheus Andre, Wirski RW, Joye D Costa et al : Treatment of gonorrhoea in males in the central African republic with spectinomycin and procain penicillin, *Bull WHO*, 1984; 62 : 89-94.
12. Wong ES and Stamm WE : Urethral infections in men and women, *Ann Rev Med*, 1983; 34 : 337-358.
13. Vijayalakshmi K, Gopalan KN, Gopal Krishnan B et al : The first case of B lactamase strains, *Ind J Sex Trans Dis*, 1982; 3 : 13-14.
14. Rao KB, Tayakar PA, Prasad ASV et al : Incidence of penicillin insensitive and B-lactamase producing strains of *N. gonorrhoeae* in Visakhapatnam, *J Ind Med Assoc*, 1984; 82 : 115-118.
15. Sowmini CN : Penicillinase producing *N. gonorrhoeae* infections, *Ind J Sex Trans Dis*, 1981; 2 : 39-41.
16. Sharma Meera, Kumar B, Agarwal KC et al : Penicillinase producing strains of *N. gonorrhoeae* from Chandigarh, *Ind J Med Res*, (in press).
17. Cruickshank R, Duguid JP, Maramion BP et al : *Medical Microbiology*, 12th Ed, Churchill Livingstone, London, 1975; 11 : 399-402.
18. World Health Organisation : *Neisseria gonorrhoeae* and gonococcal infections, Technical report series, 1978; 616 : 137-142.
19. Del Love B and Findland M : Susceptibility of *N. gonorrhoeae* to eleven antibiotics and sulphadiazine, *Arch Int Med*, 1955; 95 : 66-73.

20. Nayyar KC, Michol MF and Stolz E : Antibiotic sensitivity of gonococci isolated in Rotterdam and results of treatment with cefuroxime, Brit J Ven Dis, 1980; 56 : 249-251.
 21. Olsen GA and Lomhold G : Gonorrhoea treated by a combination of probenecid and sodium penicillin, Brit J Ven Dis, 1969; 45 : 144-148.
 22. Amies CR : Sensitivity of *N. gonorrhoeae* to penicillin and other antibiotics, Brit J Ven Dis, 1969; 43 : 216-222.
 23. Jaffe MW, Biddle JW, Thornsberry C et al : Gonorrhoea therapy monitoring : In vitro antibiotic susceptibility and its correlation with treatment results, N Eng J Med, 1976; 294 : 5-9.
 24. Osoba AO, Montefiore DG, Sogoeton AO et al : Sensitivity pattern of *Neisseria gonorrhoeae* to penicillin and screening of B. lactamase production in Ibadan, Nigeria, Brit J Ven Dis, 1977; 53 : 304-307.
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