Jordan Journal of Biological Sciences

Investigation of Quorum Sensing, Biofilm Production, and Detection of Virulence-associated Genes Among Clinical Isolates of Acinetobacter baumannii

Sayran S. Qader¹ and Aryan R. Ganjo^{1,2,*}

¹Department of Clinical Analysis, College of Pharmacy, Hawler Medical University, Erbil, Iraq; ² Department of Medical Analysis, Faculty of Applied Science, Tishk International University, Erbil, Iraq.

Received: September 8, 2023; Revised: November 18, 2023; Accepted: January 4, 2024

Abstract

Acinetobacter baumannii (A.baumannii) is an opportunistic microorganism able to survive in harsh environments and develop resistance to antibiotics often used in hospitals, which makes it one of the most common and pervasive causes of infections in healthcare facilities. The currentstudy was conducted to investigate the existence of *A.baumannii* and their antimicrobialresistantpattern, dispersion of Quorum Sensing(QS), and virulent related genes. In this investigation, the identification and susceptibility of 65non-repetitive *A. baumannii* isolates to antimicrobial drugs were evaluated. The QS encoding genes, and virulence-related genes were detected, and biofilm development was examined. In a total, 65 isolates of *A. baumannii*, 62 (95.38%) formed biofilm, with the vast majority being strong biofilm produces24(36.92%). The isolates showed a remarkable resistance to the antibiotics commonly used to treat *A. baumannii* amikacin, which had a resistance rate of 100% among isolatesd. Results from virulence gene studies were as followscsgA (30.76%), *iut*A (24.61%), *cnfI* (16.92%), and *cva*C (6.15%). The two QS genes were *abal* (90.76%) and *abaR* (87.69%). Our findings confirm that the QS-related genes (*abaI/aba*R) were broadly dispersed across *A. baumannii* clinical isolates and were strongly associated with antibiotic resistance, and *csgA* was apredominant virulence gene followed by *itu*A.

Keywords: Antibiotic resistance, Acinetobacter baumannii, Biofilm, Virulence-related gene, Quorum sensing

1. Introduction

The opportunistic Acinetobacter baumannii causes a wide variety of clinical infections. Recently, it has come to light on a global scale, and it frequently leads to rise in antimicrobialineffectiveness and encoding of virulentrelated genes(Zhang et al., 2022). Colicin V production (cvaC), curli fibers (csgA), siderophores like aerobactin (iutA), and cytotoxic necrotizing factor (cnfI) are amongthe extremely important virulence-associated genes inA. baumannii isolates (Darvishi, 2016). Determination ofconcealed virulent-associated genes in clinical samples of A. baumannii has significant epidemiological repercussions that aid in controlling the spread of illnesses induced by this pathogen(Erac et al., 2014, Eijkelkamp et al., 2014). A. baumanniicapacity to acquire several virulence characteristics, particularly resistance determinants including efflux pumps, and iron acquirement pathways and motility, enables it to persist in hostile environments and promotes the occurrence of infections. This pathogen has been measured as a top member of nosocomial infections outstanding to its capacity to thrive in hospital conditions(Martinez et al., 2021).QS is a mechanism that bacteria use to accomplisha group of activities through sensing their population size, and constant production of small diffusible compounds

such as N-acyl-homoserine known as autoinducers, (AHLs) lactones in some gram-negative pathogens(Gajdács and Spengler, 2019).The OS mechanism is widespread in bacteria and is associated with numerous biological mechanisms, such as locomotion, conjugation, biofilm development, synthesis of virulentfactors. The OS mechanism of A. baumannii consists of abaI/abaR, a two-component structure abaR gene encodes the receptor protein that adheres to AHLs and functions as a transcriptional regulator. The 3hydroxy-C12-homoserine lactones tend to be the most common AHLs generated by the pathogen(Erdönmez et al., 2017). Main aims of this study include determining Acinetobacter baumannii from clinical samples and their antibiotic resistance profile, and detecting QS, virulenceassociated genes.

2. Materials and Methods

2.1. Specimens collection

Between the 1st of October 2021 and the 30th of March 2022, 65 samples were collected from different sources, including sputum, wounds, and blood. Samples were collected from patients with impaired immunity at Erbil city, Kurdistan region-Iraq hospitals.

^{*} Corresponding author. e-mail: aryan.ganjo@hmu.edu.krd.

2.2. Identification and antibiotic sensitivity testing

Identification of the isolates was accomplished using conventional microbiological techniques. The VITEK 2 GN card (BioMérieux, France) verified A. baumannii isolates. Antibacterial sensitivity testing on isolated bacteria was also accomplished using the compact automated system VITEK 2 to Pipracillin (PIP), Piperacillin/tazobactam (TZP), cefoperazone (CFP), ceftazidime (CAZ), Imipinim (IMP). Meropenem (MEM), Amikacin(AK), Gentamicin (GN), Netilmicin (NET), Tobramycin (TOB), Ciprofloxacin (CIP), Levofloxacin(LEV), Tagycycline (TGC), trimethoprim/sulfamethoxazole (SXT), colistin (CST).

2.3. A Carb NP protocol (CarbAcineto NP test)

CarbAcineto NP test was assessed asstated byDortet et al. (2014). *A.baumannii* clinical specimens were overnight cultivated in TSA. Two tubes were used (Tube A and B). One loop of the tested bacteria was resuspended by vortexing it for 15 seconds at maximum agitation in 100 μ L of lysis buffer containing a 5.0 M NaCl solution. 100 μ L of the phenol red-containing revealing solution was introduced to tube A; simultaneously, 100 μ L of the same solution was introduced to tube B, including 6 mg/mL of imipenem. Both tubes were incubated at 37°C for two hour. Visual examination of the color shift in both tubes was recorded.

2.4. Motility characteristics

Swarming and twitching motility was evaluated using LB broth with 0.4% or 0.8% agar. Positive swarming motility was defined as a zone larger than 10mm surrounding the inoculation siteafter plates incubated at 37°C for 48 hours, For twitching motility, bacteria were dyed with a 0.2% crystal violet solution. Positive twitchers had zone diameters of 5mm or more. Each isolate was examined 3 times(Clemmer et al., 2011).

2.5. Biofilm detection by microtiter plate

Biofilm development capability was tested with crystal violet.After overnight incubation, bacteria were diluted to an optical density of 600 (OD₆₀₀) = 0.1. Then, 180 μ L of Luria-Bertani (LB) broth and 20 µL of bacterial suspensions were put on 96-well polystyrene microtiter plates. The plates were incubated at 37°C for 24 hours and then washed three times with phosphate-buffered saline (PBS) and stained with 200 µL of 0.1% crystal violet (Oxoid, UK). Consequently, the plates were rinsed three times with PBS. The plates were dissolved in 200 μL of 95% ethanol by gently stirring at room temperature for 20 minutes. At 570nm, the absorbance was determined. Three standard deviations (SD) above the average OD of the negative control (LB broth only) were defined as the cutoff OD (ODc). The classification rules were as follows: OD<ODC indicates non-biofilm producers (-): $ODC < OD \le 2 \times ODC$ indicates weak biofilm producers (+); 2×ODC<OD≤4×ODC shows moderate biofilm producers (++), and OD>4×ODC suggests strong biofilm producers (+++)(Li et al., 2021).

2.6. Genomic extraction fromA. baumannii isolates

Genomic DNA was isolated from a bacterial colony using a Fermentas Germany kit accordingtothe manufacturer's guidelines.Nanodrop was used to assess DNA concentration by spectrophotometer at 260 nm, then stored at -20° C until use(Darvishi, 2016).

2.7. Molecular detection of QS and virulence-related genes

Employing standard polymerase chain reaction (PCR), the existence of the QS and virulence-associated gene in all isolates was determined. The experiment was conducted in a 25 µL reaction mixture including 12.5 µL of 2× master mix (AMPLIQON, Denmark), 1.0 µL of each primer (10 pmol), and 1.5 µL of genome template. The amount reached 25 µL using PCR water. The following was cyclingconditions: First 1 cycle at 95°C for 4 min; thirty cycles at 95°C for 50 sec, 58°C for 60 sec, and 72°C for 45 sec; one cycle at 72°C for 8 min (Al-Kadmy et al., 2018a). The program for QS genes was as follows: 30 cycles of denaturation at 94 °C for 1 min, annealing at 52 °C for 30 s, and extension at 72 °C for 1.5 min, with a final elongation step at 72 °C for 5 min.occurrence of the QS and virulence-related genes were identified by applying the primer sequences of abal 435bp and abaR 310bp (Tang et al., 2020). cnfI 498bp, csgA 200bp, and iutA 300bp (Al-Kadmy et al., 2018b) as shown in (Table.1).

 Table 1. Primer sequences and size of PCR products for QS and virulence-associated genes.

Target genes	Oligonucleotide primers Sequences (5'-3')	Product size (bp)	
abal	Forward:AAAGTTACCGCTACAGGG	435bp	
avai	Reverse: CACGATGGGCACGAAA	4330p	
abaR	Forward:TCCTCGGGT CCCAATA	210 hp	
avan	Reverse: TAAATCTACCGCATCAA	310 bp	
anfi	Forward:AAGATGGAGTTCCCTATGCAGGAG	109 hm	
cnfI	Reverse:CATTCAGAGTCTTGCCCTCATTATT	498 bp	
	Forward:ACTCTGACTTGACTATTACC	200 bp	
csgA	Reverse: AGATGCAGTCTGGTCAAC		
cvaC	Forward:CACACACAAACGGGAGCTGTT	680 bp	
cvaC	Reverse: CTTCCCGCAGCATAGTTCCAT		
	Forward:GGCTGGACATCATGGGAACTGG	h	
iutA	Reverse: CGTCGGGAACGGGTAGAATCG	bр	

2.8. Statistical analyses

GraphPad Prism 9.01 was used for all statistical analysis. Data were evaluated using the X^2 test, $\chi 2$ test, or Fisher's exact test and Kruskal – Wallis test. The p-value ≤ 0.05 was used to identify the differences as statistically significant.

3. Results

3.1. QS and virulence-associated gene distribution among A. baumannii isolates

In this invistigation, sixty-five (65) isolates of *A. baumannii* were diagnosed depending on colonial morphology on cultural media and various biochemical characteristics then confirmed by VITEK 2 system. The gender distribution of the isolates was as follows: 24 (36.92 %) for females and 41 for males (63.07%). Out of the 65 isolates, 59 (90.76 %) had the *abal* QS gene, while *abaR* found in 57 (87.69 %), and the virulence genes were

distributed as follows: csgA = 20 (30.76%), iutA = 16 (24.61%), cnfI = 11 (16.92%), and cvaC = 4 (6.15%) (Table.2).

 Table 2. Distribution of QS genes and virulence-related genes among *A. baumannii isolates*.

Gene type	Gene function	Prevalence			
	Gene function	n.	%		
abal	Quorum consing gonos	59	90.76		
abaR	Quorum sensing genes	57	87.69		
csgA	Curli fiber adhesive virulence	20	30.76		
iutA	Sidrophore like aerobactin	15	24.61		
cnfI	Cytotoxic necrotizing factor	11	16.92		
cvaC	Colicin V production	4	6.15		

3.2. Resistance to antimicrobial agents

All isolates demonstrated complete resistance to amikacin. Followed by ciprofloxacin 95.38%, each of pipracillin tazobactum, ceftazidime, imipenem, and levofloxacin exhibited 93.85%. Colistin had the most significant efficiency towards *A. baumannii*, as all the isolates were sensitive to colistin(figure.1).

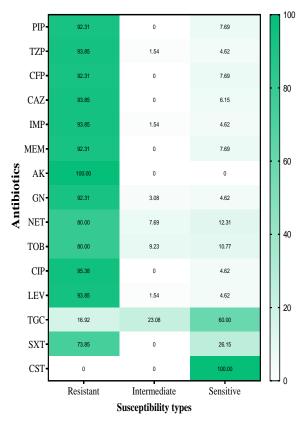


Figure 1. Antimicrobial resistance patterns in A. baumannii

3.3. CarbAcineto NP assay

The ability of carbapenemase production was assessed for 65 isolates using a CarbAcineto NP test. Forty (61.53 %) of the isolates tested showed positive results in the carbAcineto NP test. as shown in figure.2.

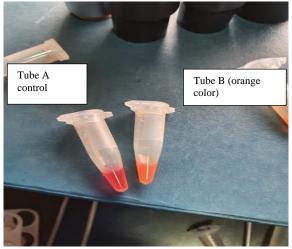
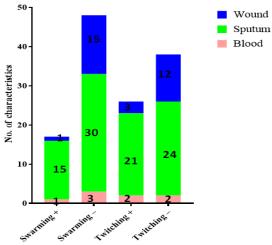


Figure 2. Craba NP test colour change in tube B to (orange colour) indicate positive result.

3.4. Motility characteristics and source of specimens

All of the isolated bacteria were tested for their motility. Surface-associated motility (swarming) was detected in 17 (26.15%), and twitching motility was observed in 26 (40%) of the *A. baumannii* isolates. As depicted in (*Figure. 3*), sputum isolates had superior twitching motility over wound and blood samples. 21/45 (46.6%) sputum isolates exhibited twitching movements. Similarly, the swarming motility among all isolates of *A. baumannii* recorded the highest frequency in sputum sources. Our findings revealed that the high prevalence of the swarming motility was in sputum 15/45 (33.33%), while the lowest incident of swarming motility was in the blood and wound specimens (n = 1).



Swarming and twitching phenomenon

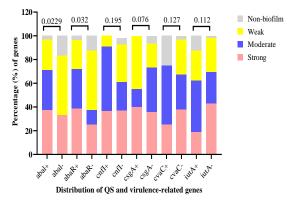
Figure 3. Prevalence of phenotypic swarming and twitching phenomenon among the source of specimens.

3.5. Biofilm formation, QS, and virulence-related

In terms of biofilm production, the results indicated that 62 (95.38%) isolates were able to form biofilms, of which 24 (36.92%) were strong biofilm producers, 18 (27.69%) and 20 (30.77%) were moderate and weak producers, respectively.

On the other hand, 3.6% of the isolates do not have the ability to develop biofilm. We diligently investigated the

association between biofilm development and genes associated with QS signaling molecules and virulence factors in A. baumannii isolates. A highly developed ability to form biofilms is demonstrated by isolates that possess the genes for QS signaling molecules (abal and abaR genes), Additionally, a notable disparity was noted in comparison to the isolates lacking the QS-related genes (Figure. 4). Conversely, there was no significant correlation between the isolates that have the virulence-related genes to produce the biofilm and the isolates that do not bear the virulence-related gene.



3.6. Association between virulence genes with antibioticresistant

Isolates that are resistant to antibiotics have higher number of QS and virulence genes compared to isolates that are susceptible. The prevalence of *cnfI* in isolates resistant to aminoglycosides (tobramycin and amikacin), imipenem, and meropenem was significantly higher than in comparable sensitive isolates. Among the great majority of antibiotic-resistant isolates, the proportion of csgA was much higher than susceptible isolates. The ratio of cvaC across all antibiotic-resistant isolates was substantially greater than comparable susceptible isolates. The proportion of *iut*A in isolates resistant to ciprofloxacin, gentamicin, tobramycin, amikacin, imipenem, and was significantly greater than isolates meropenem susceptible to comparable antibiotics (Table.3).

Figure4.Quorum sensing and virulence gene distribution across biofilm formation states

Table 3.Existence of			

	Antibi	otics												
Genes	PIP	TZP	CFP	CAZ	IMP	MEM	AK	CN	NET	TOB	CIP	LEV	TGC	SXT
QS gene														
abaI (59)	91.5	93.2	91.5	93.2	93.2	91.5	100.0	91.5	76.3	78.0	93.2	18.6	71.2	71.2
abaR (56)	92.9	94.6	92.9	94.6	94.6	92.9	100.0	92.9	78.6	78.6	96.4	94.6	17.9	73.2
Virulence-R	elated Ge	enes												
cnfI (11)	46.7	53.3	46.7	53.3	53.3	46.7	73.3	46.7	26.7	26.7	53.3	53.3	6.7	46.7
csgA (20)	90.5	90.5	90.5	85.7	90.5	90.5	95.2	90.5	85.7	85.7	95.2	90.5	14.3	81.0
cvaC (4)	33.3	50.0	33.3	50.0	33.3	33.3	66.7	33.3	16.7	16.7	33.3	50.0	0.0	33.3
iutA (16)	80.0	85.0	80.0	85.0	80.0	50.0	100.0	80.0	60.0	70.0	85.0	85.0	20.0	70.0

3.7. Association of QS with antibiotic resistance

The frequency of antibiotic susceptibility pattern inisolates containing QS genes (*aba*I and *aba*R) is depicted in (Figure.5).54 of isolates expressing the *abaI* gene were resistant to antibiotics, while only 5 of isolates lacking the *abaI* gene were resistant to antimicrobials. Only 9 of the resistant isolates were found to be deficient in the *abaR* gene, while 51 of the isolates expressing the gene were antibiotic-resistant bacteria. Antibiotic resistance was found to be significantly associated with the presence of the *abaI* and *abaR* genes in the isolates (*p*-value = 0.002).

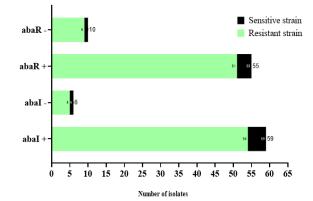


Figure 5.Association between antibiotic resistance and carrier position of QS genes.

4. Discussion

Acinetobacter baumanniiis an opportunistic bacterium that can spread in healthcare facilities, potentially resulting in the emergence of nosocomial illnesses(Jahangiri et al., 2019, Nowak et al., 2014). Because of its adhesive properties, it poses a significant risk of colonization and transmission among hospitalized patients(Choi et al., 2010). This pathogen is able to withstand a wide range of modern antibiotics due to the acquisition of resistance determinants and the upregulation of intrinsic resistance pathways(Zeighami et al., 2019). Multidrug-resistanceA. baumanniiproduces severe illness and significant mortality, particularly in immune-compromised individuals(Howard et al., 2012, Poirel et al., 2011).In the current study, several widely used antibiotics had no effect on the A. baumannii isolates. All were resistant to amikacin and sensitive to colistin, which is consistent with findings from other Iranian studies (Vahdani et al., 2011, Saffari et al., 2017). Even though all isolates were susceptible to colistin, colistin remains the most effective antimicrobial agent (Amin et al., 2019). In our study,90.76% and 87.69% of isolates were positive for eachabal and abaRrespectively; we also found an association between antibiotic susceptibility and QS genes andrevealed that a greater number of resistance isolates carried both QS genes. This demonstrates that abaI and abaR genes were substantially linked with multidrug-resistant pathogenes, signifying that isolates having QS genes were more likely to be drug-resistant, although the pathogenicity and virulence factors of A. baumannii are not completely known. In terms of the incidence of virulence genes, csgA 20(30.76%) was the predominant once, and cvaC 4(6.15%) had the lowest frequency.No correlation was found between virulence genes and biofilm production, but antibiotic susceptibilityisolates carried a greater number of virulence genes than antibiotic insusceptible isolates. The results of this study are consistent with those of an Iraqi investigation showing a maximum frequency of 66.7% for csgA and a lowest frequency of cvaC (9.5 %), Al-Kadmy et al. (2018a).Comparatively, another study indicated that cvaC had lowest frequency only 10% and csgA was 55% among tested isolates, Momtaz et al. (2015). Nevertheless, the findings of the current study contrasted withthose of two other studies, Darvishi (2016)and Nazari et al. (2021), whosehighest frequency was cnf1(35.53%), and the lowest occurence wascsgA (12.39%).A. baumannii ability to form biofilms isalso largely depend on virulence factors(Rosales-Reyes et al., 2017, Sanchez-Larrayoz et al., 2017). The potential of A. baumannii to inhabit and formbiofilm on different surfaces is a crucial element in chronic and persistent infections(Thummeepak et al., 2016). According to our findings, 62(95.38%) A. baumannii isolates generated biofilm. Other studies found that greater than 75% of A. baumannii isolates develop biofilms, which agrees with our results (Thummeepak et al., 2016, Sung, 2018, Al-Shamiri et al., 2021). Our isolates exhibit a twitching form of motility more than a swarming form, and the majority of both formsof movement were from sputum source, which disagrees with (Loraine et al., 2020, Skerniškytė et al., 2019) who found both forms of motility from other source like blood. According to our finding carbaNP test was able to detect

61.53% of carbapenem producer.Similar findings were detected by other the studies(Khuntayaporn et al., 2021, Nguyen and Joshi, 2021). The use of carbapenems is the very last resort in the fight against illness induced by gram-negative multi-drug resistant pathogens; nonetheless, carbapenem insusceptiblity is becoming more prevalent in *A. baumannii*. Consequently, crucial and precise diagnosis of carbapenemase-producing *A.baumannii* is essential for the treatment effectiveness of these illness.

5. Conclusion

The propensity of *Acinetobacter baumannii* to form biofilms and its resistance to several drugs have made it challenging for healthcare providers to manage and reduce the spread of this pathogen. The vast majority of isolates displayed their ability to form biofilms and carbapenemase production. However, isolates showed a high frequency of the QS genes (*abal/abaR*), and virulence genes *CsgA* and *ItuA* were more abundant than the others.

6. Ethical considerations

This research was sanctioned by the research ethics committee of Hawler Medical University (Reference number: HMU.PH.EC-20212508-206).

7. Authors' contributions

QS made significant contributions to specimen collection and analysis. GA designed and supervised the research, and contributed substantially to analysis and interpretation of data. QS drafted the manuscript with assistance from GA, and GA revised it for critically important intellectual content.

8. Conflicts of interest

The authors have nothing to declare.

References

AL-Kadmy I, AliA, Salman I,and Khazaal, S. 2018. Molecular characterization of *Acinetobacter baumannii* isolated from Iraqi hospital environment. *New microbes and new infect*,**21**, 51-57.

AL-Shamiri M M, Zhang S, Mi P, Liu Y, Xun M, YangE, AI L, Han L, and Chen Y. 2021. Phenotypic and genotypic characteristics of *Acinetobacter baumannii* enrolled in the relationship among antibiotic resistance, biofilm formation and motility. *Microb pathog*, **155**, 104922.

Amin M, Navidifar T, ShooshtariF S, Rashno M, SavariM, JahangirmehrF, and Arshadi, M. 2019. Association between biofilm formation, structure, and the expression levels of genes related to biofilm formation and biofilm-specific resistance of *Acinetobacter baumannii* strains isolated from burn infection in Ahvaz, Iran. *Infect Drug Resist*, **12**, 3867.

Choi WS, Kim S H, Jeon E G, Son M H, Yoon Y K, Kim J-Y, Kim M J, Sohn J W, Kim M J and Park D W. 2010. Nosocomial outbreak of carbapenem-resistant *Acinetobacter baumannii* in intensive care units and successful outbreak control program. *J Korean medsci*, **25**, 999-1004.

ClemmerKM, Bonomo RA and RatherP N. 2011. Genetic analysis of surface motility in *Acinetobacter baumannii*. *Microbiol*, **157**, 2534.

DarvishiM. 2016. Virulence factors profile and antimicrobial resistance of *Acinetobacter baumannii* strains isolated from various infections recovered from immunosuppressive patients. *Biomed Pharmacol J*,**9**, 1057-1062.

Dortet L, Poirel L, ErreraC and NordmannP. 2014. CarbAcineto NP test for rapid detection of carbapenemase-producing *Acinetobacter* spp. *J clinic microbiol*,**52**, 2359-2364.

Eijkelkamp BA, Stroeher U H, Hassan K A, Paulsen I T. and Brown M H. 2014. Comparative analysis of surface-exposed virulence factors of *Acinetobacter baumannii*. *BMC genomics*, **15**, 1-12.

Eraç B, Yılmaz F, Hoşgör limoncu M, Oztürk Iand Aydemir, S. 2014. Investigation of the virulence factors of multidrug-resistant *Acinetobacter baumannii* isolates. *Mikrobiyol Bul*,**48**, 70-81.

Erdönmez D, Rad Y. and Aksöz N. 2017. Quorum sensing molecules production by nosocomial and soil isolates *Acinetobacter baumannii. Archmicrobiol*,**199**, 1325-1334.

GajdácsM. and SpenglerG. 2019. The role of drug repurposing in the development of novel antimicrobial drugs: Non-antibiotic pharmacological agents as quorum sensing-inhibitors. *Antibiot J*,**8**, 270.

Howard A, O'donoghue M, Feeney A. and Sleator R D. 2012. *Acinetobacter baumannii*: an emerging opportunistic pathogen. *Virulence*, **3**, 243-250.

Jahangiri S, Malekzadegan Y, Motamedifar M. and Hadi N. 2019. Virulence genes profile and biofilm formation ability of *Acinetobacter baumannii* strains isolated from inpatients of a tertiary care hospital in southwest of Iran. *Gene Rep*,**17**, 100481.

KhuntayapornP, ThirapanmetheeK, KanathumP, Chitsombat K and Chomnawang M T. 2021. Comparative study of phenotypicbased detection assays for carbapenemase-producing *Acinetobacter baumannii* with a proposed algorithm in resourcelimited settings. *Plose one*, **16**, e0259686.

KIM S W, Choi C H, Moon D C, Jin J S, Lee J H, Shin J-H, Kim J M, Lee Y C, Seol S Y and Cho D T. 2009. Serum resistance of *Acinetobacter baumannii* through the binding of factor H to outer membrane proteins. *FEMS microbiol lett*,**301**, 224-231.

Li Z, Ding Z, Liu Y, Jin X, Xie J, Li T, Zeng Z, Wang Z and Liu J. 2021. Phenotypic and genotypic characteristics of biofilm formation in clinical isolates of *Acinetobacter baumannii*. *Infect drug resist*,**14**, 2613.

Loraine J, HeinzE, Soontarach R, BlackwellG A, StablerR A, Voravuthikunchai S P, Srimanote P, Kiratisin P, Thomson NR and Taylor P W. 2020. Genomic and phenotypic analyses of *Acinetobacter baumannii* isolates from three tertiary care hospitals in Thailand. *Front microbiol*,**11**, 548.

Martinez J, Razo-gutierrezC, Le C, Courville R, Pimentel C, Liu C, Fung S E, Tuttobene M R, Phan K. and Vila A J. 2021. Cerebrospinal fluid (CSF) augments metabolism and virulence expression factors in *Acinetobacter baumannii*. *Sci rep*,**11**, 1-13.

MomtazH, Seifati S M and Tavakol M. 2015. Determining the prevalence and detection of the most prevalent virulence genes in *Acinetobacter baumannii* isolated from hospital infections. *Int J Med Lab*, **2**, 87-97.

NazariM, YouzbashiZ, Khaledi M, Fathi J and Afkhami H. 2021. Detection of carbapenem resistance and virulence genes among *Acinetobacter baumannii* isolated from hospital environments in center of Iran. *J Curr Biomed Rep*, **2**, 14.

Nguyen M. and Joshi S. 2021. Carbapenem resistance in *Acinetobacter baumannii*, and their importance in hospital-acquired infections: a scientific review. *J App Microb*, **131**, 2715-2738.

Nowak P, PaluchowskaP and Budak A. 2014. Co-occurrence of carbapenem and aminoglycoside resistance genes among multidrug-resistant clinical isolates of *Acinetobacter baumannii* from Cracow, Poland. *Med sci monitor basic res*, **20**, 9.

POIREL, L., BONNIN, R. A. & NORDMANN, P. 2011. Genetic basis of antibiotic resistance in pathogenic *Acinetobacter* species. *IUBMB life*,**63**, 1061-1067.

Rosales-reyes, R., Gayosso-vázquez, C., Fernández-vázquez, J. L., Jarillo-quijada M D, Rivera-BenítezC, Santos-PreciadoJ I. and Alcántar-Curiel M D. 2017. Virulence profiles and innate immune responses against highly lethal, multidrug-resistant nosocomial isolates of *Acinetobacter baumannii* from a tertiary care hospital in Mexico. *PLoS One*, **12**, e0182899.

Saffari F, Monsen T, KarmostajiA, Azimabad F B. and Widerström M. 2017. Significant spread of extensively drug-resistant *Acinetobacter baumannii* genotypes of clonal complex 92 among intensive care unit patients in a university hospital in southern Iran. *JMed Microbiol*, **66**, 1656-1662.

Salman J AS. and Kareem A J. 2021. Antibacterial and Anti virulence factors of Purified Dextran from *Lactobacillus gasseri* against *Pseudomonas aeruginosa*. *Biological*,**2307**, 1191.

Sanchez-Larrayoz A F, Elhosseiny N M, Chevrette M G, Fu Y, Giunta P, Spallanzani RG, Ravi K, Pier G B, Lory Sand Maira-Litrán T. 2017. Complexity of complement resistance factors expressed by *Acinetobacter baumannii* needed for survival in human serum. *The JImmunol*, **199**, 2803-2814.

SkerniškytėJ, Krasauskas R, Péchoux C, KulakauskasS, ArmalytėJ and Sužiedėlienė E. 2019. Surface-related features and virulence among *Acinetobacter baumannii* clinical isolates belonging to international clones I and II. *Front microbiol*,**9**, 3116.

SungJ Y. 2018. Molecular characterization and antimicrobial susceptibility of biofilm-forming *Acinetobacter baumannii* clinical isolates from Daejeon, Korea. *Korean J Clin Lab Sci*,**50**, 100-109.

Tand J, ChenY, Wang X, Ding Y, Sun X. and Ni Z. 2020. Contribution of the AbaI/AbaR quorum sensing system to resistance and virulence of *Acinetobacter baumannii* clinical strains. *Infect Drug Resist*, **13**, 4273.

ThummeepakR, KongthaiP, LeungtongkamU and Sitthisak S. 2016. Distribution of virulence genes involved in biofilm formation in multi-drug resistant *Acinetobacter baumannii* clinical isolates. *Int Microbiol*, **19**, 121-9.

VahdaniP, Yaghoubi T and Aminzadeh Z. 2011. Hospital acquired antibiotic-resistant *Acinetobacter baumannii* infections in a 400-bed hospital in Tehran, Iran. *Inter J preventive med*, **2**, 127.

Zeighami H, ValadkhaniF, Shapouri R, SamadiE and HaghiF. 2019. Virulence characteristics of multidrug resistant biofilm forming *Acinetobacter baumannii* isolated from intensive care unit patients. *BMC infect dis*,**19**, 1-9.

Zhang Y, Xu S, Yang Y, Chou S H. and He J. 2022. A 'time bomb'in the human intestine—the multiple emergence and spread of antibiotic-resistant bacteria. *EnvironMicrobiol*,**24**, 1231-1246.