Biofilm : quelle évidence et quelles conséquences pour le traitement ?

Nicolas BLONDIAUX – Laboratoire, CH G. Dron, Tourcoing

l^{re} JEDI – 14 nov. 2019

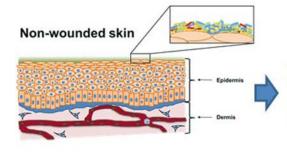


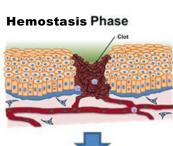
Conflits d'intérêt

Aucun concernant cette présentation

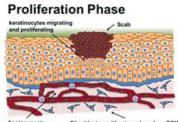


Infection du pied diabétique : histoire naturelle



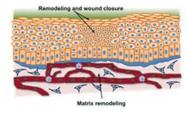


Normal Wound Healing





Maturation Phase

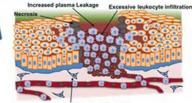


Inflammatory Phase natory cells



Diabetic Foot Ulceration

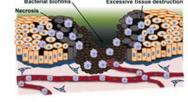
Excessive inflammation and necros







Microbial colonization and gangrene



sis	Phase de la guérison	Non diabétique	Diabétique		
	Réponse inflammatoire	\checkmark	X		
	Prolifération	\checkmark	X		
	Maturation	\checkmark	X		

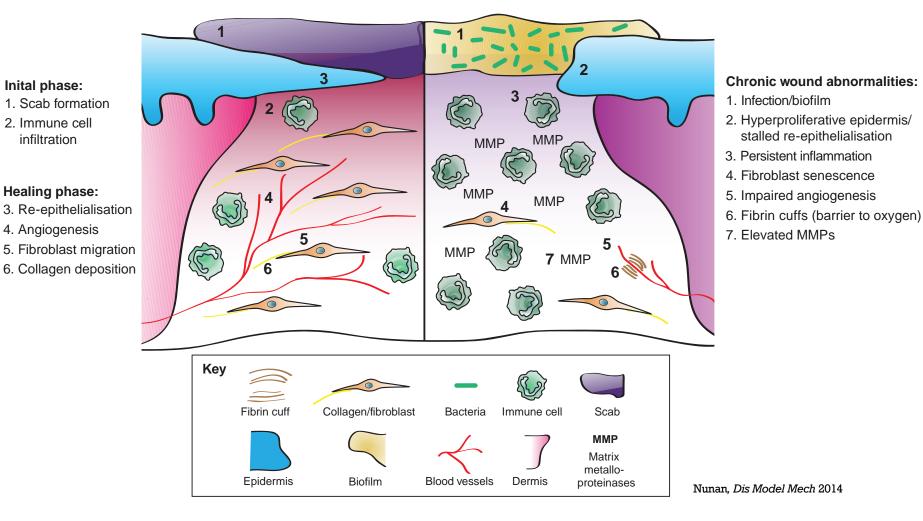
✓ normale X déficiente ou anormale





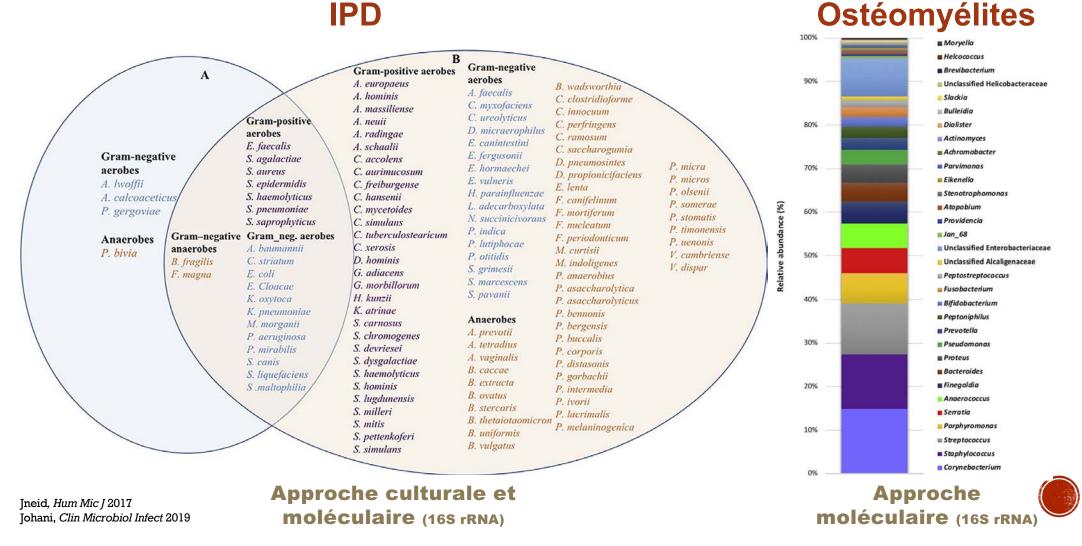
.... à l'échelle cellulaire

Plaie en voie de guérison / Plaie chronique infectée





Aspects microbiologiques des IPD



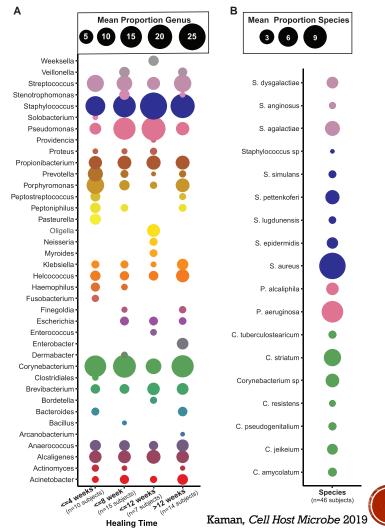
Aspects microbiologiques des IPD

9

6

Mean Abundance (%)

12



Ulcères du PD

3

Staphylococcus aureus-Pseudomonas aeruginosa Corynebacterium striatum Propionibacterium sp-Streptococcus agalactiae-Alcaligenes faecalis-Corynebacterium sp-Staphylococcus pettenkoferi-Porphyromonas somerae-Pseudomonas alcaliphila-Brevibacterium massiliense-Helcococcus kunzii-Streptococcus dysgalactiae-Corynebacteriúm jeikeium-Staphylococcus epidermidis-Klebsiella oxytoca-Corynebacterium amycolatum Escherichia coli Corynebacterium pseudogenitalium-Corynebacterium tuberculostearicum-Propionibacterium acnes-Ana'erococcus obesiensis-Stenotrophomonas maltophilia-Staphylococcus simulans-Enterobacter cloacae-Staphylococcus lugdunensis-Streptococcus anginosus-Acinetobacter sp-Peptostreptococcus anaerobius-Corynebacterium resistens-Oligella urethralis-Anaerococcus vaginalis-Finegoldia magna-Helcococcus sueciensis-Veillonella sp Peptoniphilus harei Enterobacter sp Porphyromonas asaccharolytica-Staphylococcus sp-Prevotella sp-

Approche moléculaire

(Shotgun Metagenomic Sequencing)

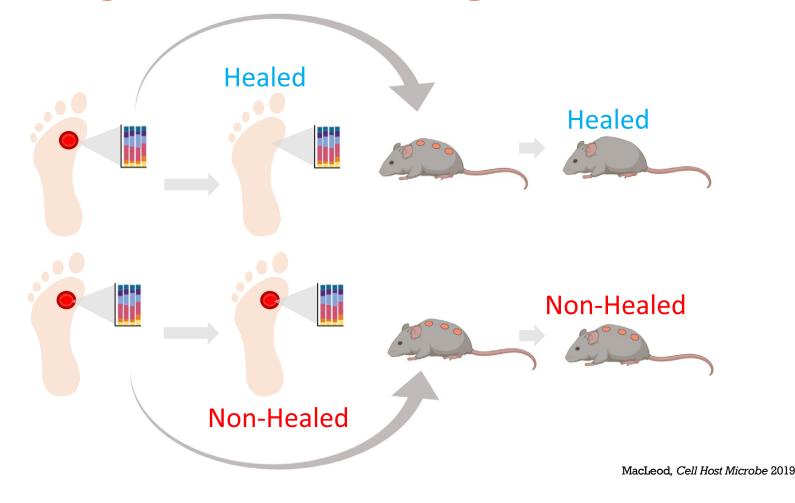
0

Commensal / Pathogène : où est la frontière ?

Bacteria	Positive Effects	Negative Effects		
Staphylococcus epidermidis	Stimulates keratinocyte production of host AMPs (hBD3, RNase7) [22,74,75,88] Induces CD8+ T and IL-17A+ T cells [79] Enhances innate barrier immunity and limits pathogen invasion in absence of inflammation [6,74,80,89]	Occasionally pathogenic Implicated in production of biofilms [79,90–93]		
Staphylococcus aureus	At a local level, super antigen production results in less skin inflammation and purulence due to decreased prod facto Amp of A	Usually pathogenic Imp heal proc [81]		
Group A streptococcus (GAS)	Stim diffe Activ chen cyte nds [95]	Usu Exp recr Proc thro Con impetigo, erysipelas, cellulitis [6]		
Pseudomonas aeruginosa	Accelerates epithelialization and neovascularization in acute wounds Suppresses staphylococcal pathogens in polymicrobial wounds [84]	Usually pathogenic Implicated in production of biofilms and delayed wound healing in chronic wounds [90–93]		
Corynebacterium jeikeium	Manganese acquisition and production of superoxide dismutase result in host epidermal protection from free radical oxygen species (ROS) [5]	Occasionally pathogenic Common cause of nosocomial skin infections [95]		
Propionibacteria	Production of bacteriocins protect sebaceous ducts from other pathogenic inhabitants [77] induces expression of TLR2 and TLR4 in keratinocytes71	Occasionally pathogenic Overabundance associated with development of Acne [

Johnson, Int J Mol Sci 2018

Conséquence directe de la dysbiose sur la guérison







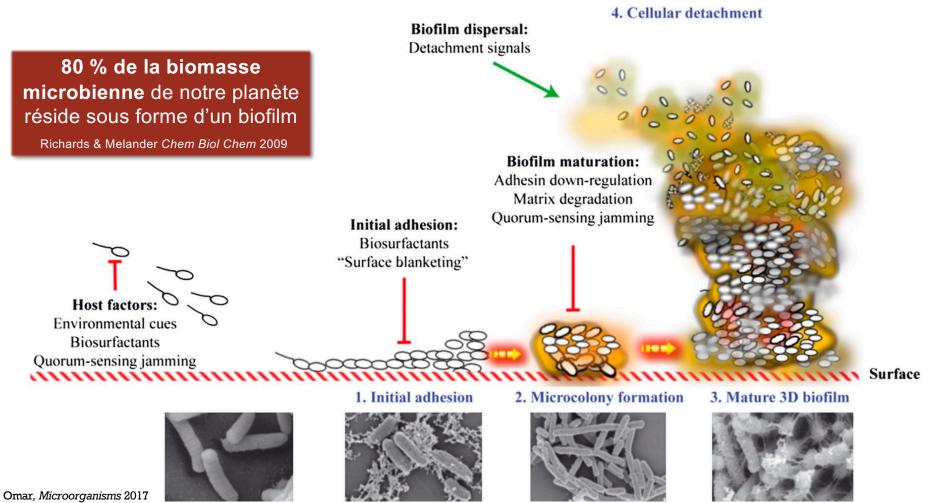


- « Agrégats de microorganismes dans lesquels les cellules sont enrobées dans une matrice autoproduite de substances polymèriques extracellulaires (EPS), adhérentes les unes aux autres et/ou à une surface » Vert, Pure Appl Chem 2012
- À l'intérieur du biofilm, les bactéries :
 - peuvent résister à la réponse immunitaire de l'hôte
 - sont moins sensibles aux antibiotiques et aux désinfectants que les bactéries planctoniques
- La capacité à former un biofilm reconnue comme une caractéristique propre à de nombreux microorganismes.
- La présence de biofilms lors d'infections demande de nouvelles méthodes
 - de prévention
 - de diagnostic
 - de traitement



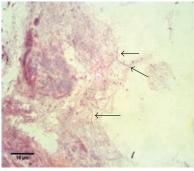


Le biofilm : c'est pas du cinéma !

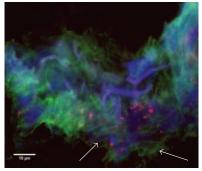




Aspect macroscopique



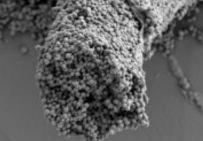
Coloration de Gram



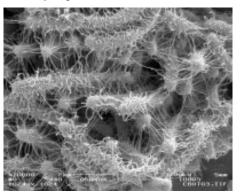
Microscopie confocale

So the second second

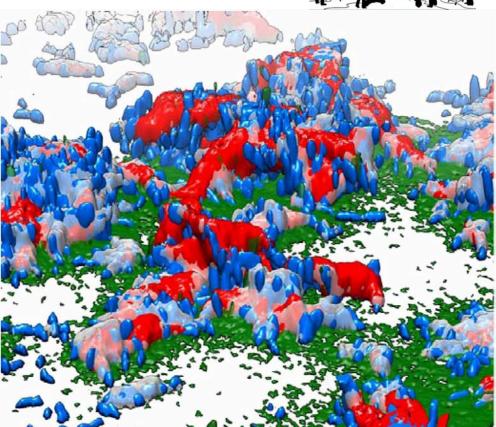
L'envers du décor



Staphylococcus aureus



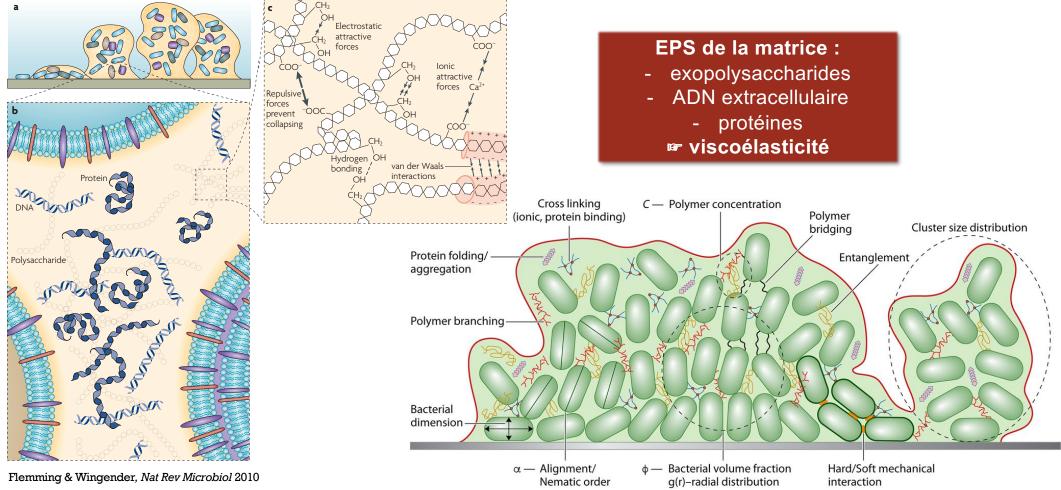
Escherichia coli



Vibrio cholerae

Berk, Science 2012 Schultz, Proc Natl Acad Sci USA 2012 Oates, J Diabetes Res 2014

Composition du biofilm bactérien



Charlton, J Bacteriol 2019

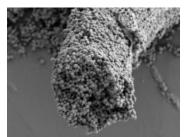
Structure du biofilm de Escherichia coli I Outer Edge Stationary phase Cellulose I Middle Zone Post-exponential A Flagella III Inner Region Dividing Curli

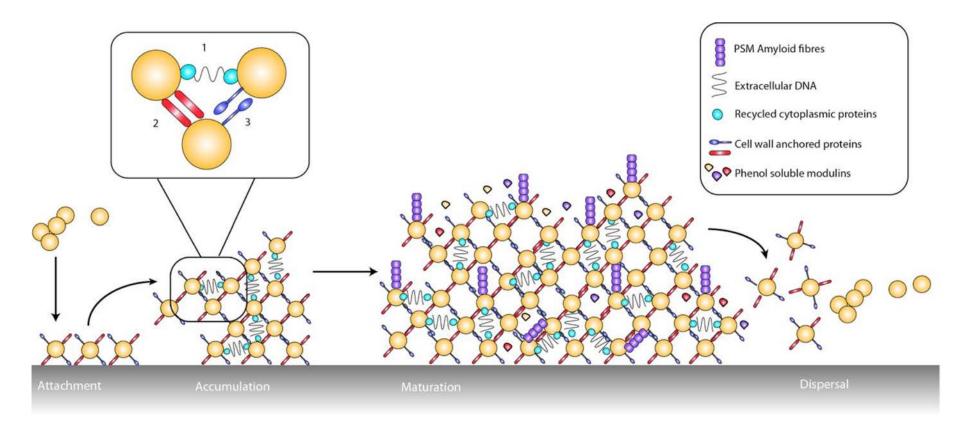
II Inner Region Dividing Curli Outer Edge Middle zone Inner region

Hobley, FEMS Microbiol Rev 2015



Structure du biofilm de *Staphylococcus aureus*

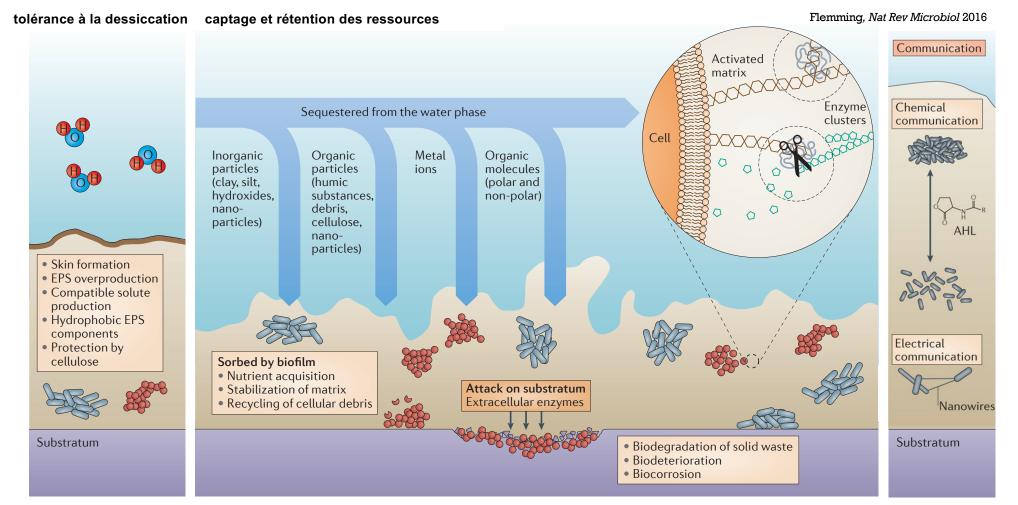




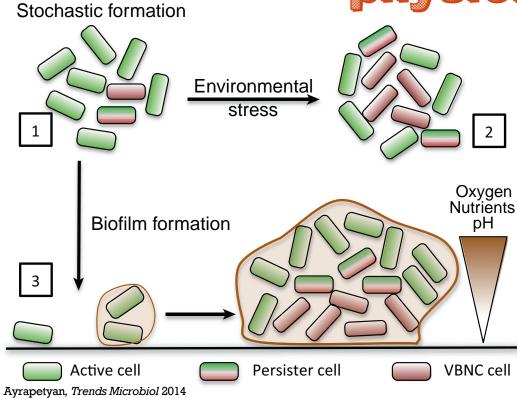


Hobley, FEMS Microbiol Rev 2015

Propriétés physico-chimiques de la matrice

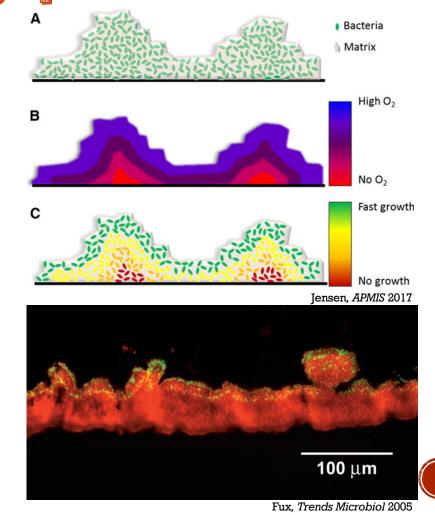


Différents niveaux d'activité physiologique

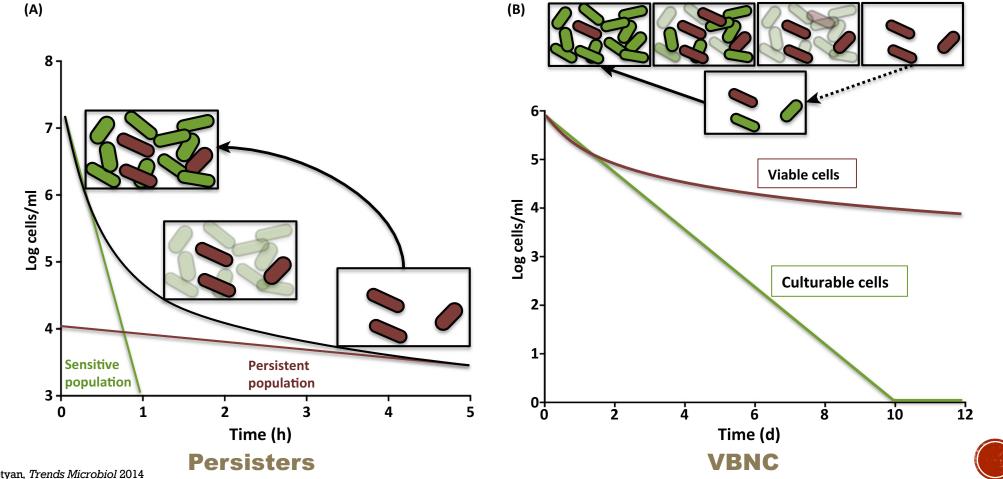


Persisters = cellules insensibles aux biocides donnant naissance à une population sensible après élimination de la substance toxique

VBNC = cellules qui ont perdu leur capacité à se développer sur un milieu de culture mais qui restent viables.

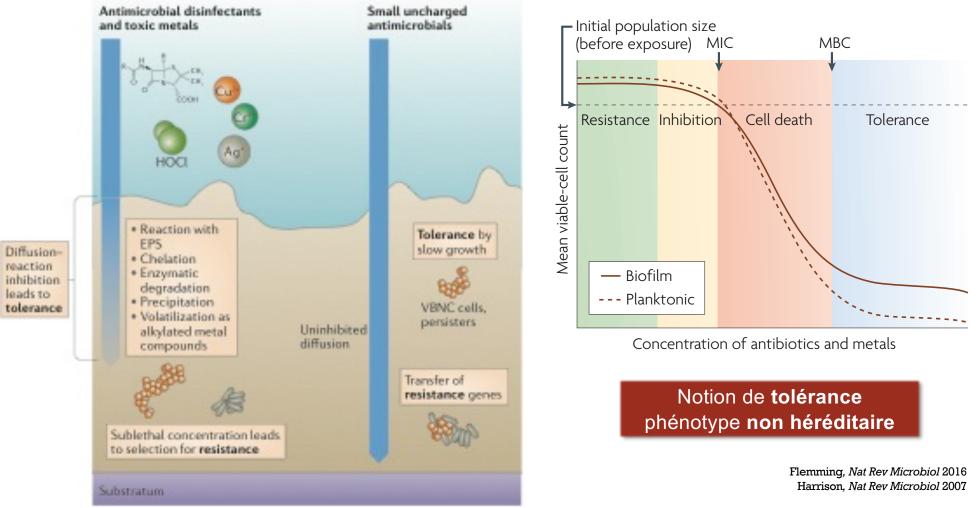


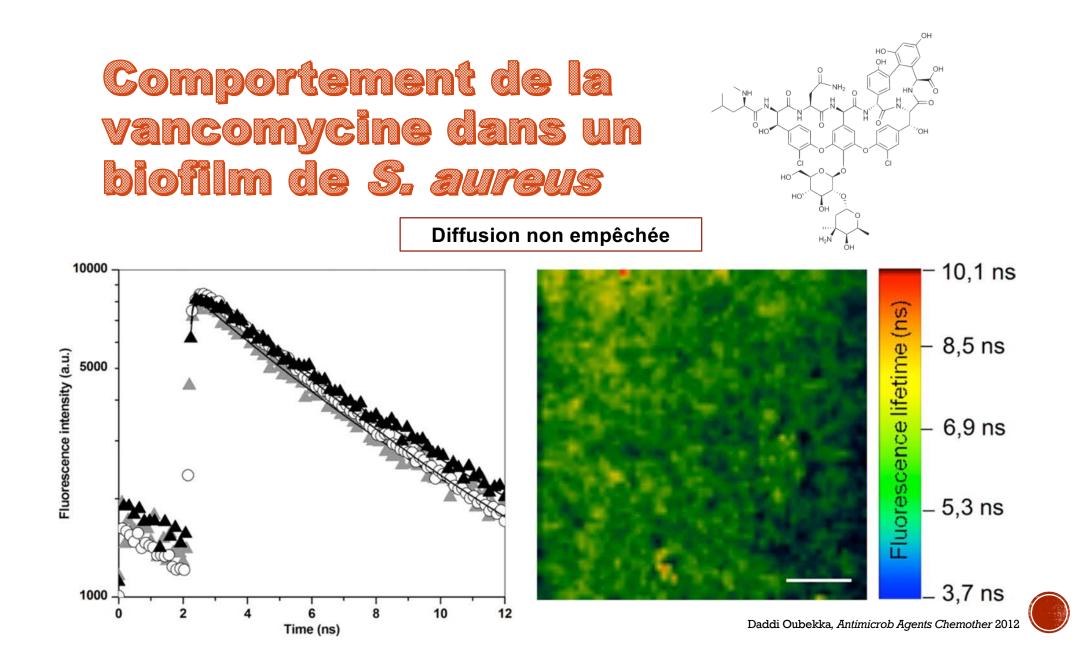
Conditions de sélection des persisters et VBNC

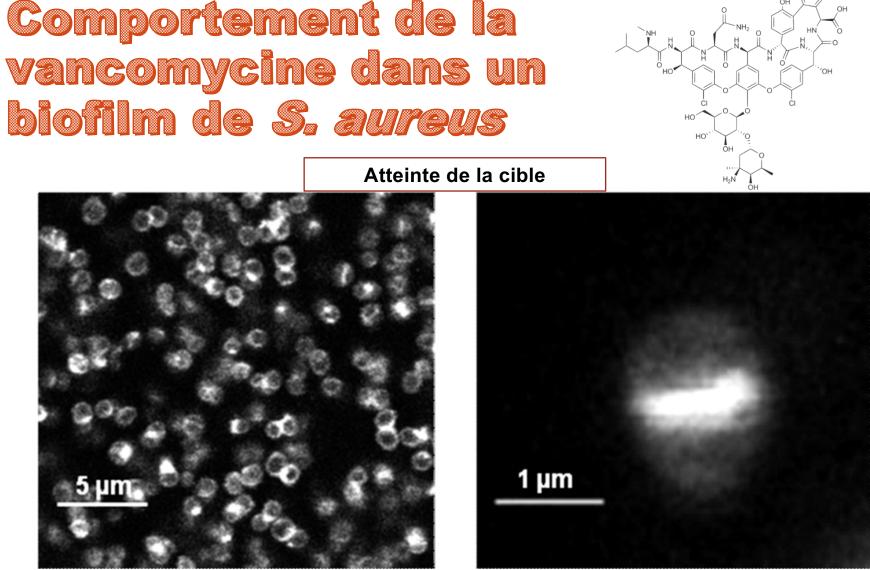


Ayrapetyan, Trends Microbiol 2014

Conséquences sur l'activité des anti-infectieux

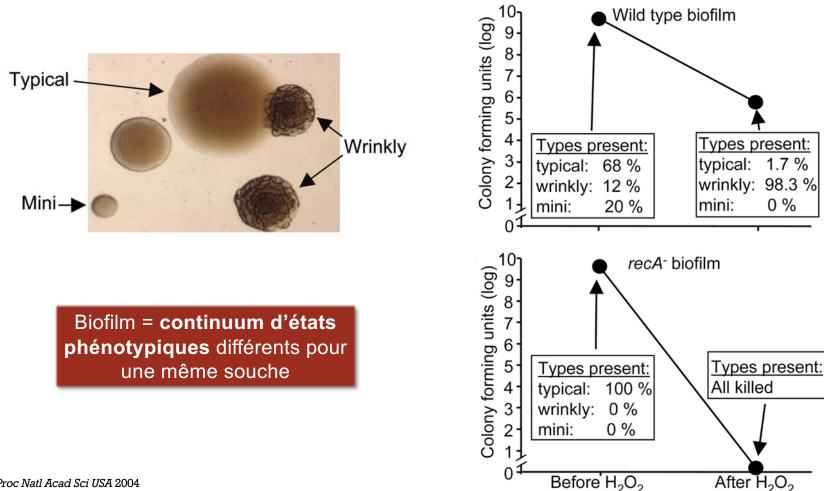






Daddi Oubekka, Antimicrob Agents Chemother 2012

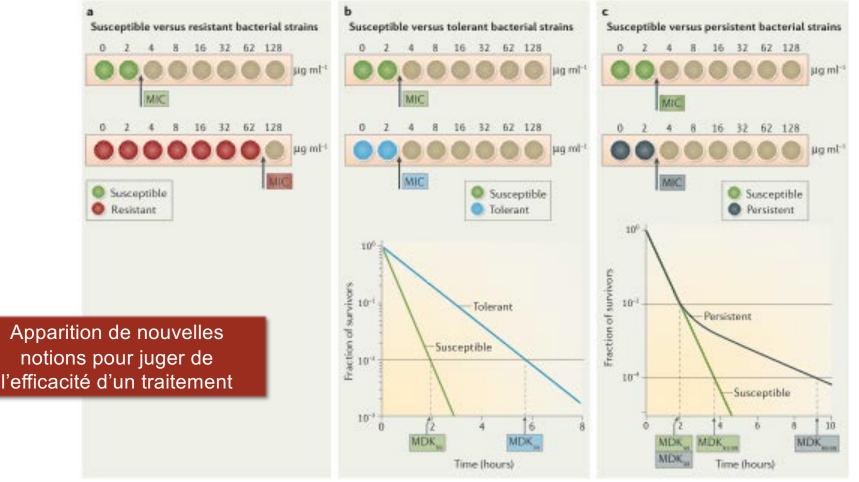
Tolérance et hétérogénéité phénotypique





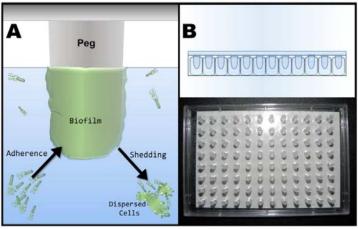
Boles, Proc Natl Acad Sci USA 2004

Résistance, tolérance, persistance : la CMI est-elle toujours adaptée ?



Brauner, Nat Rev Microbiol 2016

Intérêt de l'utilisation de nouveaux paramètres pharmacodynamiques

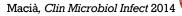


Biofilms de P. aeruginosa

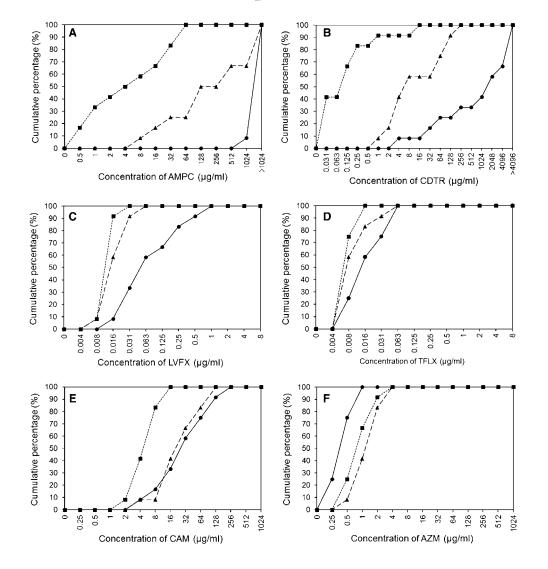
Dispositif de Calgary ou MBEC assay®

Antibiotic	MIC (mg/L)	MBIC (mg/L)	MBC (mg/L)	MBEC (mg/L)	BBC (mg/L)	BPC (mg/L)	Biofilm model
AZT CAZ MER IMP CIP TOB COL AZM CXA-101	$\begin{array}{c} 4^{a} \\ 2^{a}/ ^{c}/2^{d} \\ \leq ^{a}/0.5^{c} \\ 2^{d}/ ^{e} \\ 0.5^{a}/0.125^{c}/ ^{d} \\ 2^{a}/2^{d} \\ 2^{d}/2^{e} \\ 28^{f}/ 28^{d} \\ 0.5^{c} \end{array}$	>128 ^a 128 ^a /128 ^d 4 ^a 64 ^d /32 ^e 1 ^a /1 ^d 4 ^a /8 ^d 16 ^d /16 ^e 2 ^a /16 ^d	8 2 ^c /4 ^d 1 ^c 4 ^d /4 ^e 0.25 ^c /1 ^d 2 ^d 1 ^d /8 ^e >128 ^d 0.5 ^c	>1024 ^b >1024 ^b - 1024 ^e />1024 ^b 4 ^b 2 ^b 128 ^e -	- 8 ^c 256 ^d 2 ^c /64 ^d 64 ^d 512 ^d 0.5 ^c		Calgary device Calgary device Calgary device Calgary device Calgary device Calgary device Calgary device Calgary device Calgary device Calgary device

AZM, azithromycin; AZT, aztreonam; BBC, biofilm bactericidal concentration; BPC, biofilm-prevention concentration; CAZ, ceftazidime; CIP, ciprofloxacin; COL, colistin; IMP, imipenem; MBC, minimal bactericidal concentration; MBEC, minimal biofilm-eradication concentration; MBIC, minimal biofilm inhibitory concentration; MER, meropenem; TOB, tobramycin.



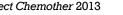
Étude comparative MIC, MBC et MBEC



Souches de Haemophilus influenzae isolées de paracentèses chez des enfants avec OMA DTT (n=12)

FQ et macrolides > ß-lactamines





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