academicJournals

Vol. 10(31), pp. 1182-1186, 21 August, 2016 DOI: 10.5897/AJMR2016.7990 Article Number: D978F4C60056 ISSN 1996-0808 Copyright © 2016 Author(s) retain the copyright of this article http://www.academicjournals.org/AJMR

African Journal of Microbiology Research

Full Length Research Paper

Relationship between the probiotic *Lactobacillus rhamnosus* and *Enterococcus faecalis* during the biofilm formation

Felipe Esteban Matias Montecinos¹*, Fanny Machado Jofre¹, Isabela Amêndola², Celia Regina Goncalves³, Mariella Vieira Pereira Leao⁴ and Silvana Soleo Ferreira Dos Santos⁴

¹Biological Science Graduate, University of Taubaté, Taubaté São Paulo, Brazil.
²Department of Bioscience and Oral Diagnosis, Laboratory of Micro Biology and Immunology, Institute of Science and Technology, Universidade Estadual Paulista, Brazil.
³Microbiology and Immunology, University of Taubaté São Paulo, Brazil.
⁴University of Taubaté, Taubaté São Paulo, Brazil.

Received 2 March, 2016; Accepted 27 May, 2016

One of the factors that make the treatment of *Enterococcus faecalis* infections difficult is their ability to form biofilm, as well as their natural and acquired resistance to antibiotics which does not have specific drugs for their inhibition. This fact makes essential the search for alternative treatments, as the use of probiotics strains of *Lactobacillus rhamnosus* has been effective in the treatment of some diseases. In this investigation, the relationship between the probiotic strain of *L. rhamnosus* and *E. faecalis* during the biofilm formation was analyzed. Standardized suspensions used in biofilm development and treatment in different stages of the biofilm formation were prepared. The *L. rhamnosus* suspension was placed in contact for 90 min with *E. faecalis* freshly created biofilms (initial adherence) in the 24 h biofilms. The same was made with *E. faecalis* biofilms formation, with an increase in the counting of colony forming units in the treated groups (p=0.0047, p=0.0060). About the *L. rhamnosus* biofilms, there was no significant difference for both treatment stages. The probiotic strain interfered *in vitro* with the *E. faecalis* biofilm formation, thereby intensifying the growth of *E. faecalis* biofilm.

Key words: Enterococcus faecalis, Lactobacillus rhamnosus, biofilm, virulence factor, probiotic.

INTRODUCTION

Enterococcus faecalis is the main cause agents of nosocomial infections and even being present on human intestinal microbiota, has been related to many cases of

infections in imunossupressed individuals and or/those treated by broad-spectrum antibiotics. This bacterium, is known by its natural resistance to some antibiotics; large

*Corresponding author. E-mail: felipe.esteban6@gmail.com. Tel: (55) 12 99152-6895/12 3432-5969.

Author(s) agree that this article remains permanently open access under the terms of the <u>Creative Commons Attribution</u> <u>License 4.0 International License</u>

First Suspension	Time of biofilm formation		Interaction solution
	90 min.	24 h	90 min.
Enterococcus faecalis	G1	-	Control - Saline solution
	G2	-	L. rhamnosus suspension
	-	G3	Control - Saline solution
	-	G4	L. rhamnosus suspension
Lactobacillus rhamnosus	G5	-	Control - Saline solution
	G6	-	E. faecalis suspension
	-	G7	Control - Saline solution
	-	G8	E. faecalis suspension

Table 1. *E. faecalis* and *L. rhamnosus* groups divided according to the time of biofilm formation (90 min or 24 h) and interaction solution (*L. rhamnosus* or *E. faecalis* or control – saline solution).

capacity of genetic shares between the microbial cells, this potentiates its resistance to some antimicrobial agents such as vancomycin (Arias and Murray, 2012; Heintz et al., 2010; Sartelli, 2010).

The biogenesis and biofilm formation ability also contribute to the treatment of infections caused by *E. faecalis*. A matrix of exopolysaccharides surrounding offers protection against the action of antibiotics and cells of immune system (Aparna and Yadava, 2008). It stimulates the persistence of bacterial infections and supports the cells of this community (Jefferson, 2004; Mohamed and Huang, 2007; Paganelli et al., 2012; Rabin et al., 2015).

With the dissemination of resistant bacterial strains, the development of new drugs and also the search for alternative treatments, such as phytotherapy (Bhardwaj et al., 2013; Castilho et al., 2013; Sponchiado et al., 2014) and phagoterapy (Khalifa et al., 2015). There is also the use of probiotics strains with the intention of colonization and/or growth inhibition (Chapman et al., 2014).

The term probiotic was defined by the World Health Organization (WHO), in 2002, as "the use of live microorganisms administrated in adjusted amounts to promote positive physiological effects in the host". The use is more frequent as biotherapeutics agents, especially in the preventive medicine. The most used bacteria as probiotic are those belonging to the lactic acid bacteria group, where the genus *Lactobacillus* is enclosed (Bubnov et al., 2015). This can intervene with the colonization and proliferation of pathogenic microorganisms, by the production of antimicrobials substances (Fukuda et al., 2011, Oelschlaeger, 2010; Todorov et al., 2011), or by means of immunomodulatory effects (Remus et al., 2011; Suzuki et al., 2008).

Currently, the specie of *Lactobacillus* most studied is *Lactobacillus rhamnosus* because it has good characteristics of growth and adhesion in gut epithelium and this helps in competing with pathogenic microorganisms on the gastrointestinal tract and intervening in immune system, intensifying the IgA production, stimulating the local release of interferons facilitating the antigenic transport to the lymphoid cells, thus, serving to increase the presentation of these to the Plate of Peyer (Vandenplas et al., 2015; Segers and Leeber, 2014, Gupta and Garg, 2009). In this investigation, the relation between probiotic strain of *L. rhamnosus* and *E. faecalis* during biofilm formation was analyzed.

MATERIALS AND METHODS

E. faecalis (ATCC 29212) and *L. rhamnosus* (ATCC 1465) were cultivated, respectively, on Brain Heart Infusion broth (BHI, Kasvi, Roseto degli Abruzzi, Italy) and MRS *Lactobacillus* (Hymedia, Mumbai, India), and later incubated at 37° C for 24 h, with tension of (5%) of CO₂.

Each 24 h culture was centrifuged (Centribio TDL80-2B) at 843 g for 10 min, and the supernatant was discarded. The pellet was resuspended in sterilized saline solution (NaCl 0.9%) and centrifuged again, with the supernatant discarded at another time. This procedure was repeated three times to remove the culture way residues. From the last deposit was prepared standardized suspensions for spectrophotometry (Femto 432C, São Paulo, Brazil) in wave length of 530 nm, adjusted in 10^7 cells/mL for *E. faecalis* and 10^8 cells/mL for *L. rhamnosus* (absorbance at 0.020 and 0.600 respectively).

These suspensions were used in different biofilm assays, divided in groups according to Table 1.

To the wells of 96-well microtitration plates had been added 200 μ L of *E. faecalis* and *L. rhamnosus* suspensions. The plates were incubated at 37°C under agitation (75 rpm, multi-functional agitator Biomixer TS-2000) per 90 min. After this time, the wells were washed three times with sterilized saline solution to remove the cells not adhered. The groups of 90 min experiment (G1, G2, G5 and G6) immediately received the interaction solution. The groups pertaining to the 24-hours experiment (G3, G4, G7 and G8) received 200 μ L of BHI broth, was incubated for more than 24 h in 37°C, and was washed three times and then, received the interaction solution.

The interaction solution was 200 μ L of *L. rhamnosus* suspension (G2 and G4) or 200 μ L of *E. faecalis* suspension (G6 and G8), and the control groups received 200 μ L of sterilized saline solution (G1, G3, G5 and G7). The plates were placed under agitation on 75 rpm at 37°C per 90 min. A new laundering was done with sterilized saline solution, for three times, to remove the cells not-adhered. After that, 200 μ l of BHI broth was added to each well. The groups G1, G2, G5 and G6 (90 min) were incubated at 37°C for more 48 h (with broth renovation after 24 h), and the groups G3, G4, G7 and

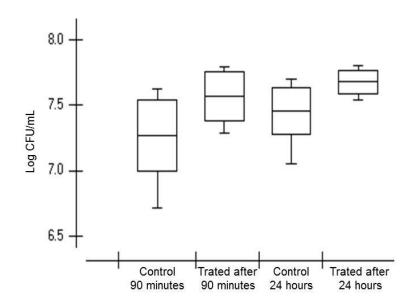


Figure 1. Average and shunting line standard of colonies units' formation for milliliters (in logarithms in base 10) after 90 min of *E. faecalis* biofilm contact (initial stage of biofilm formation and after 24 h of formation) with saline solution (control) or *L. rhamnosus*.

G8 (24h) were incubated for only 24 h. The wells were later washed by sterilized saline solution, three times, to remove the cells not-adhered. Then, 200 μ L of sterilized saline was added. The loosed bacterial biofilms were carried by means of friction and homogenization for each well with sterilized tips.

Dilution series $(10^{-2} \text{ up to } 10^{-8})$ was prepared for the loosen cells suspension and plating for the drop method (Herigstad et al., 2001), on triplicate, in *Enterococci* agar (Vetec, Rio De Janeiro, Brazil) for groups 1, 2, 3 and 4 and agar *Lactobacillus* MRS (Hymédia, Mumbai, India) for the groups 5, 6, 7 and 8. These were incubated for 24 h in 37°C with CO₂ tension of (5%), for *L. rhamnosus* groups.

The reading was carried out by counting and calculating the number of colony forming units per milliliter (CFU/mL). The number of CFU/mL was transformed into logarithms to base 10 and after analysis of normality, the data was analyzed by Wilcoxon test (program Bioestat 5.3) considering the level of significance of 5%.

RESULTS AND DISCUSSION

After 90 min of exposition, there was a significant positive interference of *L. rhamnosus* probiotic strain, with increase in the CFU/mL counts of *E. faecalis* in biofilms of 90 min (p=0.0047) and of 24 h (p=0.0060) of formation (Figure 1). The average increase was 85% in biofilms of 90 min and 58% within the 24 h biofilm, when compared with the counting in the control groups. There was no significant interference of *E. faecalis* on biofilm formation by *L. rhamnosus* (90 min, p=0.5751 and 24 h, p=0.2300) (Figure 2).

L. rhamnosus has been of the most studied probiotic strain, and its use is considered safe (Vandenplas et al., 2015), however, the interaction with different micro-organism, pathogenic or not, is still unclear. Thus, the

present study is considered to evaluate if the *L. rhamnosus* probiotic strain would be capable to interfere with the growth of *E. faecalis* biofilms hindering its formation or reducing the number of cells, as well as if *E. faecalis* could interfere with the biofilm formation by *L. rhamnosus*.

The suspension contained 10⁸ CFU/mL of *L. rhamnosus* opted for the use by reason of, the majority of the lyophilized *Lactobacillus*, commercialized in pharmacies, contains enters 10⁸ and 10¹¹ CFU/g in each dose and in microbial ecology, it is considered that a microorganism influences in the ecosystem where it only meets when its population is equal or superior to 10⁷ CFU/g or mL (Stefe et al., 2008).

The choice of the species was because, in case of probiotic consumption, E. faecalis and L. rhamnosus would interact in the gastrointestinal mucosa, forming biofilms. E. faecalis biofilm formation ability is a key-factor in the persistence of bacterial infections and difficulty of treatments (Hoiby et al., 2011; Zoletti et al., 2011). The extracellular polymeric matrix prevents the host cells defenses or restraint to the penetrations of antimicrobials agents (Donlan and Costerton, 2002). L. rhamnosus and E. faecalis occupy inverse extremities in the current microbiological scene, E. faecalis is responsible for innumerable cases of infection in imunossupressed individuals, with strains resistant to antibiotics of broad spectrum, while L. rhamnosus is commonly used in probiotic therapy (Vandenplas et al., 2015; Rabin et al., 2015).

Thus, as it has been stated that *L. rhamnosus* presents an ample antimicrobial potential (Dubourg et al., 2015), it

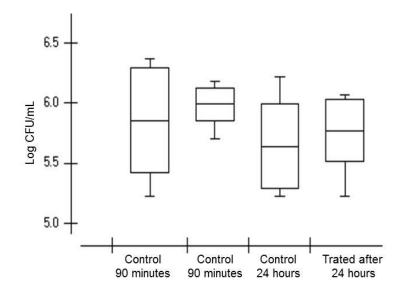


Figure 2. Average and shunting line standard of colonies units' formation for milliliters (in logarithms in base 10) after 90 min of *L. rhamnosus* biofilm contact (initial stage of biofilm formation and after 24 h of formation) with saline solution (control) or *E. faecalis*.

was expected that, when interacting with *E. faecalis*, *L. rhamnosus* would interfere with its growth and harmed the biofilm formation. However, with the methodology used in this research, *L. rhamnosus* not only did not inhibit the growth of *E. faecalis* in biofilm, but also enhanced its growth.

The metabolic and structural features of *E. faecalis* allow its adaptation (modification) in accordance to the ambient and nutritional environmental conditions (Stuart et al., 2006). It is known that in conditions with low glucose availability, the biogenesis of *E. faecalis* biofilm decay, and mechanisms, as increase of the hydrophobicity of the cell surface, increase for the maintenance of its viability (Ran et al., 2015).

Thus, the results of the *in vitro* interaction of these microorganisms must be considered as the existence of an intraspecific competition between *E. faecalis* and *L. rhamnosus*, and the availability of nutritional resources as determinative for the increase in the counting of microorganisms in the experiment.

Factors like pH and temperature act directly in cell generation time and metabolic taxes of *E. faecalis*. When leaving a favorable environment, pH 6.5 and 37°C, the time of generation cellular is extended, however, this fact is compensated by the increase of the metabolic activity (Morandi et al., 2005). The use of BHI media, which pH is around 7.2 \pm 0.2, created an initial favor to the growth of *E. faecalis*, and even the possible posterior production of metabolites, as ascetic and latic acids, by L. rhamnosus was not enough to inhibit its overgrowth.

In vivo tests with administration of *L. rhamnosus* probiotic strain in children colonized by *E. faecalis* strain resistant to vancomycin (VRE), is a significant elimination

of the carrier state and increase in gastrointestinal counting of colonies of *Lactobacillus* spp. was observed (Szachta et al., 2011). *In vivo*, conditions are totally different from our experimental condition, where other microorganisms strains are present besides host epithelial and immune cells.

Therefore, although the probiotic strain of *L. rhamnosus* did not present inhibitory effects on *E. faecalis* biofilm *in vitro*, it must be considered its immunomodulatory effect in the host, and does not discard it a prophylactic measure.

Thus, from the methodology used in the present research, it can be concluded that the probiotic strain of *L. rhamnosus* intervened on *E. faecalis* biofilm and intensified its growth.

Conflict of interest

The authors declare that they have no competing interests.

ACKNOWLEDGEMENT

The authors thank all the people that made this research possible.

REFERENCES

Aparna MS, Yadava S (2008). Biofilms: microbes and disease. Braz. J. Infect. Dis. 16(6):526-530.

Arias CA, Murray BE (2012). The rise of Enterococcus: beyond

vancomycin resistance. Nat. Rev. Microbiol.10:266-278.

- Bhardwaj A, Velmurugan N, Sumitha, Ballal S (2013). Efficacy of passive ultrasonic irrigation with natural irrigants (Morinda citrifolia juice, Aloe Vera and Propolis) in comparison with 1% sodium hypochlorite for removal of *E. faecalis* biofilm: An *in vitro* study. Indian J. Dent. Res. 24:35-41.
- Bubnov RV, Spivak M, Lazarenko LM, Bomba A, Boyki NV (2015). Probiotics and immunity: provisional role for personalized diets and disease prevention. EPMA J. 6(1):14.
- Castilho AL, Saracenil CH, Diaz IE, Paciencia ML, Suffredini IB (2013). New trends in dentistry: plants extract against Enterococcus faecalis. The efficacy compared to chlorhexidine. Braz. Oral Res. 27(2):109-115.
- Chapman CM, Gibson GR, Rowland L (2014). Effects of single- and multi-strain probiotics on biofilm formation and *in vitro* adhesion to bladder cells by urinary tract pathogens. Anaerobe 27:71-76.
- Donlan RM, Costerton JW (2002). Biofilms: survival mechanisms of clinically relevant microorganism. Clin. Microbiol. Rev. 15:167-193.
- Dubourg G, Elsawi Z, Raoult D (2015). Assessment of the in vitro antimicrobial activity of Lactobacillus species for identifying new potential antibiotics. Int. J. Antimicrob. Agents. 46(5):590-593.
- Fukuda S, Toh H, Hase K, Oshima K, Nakanishi Y, Yoshimura K, Tobe T, Clarke JM, Topping dl, Susuki T, Taylor TD, Itoh K, Kikichi J, Morita H, Hattori M, Ohno H (2011). Bifidobacteria can protect from enteropathogenic infection through production of acetate. Nature. 469: 543-547.
- Gupta V, Garg R (2009). Probiotics. Indian J. Med. Microbiol. 27:202-209.
- Heintz BH, Halilovic J, Christensen BL (2010). Vancomycin-resistant enterococcal urinary tract infections. Pharmacotherapy 30 (11):1136-1149.
- Herigstad B, Hamilton M, Heersink J (2001). How to optimize the drop plate method for enumerating bacteria. J. Microbiol. Methods 44:121-129.
- Hoiby N, Ciofu O, Johansen HK, Song ZJ, Moser C, Jensen P, Molin S, Givskov M, Tolker-Nielsen T, Bjarnsholt T (2011). The clinical impact of bacterial biofilms. Int. J. Oral Sci. 3:55-65.
- Jefferson KK (2004). What drives bacteria to produce a biofilm? FEMS Microbiol. Lett. 236(2):163-173.
- Khalifa L, Brosh Y, Gelman D, Coppenhagen-Glazer S, Beyth S, Poraduso-Cogen R, Que YA, Beyth N, Hazan R (2015). Targeting Enterococcus faecalis biofilm using phage therapy. Appl. Environ. Microbiol. 81(8):2696-705
- Mohamed JA, Huang DB (2007). Biofilm formation by enterococci. J. Med. Microbiol. 56(12):1581-1588.
- Morandi S, Brasca M, Alfieri P, Lodi R, Tamburini A (2005). Influence of pH and temperature on the growth of *Enterococcus faecium* and *Enterococcus faecalis*. Le Lait 85(3):181-192.

- Oelschlaeger TA (2010). Mechanisms of probiotic actions A review. Int. J. Med. Microbiol. 300:57-62.
- Paganelli FL, Willems RJ, Leavis HL (2012). Optimizing future treatment of enterococcal infections: attacking the biofilm?. Trends Microbiol. 20(1):40-49.
- Rabin N, Zheng Y, Opoku-Temeng C, Du Y, Bonsu E, Sintim HO (2015). Biofilm formation mechanisms and targets for developing antibiofilm agents. Future Med. Chem. 7(4):493-512.
- Ran SJ, Jiang W, Zhu CL, Liang JP (2015). Exploration of the mechanisms of biofilm formation by *Enterococcus faecalis* in glucose starvation environments. Aust. Dent. J. 60(2):143-153.
- Remus DM, Kleerebezem M, Bron PA (2011). An intimate tête-à-tête how probiotic lactobacilli communicate with the host. Eur. J. Pharmacol. 668:S33-42.
- Sartelli M (2010). A focus on intra-abdominal infections. World J. Emerg. Surg. 5:9.
- Segers ME, Lebeer S (2014). Towards a better understanding of Lactobacillus rhamnosus GG – host interactions. Microb. Cell Fact. 13(1):1.
- Sponchiado EC, Pereira JV, Marques AA, Garcia LR, França SC (2014). In vitro assessment of antimicrobial activity of Pothomorphe umbellate extracts against Enterococcus faecalis. Indian J. Dent. Res. 25(1):64-68.
- Stefe CA, Alves MAR, Ribeiro RL (2008). Probióticos, prebióticos e simbióticos – Artigo de revisão. Saúde Ambiente Rev. 3(1):16-33.
- Stuart CH, Schwartz SA, Beeson TJ, Owatz CB (2006). Enterococcus faecalis: Its role in root canal treatment failure and current concepts in retreatment. J. Endod. 32:93-98.
- Suzuki C, Kimoto-Nira H, Kobayashi M, Nomura M, Sasaki K, Mizumachi K (2008). Immunomodulatory and citotoxic effects of various Lactococcus strains on the murine macrophage cell line J774.1.Int. J. Food Microbiol. 123:159-165.
- Szachta P, Ignys I, Cichy W (2011). An evaluation of the ability of the probiotic strain Lactobacillus rhamnosus GG to eliminate the gastrointestinal Carrier state of vancomycin-resistant enterococci in colonized children. J. Clin. Gastroenterol. 45(10):872-877.
- Todorov SD, Furtado DN, Saad SM, Gombossy de Melo Franco BD (2011). Bacteriocin production and resistance to drugs are advantageous features for Lactobacillus acidophilus La-14, a potential probiotic strain. New Microbiol. 34(4):357-370.
- Vandenplas Y, Huys G, Daube G (2015). Probiotics: an update. J. Pediatr. 91:6-21.
- Zoletti GO, Pereira EM, Schuenck RP, Teixeira LM, Siqueira JF, Dos Santos KR (2011). Characterization of virulence factors and clonal diversity of Enterococcus faecalis isolates from treated dental root canals. Res. Microbiol. 162:51-168.