

# Efficacy of Aztreonam Combined with Novel Diazabicyclooctane Zidebactam Against Multidrug-Resistant *Klebsiella pneumoniae*

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## Background:

- ✓ Carbapenem resistance represents a critical health threat, particularly among isolates producing metallo- $\beta$ -lactamases (MBLs).
- ✓ Among species exhibiting high resistance rates, *Klebsiella pneumoniae* is a major concern.
- ✓ Most currently available  $\beta$ -lactam/ $\beta$ -lactamase inhibitor (BL/BLI) combinations lack activity against MBL-producing isolates; thus, new combinations are needed [1-2].
- ✓ This study aimed to:
  - ❖ evaluate the *in vitro* activity of **aztreonam (AZT)** combined with the novel diazabicyclooctane (DBO)  $\beta$ -lactam enhancer **zidebactam (ZID)**
  - ❖ compare the efficacy of an equal-ratio AZT+ZID combination with AZT combined with a fixed ZID concentration (4  $\mu$ g/mL) against AZT monotherapy.
- ✓ The concept of the study and main objectives are shown in **Figure 1**

## Methods:

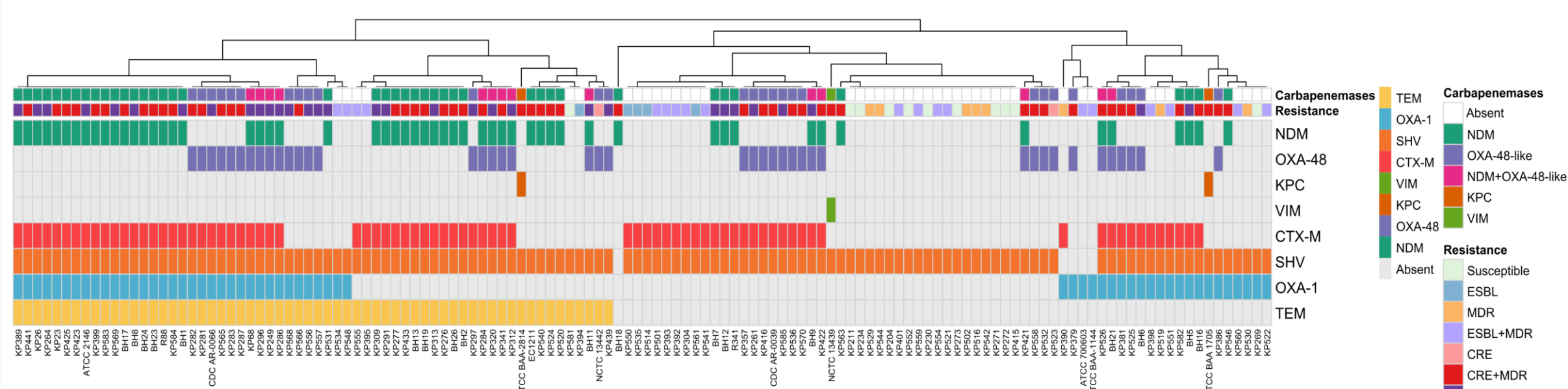
- ✓ Minimum inhibitory concentrations (MICs) were determined for 130 clinical *K. pneumoniae* isolates [3] and MICs of BL/BLI combinations were compared.
- ✓ Carbapenemase genes were detected by PCR, and isolates were classified as MBL producers (NDM, VIM) or serine carbapenemase producers (KPC, OXA-48-like).

## Results:

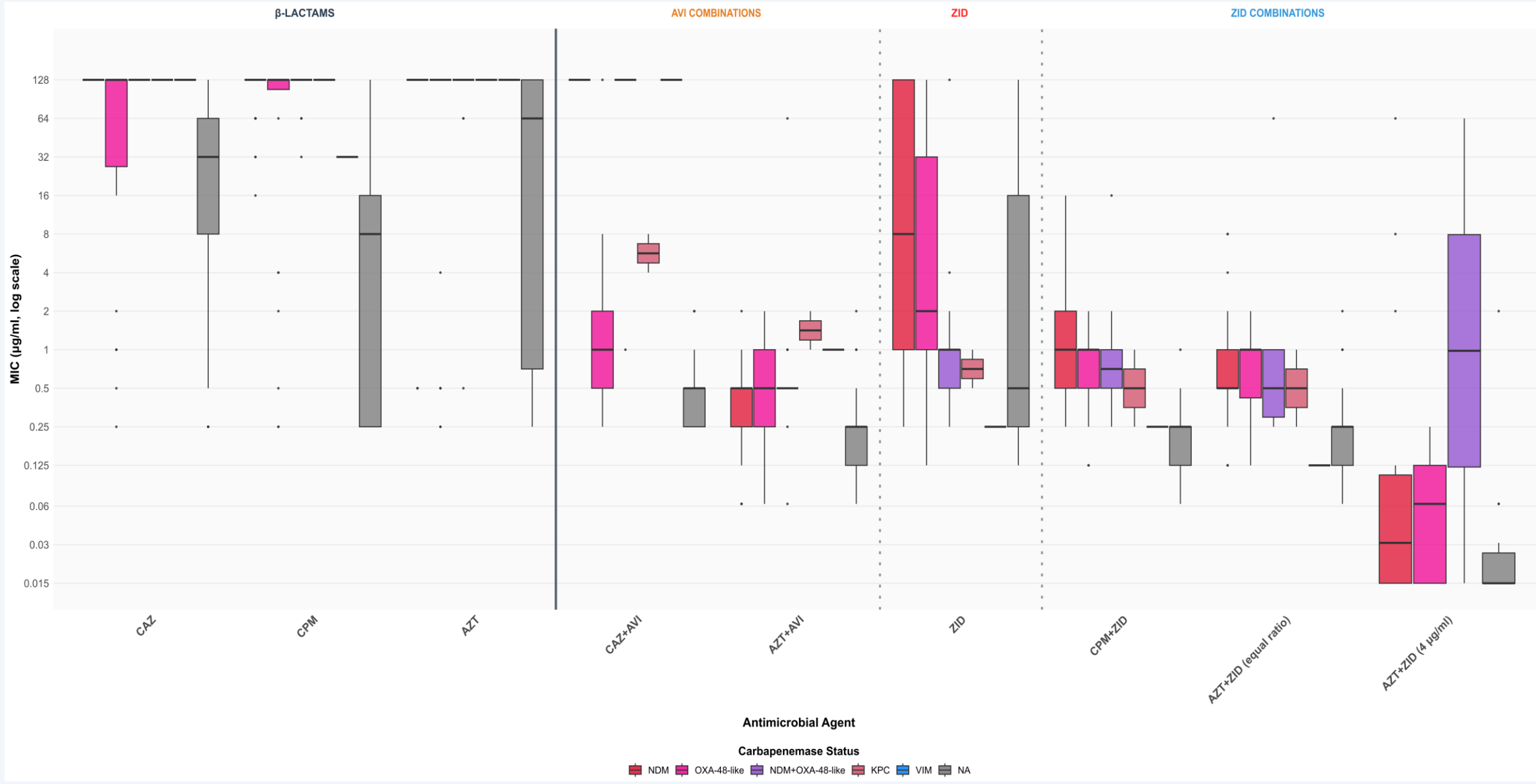
- ✓ 91.5% (n=119) of strains were resistant to  $\geq 1$  drug class, with 61.5% (n=80) classified as MDR and 24.6% (n=32) as XDR (**MICs are shown in Table 1**)
- ✓ Strains were classified into multiple groups according to carbapenemase production and resistance patterns (**Figure 2**).
- ✓ Both AZT+ZID formulations demonstrated statistically significant reductions in MICs compared with AZT monotherapy.
- ✓ Equal-ratio combination resulted in a 128-fold median MIC reduction, whereas AZT combined with ZID fixed at 4  $\mu$ g/mL achieved >1,000-fold median MIC reduction.

**Table 1.** Antibiotic susceptibility testing results for 130 *K. pneumoniae* strains.

| Antimicrobial agents                  | MIC ( $\mu$ g/ml)    |                   |                   |
|---------------------------------------|----------------------|-------------------|-------------------|
|                                       | Range                | MIC <sub>50</sub> | MIC <sub>90</sub> |
| Tigecycline                           | 0.125 - 4            | 0.5               | 2                 |
| Colistin                              | $\leq 0.125$ - >8    | 0.5               | >8                |
| Ciprofloxacin                         | $\leq 0.125$ - >64   | 32                | >64               |
| Gentamicin                            | $\leq 0.5$ - >64     | 4                 | >64               |
| Meropenem                             | $\leq 0.0312$ - >32  | 16                | >32               |
| Ertapenem                             | $\leq 0.015$ - >32   | 32                | >32               |
| Imipenem                              | $\leq 0.0625$ - >32  | 4                 | >32               |
| Ceftazidime                           | $\leq 0.25$ - >128   | >128              | >128              |
| Cefepime                              | $\leq 0.25$ - >128   | >128              | >128              |
| Aztreonam                             | $\leq 0.25$ - >128   | >128              | >128              |
| Aztreonam + Avibactam (4 $\mu$ g/ml)  | $\leq 0.0312$ - 64   | 0.5               | 1                 |
| Ceftazidime + Avibactam               | $\leq 0.25$ - >128   | 2                 | >128              |
| Zidebactam                            | $\leq 0.0625$ - >128 | 2                 | >128              |
| Cefepime + Zidebactam (equal ratio)   | 0.0312 - 16          | 0.5               | 2                 |
| Aztreonam + Zidebactam (4 $\mu$ g/ml) | 0.015 - 64           | 0.031             | 0.25              |
| Aztreonam + Zidebactam (equal ratio)  | 0.0312 - 64          | 0.5               | 1                 |



**Figure 2.** Classification of 130 *K. pneumoniae* strains based on phenotype and genotype. The legend shows the beta-lactamase genes detected in the strains by PCR, with resistance groups based on MIC results.



**Figure 3.** MIC comparison for single agents and combinations. Box-and-whisker plots show the distributions of MICs for single antibiotics and their combinations against 130 *K. pneumoniae* isolates.

- ✓ AZT+ZID formulations were compared to other **BL/BLI combinations** (**Figure 3**).
  - ❖ Aztreonam+avibactam showed improved activity compared with AZT alone but was less potent than ZID-based combinations.
  - ❖ Cefepime+zidebactam also demonstrated substantial MIC reductions across carbapenemase classes.
  - ❖ In contrast, ceftazidime+avibactam showed activity primarily against serine carbapenemase producers and no significant effect against MBL producers.
- ✓ MICs were compared by genotype to assess the impact of carbapenemase genes on susceptibility (**Figure 3**).
  - ❖ NDM-producing isolates showed the highest MICs (MIC<sub>50</sub>: 8  $\mu$ g/mL, MIC<sub>90</sub>: 128  $\mu$ g/mL), while OXA-48-like producers exhibited intermediate susceptibility (MIC<sub>50</sub>: 2  $\mu$ g/mL) and non-carbapenemase isolates the greatest susceptibility (MIC<sub>50</sub>: 0.5  $\mu$ g/mL).
  - ❖ NDM+OXA-48-like co-producers showed unexpectedly lower MICs (MIC<sub>50</sub>: 1  $\mu$ g/mL) compared with either enzyme class alone.
- ✓ High ZID MICs ( $\geq 8$   $\mu$ g/mL) were most frequent in NDM carriers (47.6%; 20/42) and OXA-48-like producers (42.9%; 12/28) but were also observed in 32.6% (14/43) of non-carbapenemase isolates, indicating that factors beyond carbapenemase genotype contribute to ZID susceptibility variability in some isolates.

## Conclusion:

- ✓ Overall, zidebactam-based combinations consistently outperformed standard BL/BLI regimens, including aztreonam+avibactam, in MBL-producing isolates.
- ✓ These findings support further preclinical and clinical investigations of aztreonam+zidebactam for the treatment of infections caused by highly resistant bacteria.

## REFERENCES:

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