3-Gram Stain and Antibiotics Susceptibility Testing lab

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Gram Stain

- Differentiates bacteria into two groups: Gram positive and Gram negative
- Stain mechanism is generally related to the thickness of the cell wall, pore size and permeability properties of intact cell envelope

<u>Staining:</u>

- 1. Bacterial smear
- 2. Stain
- 3. Observe the smear under the microscope

1/ Preparing the Bacterial Smear

- Put on drop of normal saline in a slide
- Using a sterilized and cooled inoculation loop, obtain a very small sample of a bacterial colony.
- Gently mix the bacteria into the normal saline drop.
- Remove it to dry by air
- Heat-fixing the smear



IRE 7-39 Prepare a smear from a culture: sterile loop to bacterial growth; (B) mix bacteria water on slide and spread to make a smear





Crystal Gram's Alcohol Safranin violet iodine

3/ Observe the Stained Smear

- Oil immersion
- Gram reactions
 - Gram (+) \rightarrow purple
 - Gram (-) \rightarrow pink

Gram-negative bacilli

Gram-positive cocci

Examples of Gram Positive Bacteria





Staphylococcus aureus





Streptococcus pyogenes





Clostridium perfringens



Listeria monocytogenes

Examples of Gram Negative Bacteria



Escherichia coli

Haemophilus influenzae

Vibrio cholerae

Antibiotics Susceptibility Testing

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Drug efficacy can be measured by susceptibility testing Including

- 1. Kirby-Bauer Method (diffusion test)
- 2. Broth dilution test
- 3. The E test
- 4. Automatic (Vitek, Vitek 2)
- 5. Molecular testing of relevant genes

1. Kirby–Bauer Method (disc method)



2. Dilution Test



3. E test combines aspects of Kirby-Bauer and MIC tests



4. Automatic (Vitek, Vitek 2)



5- Molecular testing of relevant genes

- DNA extraction
- Study relevant genes
 - mecA MRSA
 - vanA VRSA
- PCR
- Gel electrophoresis

Figure 1. Analysis of PCR products by gel electrophoresis stained with ethidium bromide for *mecA*, *vanA*, and *vanB* genes in nasal CoNS samples.



Antibiotics susceptibility report reading

Name	: Rajesh Hinduja	Age/Gende	ei: 51 y / M	Collected: 08/09/2020 01:31
Patient ID	: 0010235933	Visit Type	:IP	Received : 08/09/2020 09:27
		DOB	:20/06/1969	Reported: 08/09/2020 12:01
Accession	: 2001023647	Location	:1S0613`1SR61	81`1SB6181`1PULMMED

ORDER#: D90306040	1
SOURCE: Sputum, Suctioned ett	1
ANTIBIOTICS AT COLL .:	1
Stain, Gram (Respiratory)	TINAL
. Few WBC's	
Rare Mixed Respiratory Flora	
Culture and Gram Stain, Aerobic, Respirators	FINAL
Very light growth of mixed upper	respiratory flora
Heavy growth of Pseudomonas aerug	jinosa

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Heavy growth of Pseudomonas aeruginosa

Antibiotic	Sputum culture	
Antiolotic	MIC	Interpretation
Ampicillin	16	T
Amoxicillin/clavulanic acid	8	S
Piperacillin/tazobactam	≤4	S
Cefazolin	≥64	R
Cefoxitin	≥64	R
Cefotaxime	≥64	R
Ceftazidime	4	S
Cefepime	≥64	R
Aztreonam	≥64	R
Imipenem	1	S
Amikacin	≥64	R
Gentamicin	≥16	R
Ciprofloxacin	≥4	R
Tigecycline	≥8	R
Trimethoprim/sulfamethoaxazole	≤ 20	S

MIC, minimum inhibitory concentration; R, resistant; S, sensitive; I, intermediate.