



Response of pathogenic bacteria isolated from wound infections to Antibiotics and some Essential oils from surgery department at Benha university hospital

Heba Ahmed Abd El Hai¹, Nehad Ahmed foad², Mahmoud Mohamed Hazaa³

1. B. sc. Microbiology and chemistry, faculty of science, Benha University (2008)
2. Lecturer of Microbiology & Immunology, Microbiology Department, Faculty of Human Medicine, Benha University
3. Professor of Microbiology, Botany (Microbiology) Department, Faculty of Science, Benha University

Article Information	Abstract
Received; 19 Oct. 2015 In Revised form; 8 Sep. 2015 Accepted; 8 Sep. 2015	A total of 53 specimens were obtained from patients suffering from wound infections in surgery department at Benha university hospital in Qaliubiya province. The bacterial isolates identified as <i>Citrobacter freundii</i> (41.02%), <i>staph aureus</i> (23.07%), <i>pseudomonas aeruginosa</i> (17.9%), <i>coagulase negative staph</i> (12.8%) and <i>Klebsiella pneumonia</i> (5.12%).
Keywords:	The most effective antibiotics were ciprofloxacin, Amikacin and Gentamycin against all gram negative bacteria, in case of gram positive bacteria, the most effective antibiotics were Vancomycin against <i>staph aureus</i> and Clindamycin against <i>coagulase negative staph</i> . Beta lactam (Ampicillin, Amoxicillin clavulanate and cefoxitin) were the most resistant antibiotics against Gram negative and Gram positive bacteria.
Antibiotics	Essential oils have more antimicrobial effect against gram positive bacteria than gram negative bacteria.
Essential oils	Combination between antibiotics and essential oils were more effective against different bacterial isolates than using both individually.
Bacteria	All beta lactamase producing strains of <i>Klebsiella pneumonia</i> and <i>coagulase negative staph</i> (100%), (87.5%) of <i>Citrobacter freundii</i> , (80%) of <i>pseudomonas aeruginosa</i> and (85.7%) of <i>staph aureus</i> gave positive result by the iodometric method.
Infected wounds	
Antibiotics	
Beta lactamase	

1 - INTRODUCTION

Wound infection occurs as a result of the disruption of skin membrane and subsequent contamination or colonization by Microorganisms. It can be caused either by trauma (laceration road traffic or burns) or surgical operational procedures or medical incision that could result in open or closed wound infections [1].

Organisms commonly found in infected wounds include Gram positive cocci such as *Staph aureus*, *Streptococcus species*, Gram negative bacilli mostly *Acinetobacter*, *Enterobacter*, *Escherichia coli*, *Proteus spp.*, *Pseudomonas Aeruginosa* and anaerobic bacteria such as *Propionibacterium spp.* and *Klebsiella spp.* [2].

IN order to fight bacterial infections, medicine has largely relied on antibiotics, which are naturally occurring or artificially created chemical substances capable of killing or controlling the growth of bacteria. In present times, however, bacteria have developed resistance to many of the antibiotics commonly used to treat infections [3].

In light of the recent emergence of bacteria which are resistant to multiple antimicrobial drugs, posing a challenge for the treatment of infections, the need to discover new antimicrobial substances for use in combating such microorganisms becomes patent[4]. Different essential oils have been reported to possess antibacterial activities against gram positive bacteria including *Staphylococcus aureus*, *Bacillus species* and gram negative bacteria namely *E. coli*, *Salmonella enteritidis*, *Shigella flexneri*, and pathogenic fungus specifically *Candida albicans* [5].

The persistence of antibiotic resistance urges the need of finding new therapies against the multi drug resistant bacteria. Combination therapy combining conventional antibiotics and essential oils is currently blooming and represents a potential area for future investigations. This new generation of phytopharmaceuticals may shed light on the development of new pharmacological regimes in combating antibiotic resistance [6].

After the extensive usage of penicillins and cephalosporins, bacteria have developed resistance via different mechanisms. - Lactamase enzyme production is the first developed and the most important mechanism of resistance to -lactams [7]. Over the years several methods viz. acidometric method, iodometric method, chromogenic cephalosporin method [7] and microbiological method [8] have been developed to detect β -lactamase production of bacteria.

2- MATERIALS AND METHODS

-Collection of samples

The specimens were randomly collected on sterile cotton swabs from infected wounds in surgery department at Benha University hospital then transferred to laboratory of microbiology and immunology in Medical Microbiology and Immunology Department, Faculty of Human Medicine, Benha University, Egypt.

- Isolation and Identification of bacteria

Swabs collected were streaked on blood agar and MacConkey agar media then incubated aerobically at 37°C for 24hrs. Gram stain, physiological and biochemical tests were performed on colonies from primary cultures for identification of the isolates according to Bergey's manual [9].

- Preparation of the bacterial suspension

The inoculum was prepared by picking 5-10 colonies of each isolate with a sterile wire loop and suspended in into 2.5ml of sterile distilled water. The density of suspension to be inoculated was determined by comparison with opacity standard on McFarland 0.5 Barium sulphate solution. Suspension was taken by a sterile cotton swab then streaked the surface of all the plate in three different planes.

- Antimicrobial sensitivity of antibiotics against Gram negative and Gram positive bacterial isolates

Antibiotic used in sensitivity patterns of isolated bacteria suspected to be Gram Negative bacteria and Gram positive bacterial isolates illustrated in table (1, 2).Susceptibility of the bacterial isolates to antibiotic discs (Con. $\mu\text{g}/\text{disc}$) was performed by Kirby-Bauer disk diffusion technique according to criteria set by CLSI 2015 [10].

Table (1): Antibiotics used in antimicrobial sensitivity of antibiotics against Gram negative bacterial isolates

Antibiotic class	Antibiotics	Concentration (Mg/disk)
Penicillin	Ampicillin(Amp)	10Mg
Amino glycosides	Gentamycin(CN)	10Mg
β Lactam	Amoxicillin clavulanate(AMC)	30Mg
Amino glycosides	Amikacin(AK)	30Mg
Fluoroquiolones	Ciprofloxacin (CIP)	5Mg

Table (2): Antibiotics used in antimicrobial sensitivity of antibiotics against Gram positive bacterial isolates

Antibiotic class	Antibiotics	Concentration (Mg/disk)
Cephalosporin	Cefoxitin(fox)	30 Mg
Lincosamides	Clindamycin(DA)	2 Mg
Macrolides	Azithromycin (Azm)	15 Mg
Amino glycosides	Gentamycin(CN)	10 Mg
Glycopeptides	Vancomycin(va)	30 Mg

Antimicrobial activity of the Essential oils against Gram negative and Gram positive bacterial isolates

Types of Essential oils tested on bacterial isolates were purchased from local super markets and stored in full dark vials at 4 °C. Oils used illustrated in table (3).The antimicrobial activity of the Essential oils against Gram positive and gram negative bacterial isolates was assayed by using agar wells diffusion method. Wells of 6 mm in diameter

were made using a sterile cork borer in solidified agar and 50 µl of the test oils were added to the wells. Plates were left for one hour at 4°C and then incubated for 24 hrs at 37°C. Wells without oils were considered as controls [11]. Inhibition zones were measured in mm and classified as sensitive, intermediate and resistant according to the standardized table supplied by approved NCCLS 2012[12] for any antimicrobial agent.

Table (3): Essential oils used in antimicrobial sensitivity of essential oils against Gram negative and Gram positive bacterial isolates

Family name	Scientific (Latin)name	English name	Arabic name
Lamiaceae	Ocimum basilicum	Basil	الريحان
Ranunculaceae	Nigella sativa L.	Black seed	
Lamiaceae	Rosmarinus officinalis L.	Rose marry	
Myrtaceae	Syzyglum romaticum L.	Clove	
Lamiaceae	Thymus vulgaris	Thyme	

- Effect of combination between antibiotics and essential oils against Gram negative and Gram positive bacterial isolates

The antimicrobial activity of five commercial essential oils in combination with antibiotics was performed by using Disk diffusion test (indirect contact of essential oils)[13]. By using the sterile forceps, the disks of selected antibiotics impregnated with 50µl of oils were placed on the inoculated plates and then incubated at 37 °C for 18-24 hrs .Inhibition zones were measured in mm and classified as sensitive, intermediate and resistant according to the standardized table supplied by approved NCCLS 2012 [12] for any anti microbial agent.

- Detection of beta lactamase by tube Iodometric method

The test is done by preparing a numbers of sterilized test tubes (blank, sample (n)).Added 100µl of penicillin G reagent in sample test tube (n) and blank tube. The tested bacteria were removed with a large inoculating loop from an 18 -24 hrs nutrient agar culture and inoculated in to test tube(n), blank tube leave (as control) without inoculated. Incubated the tubes at 37°c for 30 min. Added 50 µl of freshly starch solution then mixed all the tubes. Added 20µl of Iodine solution, a blue color immediately developed due to reaction of the iodine with the starch. The reaction mixture was further rotated for up to 1 min. Rapid decolorization occurred if the penicillin was hydrolyzed ; such apposite reaction indicated lactamase activity .persistence of the blue color for longer than10 min constituted a negative test and indicated that the penicillin molecules had not under gone lactam ring cleavage.

3 - RESULTS AND DISCUSSION

- Isolation and Identification of bacterial isolates

A total 53 wound swab, 36 wound swabs (67. 9%) were positive in bacterial growth ((91.7%) of culture positive wounds showed mono-microbial growth and (8. 3%) showed mixed growth) and only17 samples (32. 1%) were negative in bacterial growth (**table4**), the overall bacterial isolation rate of 67.9% is comparable with the rate reported similar studies in Ethiopia [14] and Cameroon [15]. Similarly high percentage of mono-microbial growth was reported in India (86-100%) and Pakistan (98%) [16, 17]

Table (4): patterns of growth in wounds (%)

Wound type	Growth						No growth		Total		P value
	Single growth		Mixed growth		Total						
	No	%	No	%	No	%	No	%	No	%	
Diabetic foot ulcer	10	90.9	1	9.1	11	84.6	2	15.3	13	24.5	>0.05
Post operative	9	81.8	2	18.2	11	55	9	45	20	37.7	
Abscess	9	100	-	-	9	69.2	4	30.8	13	24.5	
Burns	3	100	-	-	3	60	2	40	5	9.4	
Septic wound	2	100	-	-	2	100	-	-	2	3.7	
Total	33	91.7	3	8.3	36	67.9	17	32.1	53	100	

FET = 3.27 p = 0.917 (p value > 0.05, is non significant)

Citrobacter freundii(41.02%) and *Staphylococcus aureus* (23.07%)were the most common, followed by *Pseudomonas aeruginosa* (17.9%), *Coagulase negative Staphylococcus* (12.8%), *Klebsiella spp.*(5.12%) Table (5). This finding is consistent with other studies [18, 19].

Table (5) Percentage occurrence of bacterial isolates in wounds

Isolates	Total no. Isolated	% of isolated
<i>Klebsiella pneumonia</i>	2	5.12
<i>Citrobacter freundii</i>	16	41.02
<i>Pseudomonas aeruginosa</i>	7	17.9
<i>Staph aureus</i>	9	23.07
<i>Coagulase negative staph</i>	5	12.8
Total	39	100

- Antimicrobial sensitivity of Antibiotics against Gram Negative and Gram positive bacterial isolates

Gram negative bacterial isolates show highest resistance to Ampicillin and amoxicillin clavulanate,(71.42%)of *pseudomonas aeruginosa* resistant to two antibiotics; *citrobacter freundii*((100%) resistant to Ampicillin ,(68.75%)resistant to amoxicillin clavulanate);*klebsiella pneumonia*(100%) resistant to two antibiotics. among gram positive isolates, *Staphylococcus aureus* showed highest resistance to cefoxitin(77. 8%) and Gentamycin (66. 7%).(table 6 , fig.1)and(table7, fig. 2). Resistance to such most commonly used antimicrobial agents has been reported by many authors [14, 20, 21]

Table (6): Antimicrobial sensitivity of antibiotics against Gram negative bacterial isolates by Disk diffusion method.

Antibiotics	<i>Klebsiella pneumonia</i>			<i>Citrobacter freundii</i>			<i>Pseudomonas aeruginosa</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Ampicillin (10 Mg / disk)	-	-	2(100)	-	-	16(100)	2(28.6)	-	5(71.42)
Gentamycin (10 Mg / disk)	1(50)	-	1(50)	13(81.25)	-	3(18.75)	7(100)	-	-
Amoxicillin-clavulanate (30 Mg / disk)	-	-	2(100)	5(31.25)	-	11(68.75)	2(28.6)	-	5(71.42)
Amikacin (30 Mg / disk)	1(50)	-	1(50)	14(87.5)	-	2(12.5)	6(85.7)	1(14.3)	-
Ciprofloxacin (5 Mg / disk)	1(50)	-	1(50)	11(68.75)	-	5(31.25)	6(85.7)	1(14.3)	-

Total number of *Klebsiella pneumonia* (2), *Citrobacterfreundii*(16), *Pseudomonas aeruginosa* (7)

Key: S = sensitive; R= Resistant; I= intermediate

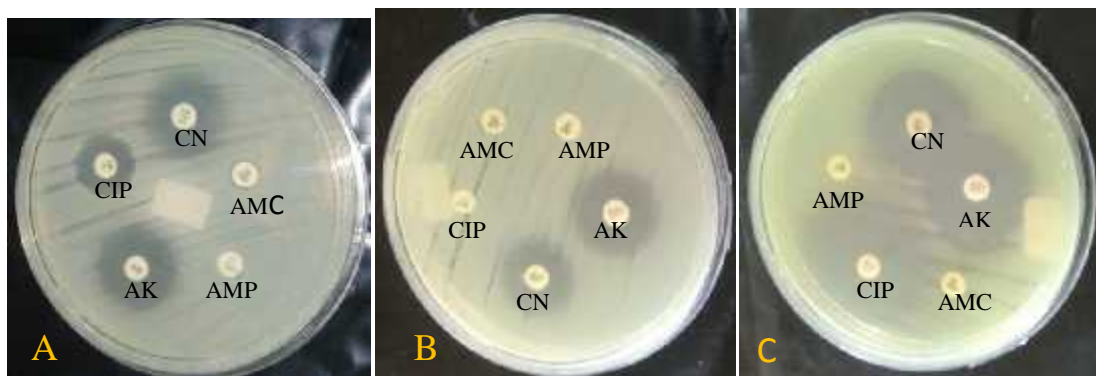


Fig (1) Photograph of antimicrobial sensitivity of antibiotics against Gram negative bacterial isolates (Disk diffusion method)

Amp (Ampicillin), CN (Gentamycin), AMC (Amoxicillin Clavulanate), AK (Amikacin), CIP (Ciprofloxacin).

A) Photograph of antimicrobial sensitivity patterns of antibiotics against *Klebsiella pneumonia*, (B) Photograph of antimicrobial sensitivity patterns of antibiotics against *Citrobacter freundii*, (c) Photograph of antimicrobial sensitivity patterns of antibiotics against *Pseudomonas aeruginosa*

Table (7): Antimicrobial sensitivity of antibiotics against Gram positive bacterial isolates by disk diffusion method.

Antibiotics	<i>Staph aureus</i>			<i>Coagulase negative staph</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Cefoxitin(30mg/disk)	2(22.22)	-	7(77.8)	1(20)	-	4(80)
Clindamycin(2mg/disk)	5(55.55)	-	4(44.44)	4(80)	-	1(20)
Azithromycin(15mg/disk)	5(55.55)	-	4(44.44)	3(60)	-	2(40)
Vancomycin(30 mg / disk)	8(88.9)	-	1(11.11)	2(40)	-	3(60)
Gentamycin(10 mg / disk)	3(33.33)	-	6(66.7)	2(40)	-	3(60)

Total number of *staph aureus* (9), *coagulase negative staph* (5)

Key: S = sensitive; R = Resistant; I intermediate

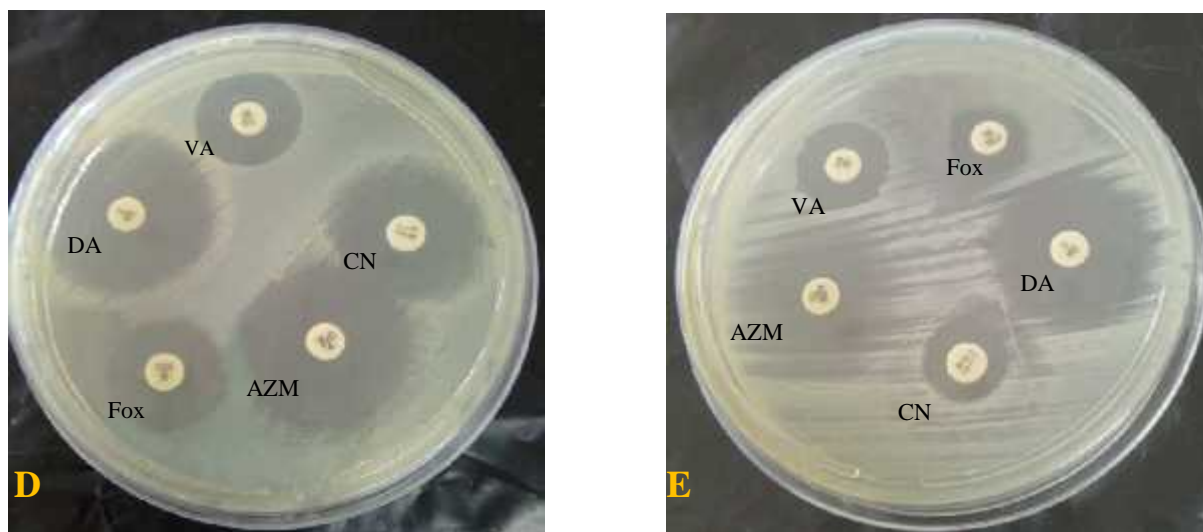


Fig (2): Photograph of antimicrobial sensitivity of antibiotics against Gram positive bacterial isolates (Disk diffusion method)

Fox (cefoxitin), Clindamycin (DA), Azm (Azithromycin), CN (Gentamycin), VA (vancomycin)

(D) Photograph of antimicrobial sensitivity of antibiotics against *staph aureus*, (E) Photograph of antimicrobial sensitivity of antibiotics against *coagulase negative staph*

- Antimicrobial activity of the Essential oils against Gram negative and Gram positive bacterial isolates

This study has shown that all gram negative bacterial isolates resistant to essential oils, only one strain of *pseudomonas* show sensitivity to essential oils (table 8 and fig. 3). Many researches work confirm that Gram negative bacteria are more resistant against essential oils because of the cell wall structure. Gram-negative bacteria have an outer lipopolysaccharide wall that can work as a barrier against toxic agents [22].

The recent study of these oils was found to be more effective on Gram positive than Gram negative bacteria (table 9 and fig. 4), It may be due to absence of lipopolysaccharide layer in gram positive bacteria that may have acted as a barrier against any incoming bimolecular, this agree with [23,24,25].

Table (8): Antimicrobial sensitivity of Essential oils against Gram negative bacterial isolates by well diffusion method.

Essential oils	<i>Klebsiella pneumonia</i>			<i>Citrobacter freundii</i>			<i>Pseudomonas aeruginosa</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Basil	-	-	2(100)	-	-	16(100)	1(14.3)	-	6(85.7)
Black seed	-	-	2(100)	-	-	16(100)	1(14.3)	-	6(85.7)
Rose marry	-	-	2(100)	-	-	16(100)	1(14.3)	-	6(85.7)
Clove	-	-	2(100)	-	-	16(100)	-	-	7(100)
Thyme	-	-	2(100)	-	-	16(100)	-	-	7(100)

Total number of *Klebsiella pneumonia* (2), *Citrobacter freundii* (16), *Pseudomonas aeruginosa* (7)

Key: S = sensitive; R= Resistant; I= intermediate

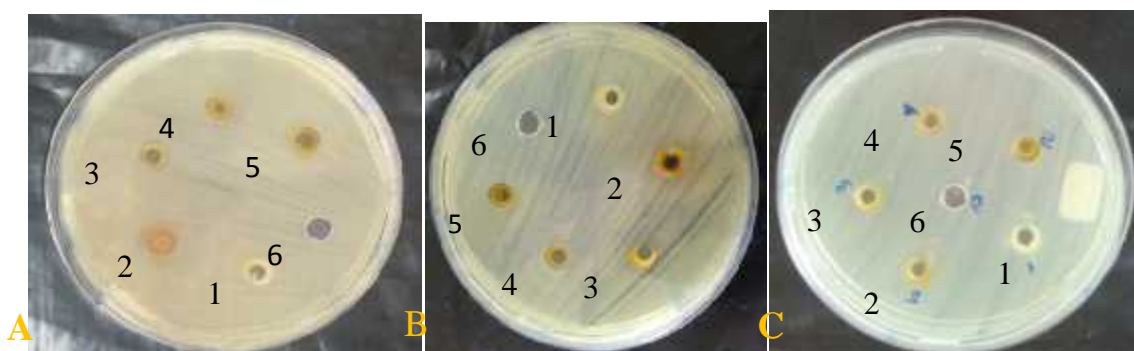


Fig (3): Photograph of antimicrobial sensitivity of essential oils against Gram negative bacterial isolates (well diffusion method)

1 =Basil oil, 2 =black seed oil, 3 =Rose marry oil, 4 = clove oil, 5 = thyme oil, 6= control (without oil)

(A) Photograph of antimicrobial sensitivity of essential oils against *Klebsiella pneumonia*, (B) Photograph of antimicrobial sensitivity of essential oils against *Citrobacter freundii*, (c) Photograph of antimicrobial sensitivity of essential oils against *Pseudomonas aeruginosa*

Table (9): Antimicrobial sensitivity of Essential oils against Gram positive bacterial isolates by well diffusion method.

Essential oils	<i>Staph aureus</i>			<i>Coagulase negative staph</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Basil	5(55.55)	-	4(44.44)	1(20)	-	4(80)
Black seed	9(100)	-	-	4(80)	-	1(20)
Rose marry	8(88.9)	1(11.11)	-	4(80)	-	1(20)
Clove	1(11.11)	-	8(88.9)	-	-	5(100)
Thyme	-	-	9(100)	-	-	5(100)

Total number of *staph aureus* (9), *coagulase negative staph* (5)

Key: S = sensitive; R= Resistant; I =intermediate

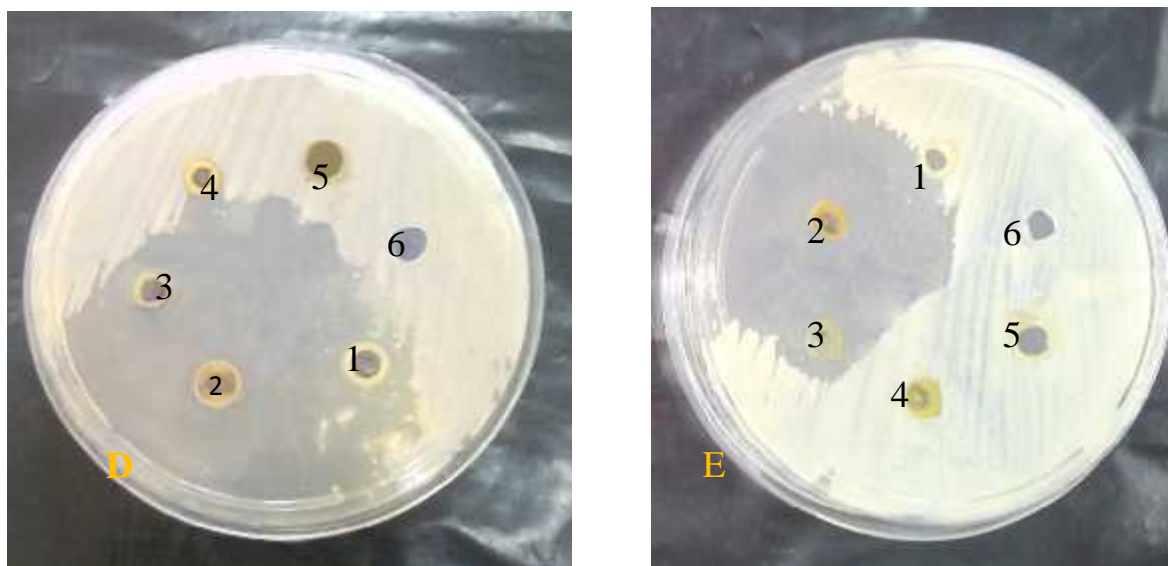


Fig (4): Photograph of antimicrobial sensitivity of essential oils on Gram positive bacterial isolates (well diffusion method)

1= Basil oil, 2 =black seed oil, 3=Rose marry oil, 4=clove oil, 5=thyme oil, 6=control (without oil)

(D) Photograph of antimicrobial sensitivity of essential oils against *staph aureus*, (E) Photograph of antimicrobial sensitivity of essential oils against *coagulase negative staph*

- Effect of combination between antibiotics and essential oils against Gram negative and Gram positive bacterial isolates .

The present study was extended to include the combination between essential oils (black seed oil, basil oil, rosemary oil, thyme oil, clove oil) and antibiotics (Ampicillin, Gentamycin, Amoxicillin clavulanate, Amikacin, Ciprofloxacin) against gram negative bacteria and antibiotics (Cefoxitin, Clindamycin, Azithromycin, Vancomycin, Gentamycin) against gram positive bacteria. The results show that combination between these antibiotics and essential oils gave synergistic effect against different isolates more than each individual alone (table10, fig. 5to table 19, fig.14) against gram negative and gram positive bacteria. These agree with Mostafa 2005 [26] who reported that the combination between oils and antibiotics was more active than each individual alone. Rosato et al. 2007 [27] reported that combination between essential oils and antibiotics in the treatment of infection caused by bacterial species was likely to reduce the side effects of antibiotics.

Table (10): Effect of combination between basil oil and antibiotics against Gram negative bacterial isolates by disk diffusion method

Pair combinations	<i>Klebsiella pneumonia</i>			<i>Citrobacter freundii</i>			<i>Pseudomonas aeruginosa</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Ampicillin/ basil oil	-	-	2(100)	1(6.25)	-	15(93.75)	-	-	7(100)
Gentamycin/ basil oil	1(50)	-	1(50)	-	6(37.5)	10(62.5)	3(42.8)	1(14.3)	3(42.8)
Amoxicillin-clavulanate/ basil oil	-	-	2(100)	-	-	16(100)	1(14.3)	-	6(85.7)
Amikacin/ basil oil	-	1(50)	1(50)	3(18.75)	8(50)	5(31.25)	3(42.8)	-	4(57.14)
Ciprofloxacin/ basil oil	1(50)	-	1(50)	11(68.75)	-	5(31.25)	5(71.42)	-	2(28.6)

Total number of *klebsiella pneumonia* (2), *citrobacter freundii* (16), *pseudomonas aeruginosa* (7).

Key: S= Sensitive; R= Resistant; I =Intermediate

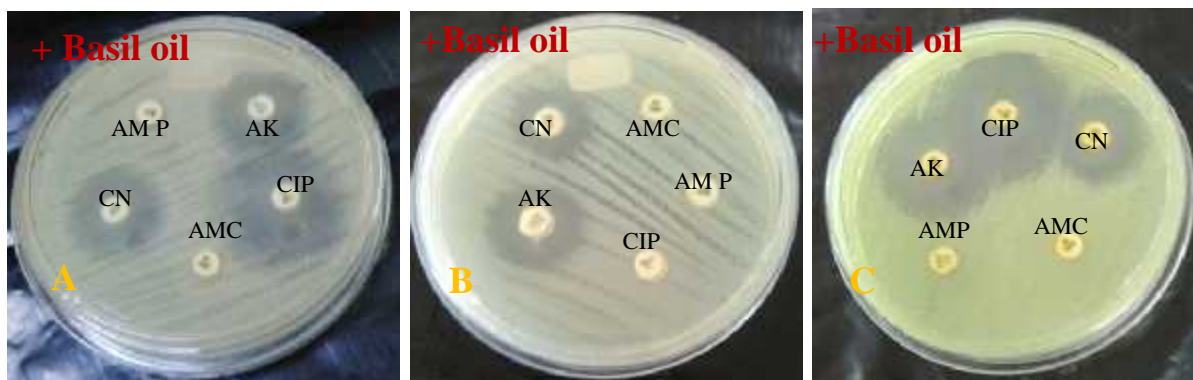


Fig (5): Photograph of effect of combination between basil oil and antibiotics against Gram negative bacterial isolates (Disc diffusion method)

(A) Photograph of effect of combination between basil oil and antibiotics against *klebsiella pneumonia*, (B) Photograph of effect of combination between basil oil and antibiotics against *citrobacter freundii*, (c) Photograph of effect of combination between basil oil and antibiotics against *pseudomonas aeruginosa*

Table (11) Effect of combination between basil oil and antibiotics against Gram positive bacterial isolates

Pair combinations	<i>Staph aureus</i>			<i>Coagulase negative staph</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Cefoxitin/ basil oil	1(11.11)	1(11.11)	7(77.8)	-	3(60)	2(40)
Clindamycin/ basil oil	5(55.55)	-	4(44.44)	4(80)	-	1(20)
Azithromycin/ basil oil	3(33.33)	1(11.11)	5(55.55)	-	3(60)	2(40)
Vancomycin/ basil oil	4(44.44)	3(33.33)	2(22.22)	-	-	5(100)
Gentamycin/ basil oil	2(22.22)	1(11.11)	6(66.7)	3(60)	1(20)	1(20)

Total number of staph aureus (9), coagulase negative staph (5)

Key: S = sensitive; R= Resistant; I intermediate

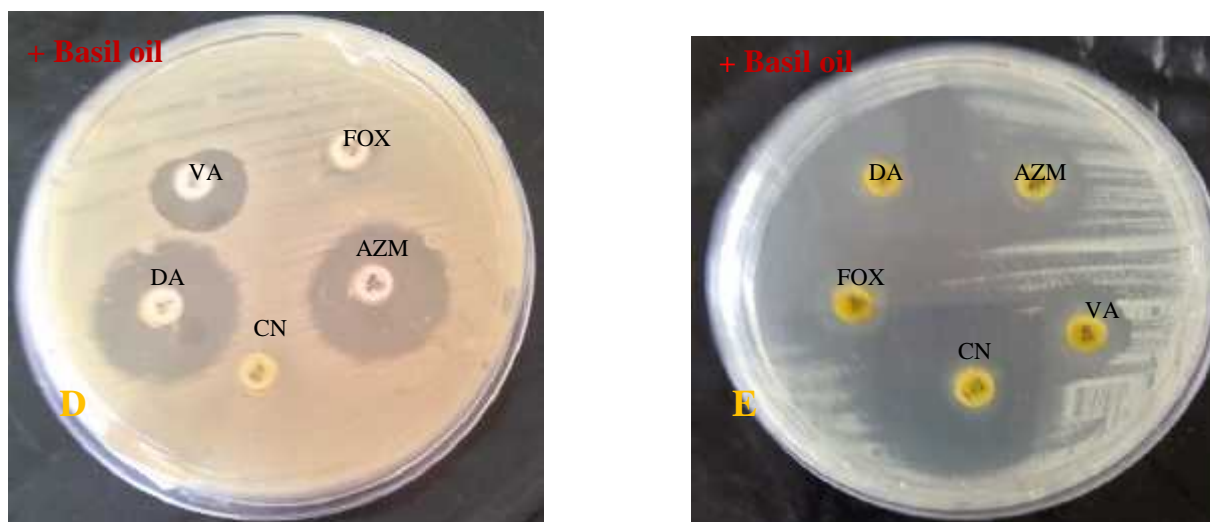


Fig (6): Photograph of effect of combination between basil oil and antibiotics on Gram positive bacterial isolates (Disc diffusion method)

(D) Photograph of effect of combination between basil oil and antibiotics against *staph aureus*, (E) Photograph of effect of combination between basil oil and antibiotics against *coagulase negative staph*

Table (12): Effect of combination between black seed oil and antibiotics against Gram negative bacterial isolates by disk diffusion method

Pair combinations	<i>Klebsiella pneumonia</i>			<i>Citrobacter freundii</i>			<i>Pseudomonas aeruginosa</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Ampicillin/ black seed oil	-	-	2(100)	1(6.25)	-	15(93.75)	-	-	7(100)
Gentamycin/ black seed oil	-	1(50)	1(50)	-	5(31.25)	11(68.75)	3(42.8)	2(28.6)	2(28.6)
Amoxicillin- clavulanate/ black seed oil	-	-	2(100)	-	5(31.25)	11(68.75)	-	-	7(100)
Amikacin/ black seed oil	-	1(50)	1(50)	1(6.25)	3(18.75)	12(75)	5(71.42)	1(14.3)	1(14.3)
Ciprofloxacin/ black seed oil	1(50)	-	1(50)	11(68.75)	-	5(31.25)	6(85.7)	-	1(14.3)

Total number of *Klebsiella pneumonia* (2), *citrobacter freundii* (16), *pseudomonas aeruginosa* (7)

Key: S = sensitive; R= Resistant; I=intermediate

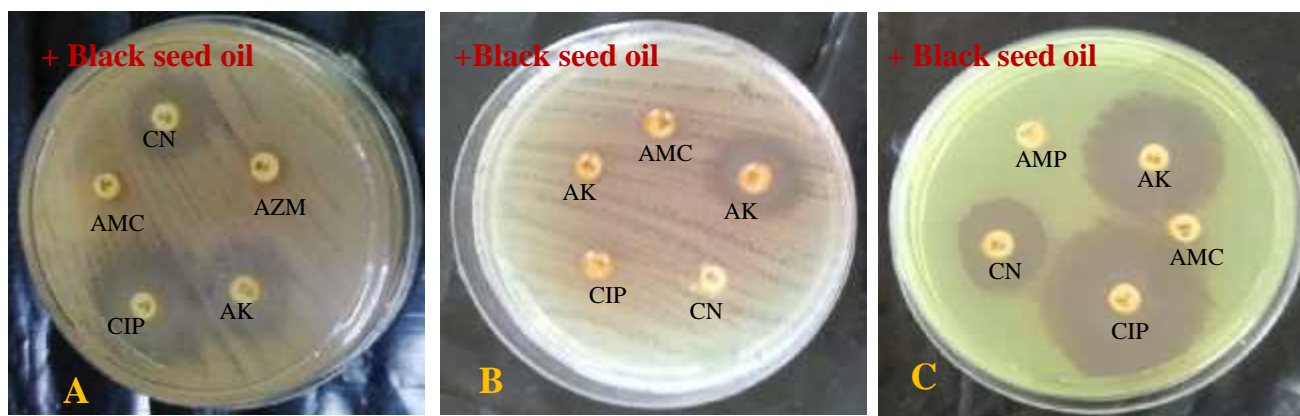


Fig (7): Photograph of effect of combination between black seed oil and antibiotics against Gram Negative bacterial isolates (Disc diffusion method)

(A) Photograph of effect of combination between Black seed oil and antibiotics against *klebsiella pneumoniae*, (B) Photograph of effect of combination between Black seed oil and antibiotics against *citrobacter freundii*, (c) Photograph of effect of combination between black seed oil and antibiotics against *pseudomonasaeruginosa*

Table (13) Effect of combination between black seed oil and antibiotics against Gram positive bacterial isolates

Pair combinations	<i>Staph aureus</i>			<i>Coagulase negative staph</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Cefoxitin/ black seed oil	7(77.8)	-	2(22.22)	4(80)	-	1(20)
Clindamycin/ black seed oil	7(77.8)	-	2(22.22)	4(80)	-	1(20)
Azithromycin/ black seed oil	7(77.8)	-	2(22.22)	4(80)	-	1(20)
Vancomycin/ black seed oil	7(77.8)	-	2(22.22)	4(80)	-	1(20)
Gentamycin/ black seed oil	7(77.8)	-	2(22.22)	4(80)	-	1(20)

Total number of *staph aureus* (9), *coagulase negative staph* (5)

Key: S = sensitive; R= Resistant; I= intermediate

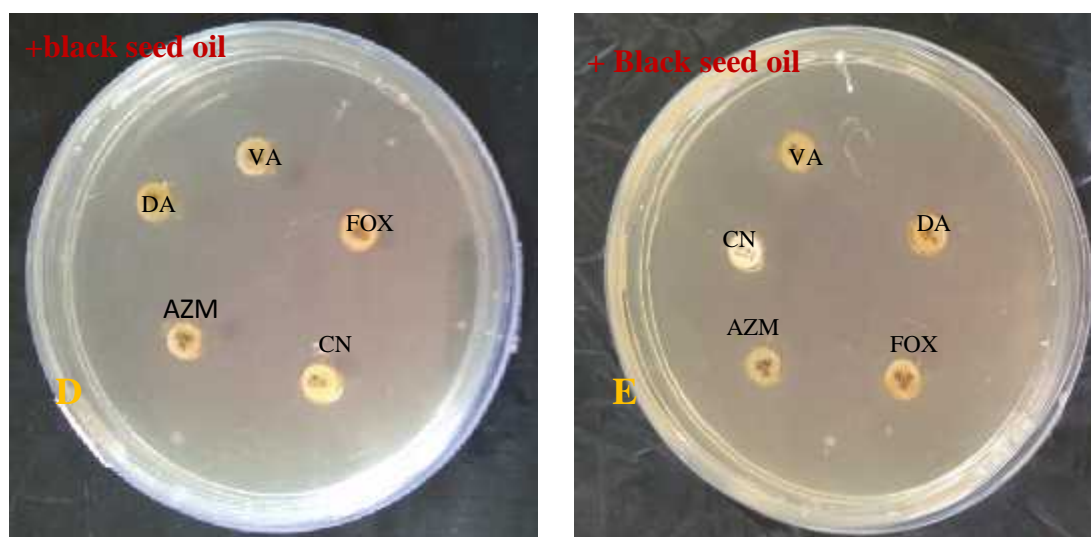


Fig (8): Photograph of effect of combination between black seed oil and antibiotics against Gram positive bacterial isolates (Disc diffusion method)

(D) Photograph of effect of combination between Black seed oil and antibiotics against *staph aureus*, (E) Photograph of effect of combination between Black seed oil and antibiotics against coagulase *negative staph*

Table (14): Effect of combination between rose marry oil and antibiotics against Gram negative bacterial isolates

Pair combinations	<i>Klebsiella pneumonia</i>			<i>Citrobacter freundii</i>			<i>Pseudomonas aeruginosa</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Ampicillin/rose marry	-	-	2(100)	-	-	16(100)	-	-	7(100)
Gentamycin/rose marry	-	1(50)	1(50)	1(6.25)	5(31.25)	10(62.5)	4(57.14)	1(14.3)	2(28.6)
Amoxicillin-clavulanate/rose marry	-	-	2(100)	6(37.5)	5(31.25)	5(31.25)	1(14.3)	-	6(85.7)
Amikacin/rose marry	-	1(50)	1(50)	4(25)	6(37.5)	6(37.5)	4(57.14)	1(14.3)	2(28.6)
Ciprofloxacin/rose marry	1(50)	-	1(50)	11(68.75)	-	5(31.25)	5(71.42)	1(14.3)	1(14.3)

Total number of *Klebsiella pneumonia* (2), *Citrobacter freundii* (16), *Pseudomonas aeruginosa* (7)

Key: S = sensitive; R= Resistant; I= intermediate

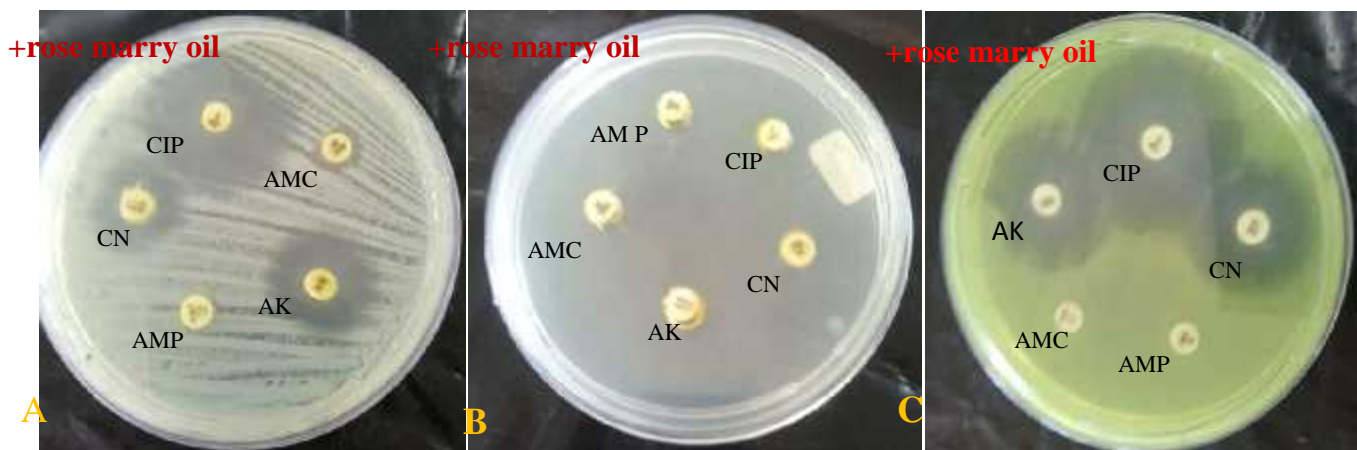


Fig (9): Photograph of effect of combination between rose marry oil and antibiotics against Gram negative bacterial isolates (Disc diffusion method)

(A) Photograph of effect of combination between Rose marry oil and antibiotics against *klebsiella pneumonia*, (B) Photograph of effect of combination between Rose marry oil and antibiotics against *citrobacter freundii*, (C) Photograph of effect of combination between Rose marry oil and antibiotics against *pseudomonas aeruginosa*

Table (15): Effect of combination between rose marry oil and antibiotics against Gram positive bacterial isolates

Pair combinations	<i>Staph aureus</i>			<i>Coagulase negative staph</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Cefoxitin/rose marry oil	3(33.33)	-	6(66.7)	4(80)	-	1(20)
Clindamycin/rose marry oil	3(33.33)	-	6(66.7)	4(80)	-	1(20)
Azithromycin/rose marry oil	4(44.44)	1(11.11)	4(44.44)	3(60)	1(20)	1(20)
Vancomycin/ rose marry oil	2(22.22)	7(77.8)	-	4(80)	-	1(20)
Gentamycin/ rose marry oil	2(22.22)	1(11.11)	6(66.7)	4(80)	-	1(20)

Total number of *staph aureus* (9), coagulase negative staph (5)

Key: S = sensitive; R= Resistant; I intermediate

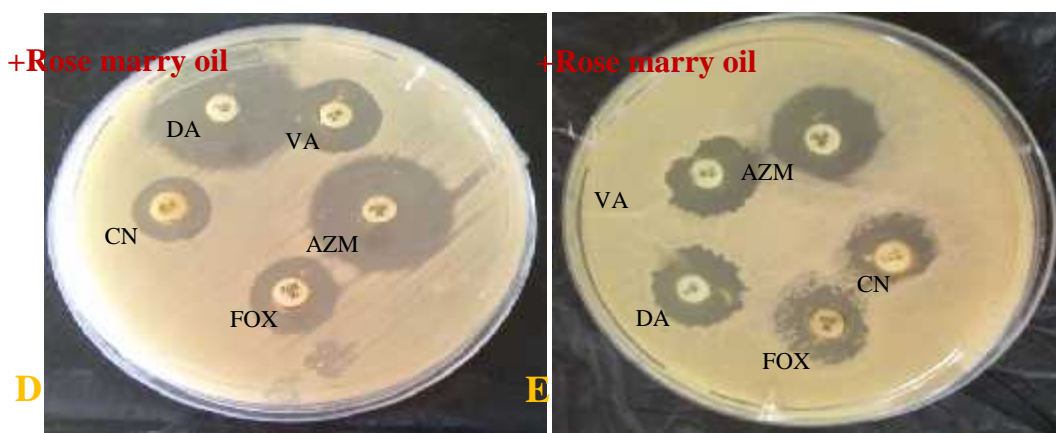


Fig (5.10): photograph of effect of combination between rose marry oil and antibiotics against Gram positive bacterial isolates (Disc diffusion method)

(D) Photograph of effect of combination between Rose marry oil and antibiotics against *staph aureus* (E) Photograph of effect of combination between Rose marry oil and antibiotics on *coagulase negative staph*

Table (16) Effect of combination between clove oil and antibiotics against Gram negative bacterial isolates

Pair combinations	<i>Klebsiella pneumonia</i>			<i>Citrobacter freundii</i>			<i>Pseudomonas aeruginosa</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Ampicillin/ clove oil	-	-	2(100)	-	-	16(100)	1(14.3)	-	6(85.7)
Gentamycin/ clove oil	-	1(50)	1(50)	-	5(31.25)	11(68.75)	4(57.14)	1(14.3)	2(28.6)
Amoxicillin-clavulanate/ clove oil	-	-	2(100)	-	4(25)	12(75)	-	-	7(100)
Amikacin/ clove oil	-	-	2(100)	11(68.75)	1(6.25)	4(25)	5(71.42)	1(14.3)	1(14.3)
Ciprofloxacin/ clove oil	1(50)	-	1(50)	11(68.75)	-	5(31.25)	5(71.42)	-	2(28.6)

Total number of *Klebsiella pneumonia* (2), *Citrobacter freundii* (16), *Pseudomonas aeruginosa* (7)

Key: S = sensitive; R= Resistant; I = intermediate

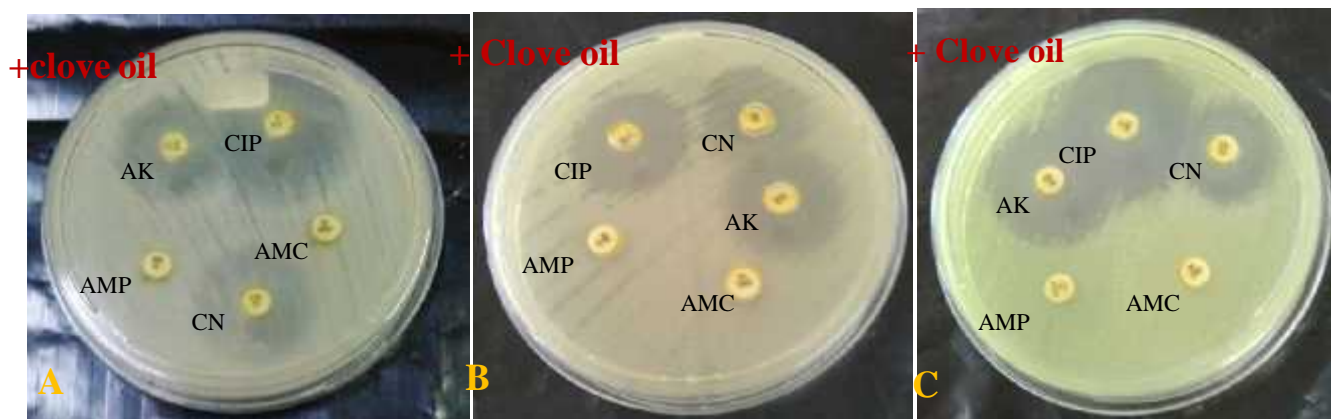


Fig (5.11): Photograph of effect of combination between clove oil and antibiotics against Gram Negative bacterial isolates (Disc diffusion method)

(A) Photograph of effect of combination between clove oil and antibiotics against *klebsiella pneumonia*, (B) Photograph of effect of combination clove oil and antibiotics against *citrobacter freundii*, (C) Photograph of effect of combination between clove oil and antibiotics against *pseudomonas aeruginosa*

Table (17) Effect of combination between clove oil and antibiotics against Gram positive bacterial isolates

Pair combination	<i>Staph aureus</i>			<i>Coagulase negative staph</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Cefoxitin/ clove oil	2(22.22)	-	7(77.8)	3(60)	-	2(40)
Clindamycin/ clove oil	3(33.33)	-	6(66.7)	4(80)	-	1(20)
Azithromycin/ clove oil	8(88.9)	-	1(11.11)	3(60)	-	2(40)
Vancomycin/ clove oil	1(11.11)	7(77.8)	1(11.11)	3(60)	1(20)	1(20)
Gentamycin/ clove oil	2(22.22)	1(11.11)	6(66.7)	3(60)	1(20)	1(20)

Total number of *staph aureus* (9), *coagulase negative staph* (5)

Key: S = sensitive; R= Resistant; I = intermediate

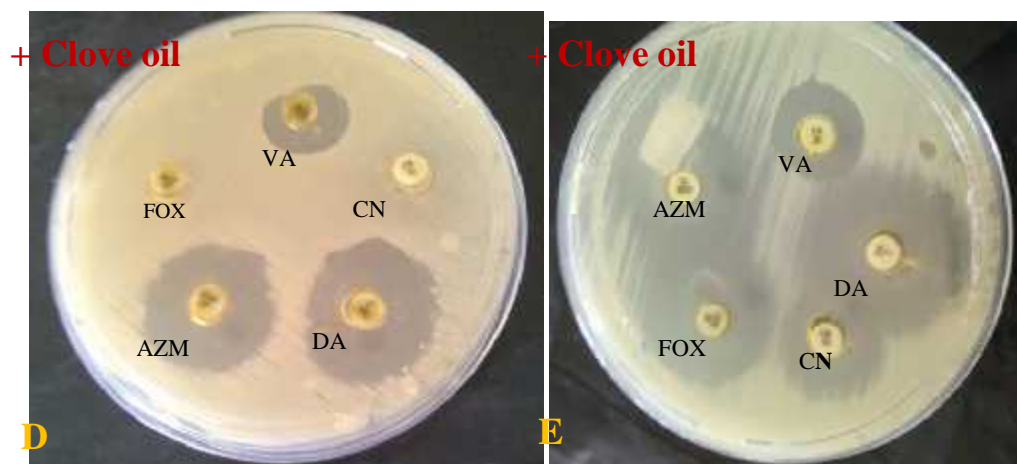


Fig (12): Photograph of effect of combination between clove oil and antibiotics against Gram positive bacterial isolates (Disc diffusion method)

(D) Photograph of effect of combination between clove oil and antibiotics on *staph aureus*, (E) Photograph of effect of combination between clove oil and antibiotics on *coagulase negative staph*

Table (18): Effect of combination between thyme oil and antibiotics against Gram negative bacterial isolates

Pair combinations	<i>Klebsiella pneumonia</i>			<i>Citrobacter freundii</i>			<i>Pseudomonas aeruginosa</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Ampicillin/ thyme oil	-	-	2(100)	-	-	16(100)	-	-	7(100)
Gentamycin/ thyme oil	1(50)	-	1(50)	1(6.25)	11(68.7)	4(25)	5(71.42)	-	2(28.6)
Amoxicillin-clavulanate/ thyme oil	-	-	2(100)	-	4(25)	12(75)	-	-	7(100)
Amikacin/ thyme oil	-	1(50)	1(50)	7(43.75)	7(43.7)	2(12.5)	5(71.42)	2(28.6)	-
Ciprofloxacin/ thyme oil	1(50)	-	1(50)	11(68.75)	-	5(31.25)	7(100)	-	-

Total number of *Klebsiella pneumonia* (2), *Citrobacter freundii* (16), *Pseudomonas aeruginosa* (7)

Key: S = sensitive; R= Resistant; I= intermediate

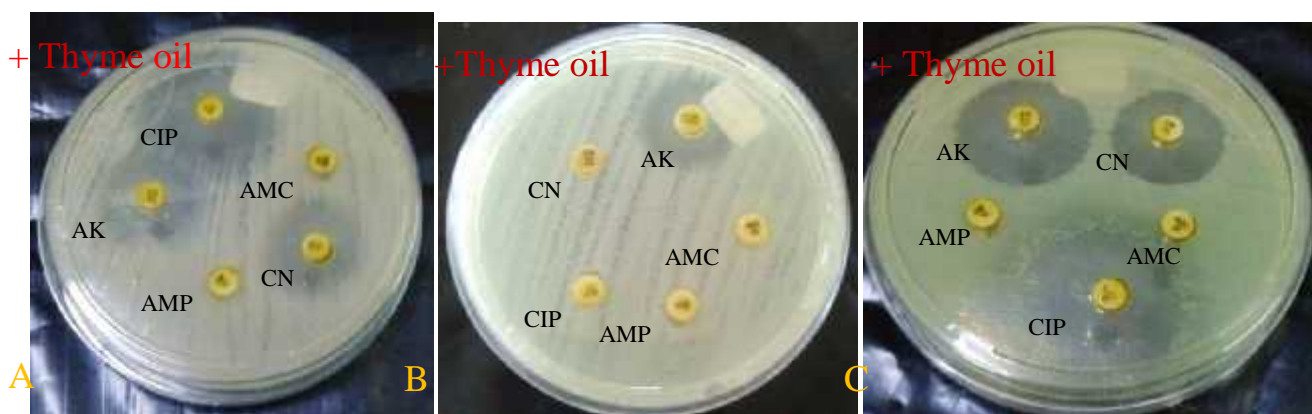


Fig (5.13): photograph of effect of combination between thyme oil and antibiotics against Gram Negative bacterial isolates (Disc diffusion method)

- (A) Photograph of effect of combination between thyme oil and antibiotics against *klebsiella pneumonia*
- (B) Photograph of effect of combination between thyme oil and antibiotics against *citrobacter freundii*
- (C) Photograph of effect of combination between thyme oil and antibiotics against *pseudomonas aeruginosa*

Table (19) Effect of combination between thyme oil and antibiotics against Gram positive bacterial isolates

Pair combinations	<i>Staph aureus</i>			<i>Coagulase negative staph</i>		
	S (%)	I (%)	R (%)	S (%)	I (%)	R (%)
Cefoxitin/ thyme oil	7(77.8)	1(11.11)	1(11.11)	3(60)	-	2(40)
Clindamycin/ thyme oil	3(33.33)	-	6(66.7)	4(80)	-	1(20)
Azithromycin/thyme oil	7(77.8)	1(11.11)	1(11.11)	-	3(60)	2(40)
Vancomycin/ thyme oil	1(11.11)	6(66.7)	2(22.22)	-	-	5(100)
Gentamycin/ thyme oil	7(77.8)	-	2(22.22)	4(80)	-	1(20)

Total number of staph aureus (9)

Total number of coagulase negative staph (5)

Key: S = sensitive; R= Resistant; I intermediate

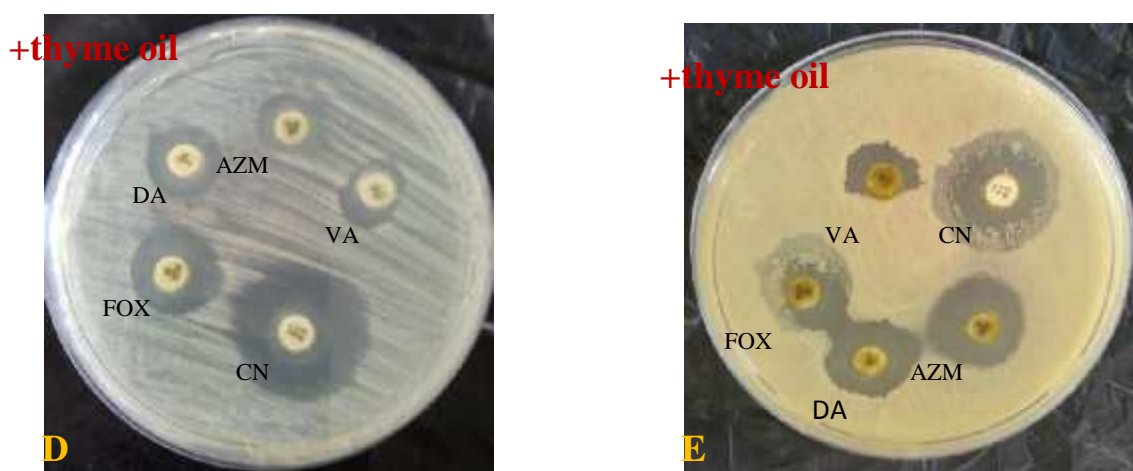


Fig (14) Photograph of effect of combination between thyme oil and antibiotics against Gram positive bacterial isolates (Disc diffusion method)

(D) Photograph of effect of combination between thyme oil and antibiotics against *staph aureus*, (E) photograph of effect of combination between thyme oil and antibiotics against *coagulase negative staph*

- Detection of beta lactamase mediated resistance

Beta lactamase production were detected using iodometric method The results show that all beta lactamase producing strains of *Klebsiella pneumonia* and *coagulase negative staph* (100%), (87.5%) of *Citrobacter freundii* (n=16), (80%) of *pseudomonas aeruginosa* (n=5) , (85.7%) of *staph aureus* (n=7) gave positive result by the iodometric method (table20and fig. 15).

Our results are agreement with Oberhofer et al. 1982 [28] who reported that all 169 (81. 6%) resistant *S. aureus* (n=207) isolates positive for -lactamase test by iodometric method. He observed similar findings in *staph epidermidis*, *Haemophilus spp.* and *Neisseria spp.* and *Bacillus catarrhalis* isolates.

Table (20): Detection of lactamase production by iodometric method

<i>Bacterial isolates</i>	Total no. of isolated bacteria	No of lactam resistant isolates (%)	lactamase test result	
			Positive no. (%)	Negative no. (%)
<i>Citrobacter freundii</i>	16	16(100%)	14(87.5%)	2(12.5%)
<i>Klebsiella pneumonia</i>	2	2(100%)	2(100%)	-
<i>Pseudomonas aeruginosa</i>	7	5(71.4%)	4(80%)	1(20%)
<i>Staph aureus</i>	9	7(77.7%)	6(85.7%)	1(14.3%)
<i>Coagulase negative staph</i>	5	4(80%)	4(100%)	-
Total	39	34(100)	30(88.23%)	4(11.8%)



Fig (15) Photograph of detection of beta lactamase activity by iodometric method

(A)Positive result of iodometric method, (B) negative Result of iodometric method

4- CONCLUSION

From this study it can be concluded that:

The most bacteria responsible for wound infections were *Citrobacter freundii*, *Staph aureus* and *Pseudomonas aeruginosa*.

The most effective antibiotics were ciprofloxacin, Amikacin, Gentamycin against all gram negative bacterial isolates, the most effective antibiotics were Vancomycin on *Staph aureus* and the most effective antibiotics were Clindamycin on *Coagulase negative staph*.

Beta lactam antibiotics (Ampicillin, amoxicillin clavulanate, cefoxitin) were the most resistant antibiotics.

Essential oils possess antibacterial activity against gram positive bacterial isolates than gram negative bacterial isolates.

Combination between antibiotics and essential oils were more effective against different bacterial isolates than using both individually.

Iodometric method was accurate and gave satisfactory results in detection of beta lactamase enzyme in resistant isolates to beta lactam antibiotics.

REFERENCES

1. Kaye, K.S.; Schmitt, K.; Pieper, C.; Sloan, R.; Caughlan, K.F.; Sexton, D.J.; Schmader, K.E. (2005). The effect of increasing age on the risk of surgical site infection. *J Infect Dis.*191:1056-1062.
2. Cowan, S. T. and Steel, K. J. (1993). *Cowan and Steel's manual for identification of medical bacteria.*3rd edition Cambridge University Press. London. PP 199 -241.
3. Ugur, A.; Valor, Ö. Ceylon, Ö. (2005).Antibacterial activity of *Sideritiscurvidens* and *Sideritislanata* from Turkey *Pharmaceutical Biology*: 43(1):47-52.
4. Pereira, R. S.; Summit, T. C. et al. (2004).antibacterial activity of essential oils on microorganism isolated from urinary tract infection. *Rev Saudi publica* 38(2), 1.
5. Matasyoh, L.G.; Matasyoh, J.C.; Wachira, F.N.; Kinyua, M.G; Thairu, A.W.M.; Mukiyama, T.K.(2007). Chemical composition and antimicrobial activity of the essential oil of *Ocimum gratissimum* L. Growing in Eastern Kenya *Afr J Biotech.*6:760-765.
6. Yap, P.S.; Yiap, B.C.; Ping, H.C. and Lim, S.H. (2014).Essential oils, a new horizon in combating bacterial antibiotic resistance. *open microbial journal* 8:6 -14.
7. Kilic, E. and Cirak, M.Y. (2006). Comparison of Staphylococcal β -lactamase detection methods. *Farad J Pharm Sci.* 31:79-84.
8. Sykes, R.B. (1976). Methods for detecting β -lactamases. In *Laboratory methods in antimicrobial chemotherapy*, edited by Reeves SD, Philips I, Williams JD, Wise R. Churchill Livingstone, and Edinburgh. 64-9.
9. Holt, J. G.; Krieg, N. R.; Senath, P. H. A.; Staley, J. T.; Williams, S. T. (1994). *Sergey's manual of determinative bacteriology* (9thed). Maryland: Williams and Willins.
10. CLSI (2015). Performance standards for antimicrobial susceptibility testing. Twenty – fifth Informational supplements. CLSI document M 100- S 25, Wayne, P. A; clinical laboratory standard institute, Vol.35 No. 3.
11. Lis-Balchin, M. Hart, S.L.Deans, S.G.and Eaglesham, E. (1995). Potential agrochemical and medicinal usage of essential oils of *J. Herbs Spices and essential oils of Pelargonium SP.* *Medical Microbiology* (Cruick Shank) 4th (Edn.)Churchil Livingstone 1: 53 – 94.
12. NCCLS (2012).Performance Standards for Antimicrobial Disk Susceptibility Tests; Approved Standard—Eleventh Edition Vol. 32 No. 1.
13. Rodrigues, F.F.; Costa, J.G.; Coutinho, H.D. (2009). Synergy effects of the antibiotics Gentamycin and the essential oil of *Croton zehntneri*. *Phyto medicine.* 16(11):1052–5.
14. Muluye, D.; Wondimeneh, Y.;Ferede, G.; Nega, T.; Adane, K.; Biadgo, B.; Tesfa, H.; Moges (2014).Bacterial isolates and their antibiotic susceptibility patterns among patients with pus and or wound discharge at Gondar university hospital. *BMC/Research Notes*, 7: 619.
15. Jane-Francis, A. and John, N.M.(2014).Soup sop Evelyn, Nkwelang Gerard, Roland Ndip Ndip Risk factors for wound infection in health care facilities in Buea, Cameroon :aerobic bacterial pathogens and anti bio gram of isolates *PanAfrican Medical Journal*, 6 : 18.
16. Suchitra, J.B.and Lakshmidivi, N. (2009).Surgical site infections: assessing risk factors, outcomes and antimicrobial sensitivity patterns.*Afr J Microbiol Res.* 3(4):175-179.

17. Basu, S.; Ramchuran, P.T. ; Bali, S.T.; Gulati, A. ;Shukla, V.(2009). A prospective, descriptive study to identify the microbiological profile of chronic wounds in outpatients. *Ostomy Wound Manage.* 55(1):14-20.
18. Kitara, L.; Anywar, A.; Acullu, D.; Odongo-Aginya, E.; Aloyo, J.; Fendu, M.(2011). Antibiotic susceptibility of *Staphylococcus aureus* in supportive lesions in Lacor Hospital, Uganda. *Afr Health Sci.* 11(Suppl 1):S34–S39.
19. Agnihotri, N.; Gupta, V. and Joshi, R.M. (2004). Aerobic bacterial isolates from burn wound infections and their anti bio grams-a five year study. *Burns.* Vol.30, pp.241-243.
20. Roy, I.; Jain, A.; Kumar, M.; Agarwal, S.K. (2002). Bacteriology of neonatal septicemia in a tertiary care hospital of northern India. *Indian J Med Microbiol.*20:156-9. 10. Chatterjee B, Kulat.
21. Shrikhande, S.; Thakar, Y.S.; Pathak, A.A.; Saoji, A.M. (1996). Species distribution of clinical isolates of *Staphylococci*. *Indian J Pathol Microbiol.*39:207-10.
22. Gaunt, L.F.; Higgins, S.C.; Hughes, J.F. (2005). Interaction of air ions and bactericidal vapours to control microorganisms. *Journal of applied microbiology.* 99:1324-1329.
23. Fisher, K. and Phillips, C. (2009). The mechanism of action of a citrus oil blend against *Enterococcus faecium* and *Enterococcus faecalis*. *J Appl Microbiol.* 106(4):1343-1349.
24. Burt, S. (2004). Essential oils: their antibacterial properties and potential applications in foods – a review. *International Journal of Food Microbiology,* 94, 223-253.
25. Sivropoulou, A.; Kokkini, S.; Lanaras, T. and Arsenakis, M. (1995). Antimicrobial activity of mint essential oils. *Journal of Agriculture and Food Chemistry.* 43: 2384-2388.
26. Mostafa, F. (2005). Antimicrobial studies of some essential oils on some bacteria. M. sc thesis. Dep. of botany. Zagazig univ. Egypt.
27. Rosato, A.; Vitali, C.; Delaurent, s.; Armenise, D. and Milillo, M. A.(2007). Antibacterial effect of some essential oils administered alone or in combination with norfloxacin. *Phytomedicine,* in press, corrected proff, available on line 15 February 2007.
28. Oberhofer, T.R., Towle, D.W. (1982). Evaluation of rapid penicillinase paper strip for detection of - lactamase. *J Cilm Microbiol;* 15:196-9.