



ISSN NO. 2320-5407

Journal homepage: <http://www.journalijar.com>

INTERNATIONAL JOURNAL
OF ADVANCED RESEARCH

RESEARCH ARTICLE

Role of X-ray on the Treatment of UTI Induced By *Escherichia coli*Hassan A. Abdul Ratha¹, Aseel J. Mohammad², Humam. H. Nazht³

1. Baghdad university-college of Agriculture.
2. Ministry of education.
3. Baghdad university- college of veterinary medicine.

Manuscript Info **Abstract**

Manuscript History:

Received: 25 November 2013
Final Accepted: 20 December 2013
Published Online: January 2014

Key words:

X-ray, *E.coli*,
.Urinarytractinfection,Rabbits.

***Corresponding Author**

Hassan A. Abdul Ratha

This study was conducted to investigate the effect of different doses of x-ray on the treatment of experimentally UTI induced by *E.coli* isolate in rabbits which used as an animal model.

E.coli isolate was obtained from patient suffering from UTI in AL-Krama hospital- Baghdad city, the isolate was diagnosis by cultural, morphological, biochemical tests and confirmed by using API 20 E system.

Results of treatment with X-ray showed no growth of *E.coli* from all tested organs kidney, urinary bladder, spleen, liver, heart and lung in negative control (group 1) which were not infected with *E.coli* while other groups showed various value of bacterial isolation according to the doses of x-ray.

On the other hand group 6 which were treated with high doses of x-ray showed negative results for the isolation of *E.coli* from all the tested organs.

The results of group 2 (infected without treatment) showed the ability of *E.coli* to infect kidney and bladder with the appearance of acute clinical signs as compared with the negative control.

The results of histopathological changes showed the role of x-ray in decreasing the pathological signs in tissue and giving negative results for *E.coli* isolation in comparison with the positive control (group 2) which showed acute histopathological changes.

Copy Right, IJAR, 2014.. All rights reserved.

Introduction

Urinary Tract Infection (UTI) is an extremely common condition that occurs in both males and females of all age in human and animals, Worldwide, about 150 million people are diagnosed with UTI each year. (Gupta, 2001).

UTI occur when bacteria invade the urinary tract and presence of bacteria in the urine (Andero *et al.*, 2001)

E.coli predominates strongly at most ages (Ann, 2005), it present between 80-90% of UTI causes and up to 95% of acute pyelonephritis (Dezell and Leferve, 2000).

The virulence factors of *E.coli* include O antigen (somatic antigen), capsule production especially of type K, haemolysin production as well as the presence of fimbriae (adhesion antigen) and colicin V. (Ann, 2005)

X-ray irradiation is an alternative that has certain advantages over other current approved ionizing irradiation used in the food industry, such as gamma ray, the X-ray irradiator does not have a radioactive source (Janatpour *et al* 2005) X-ray induced damage of bacterial cells is subject to repair by several enzymatic systems that are specified by bacterial genes, a number of which have been located on the genetic map of *Escherichia coli* (Howard-flander *et al.* 1966).

One interesting example of repair is seen in the case of phage-induced radioresistance of lysogenic bacteria (Trgoreci et al. 1977). It differs from other types of repair operating on bacterial DNA in that it appears to depend on products specified by the bacteriophage.

Damage by ionizing radiation, leading to cell death is believed to occur primarily through random deposition of energy in vital cellular macromolecules which are referred to as targets. (Koteles, 1979)

This study was aimed to investigate the effect of different doses of x-ray on the treatment of experimentally UTI induced by *E. coli*.

Materials and Method

Bacteria: Clinical isolate of pathogenic *E. coli* was obtained from patients suffering from UTI in the AL-Krama hospital of Baghdad city.

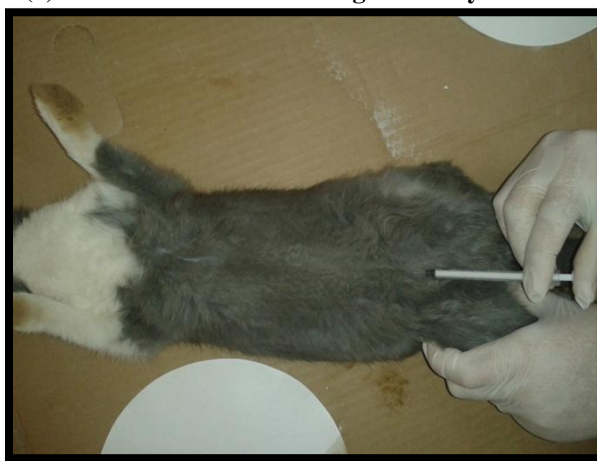
This bacterial isolate was identified by cultural and biochemical tests then the diagnosis was confirmed by using API 20 E system.

Induction of UTI

Abdominal of the rabbits were disinfected and 1 ml challenged dose of bacterial suspension containing 2.6×10^6 cfu/ml of *E. coli* was injected directly into intra-urinary bladder by insulin syringe with needle gauge 30 figure (1).

The rabbit had been watched for symptoms of UTI. (Quinn et al., 2006).

Figure (1): Induction of *E. coli* through urinary bladder in rabbit



Experimental Design

Eighteen Rabbits (1200-1400 gm of different age) were divided equally into 6 groups, 3 rabbits for each group.

Group (1): control negative (not infected with *E. coli*) and given only distilled water orally for 7 days.

Group (2): control positive inoculated with 1 ml of *E. coli* suspension (2.6×10^6 cfu/ml) into intra-urinary bladder (infected and not treated group).

Group (3): infected as in group 2 and treated with X-ray doses (kV 70, MA 200, MAS 8.0, W 8.6g) for 7 days.

Group (4): infected with *E. coli* as in group 2 and treated with X-ray doses (KV 90, MA 300, MAS 7.5, W 8.4g) for 7 days.

Group (5): infected with *E. coli* as in group 2 and treated with X-ray doses (KV 100, MA 300, MAS 7.5, W 8.9g) for 7 days.

Group (6): infected with *E. coli* as in group 2 and treated with X-ray doses (KV 106, MA 300, MAS 10.5, W 8.6g) for 7 days.

KV: Kilo voltage, **MA:** MilliAmper, **MAS:** MilliAmper per second, **W:** weight

Results and Discussion

E.coli was diagnosed according to the cultural, biochemical tests and confirmed by using API 20 E system kits listed in the following table (1):

Table (1): Cultural and biochemical tests of *E.coli* isolate.

Bacteria	Cultural examination		Biochemical tests	
<i>E. coli</i>	Gram stain	-	Indol	+
	Blood agar	Hemolysis	SimmonCitrate	-
	MacConkey agar culture	Rosy colonies lactose fermentation	Catalase	+
	EosinMethylene Blue agar	metallic sheen colonies	Vogesproskauer	+

Results of API 20 E system kit were confirmed the diagnosis of *E.coli* isolate

The results of the present study are agree with Anandkumar *et al.*, (2003) who found that *E.coli* was the first causes of UTI, and also with Mushtaq *et al.* (2005) who showed that the inoculated rats with 2.6×10^6 cfu/ml were led to efficient colonization of *E. coli* within 24 hrs, after inducing experimental infection by this bacteria. *Escherichia coli* that cause UTI and other uropathogens are distinguished from related of specific virulence determinants, microbial adaptations promoting success in the urinary tract (Johnson, 2003; Ann, 2005).

Clinical Signs

Before UTI induction healthy animals showed normal feces, normal urine with yellow color, no fever, while after inducing infection with *E.coli* animals were suffered from anorexia, dehydration, fever (39.5-39.8 c), frequency of urination, dysuria, cloudy of urine increased gradually from the first day after infection, results of the treated with x-ray (group 3 and 4) showed severe urination, shine in eye, emaciation, rough body coat fever (39-39.5 c), increase in the up take of water and dehydration while (group 5 and 6) showed normal urine with yellow color without cloudy or fever.

Macroscopical signs

Macroscopic examination of urinary bladder and kidney after 48 hr post infection with *E. coli* showed the symptom of acute UTI as follow, rabbits viscera showed emaciation and atrophy, wasting skeletal muscle, while intestine lumen showed edema, congestion, with thickening its wall and hemorrhagic ulceration of intestinal lumen and enlargement of bladder as in figure (2) while figure (3) showed normal animals.

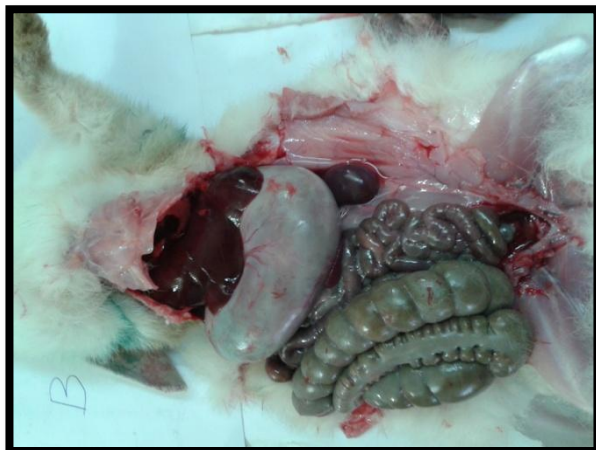


Figure (2):

Pathological gross examination in normal viscera



Figure (3):

Pathological gross examination in infected viscera

Results of treatment with X-ray radiation showed negative growth of *E. coli* from all tested organs kidney, urinary bladder, spleen, liver, heart and lung in group 1 which were not infected with *E. coli* while other groups showed various value of bacterial isolation according to the x-ray dose.

The results showed severe infection in groups 2 and 3 while the increase in x-ray dose resulted in reducing the rate of infection.

On the other hand group 6 which were treated with high dose of x-ray showed negative results for isolation of *E. coli* from all tested organs. Bacterial isolation gave positive results in group 2 and negative result in group 1 while the treatment with x-ray gave positive for bacterial isolation in group 3 and 4 after 7 days but gave negative results in groups 5 and 6 after 7 days, as in table (2)

These results were agreed with what was mentioned by (Gomes *et al.*, 2005). The adherence of *E. coli* to urothelial cells, is the first step in the pathogenesis of urinary tract infection (Svanborg and Godaly, 1997).

Bacteria that cause urinary tract infections typically transmitted to the urethra from the bowel, *E. coli* are able to attach to the bladder wall and form a **biofilm** that resists the body's immune response. (Salvatore *et al.*, 2011)

Table (2): Bacterial isolation (on nutrient agar) from the internal organs of rabbit infected with virulent *E. coli* at 7 days post-challenge.

Group	No.	Kidney	Urinary bladder	Spleen	Liver	Heart	Lung
Control	1	-	-	-	-	-	-
	2	+++	+++	+++	+++	+++	++
	3	+++	+++	+++	+++	++	++
	4	+++	++	++	+++	++	+
	5	+	+	+	-	-	-
	6	-	-	-	-	-	-

- = negative (0) colony

+ = mild (1-5) colonies

++ = moderate (6-10) colony

+++ = severe (over than 11 colonies)

Result of Histopathological Examination

The histopathological changes in kidney tissues after 7 days of injection with *E. coli* (group II) showed mononuclear lining cells of renal tubule in the tissue & vacuolar degeneration and enlargement epithelial cell. figure (4).

Bladder tissue showed lesion represented by congestion blood vessels in the lumen leaperia epithelial layer & polymononuclear cells (PMNS), mononuclear cells (MNS) infiltration with odema in subepithelial layer and

neutrophils attachment to the endothelial cell Figure (5),as compared with the negative control group1 which showed normal structure of kidney and bladder Figure (6),(7).

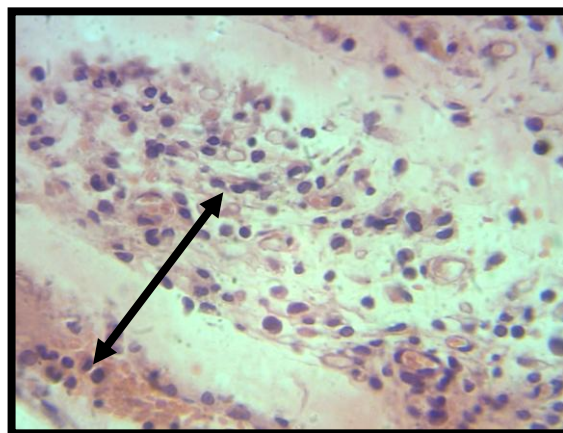
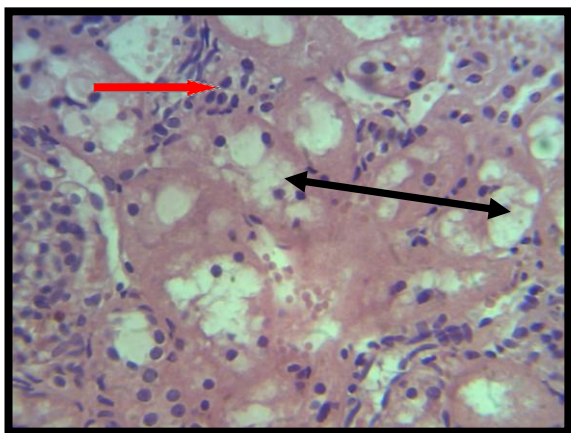


Figure (4): Histological section in kidney of one animals at 7 days post infected with *E.coli* (G1) mononuclear lining cells of renal tubule in the interstitial tissue are the main lesion in the kidney in addition to vacuolation ,degeneration and enlargement of epithelial cell (E&H Stain 40 x)

Figure (5): Histological section in urinary bladder of one animals post infected with *E.coli*(G1) shows polymonuclear cells (PMNS) and mononuclear cells (MNS) infiltration &odema in subepithelial layer with congestion blood vessels and neutrophils (E&H Stain 40X)

Figure (6): Histological section in normal animal (G2) showed normal structure of kidney (E&H Stain 40X)

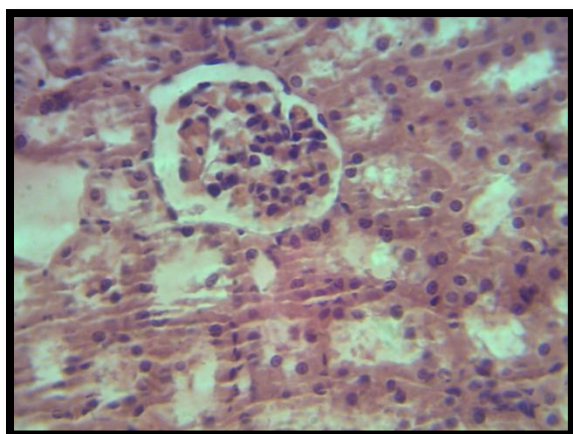
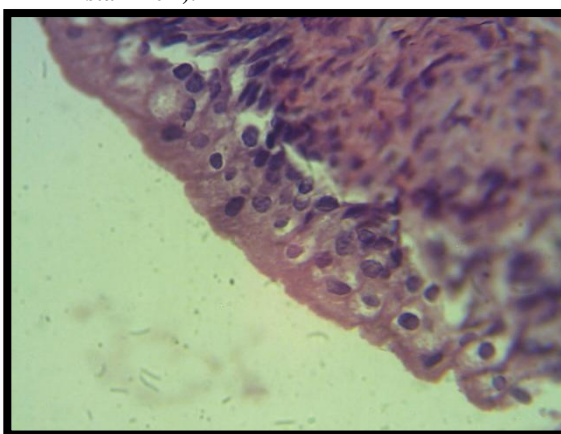


Figure (7): Histological section in urinary bladder of normal animal (G2) showed normal structure of urin bladder (H&E stain 40X).



This pathological finding, which confirmed the bacterial isolation, characterized by marked suppurative reaction, necrosis and congestion of blood vessels. These results are in acceptance with those previously reported by several investigators. Radostits et al., (2007) reported that typical pathological finding when induce chronic infection.

The results showed the development of the bacterial pathogenesis which attributed to severity and ability of *E.coli* to grow and multiply and induce inflammation of kidney & bladder, these results came in agreement with Alwan, 1996 who explained that aggregated mononuclear cell indicated immune response the infection characterized by a rapid and massive multiplication of bacteria and a general necrosis of the infected quarter. The ability of *E.coli* to cause disease has been attributed to its ability to produce virulence factors which allow them to

colonize and subsequently produce disease these results came in agreement with what was reported by Quinn et al ., 2006 .

Results of group 3 which were treated with X-ray showed acute cellular degeneration of epithelial lumen cells characterized by vacuolar generation cell which the main lesion in the kidney figure(8), as well as bladder showed congestion blood vessels in submucosa with slight cellular infiltration & vacuolation of epithelial lining cell of mucosa figure(9).

Figure (8): Histological section in kidney of one animals at 7 days post infected with E.coli (G3) shows acute cellular degeneration of dilates renal tubular (H&Estain40X)

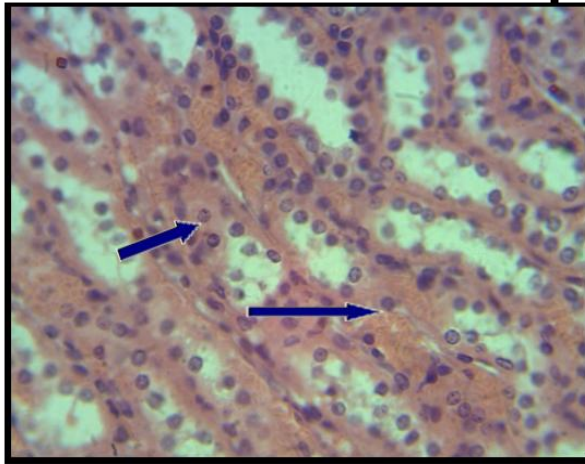
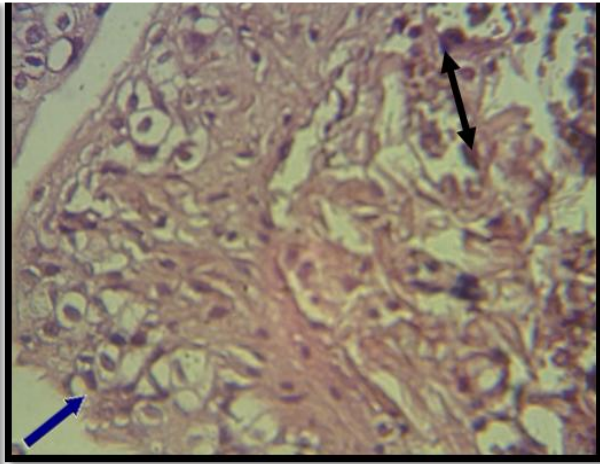


Figure (9) : Histological section in urinary bladder of one animals at 7 days post infected with E. coli(G3) shows congestion blood vessels in submucosa with slight cellular infiltration & vacuolation of epithelial lining cell of mucosa (H&E stain 40 X)



Result of group 4 showed acute cellular degeneration and cystic dilation of renal tubules in kidney figure (10) while bladder showed hemorehagic&nutrophilsinfiltration in subepithelial layer of mucosa figure (11).

Figure (10): Histological section in kidney infected with E.coli (G4) shows acute cellular degeneration and cystic dilation of renal tubules (H&E stain 40 X)

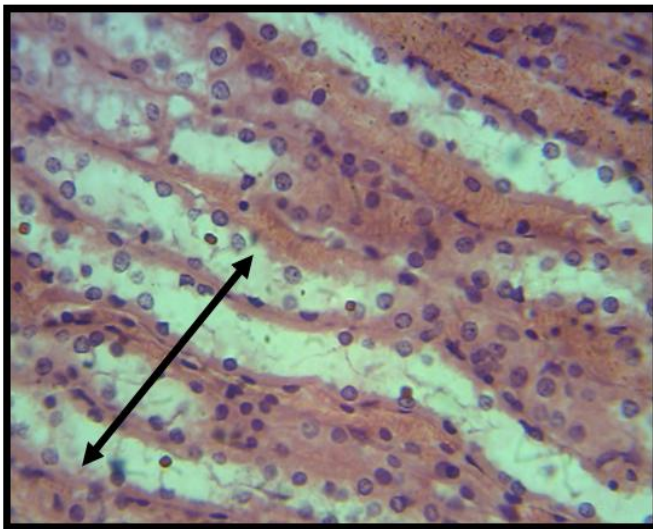
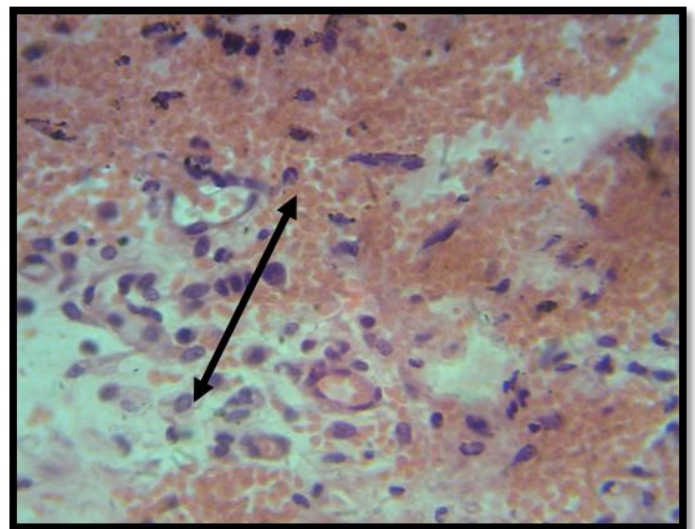


Figure (11) Histological section in urinary bladder of animal at 7days post infected(G4) ,shows hemorehagic&nutrophilsinfiltration in subepithelial layer of mucosa (H&E stain 40 X)



The animals of group 3 and 4 (infected & treated) for 7 days did not show complete recovery at the dose (70 and 90 KV) with treatment of x ray and clinical signs were relatively mild.

The result of group 5, kidney showed less necrosis of epithelial lumen cell of renal tubular & acute cellular degeneration of renal tubular were the main lesion in the kidney figure(12) where similar to their reported in the group 3 but less pathological lesion, as well as in bladder shows no clear pathological changes except moderate congestion in the blood vessels figure(13), while in group 6 kidney & bladder showed no clear pathological lesion as in figure (14 & 15).

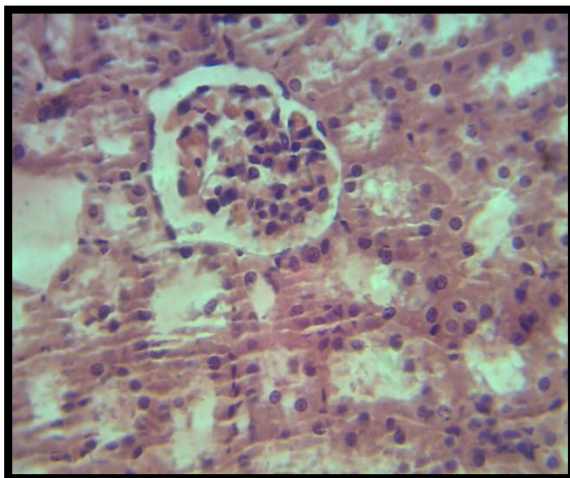


Figure (12) Histological section in kidney (G5) less necrosis of epithelial lumen cell & acute cellular degeneration of renal tubular are the main lesion in the kidney. (H&E stain 40X).

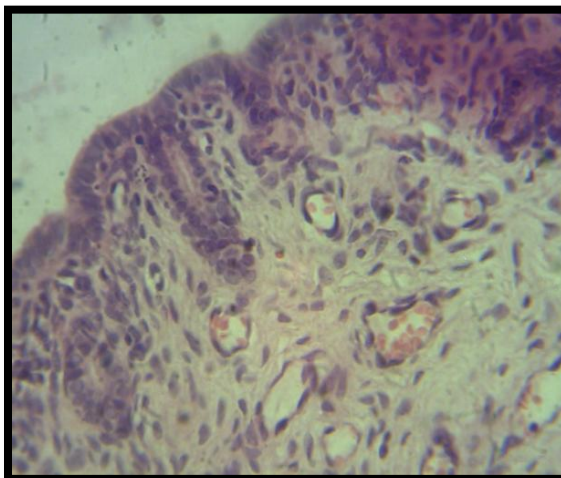


Figure (13) Histological section in urinary bladder (G5) shows no clear pathological changes except moderate congestion in the blood vessels (H&E40).

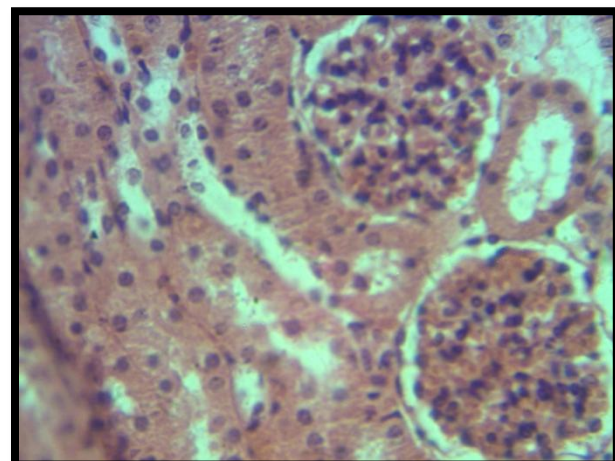


Figure (14) Histological section in kidney (G6), shows no clear pathogenic lesion (H&E40X).

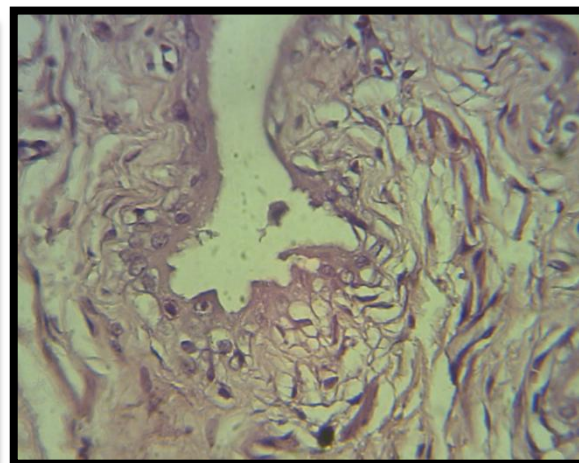


Figure (15) Histological section in urinary bladder (G6), shows no clear pathogenic lesion (H&E40X).

The results of histopathological changes were not showed any clear pathological changes in kidney and bladder in the group 6 which treated with high dose of x-ray, this refer to the role of this x-ray in killing of bacterial cells and repaired of tissue because X-ray irradiation is an effective treatment and has successfully been used to sterilize several food products. (Mahmoud 2009a,b; Mahmoud and Burrage 2009), and these results came in agreement with that mentioned by (Mahmoud and Burrage 2009). Treatment with X-ray significantly reduced the population of the tested pathogens on kidney & bladder, compared with the control negative.

Absorption of UV photon energy causes photochemical damage in microorganisms by formation of lesions, in particular through dimerization of adjacent pyrimidine nucleotides. Accumulated lesions may overwhelm the cellular capacity for repair, induce mutations, inhibit replication and thus finally kill the organism (Friedberg et al. 1995).

X-ray radiation, which could break the DNA backbone, causing physical breaks and mutations.

In addition to the generation of mutations through direct breakage of the DNA backbone, x-ray irradiation of biological material is known to result in the formation of reactive radicals, which in turn damage DNA and other cellular macromolecules, resulting in cell death (Jay Krishnan et al., 2010).

References

1-Jay, Krishnan, Bradley W. M. Cook, Tim J. Schrader, and Steven Theriault (2010). Evaluation of the Effects of Radiation from an X-ray Baggage Inspection System on Microbial Agents. *absa.org Applied Biosafety*. Vol.15, No. 1.

2-Howard-Flanders, P. & Boyce, R. P. (1966) "DNA repair and genetic recombination: Studies on mutants of *Escherichia coli* defective in these processes," *Radiat. Res. Suppl.* 6, 156-184.

3-Trgovcević, D. & Zgaga, V. (1971) "Phage-induced radioresistance of lysogenic bacteria." *Biochem Biophys Res. Commun.* 43, 688-693.

4-Friedberg, E. C., Walker, G. C., Siede W. 1995. DNA repair and mutagenesis. American Society for Microbiology Press, Washington, DC, 698 S., ISBN 1-55581-088-8

5-Ann, S. (2005). Novel mechanism of P-fimbriated *E. coli* virulence in pyelo-nephritis. *J. Am. Soc. Nephrol.*, 16: 3458-3460.

6-Andreol, T.E. (2001). "Infection of Urinary Tract". 5th Ed. Lederma MM (ed) Cecil essential of medicine. Philadelphia. W.B. Saunders Company, Chapter 10 Pp: 825-827.

7-Alwan, M.J. (1996). *Nocardia asteroides*: some aspects of its pathogenesis. Ph.D. Thesis.. College of Veterinary Medicine-University of Baghdad-Iraq.

8-Delzell, J. and Lefever, M.L. (2000). Urinary tract infection during pregnancy. *American Family Physician*, 61(3): 721.

9-Quinn, P.T.; Markey, B.K.; Carter, M.E.; Donnelly, W.J. and Leonard, F.C. (2006). "Veterinary Micro Diseases". Printed and bound in Great Britain by Enternational. Ltd Pad stow – cornwall..

10-Johnson, J. (2003). Microbial virulence determinants and the pathogenesis of urinary tract infection. *Infect. Dis. Clin. North Am.*, 17: 261-278, Viii.

11-Gome, A.R.; Muniyappa, L.; krishnappa, G. Suryanarayana, V. V. S.; Isloor, S.; Prakash, B & Hugar, P. G. (2005). Genotypic characterization of Avian *Escherichia coli* by Random Amplification of Polymorphic DNA. *International Journal of Poultry Science* 4(6):378-381.

12-Gupta, K. (2001). Increasing antimicrobial resistance and the management of uncomplicated community acquired urinary tract infections. *Int. J. Antimicrob. Agents*, 135: 41-50.

- 13-Janatpour, K., Denning, L., Nelson, K., Betlash, B., Mackenzie, M. and Holland, P. (2005) Comparison of X-ray vs. gamma irradiation of CPDA-1 red cells. *Vox Sang*, 89:215-219.
- 14-Mahmoud, BSM (2009) Effect of X-ray treatments on inoculated *E. coli* O157:H7, *Salmonella enterica*, *Shigella flexneri* and *Vibrio parahaemolyticus* in ready-to-eat shrimp. *Food Microbiol*. In press. doi: 10.1016.
- 15-Mahmoud, BSM and Burrage, D. (2009) Inactivation of *Vibrio parahaemolyticus* in pure culture, whole live and halfshell oysters *Crassostrea virginica* by X-ray. *Lett Appl Microbiol* 48:272-278.
- 16-Salvatore, S; Salvatore, S, Cattoni, E, Siesto, G, Serati, M, Sorice, P, Torella, M (2011 Jun). "Urinary tract infections in women." *European journal of obstetrics, gynecology, and reproductive biology* 156 (2): 131-6.
- 17-Radostits, O.M.; Henderson, J.A.; Blood, D.C.; Arundel, J.T. and Gay, C.C. (2007). "Veterinary Medicine : A Textbook of the Diseases of Cattle, Sheep, Pigs, Goats, and Horses". 11th Ed., Bailliere, Tindall Comp. UK.
- 18-Anandkumar, H. , Dayanand A. , Vindokumar C.S., & Kapur, I. , (2003). *In vitro* activity of norfloxacin against uropathogens and drug efficacy in simulated bladder model under diabetic conditions . *Indian J. Med. Microbiol* ., Vol 21 . No.1 . : 37-42 .
- 19-Svanborg, C. , & Godaly G. , (1997). *Bacterial Virulence in Urinary Tract Infection* . *Infect. Dis. Clin. North Am.* 11:513-529 .
- 20-Mushtaq, N.; Maria, B.; Redpath, J.; Paul Luzio, P. and Taylor, P.W. (2005). Treatment of experimental *Escherichia coli* infection with recombinant bacteriophage-derived capsule depolymerase. *Journal of Antimicrobial Chemotherapy*, 56:160-165.
- 21-Koteles , J.(1979). New aspect of cell membranes radiobiology and their impact on radiation protection . *At. Energy Rev.* 13,7.