

Growth Kinetics of *Pseudomonas aeruginosa* Following Induction of Piperacillin–Tazobactam Resistance

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Background

Pseudomonas aeruginosa is an opportunistic nosocomial pathogen that can acquire antibiotic resistance under selective pressure, complicating treatment[1]. This is particularly concerning in strains harbouring silent resistance genes that are genotypically resistant but phenotypically susceptible[2]. This study compared the growth kinetics of induced-resistant and parent susceptible *P. aeruginosa* strains following piperacillin–tazobactam resistance induction.

Methodology

Three biological replicates of a susceptible *P. aeruginosa* strain carrying a silent piperacillin–tazobactam resistance gene were induced for resistance. The strains were grown in Mueller–Hinton broth and incubated in a 37°C shaking incubator[3]. Growth kinetics of induced-resistant and parent strains were compared using hourly OD₆₀₀ measurements on a nanospectrophotometer (Implen GmbH, Germany), over 24 hours. Area under the curve (AUC) and growth rate (μ) were analysed using GraphPad Prism (v8.0; GraphPad Software, 2019) after confirming data normality with the Shapiro–Wilk test. A p-value of < 0.05 was considered statistically significant.

Results

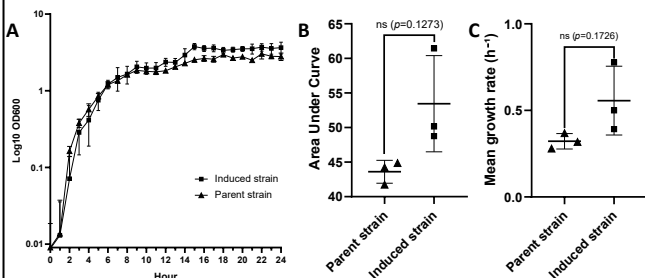


Fig. 1 (A) The growth curves, (B) Corresponding area under the curve, and (C) Growth rates of *P. aeruginosa* parent and induced resistance strains grown in Mueller–Hinton broth. Error bars are the standard deviation for each data point.

- The minimum inhibitory concentration increased from 2/4 $\mu\text{g/ml}$ to $\geq 256/4 \mu\text{g/ml}$, confirming successful resistance induction.
- Induced-resistant strains showed a slightly higher growth plateau and mean AUC.
- Differences in AUC ($p=0.127$) and μ ($p=0.1726$) were not statistically significant.

Conclusion

Induction of piperacillin–tazobactam resistance did not result in a significant alteration in growth kinetics, suggesting no detectable growth-associated fitness cost under the conditions tested, which may facilitate persistence and dissemination in clinical settings. This finding supports the hypothesis that certain resistance mechanisms may be fitness-neutral, contributing to long-term persistence in hospital environments.

Acknowledgement

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References

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