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Short Communication

# Microbiological investigation of stool in patients with acute diarrhea

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Acute gastroenteritis is an important health public issue especially in developing countries. The aim of this study was to determine the most common microbial agents responsible for acute diarrheas in our city. The study was performed prospectively between December 2005 and January 2006 in Manisa, Turkey. Stool samples were collected from patients with acute diarrhea who attended to different hospitals of the city (University Hospital, Government Hospitals, Pediatrics Hospital and Health Public Laboratory). The stool samples of 300 patients (50 children, 250 adults) were investigated. Standard cultivation methods were performed to determine *Salmonella* ve *Shigella* spp. *Escherichia coli* 0157:H7 was tested by ImmunoCard STAT! *E. coli* 0157 Plus. The strains that were identified as sorbitol negative *E. coli* were investigated by *E. coli* 0157: H7 antiserum. The isolated microorganisms were as follows: *Salmonella* spp. 7 (2.3%), *Shigella* spp. 5 (1.6%), *Giardia intestinalis* 12 (4%), *Enterobius vermicularis* 5 (1.6%), Rotavirus 2 (0.6%) and sorbitol negative *E. coli* 18 (6%). Only one Sorbitol negative *E. coli* 0157:H7 antiserum. The most common pathogens were identified as *G. intestinalis* in children and *E. coli* in adults. Sorbitol negative *E. coli* were isolated in 18 of the stool samples, and only one of them showed agglutination with *E. coli* 0157:H7. Although rare, this strain may lead serious complications and it should be kept in mind in patients with acute diarrhea.

Key words: Escherichia coli 0157, diarrhea, Salmonella spp., Shigella spp., Giardia intestinalis.

## INTRODUCTION

Acute gastroenteritis is an important health public issue especially in developing countries (Yildiz et al., 2005; Raji et al., 2003; Koneman et al., 1997). Viruses (50 to 70%), bacteria (15 to 20%) or parasites (10 to 15%) may be the causative pathogens. Rotavirus and adenovirus, *Shigella*, *Salmonella* and *Escherichia coli* and Giardia and amebiasis are known as the most common ones. *E. coli* is the member of gastrointestinal microbial flora of humans and animals; however it is known that many pathogenic *E. coli* serotypes may cause different conditions like hemorrhagic colitis, hemolytic uremic syndrome, trombotic thrombocytopenic purpura (Riley et al., 1983; Aksungur et al., 1995; Coia, 1998; Akarsu, 2001). *E. coli* 0157:H7 first identified as a human enteric pathogen in 1982, has an important place among agents that cause acute infectious diarrheas (Riley et al., 1983). Although, rare diseases due to *E. coli* 0157 are serious and life-threatening (Aksungur et al., 1995). The aim of this study was to determine the most common microbial agents responsible for acute diarrheas in our city.

#### MATERIALS AND METHODS

This prospective study was performed between December 2005 and January 2006. Stool samples were collected from patients

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Table 1. The pathogens isolated from patients with acute diarrhea.

	Adult N = 250%	Children N=50%	Total N = 300%
Salmonella spp	5 2	24	7 2.3
Shigella spp.	4 1.6	12	5 1.6
Rotavirus	-	24	2 0.6
Sorbitol negative E.coli	16 6.4	12	17 5.6
<i>E. coli</i> 0157:H7	-	12	1 0.33
G. intestinalis	9 3.6	36	12 4

with diarrhea who attended to different hospitals (University Hospital, Government Hospitals, Pediatrics Hospital and Health Public Laboratory) of Manisa, a city located in the western region of Turkey with 300,000 population. The patients who had soft defecation at least thrice a day were included to the study. The stool samples of 300 patients (50 children, 250 adults) were investigated. Direct microscopic examinations of the samples were performed and then they were cultivated in bloody agar, Eosin Methylene Blue (EMB) agar and Mac Conkey Agar with Sorbitol (MCAS) (Oxoid). Standard cultivation methods were performed to determine *Salmonella* ve *Shigella spp.* (Coia, 1998). Specific antisera were used for *Salmonella* (DIFCO Laboratories, Detroit, Michigan, USA), for *Shigella* (DENKA-SEIKEN Co, 3- 4-2 Nihonbashi Kayabacho, Chuo-ku, Tokyo 103-0025 Japan) and for Rotavirus (COR S, Rotastrip, Genbloux. Belgium ).

*E. coli* 0157:H7 was tested by ImmunoCard STAT! *E. coli* 0157 Plus (Meridian Bioscience, Inc., Cincinnati, Ohio, 45244). Following the incubation for a night at 37°C, passages of sorbitol negative colonies were performed to bloody agar and Mac Conkey Agar with Sorbitol. After that, biochemical tests were performed. The strains that were identified as sorbitol negative *E. coli* were investigated by *E. coli* 0157:H7 antiserum (DENKA-SEIKEN Co, 3-4-2 Nihonbashi Kayabacho, Chuo-ku, Tokyo 103-0025 Japan) (Mackenzie, 2000).

## RESULTS

The samples were collected from 300 patients-50 (16.6%) from children and 250 (83.4%) from adults. The ages of the patients ranged from 1 to 80. Of adult patients, 120 (47.1%) were male and 130 (52.9%) were female. The mean age was 36.2 ± 18.6 (15-80). Of children, 33 (66%) were male and 17 (34%) were female. Their mean age was 4.26 ± 2.18 (1-9). All samples were examined for parasites and bacterial pathogens by culture. Microscopic examination revealed leukocytes in 81 (27%) and erythrocytes in 48 (16%) of the samples. The isolated microorganisms were as follows: Salmonella spp. 7 (2.3%), Shiqella spp. 5 (1.6%), Giardia intestinalis 12 (4%), Rotavirus 2 (0.6%) and sorbitol negative E. coli 18 (6 %). Only 1 (0.33%) sorbitol negative colony showed agglutination with E. coli 0157:H7 antiserum (Table 1). This sample was obtained from a 4-year old patient who had soft bloody defecation. Two sorbitol negative colonies were obtained from children, the others belonged to adult patients (9 male, 7 female).

## DISCUSSION

Diarrheal illnesses account for significant morbidity and

mortality worldwide. Most cases of diarrhea are caused by bacteria, viruses or parasites. In this study, the most common pathogens were identified as *G. intestinalis* in children and *E. coli* in adults. Different agents have been reported as the most common pathogens from different countries. De Witt et al. (2001) from Netherlands reported rotavirus and Norwalk -like virus in small children, *Campylobacter spp.* and *Giardia lamblia* in older children and *Campylobacter spp.* in adults. In a study from Australia (Sinclair, 2005) the most common pathogens were Norovirus virus (10.7%), pathogenic *E. coli* 0157:H7 (6.7%), *Campylobacter spp.* (3.0%) and *Giardia spp.* 

(2.5%). Rotavirus was reported to be the most common agent (26.6 and 40%, respectively) in children with acute diarrhea (Ali et al., 2005; Rosenfeldt et al., 2005). Ali et al. (2005) reported Salmonella in 13.6%, Shigella in 3.6% and G. lamblia in 1.2%. Chan et al. (2003) from China reported that Vibrio parahaemolyticus as the commonest bacterial pathogen in adults; ratios for Salmonella spp. and Shigella spp. were 34.6 and 6.2%, respectively. In another study diarrhoeagenic E. coli strains were found in 14.3% of the patients and 2.9% of the control subjects. The most common enteropathogenic bacteria found were Shigella spp., Campylobacter jejuni and Yersinia enterocolitica (Nimri et al., 2004). According to studies from our country, rates for Salmonella spp. and Shigella spp. have been reported as 1.1 to 10.2% and 1 to 10.8%, respectively (Kenan, 2003; Özen, 1999). Salmonella spp. was identified in 2.3% and Shigella spp. was identified in 1.6% of the samples in this study.

A total of 369 (45.6%) bacterial pathogens were recovered from 808 patients as follows: Shigella spp., 155 (45.6%); diarrheagenic *Escherichia coli* 143 (38.8%); Salmonella spp., 51 (13.8%); and Campylobacter spp., 20 (5.4%). Most of the diarrheagenic *E. coli* were Shiga toxin-producing *E. coli*, with 64 (44.7%) isolates, followed by 47 (32.9%) enterotoxigenic *E. coli* isolates; among Shigella spp. isolates, 69 (44.5%) Shigella flexneri were predominant (Jafari et al., 2008).

*E. coli* 0157:H7 was isolated in an outbreak hemorrhagic colitis in 1982; the most important virulence property of this serotype is to produce Shiga toxin 1 and Shiga toxin 2 (Bartley, 1990). Many *E. coli* 0157 colonies produce Shiga toxin 2. *E. coli* 0157 infection is important because

(i) it can spread from human to human, (ii) may lead to serious complications and (iii) there is no specific treatment (Taylor et al., 1991). *E. coli* 0157:H7 contamination may occur by uncooked veal, unpasteurized milk and milk products, dirty water or by direct contact with infected animals. (Bartley, 1990; Taylor et al., 1991; Cobeljic et al., 2005; Brandt et al., 1994). *E. coli* 0157 infections are widespread worldwide. All ages can be affected but the disease is more serious in children and elderly (Rajii et al., 2008). It has been reported that up to 15% of hemorrhagic colitis (HC) cases, hemolytic uremic syndrome (HUS) characterized by hemolytic anemia and renal failure may develop; however, the mechanism of HC and HUS due to *E. coli* 0157:H7 is

not well known (Lewinson et al., 2004; Margeret, 1994; Thabane et al., 2010).

Sorbitol negative *E. coli* was isolated in 106 (4.1%) of 2552 patients in one study and defined as *E. coli* 0157 (Harris, 1985). *E. coli* 0157:H7 was detected in 0.1% of 2889 patients with acute diarrhea in a study from Japan (Taguchi et al., 1989). Different studies from our country reported the sorbitol negative *E. coli* positivity between 0.6 and 14.14% (Aksungur et al., 1995; en, 2002); *E. coli* 0157:H7 was detected in 0.75 to 4% of patients with diarrhea (Aksungur et al., 1995; en, 2002; Güney, 2001), although in some studies *E. coli* 0157:H7 was not isolated (Tolun, 2001; Akça, 1996; Halepliler, 1993; Hasçelik, 1991; Erensoy, 1992).

In this study, sorbitol negative *E. coli* were isolated in 18 of the stool samples, and only one of them showed agglutination with *E. coli* 0157. Although rare, this strain may lead serious complications and it should be kept in mind in patients with acute diarrhea.

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#### REFERENCES

- Akarsu GA, Güngör Ç, Altinta K (2001). Ankara'da Barsak Parazitlerinin Prevalansi. T Parazitol Derg., 25,148-50.
- Akça Ö, Akta F, Ulutan F (1996). Investigation of the *E. coli* O157 samples of the feces of enterocolitis patients, J. Turk. Microbiol., 30: 119-123.
- Aksungur P, Yaman A (1995). Isolation of the *E. coli* 0 157:H7 samples of the faces in University Hospital of Cukurova. J. Cukurova University, 20: 17-21.
- Ali MB, Ghenghesh KS, Aissa RB, Abuhelfaia A, Dufani M (2005). Etiology of childhood diarrhea in Zliten, Libya. Saudi Med. J., 26: 1759-1765.
- Bartley C (1990). Enterohemorrhagic *Escherichia coli*. Scand J. Infect. Dis., 22: 1-4.
- Brandt JR, Fouser LS, Watkins SL, Zelikovic I, Tarr PI, Nazar-Stewart V, Avner ED (1994). E. coli 0157:H7-associated hemolytic-uremic syndrome after ingestion of contamined hamburgers. J. Pediatr., 125: 519-526.
- Chan SS, Ng KC, Lyon DJ, Cheung WL, Cheng AF, Rainer TH (2003). Acute bacterial gastroenteritis: a study of adult patients with positive stool cultures treated in the emergency department. Emerg. Med. J., 20: 335-338.
- Cobeljic M, Dimic B, Opacic D, Lepsanovic Z, Stojanovic V, Lazic S (2005). The prevalence of Shiga toxin -producing *E. coli* in domestic animals and food in Serbia. Epidemiol. Infect., 133: 359-366.
- Coia JE (1998). Clinical, microbiological and epidemiological aspects of *Escherichia coli O* 157 infection. FEMS Immunol. Med. Microbiol., 20: 1-9.
- de Wit MA, Koopmans MP, Kortbeek LM, van Leeuwen NJ, Vinje J, van Duynhoven YT (2001). Etiology of gastroenteritis in sentinel general practices in the netherlands. Clin. Infect. Dis., 33: 280-288.
- Erensoy S, Tokba A (1992). Investigation of the *E. coli* 0157: H7 diarrhea cases of the in zmir. J. Infect., 6: 285-286.
- Güney C, Aydogan H, Saraçli M, Basustaoglu A (2001). Incidence of *E. coli* 0157:H7 in a Turkish hospital. Clin. Microbiol. Infect., 7: 1-394.

Halepliler S, Babür C (1993). Investigation of the E. coli 0157: H7

- (EHEC) strains samples of the feces with gastroenteritis child and adults patients. J. Turk. Hyg. Asc., 50: 5-9.
- Harris AA, Kaplan RL, Goodman LJ, Doyle M, Landau W, Segreti J, Mayer K, Levin S (1985). Results of a screening method used in a 12-month stool survey for *Esherichia coli* 0157:H7. J. Infect. Dis., 152: 775-777.
- Hasçelik G, Akan ÖA, Diker S, Baykal M (1991). *Campylobacter* and Enterohaemorrhagic *E. coli* (EHEC) associated gastroenteritis in Turkish children. J. Diarrhoel Dis. Res., 9: 315-317.
- Jafari F, Shokrzadeh L, Hamidian M, Salmanzadeh-Ahrabi S, Zali MR (2008). Acute diarrhea due to enteropathogenic bacteria in patients at hospitals in Tehran. Jpn. J. Infect. Dis., 61(4): 269-273.
- Koneman EW, Ailen SD, Janda WM, Schreckenberger PC, Winn WC, eds. (1997). Diagnostic Microbiology. Philadelphia: Uppincott, pp. 171-252.
- Kenan B, Ak it F (2003). Akut gastro-enteritli olgularda Campylobacter sikli inin ara tirilmasi. Turk. J. Infect., 17(1): 11-14.
- Lewinson W, Jawetz E (2004). *Tibbi Mikrobiyoloji ve mmunoloji*. 7. Baski. ( Çevirenler Dündar HI, Erken E, Kiliç B, Özcan K, Özgünen T, Yarkin F). Güne Kitabevi, pp. 130-134.
- Margeret M, Yungbyuth MD (1994). The laboratory's role in diagnosing enterohemorrhagic Esherichia coli infections. Am. J. Clin. Pathol., 120: 3-4.
- Mackenzie A, Orrbine E, Hyde L, Mackenzie A, Orrbine E, Hyde L, Benoit M, Chan F, Park C, Alverson J, Lembke A, Hoban D, Kennedy W (2000). Performance of the ImmunoCard STAT! *E. coli* O157:H7 Test for Detection of *Escherichia coli* 0157:H7 in Stools. J. Clin. Microbiol., 38: 1866-1868.
- Nimri LF, Meqdam M (2004). Enteropathogens associated with cases of gastroenteritis in a rural population in Jordan. Clin. Microbiol. Infect., 10(7): 634-639.
- Özen N, Kalelei, engül M, Ak it F (1999). Akut gastro-enteritli olgularda Campylobacter sikli inin ara tirilmasi. Microbiol bult, pp. 89-98.
- Raji MA, Jiwa SF, Minga MU, Gwakisa PS (2003). *E. coli* 0157: H7 reservoir, transmission, diagnosis and the African situation: a review. East Afr. Med. J., 80: 271-276.
- Riley LW, Remis RS, Helgerson SD, McGee HB, Wells JG, Davis BR, Hebert RJ, Olcott ES, Johnson LM, Hargrett NT, Blake PA, Cohen ML (1983). Hemorrhagic colitis associated with a rare *Escherichia coli* serotype. N Engl. J. Med., 308: 681-685.
- Rosenfeldt V, Vesikari T, Pang XL, Zeng SQ, Tvede M, Paerregaard A (2005). Viral etiology and incidence of acute gastroenteritis in young children attending day-care centers. Pediatr. Infect. Dis. J., 24: 962-965.
- Sinclair MI, Hellard ME, Wolfe R, Mitakakis TZ, Leder K, Fairley CK (2005). Pathogens causing community gastroenteritis in Australia. J. Gastroenterol. Hepatol., 20: 1685-1690.
- Rajii MA, Minga UM, Machang'u RS (2008). Prevalence and characterization of verotocytoxin producing *Escherichia coli* O157 from diarrhoea patients in Morogoro, Tanzania. Tanzan J. Health Res., 10(3): 151-158.
- Sen I, Kiliç H, Yazar S (2002). Research of the *E. coli* 0157:H7 strains and enteric pathogens cases of the Gastro-enterits. J. Sci. Erciyes Univ., 11: 1-6.
- Taguchi M, Kobayashi K, Harada K, Kanno I (1989). Studies on bacterial agents in acute diarrheal disease. Kansenshogaku Zasshi, 63: 633-640.
- Taylor DN, Blaster MJ (1991). Campylobacter infections. *In*: Evans AS, Brahman PS, eds. Bacterial infections of human, Epidemiology and Control. 2nd ed. New York: Plenum Medical Book Co, pp. 151-158.
- Thabane M, Simunovic M, Akhtar-Danesh N, Garg AX, Clark WF, Collins SM, Salvadori M, Marshall JK (2010). An outbreak of acute bacterial gastroenteritis is associated with an increased incidence of irritable bowel syndrome in children. Am J Gastroenterol., 105(4): 933-939.
- Tolun V, Kuçuker An M, Diren , An Ö (2001). Investigation of the verotoxigenic *E. coli* (VTEC) with PCR methods samples of the faces of gastroenteritis patients, J. Turk. Microbiol. Bult., 31: 174-177.
- Yildiz C, Öztürk C, Emekdas G (2005). Research of the *E. coli* 0157:H7 strains cases of the Gastro-enterits. Turk. J. Infect., 19: 189-192.