Full Length Research Paper

Synergy of daptomycin with fusidin against invasive systemic infection and septic arthritis induced by type VI group B streptococci in mice

Adel Galal El-Shemi\textsuperscript{1,3}\textsuperscript{*} and Hani S. Faidah\textsuperscript{2}

\textsuperscript{1}Department of Laboratory Medicine, Faculty of Applied Medical Sciences, Umm Al-Qura University, Saudi Arabia.
\textsuperscript{2}Department of Microbiology, Faculty of Medicine, Umm Al-Qura University, Saudi Arabia.
\textsuperscript{3}Department of Pharmacology, Faculty of Medicine, Assiut University, Egypt.

Accepted 2 August, 2011

In view of the emergence of multidrug-resistant group B streptococci (GBS), and its significant clinical impact, there is a necessary need for the development of more effective therapeutic alternatives. Here, we assessed the therapeutic efficacy of daptomycin, a novel lipopeptide antibiotic, in the treatment of type IV GBS-induced invasive systemic infection and septic arthritis in mice. We also evaluated the possible synergy between daptomycin and fusidin to combat GBS disease. Mice infected with type IV GBS and left without drug treatment displayed high incidence of deaths and severe diffuse septic arthritis, associated with excessive production of proinflammatory cytokines (tumor necrosis factor alpha (TNF-\(\alpha\)), interleukin-1beta (IL-1\(\beta\)) and interleukin-6 (IL-6)), cyclooxygenase-2 (COX-2) and prostaglandin E2 (PGE2) in their blood and joints. However, treatment of these GBS-infected mice with daptomycin significantly inhibited the inoculated bacteria to grow in the blood and joints. Daptomycin-treated mice had significantly showed lower mortality rates, less frequent arthritis and lower levels of TNF-\(\alpha\), IL-1\(\beta\), IL-6, COX-2 and PGE2 than infected untreated animals. More interestingly, a marked \textit{in vivo} synergy between daptomycin and fusidin that completely protected the mice from GBS infection and its associated mortality and serious sequels was clearly observed. In summary, the present study showed that daptomycin is a welcome newcomer antibacterial arsenal to eradicate GBS invasive infection and septic arthritis, in particular when given in combination with other antibacterial agents such as fusidin.

Key words: Group B streptococci, septic arthritis, daptomycin, fusidin, proinflammatory cytokines, cyclooxygenase-2, prostaglandin E2.

INTRODUCTION

Daptomycin is a novel lipopeptide antibiotic with unique mechanism of action and excellent bactericidal activity against a wide range of pathogenic gram-positive bacteria, including multidrug-resistant gram-positive cocci (LaPlante and Rybak, 2004; Brauers et al., 2007). Antibacterial activity of daptomycin against many clinical isolates was compared with that of \(\beta\)-lactams, vancomycin, linezolid and quinupristin/dalfopristin. Overall, daptomycin showed greater bactericidal activity, low incidence of bacterial resistance and more safety profile than all other tested antibiotics (Rybak et al., 2000; Pfaller et al., 2007). Furthermore, synergistic interactions between daptomycin and other antimicrobials such as aminoglycosides, \(\beta\)-lactams and rifampicin were also observed (Rand and Houck, 2004; Credito et al., 2007; Figueroa et al., 2009).

Fusidic acid and its salt sodium fusidate (fusidin) are narrow-spectrum antibiotics. The main indication for their systemic use is in treatment of penicillin-resistant staphylococcal infections, including osteomyelitis and endocarditis, in combination with other antibacterials to prevent emergence of resistance (Falck et al., 2006). In addition to its antibacterial activity, fusidin has also powerful immunomodulatory and anti-inflammatory...
properties that are probably related to its capacity to reduce inflammatory cell infiltration and down-regulate the production of proinflammatory cytokines (e.g., TNF-α, IFN-γ, IL-1β and IL-2) (Genovese et al., 1996; Milenkovic et al., 2005). These unique properties of fusidin have been reported against human immunoinflammatory diseases (Nicoletti et al., 1999) and in several experimental animal models of organ-specific inflammatory diseases including sepsis and endotoxic shock (Genovese et al., 1996), acute hepatitis (Nicoletti et al., 1997), acute pancreatitis (Osman et al., 1998), allergic encephalomyelitis (Di Marco et al., 2001), formalin-induced edema (Kilic et al., 2002) and myocarditis (Milenkovic et al., 2005).

Group B streptococci (GBS), or Streptococcus agalactiae, have long been known as the most common leading cause of life-threatening bacterial infections in neonates and young infants (Pettersson, 2007). Recently, these microorganisms have also been recognized as an ever-growing cause of serious infections and mortality among older adults (Skoff et al., 2009). Case fatality rate of invasive GBS infections has been reported to be between 21 and 32% in newborns (Lukacs et al., 2004) and can exceed 40% in immunocompromised adult patients (Liakopoulos et al., 2004). Rapidly progressive septic arthritis is an important clinical manifestation of GBS infection (Nolla et al., 2003). Unfortunately, one-half of the patients with GBS septic arthritis do not respond to the current therapy, and thus the disease is associated with substantial irreversible functional complications (Lee et al., 2007). The emergence of multi-drug resistant GBS strains has complicated the clinical scenario of GBS disease (Simoes et al., 2004; Nagano et al., 2008). Moreover, there are no vaccines suitable for the prevention of GBS infections, and consequently identification of alternate drug targets is essential for future therapeutic measures (Rajagopal, 2009). Taken together, these facts reinforce the importance of GBS as a public health concern and raise the critical need for development of more efficient alternative therapeutic strategies.

At the experimental level, Tissi et al. (1990) have described a model of invasive GBS systemic infection and septic arthritis induced in mice by type IV GBS. In this model, the clinical features of induced GBS disease and its associated deaths and septic arthritis greatly mimic the human situation (Tissi et al., 1990, 1999; Puliti et al., 2002, 2010). In the present study, we successfully established this model and investigated the therapeutic efficacy of daptomycin against GBS-induced high mortalities and severe arthritis in mice. We also assessed whether co-administration of fusidin with daptomycin could result in an in vivo synergy against this life-threatening bacterial disease. Results showed that therapy with daptomycin significantly suppressed in vivo growth of inoculated GBS and its associated lethal trend and septic arthritis. More interestingly, co-administration of fusidin significantly enhanced daptomycin activity in combating GBS infection and its serious sequels.

MATERIALS AND METHODS

Antibiotics and bacteria

Daptomycin (Cubist Pharmaceuticals, Inc., Lexington, Massachusetts, USA) and sodium fusidate (fusidin) (Sigma, St. Louis, MO, USA) were purchased as powder for reconstitution. Prior to each experiment, all drug preparations were freshly made in accordance with their manufacturers’ recommendations. Type IV group B streptococci (GBS; reference strain CNCTC 1/82) was supplied by Czech National Collection of Type Cultures (Prague, Czech Republic). For experimental infection, the bacteria were grown overnight at 37°C and 5% CO2 in Todd-Hewitt broth (Oxoid Ltd., Basingstoke, Hampshire, England) and then washed and suspended in RPMI 1640 medium at a concentrations of 1 × 10⁷ colony forming units (CFU) per ml as previously described (Tissi et al., 1990; Puliti et al., 2002).

Animals, experimental GBS infection and treatment schedule

This study was approved by the Local Animal Care Committee of Umm Al-Qura University, KSA, and carried out in accordance with the principles of laboratory animal care, formulated by the National Academy of Sciences. A total of 60 adult male albino mice (weight, 25 to 35 g) were housed in autoclaved cages, maintained at a 12 h light/dark cycle in a humidity and temperature-controlled environment with autoclaved food and water ad libitum. For induction of GBS infection, mice were intravenously inoculated with 10⁸ colony-forming units (CFU) of GBS per mouse in a volume of 1 ml of RPMI 1640 medium. The animals were randomly divided into five groups: Group 1 (n = 10); neither infected nor drug-treated control mice, Group 2 (n = 14); GBS-infected and received no drug treatment, Group 3 (n =12); GBS-infected and treated with daptomycin (6 mg/kg/day; intraperitoneally; i.p., for 6 consecutive days), Group 4 (n = 12); GBS-infected and treated with fusidin (80 mg/kg/day; i.p., for 6 sequential days) and Group 5 (n = 12); GBS-infected and treated with daptomycin + fusidin. The used dosage regimens of daptomycin and fusidin were in accordance with those applied in the clinical field or had been tested in the previous studies (Figueroa et al., 2009; Milenkovic et al., 2005). Seven days after GBS inoculation, the survival mice of each group were sacrificed under ether anesthesia. After that, their blood samples were collected and their affected joints were aseptically removed, weighed and homogenized in sterile RPMI 1640 medium (1 ml/100 mg of joint weight) as previously described (Tissi et al., 1990; Puliti et al., 2002, 2010). Each resultant joint tissue homogenate was divided into two portions: a portion employed for bacterial culturing, while the large one was centrifuged for 10 min and then its supernatant was collected and stored at -20°C until used. For induction of GBS infection, mice were intravenously inoculated with 10⁸ colony-forming units (CFU) of GBS per ml as previously described (Tissi et al., 1990; Puliti et al., 2002).

Clinical evaluation of arthritis and mortality

All mice were daily and individually monitored for the signs of arthritis and for mortality. Arthritis was defined as visible joint swelling that persisted for at least one week (Tanaka et al., 1996). To evaluate the intensity of developed arthritis, a macroscopic
clinical scoring system of 0 to 3 points for each limb was used (1 point = mild swelling and/or erythema; 2 points = moderate swelling and erythema; 3 points = marked swelling, erythema and/or hardening of the joint) as previously described (Verdrengh and Tarkowski, 1997). The arthritis index was constructed by adding the scores from all 4 limbs for each animal. Finally, the total index of developed arthritis per group was constructed by dividing the total score by the number of animals used in each experimental group.

Determination of bacterial growth

On day 7 after GBS inoculation, appropriate dilutions were made from the collected whole blood samples and joint tissue homogenates of all mice, and then 0.1 ml of each sample was individually plated on blood agar plates. After incubation for 48 h at 37°C, the bacterial colonies were counted and multiplied by 10 to give an estimate of the total number of GBS CFU/ml of sample (Dubost, et al., 2004).

Assessment of TNF-α, IL-1β, IL-6, COX-2 and PGE2 in the sera and joint tissue homogenates

The levels of TNF-α, IL-1β and IL-6, as well-established proinflammatory cytokines and diagnostic biomarkers during the course of GBS sepsis and septic arthritis (Tissi et al., 1999; Mikamo et al., 2004; Puliti et al., 2010), were measured in the sera samples and joint tissue homogenates with commercial enzyme-linked immunosorbent assay (ELISA) kits purchased from R&D System (R&D Systems Inc., Minneapolis, MN, USA) according to the manufacturer’s recommendations. Results were expressed as picograms per ml (pg/ml) of serum or supernatant from joint homogenates. COX-2 and PGE2 concentrations in the joint tissue homogenates were also determined with commercial ELISA kits (COX-2: IBL International GmbH, Hamburg, Germany and PGE2: BIOTRAK-Amersham-Freiburg, Germany) in accordance with the manufacturers’ instructions, and their results were expressed as ng/ml and pg/ml, respectively.

Statistical analyses

Quantitative results of arthritis index (score), number (CFU) of grown GBS and levels of Cox-2, PGE2, TNF-α, IL-1β and IL-6 were presented as arithmetic means ± SEM. Differences among the groups were investigated using one-way analysis of variance (ANOVA) followed by a student's t-test. Differences between incidence of arthritis and survival data for the groups were analyzed by Chi-square test. A P value of < 0.05 was considered statistically significant.

RESULTS

Effect of daptomycin and fusidin therapy on GBS infection-induced deaths and arthritis

Mice infected with $1 \times 10^7$ CFU of GBS/mouse and then treated or not treated with daptomycin (6 mg/kg/day) and/or fusidin (80 mg/kg/day) for 6 consecutive days were daily monitored by assessing the survival rates, incidence and severity of induced arthritis up to 7 days post-GBS infection. As shown in Table 1, the cumulative mortality rate at the end of observation period was high (6/14; 42.9%) in GBS-infected and drug-untreated mice. In contrast, treatment of GBS-infected mice with daptomycin or fusidin significantly decreased the mortality rate to 1/12 (8.3%) and 3/12 (25%), respectively. More interestingly, no mortalities were observed in GBS-infected mice simultaneously treated with daptomycin plus fusidin (Table 1). Similarly, the clinical signs of arthritis (joint swelling and redness) were not observed in both normal controls and GBS-infected mice treated with daptomycin plus fusidin throughout the entire experimental period (Table 1). However, mice infected with GBS and left without drug treatment had developed clinical signs of arthritis (joint swelling and redness) as early as 24 h post-infection (data not shown), and the maximum values of arthritis incidence and severity were reached at day 7 (Table 1). By contrary, therapy with daptomycin or fusidin significantly reduced the incidence and clinical severity of GBS-induced arthritis, and a higher anti-arthritic effect was observed in daptomycin-treated animals compared with those treated with fusidin (Table 1). Taken together, co-administration of daptomycin and fusidin resulted in a favorable synergistic interaction that strongly inhibited GBS infection-induced arthritis.
mortalities and septic arthritis in mice.

Effect of daptomycin and fusidin therapy on \textit{in vivo} bacterial growth

To analyze the antibacterial impact of daptomycin and/or fusidin therapy on the \textit{in vivo} growth rate of inoculated GBS, the bacterial recovery rate from the blood and joints was examined on day 7 post-infection by using quantitative culturing processes. Data showed that a remarkable GBS burden was isolated from the blood and joints of untreated infected mice. However, when these infected mice were treated with daptomycin plus fusidin, the inoculated GBS were completely eradicated from their blood and nearly undetected in their joints (Table 2). A difference between the bacterial eradication effect of daptomycin and fusidin was also observed, whereas a lower extent of inoculated GBS was isolated from the blood and joints of daptomycin-treated group than of fusidin-treated group (Table 2). GBS elimination from the blood and joints of mice treated with daptomycin and/or fusidin was directly correlated with the survival rates and incidence and severity of arthritis (Table 1). Positive cultures were not observed in the blood and joints of normal control group (Table 2).

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>GBS (CFU/ml) Blood</th>
<th>GBS (CFU/ml) Joint homogenate</th>
<th>COX-2 (ng/ml)</th>
<th>PGE2 (pg/ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal control</td>
<td>10</td>
<td>0.0</td>
<td>0.0</td>
<td>0.4 ± 0.1</td>
<td>9.6 ± 2.3</td>
</tr>
<tr>
<td>GBS</td>
<td>8</td>
<td>$2.3 \times 10^5 \pm 0.1 \times 10^{5a}$</td>
<td>$4.1 \times 10^6 \pm 0.1 \times 10^{6a}$</td>
<td>35 ± 9.3a</td>
<td>560 ± 93b</td>
</tr>
<tr>
<td>GBS + daptomycin</td>
<td>11</td>
<td>$0.7 \times 10^6 \pm 0.2 \times 10^{6b}$</td>
<td>$1.5 \times 10^7 \pm 0.1 \times 10^{7b}$</td>
<td>2.5 ± 0.2b</td>
<td>45 ± 9.5b</td>
</tr>
<tr>
<td>GBS + fusidin</td>
<td>9</td>
<td>$1.3 \times 10^6 \pm 0.4 \times 10^{6c}$</td>
<td>$2.3 \times 10^7 \pm 0.2 \times 10^{7c}$</td>
<td>9.3 ± 2.7c</td>
<td>135 ± 21c</td>
</tr>
<tr>
<td>GBS + daptomycin + fusidin</td>
<td>12</td>
<td>0.0$^{d*}$</td>
<td>$0.1 \times 10^7 \pm 0.01 \times 10^{7d}$</td>
<td>0.5 ± 0.03$^{d*}$</td>
<td>11 ± 2.6$^{d*}$</td>
</tr>
</tbody>
</table>

Mice were infected with $10^7$ colony-forming units of GBS/mouse and then treated or not-treated with daptomycin (6 mg/kg/day) and/or fusidin (80 mg/kg/day) for 6 consecutive days. At day 7, all survival mice were examined. Results are expressed as the mean ± SEM. $^{a}$P < 0.01, $^{b}$P < 0.05, $^{c}$P < 0.001, versus normal control group; $^{d}$P =NS, versus normal control group; $^{*}$P <0.01, $^{*}$P <0.001, versus GBS-untreated group.

**DISCUSSION**

Despite substantial advances in diagnosis and treatment of human microbial diseases, group B streptococci (GBS) are still a leading cause of perinatal morbidity and mortality and an emerging public health problem in adults. Moreover, the emergence of multidrug-resistant GBS strains has complicated the clinical scenario and raised the critical need for development of more efficient alternative therapeutic strategies (Simoes et al., 2004; Nagano et al., 2008; Rajagopal, 2009). In the present study, the therapeutic efficacy of daptomycin, a novel lipopeptide antibiotic with potent activity against a broad
of daptomycin in treatment of bone and joint infections caused by other multidrug resistant gram-positive bacteria. In consistence with these findings, the efficacy of daptomycin in treatment of bone and joint infections caused by other multidrug resistant gram-positive bacteria, such as methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE), that were unresponsive to first-line antibiotics has previously been described (Rice and Mendez-Vigo, 2009). As a clinical fact, GBS is a significant causative agent of septic arthritis in neonates and adults; a disease associated with polyarticular involvement, bacteremia and a substantial case-fatality rate (Nolla et al., 2003). In addition, failure of its antibiotic therapy and delays in surgical drainage leads to progressive synovitis and irreversible destruction of cartilage and bone (Mader et al., 2000). Moreover, the emergence of multidrug-resistant GBS strains has increased the frequency of arthritic recurrence and complicated the clinical scenario (Simoes et al., 2004; Nagano et al., 2008). Therefore, there is a necessary need for development of more efficient therapeutic alternatives. In this regard, therapy with daptomycin plus fusidin can be considered as a promising alternative therapeutic approach.

In this work, GBS-infected mice treated with daptomycin displayed less frequent and mild degree arthritis than infected untreated animals. This phenomenon was further heightened by co-administration of fusidin, whereas the whole clinical signs of GBS arthritis were entirely not observed in daptomycin/fusidin-treated animals. In consistency with these findings, the efficacy of daptomycin in treatment of bone and joint infections caused by other multidrug resistant gram-positive bacteria, such as methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE), that were unresponsive to first-line antibiotics has previously been described (Rice and Mendez-Vigo, 2009). As a clinical fact, GBS is a significant causative agent of septic arthritis in neonates and adults; a disease associated with polyarticular involvement, bacteremia and a substantial case-fatality rate (Nolla et al., 2003). In addition, failure of its antibiotic therapy and delays in surgical drainage leads to progressive synovitis and irreversible destruction of cartilage and bone (Mader et al., 2000). Moreover, the emergence of multidrug-resistant GBS strains has increased the frequency of arthritic recurrence and complicated the clinical scenario (Simoes et al., 2004; Nagano et al., 2008). Therefore, there is a necessary need for development of more efficient therapeutic alternatives. In this regard, therapy with daptomycin plus fusidin can be considered as a promising alternative therapeutic approach.

Table 3. Effect of daptomycin and/or fusidin therapy on production of proinflammatory cytokines in mice infected with type IV group B streptococci (GBS).

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>TNF-α (pg/ml)</th>
<th>IL-6 (pg/ml)</th>
<th>IL-1β (pg/ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Serum</td>
<td>Joint</td>
<td>Serum</td>
</tr>
<tr>
<td>Normal control</td>
<td>10</td>
<td>5.3 ± 0.5</td>
<td>5.8 ± 0.7</td>
<td>3.7 ± 0.2</td>
</tr>
<tr>
<td>GBS</td>
<td>8</td>
<td>57 ± 11a</td>
<td>83 ± 15a</td>
<td>600 ± 75a</td>
</tr>
<tr>
<td>GBS + daptomycin</td>
<td>11</td>
<td>9.5 ± 1.7b</td>
<td>11 ± 2.4b</td>
<td>37 ± 6.5b</td>
</tr>
<tr>
<td>GBS + fusidin</td>
<td>9</td>
<td>20 ± 3.5c</td>
<td>17 ± 3.3c</td>
<td>120 ± 25c</td>
</tr>
<tr>
<td>GBS + daptomycin + fusidin</td>
<td>12</td>
<td>5.8 ± 0.9d</td>
<td>6.2 ± 1.1d</td>
<td>4.0 ± 0.2d</td>
</tr>
</tbody>
</table>

Mice were infected with 10^7 colony-forming units of GBS/mouse and then treated or not-treated with daptomycin (6 mg/kg/day) and/or fusidin (80 mg/kg/day) for 6 consecutive days. At day 7, all survival mice were killed and the levels of tumour necrosis factor alpha (TNF-α), interleukin-6 (IL-6) and interleukin-1beta (IL-1β), in their sera and joint tissue homogenates were measured. Values are expressed the mean ± SEM. *P <0.001, *P =NS, versus normal control group; bP <0.01, bP <0.01, bP <0.01, versus GBS-unstreated group.
and joints of GBS-infected untreated mice, and their levels were directly correlated with the severity of GBS disease and its associated mortalities and arthritis. By contrast, the levels of these proinflammatory cytokines were extremely low in infected mice simultaneously treated with daptomycin/fusidin combination therapy. Mechanistically, there are at least two possibilities by which daptomycin and fusidin had exerted their beneficial inhibitory effects on the production of TNF-α, IL-1β and IL-6. First, they directly killed the causative agent (that is, the inoculated type IV GBS). Second, it has been generally accepted that fusidin possesses powerful immunomodulating and anti-inflammatory properties that are probably related to its capacity to reduce inflammatory cell infiltration and down regulate the production of proinflammatory cytokines including TNF-α, IFN-γ, IL-1β and IL-2 (Di Marco et al., 2001; Kilic et al., 2002; Milenkovic et al., 2005).

The discovery of cyclooxygenase (COX) isoforms (COX-1 and COX-2) led to the concept that the constitutive COX-1 isoform tends to be homeostatic in function, while COX-2 is mainly induced during inflammation and tends to facilitate the inflammatory response (Smith et al., 2000). Prostaglandins (PGs) produced by COX-2 (especially PGE2) are potent inflammatory mediators and are associated with pain and other signs of inflammation (FitzGerald, 2003). In the present study, either COX-2 or PGE2 was intensively expressed in the joints of GBS-infected mice and did not receive any medication, while concurrent treatment of these infected mice with daptomycin and/or fusidin significantly and synergistically abrogated the intra-articular COX-2 expression and PGE2 production. An important question remains to be answered: how daptomycin and fusidin did inhibit COX-2 activity and subsequently the production of PGE2. There is evidence that COX-2 is induced in inflamed tissues by inflammatory chemical mediators including TNF-α and IL-1β (Smith et al., 2000). Accordingly, inhibition of these proinflammatory cytokines, as observed here, might, at least in part, lead to inhibition of COX-2 expression and PGE2 production.

Conclusions

The present study clearly indicates the potential therapeutic efficacy of daptomycin antibiotic against invasive GBS infection, and septic arthritis, and demonstrates its remarkable in vivo synergy with fusidin in combating the disease. Co-administration of daptomycin with fusidin greatly suppressed GBS infection at the microbiological, clinical and pathologic levels: 1) has complete eradicating effect on the inoculated bacteria, 2) has full protective effect against GBS-induced high mortality rates and high incidence of severe arthritis, 3) significantly down-regulated COX-2 expression and PGE2 production in the joint tissues and 4) significantly decreased the levels of proinflammatory cytokines (TNF-α, IL-1β and IL-6) in the blood and joints of infected mice. Taken together, daptomycin is a welcome newcomer antibacterial arsenal to eradicate gram-positive cocci including GBS, in particular when given in combination with other antibacterial agents such as fusidin.

REFERENCES


