



ISSN NO. 2320-5407

Journal homepage: <http://www.journalijar.com>

INTERNATIONAL JOURNAL
OF ADVANCED RESEARCH

RESEARCH ARTICLE

Isolation and identification of *Candida* species from vaginal, urine and oral swabs by chromagar *Candida*

Mouna Akeel Hamed Al-Oebady
College of science Al-muthanna University

Manuscript Info

Manuscript History:

Received: xxxxxxxx
Final Accepted: xxxxxxxxxxxxxxxx
Published Online: xxxxxxxxxxxxxxxx

Key words:

Aspergillus fumigatus, α -
galactosidase, raffinose
oligosaccharides

*Corresponding Author

Mouna Akeel Hamed Al-
Oebady

Abstract

A total of 150 samples (50 vaginal swabs, 50 urine samples and 50 oral swabs) of patients at many age group range from 1 to 50 year old and for both gender were collected from patients suffering from vaginal candidiasis, oral thrush and urinary tract infection who attending the Samawah Teaching Hospital for pediatrics and Gynecology of AL-Muthanna and AL-Diwanyia governorates; Through the period which extended from October 2010 to May 2011.

The isolation and identification methods of yeast isolates were followed upon the morphological, cultural and biochemical characteristics, in addition, the confirmative systems such as CHROMagar *Candida* and Api *Candida* were done for differentiation among *Candida* species. The phenotypic results showed that the isolation percent of *Candida albicans* was 63%, while the other species such as *Candida glabrata*, *Candida krusei* and *Candida tropicalis* were isolated with the ratios (14.2%, 8.69%, 7.6%) respectively. On the other hand, the percentage of yeasts such as *Trichosporon* sp. and the *Geotrichum* sp. were 5.43% and 1.08% respectively.

Copy Right, IJAR, 2015., All rights reserved

INTRODUCTION

Candida species is a part of human microflora and it becomes pathogenic when certain conditions are present and cause an opportunistic infections (Ryan and Ray, 2004). The major etiological agent is *Candida albicans*, whereas different *Candida* species can cause a variety of infections including *C. tropicalis*, *C. dubliniensis*, *C. parapsilosis*, *C. krusei*, *C. guilliermondii*, *C. glabrata*, and *C. kefyer* which represent many clinical forms of candidiasis. Some of these species are encountered as secondary infections to another species, for example; *C. parapsilosis* is secondary infection only when *C. albicans* as a cause of *Candida* endocarditis (Amy, 2000). Still other species of *Candida* have been occasionally isolated from clinical isolates like *C. catenulate*, *C. intermedia*, *C. lambica* and *C. zeylanoides*. These species are therefore not considered as agents of opportunistic infections. (Randhaw and Sharma, 2004).

Materials and Methods

Media

Sabouraud's Dextrose Agar (SDA)

Sixty five grams of this media was dissolved in one liter of distilled water and mixed well by exposing it to heat, it was sterilized by autoclave, the pH of this medium is (6.8). Chloramphenicol was added to this medium after sterilization and cooling to 50°C (Collee et al., 1996).

CHROMagar *Candida* :

It was prepared according to the manufacturer's instructions by suspending 47.7 g of powder in 1000 ml distilled water, do not autoclave.

Each isolate was cultured on Sabouraud's Dextrose Agar at 30°C for 48 h. After this, they were seeded on CHROMagar Candida and incubated at 30°C for 48 h. The CHROMagar Candida allows selective yeast isolation, identifying colonies of *C. albicans*, *C. dubliniensis*, *C. tropicalis* and *C. krusei* by morphology and color reaction. The strains were identified according to the manufacturer's instructions, which differential media *C. albicans* or *C. dubliniensis* as green colonies, *C. tropicalis* as metallic blue colonies, *C. krusei* colonies as showing pink color and rough aspect, and the other species as developing colonies from white to mauve (Hospenthal et al., 2006).

Yeast extract Agar (YEA)

It was prepared according to the manufacturer's instructions by suspending 23 g of YEA powder in 1000 ml distilled water and sterilized by autoclave. It is used for culture of *Candida* spp. (McGinnis, 1980).

Patients group

This research enrolls 150 patients who attending Samawah Teaching Hospital for pediatrics and Gynecology in AL-Muthanna and AL-Diwanyia governorates from October 2010 to May 2011 and labeled before brought to laboratory for processing according to the standard methods. All patients were (1 -50) years for both genders and clinically diagnosed as suspected urinary tract infection, vulvovaginal candidiasis and oral candidiasis. A total of 50 urine samples, 50 vaginal swabs and 50 oral swabs are collected.

Control group

The control group consists of 50 apparently healthy volunteers. Their ages between 1-50 years.

Urine samples collection

Midstream urine samples (50) were collected from patients and instructed on hand to collect the midstream urine into sterile bottles. The samples were then transported to the laboratory with ice packs in sterile container. After that the samples were centrifuged at 2500g for 10 min. Four plates of Sabouraud's dextrose agar with the addition of 0.05 g/L chloramphenicol were inoculated: two plates were incubated at 25°C for 48 h and the other two at 35°C for 48 h (Ellis, 1994).

Vaginal Swabs

A total of 50 vaginal swabs are obtained from females. All swabs were subjected to culture for detection of *Candida* Sp. Patients mainly include women from different age groups with excessive vaginal discharge, pruritis vulva, dysuria, irritation, pregnant and non-pregnant women. Specimens are taken using sterile bivalve speculum and sterile swabs, and then transported to the laboratory for diagnosis. (Koneman and Roberts, 1985).

Oral swabs

A total of 50 oral swabs were obtained from children suffering from oral candidiasis and septicemia with oral thrush. Specimens were taken using sterile swabs, and then transported to the laboratory for diagnosis.

Results and discussion

Isolation percent of yeast infections:-

The results revealed that the percent of yeast isolates were (52%, 58%, 74%) from oral thrush, urine and vaginal swabs respectively. The results of statistical analysis test showed significant differences ($P < 0.05$) between percentage of samples (Table 1). This result was also found by Khudor (1998) who reported that out of 334 examined vaginal swabs 96 (27.1%) are cultured positive for yeasts and Darogha (2005) who found that the highest infection rate with vaginitis belongs to *C. albicans* with 31.1%. The results of studies indicate that, *Candida albicans* is the causative fungus for 50% to 70% of all candiduria isolates (Zarei et al, 2009; Lagrotteria et al, 2007).

The percent of isolation revealed that the most prevalent yeast isolates from vaginal swabs, urine samples and oral thrush samples are *C. albicans* or *C. dubliniensis* 58/92 (63%), *C. glabrata* 13/92 (14.2%), *C. krusei* 8/92 (8.69%), *C. tropicalis* 7/92 (7.6), *Trichosporon* sp. 5/92 (5.43%) and *Geotrichum* sp. 1/92 (1.08) (table 2). This referred by AL-bakri (1981), which isolate of *Candida albicans* by (84.7%). While the result of Abbas, (2001) revealed that the percentage of infection with *C. albicans* is (68.6%) compared with another species, (14%) for *C. glabrata*. In addition Al- Barzanjy (2002) found that the highest percentage of vulvovaginal infection with *C. albicans* is (55.7%) compared to (9.4%) for *C. glabrata*. Spinillo et al., (1997) reported that the non-*C. albicans* spp. is the causative agents of 17% of vaginal candidiasis patients, because *C. albicans* contain virulence factors such as binary form that can transition from spore form to filament form, which begins filament growth and colonization of the surface of the vagina, as well as the ability to attach and it can attach with the epithelial cells of the vagina with a high degree when compared with other species (Granger, 1992), in addition to their ability to secrete enzymes such as enzyme Phospholipase, resistance to anti-fungal, as associated with resistance to strains of *Candida albicans* to the anti-fungal with the effectiveness of enzymatic high and chlamydospores production (De-Bernardis et al., 2001).

(Stenderup, 1998). However, Mesa et al. (2004) observed that among 55 strains identified as *C. albicans* tested by CHROMagar medium, none showed the dark-green color typical of *C. dubliniensis*, indicating this medium as a good phenotypic criterion to differentiate both species.

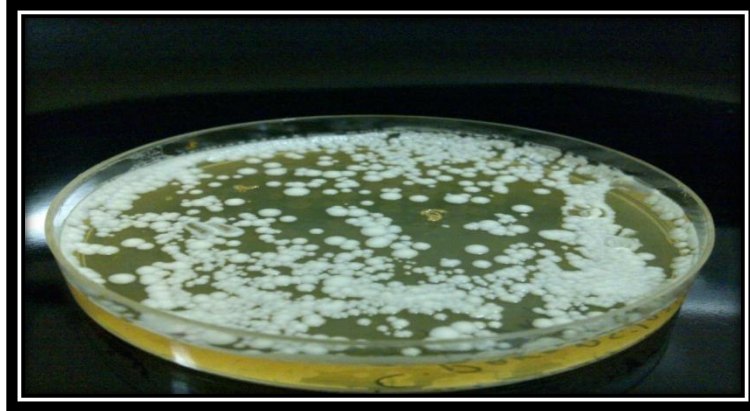


Figure (1): *Candida albicans* isolates on Sabouraud's dextrose agar showing round, smooth and creamy colonies .

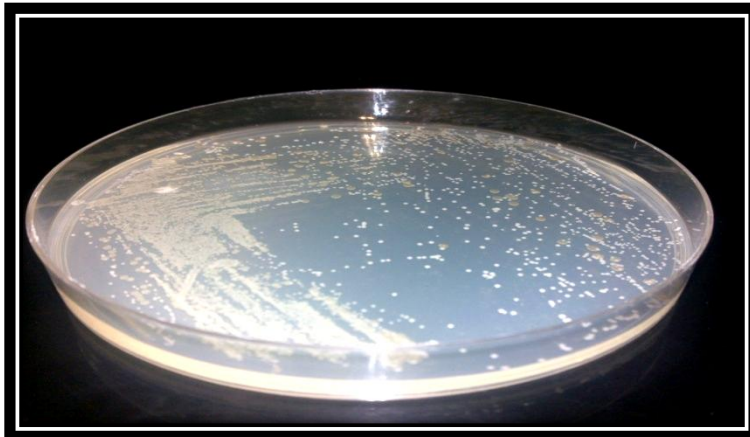


Figure (2) : *Candida albicans* isolates on yeast extract agar showing small, soft, and white color.

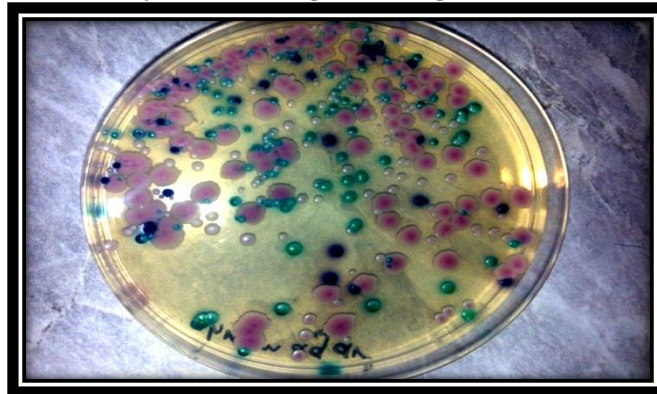


Figure (3): *Candida* species isolates on CHROMagar *Candida* showing color colonies (green = *C. albicans* or *C. dubliniensis* , *C. krusei* =pink colonies, *C. tropicalis* = metallic blue colonies and other species as *C. glabrata* , *Trichosporon* spp. or *Geotrichum* spp. = white to mauve.

Microscopic examination of *Candida* species

Microscopic examination of yeast cells for 92 isolates grown on yeast extract agar showed that 58 isolates appeared mostly spherical to oval or elongated oval or cylindrical and positive for Gram's stain as shown in figure (4). The presence of clusters is relatively sensitive and highly specific for *C. albicans*, and application of these results could provide useful preliminary information for guiding diagnosis , as shown in figure (4) .

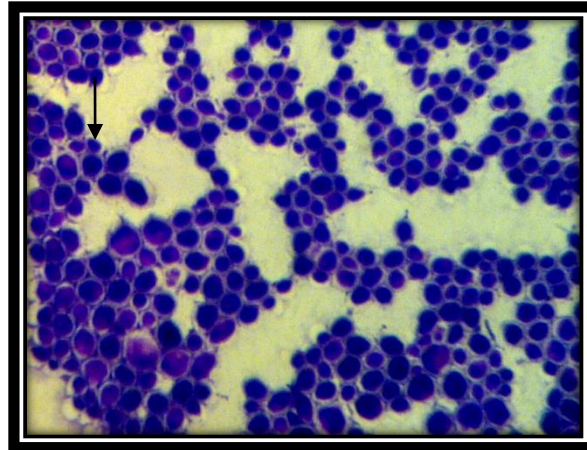


Figure (4): Gram's stain smear of *Candida albicans* (100 X) showing spherical to oval yeast cell with budding (The arrow).

Biochemical characteristics (Api Candida System)

Based on this system, a total of 58/92 (63%) of the total vaginal swabs , urine samples and oral thrush samples were diagnosed as *C. albicans* or *C. dubliniensis* while the proportion of other species of *Candida* which was diagnosed in the Api Candida system showed that *C. glabrata* 13(14.2%); *C. krusei* 8(8.69%) ; *C. tropicalis* 7(7.6%); *Trichosporon* sp. 5(5.43%); *Geotrichum* sp. 1(1.08%)., as shown in the table (2, 3) and figure (5). Rippon (1988) lists about 18 species of the genus *Candida* as being pathogenic, based on their isolation from clinical specimens.

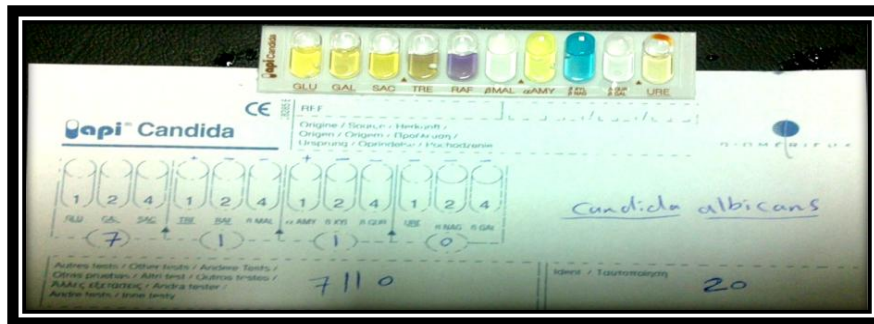


Figure (5) : A standard Profile Identification (Api) Candida System. The strip refer to code number of positive and negative biochemical tests of *C. albicans*.

Table (3): Biochemical characteristics of yeast species isolated from vaginal, urine and thrush samples (Api Candida system).

Yeast species	Api Candida system					
	D-glucose	D-galactose	D-saccharose	D-trehalose	D-raffinose	Urea hydrolysis
<i>C. albicans</i>	+	+	-	+	-	-
<i>C. dubliniensis</i>	+	+	+	+	-	-
<i>C. glabrata</i>	+	-	-	+	-	-
<i>C. krusei</i>	+	-	-	-	+	+
<i>C. tropicalis</i>	+	+	+	+	-	-

Trichosporon species	-	-	-	-	-	+
	+	+	+	+	+	
Geotrichum species	+	+	-	-	-	-
	+	+	-	-	-	

(+): positive result (-): negative result

Virulence factors assay:

The isolates were subjected to some tests shown in table (4) which included germ tube formation that is a characteristic feature of *C. albicans* and *C. dubliniensis* isolates (Figure 6), chlamyospore (Figure 7), cycloheximide resistance and the ability to grow in 45C°

Table (4): Virulence factors of Candida species isolated from clinical samples.

Yeast species	Virulence factors			
	Germ tube	Chlamyospores	Cycloheximide resistance	Grow in 45C°
<i>C. albicans</i>	+	+	+	+
<i>C. dubliniensis</i>	+	+	-	-
<i>C. glabrata</i>	-	-	-	-
<i>C. krusei</i>	-	-	-	-
<i>C. tropicalis</i>	-	-	-	-
Trichosporon species	-	-	-	-
Geotrichum species	-	-	-	-

(+): positive result

(-): negative result

Germ tube formation

Results have shown the possibility of germ tube formation by *Candida albicans* or *C. dubliniensis* within 60-120 minutes as previously shown by Richardson et al;(1993). Although the results of the germ tube formation showed that 61(66.30%) isolates were able to produce germ tube, as shown in table (5) while 31 (33.69%) isolates were negative. as shown in figure (6) .Some authors evaluated sensitivity and specificity of the germ tube test, finding results between (93-98.8%) and between (73.3 - 100%), respectively (Gow and Gooday, 1984 and Campbell et al., 1998) and also (Lee et al .,1999) found that sensitivity and specificity of germ tubes production in human serum were 98.1 and 78.6 respectively , while (Sheppard et al ., 2008) noted that direct germ tube test was 87.1% sensitive and 100% specific , and this may explain the failure or inability of some isolates to produce germ tubes .

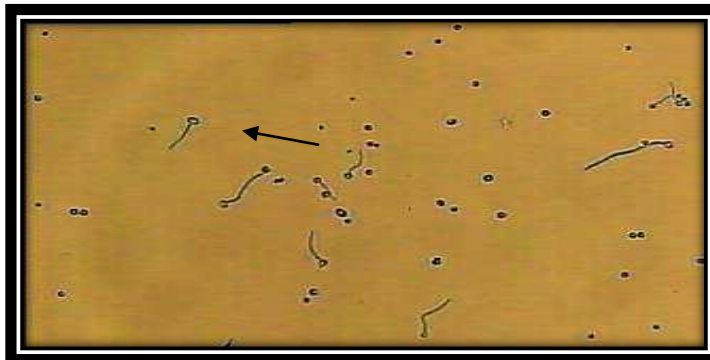


Figure (6) : Germ tube formation of Candida albicans (The arrow) (100X) .

Production of chlamyospores :-

Figure (7), shows the presence of filaments and chlamyospores of *C. albicans* . After stained with lactophenol blue the cells appeared spherical with a thick wall, and where this character dispersed the *C. albicans* from other species, where they are negative of the chlamyospores. The results showed that 66 isolates

of 92 (71.73%) were positive for the production of chlamydo spores, as shown in table (5) and figure (7). Chlamydo spores are observed in abundance and often in triplets or in contiguous pairs (Konemon and Roberts., 1985).

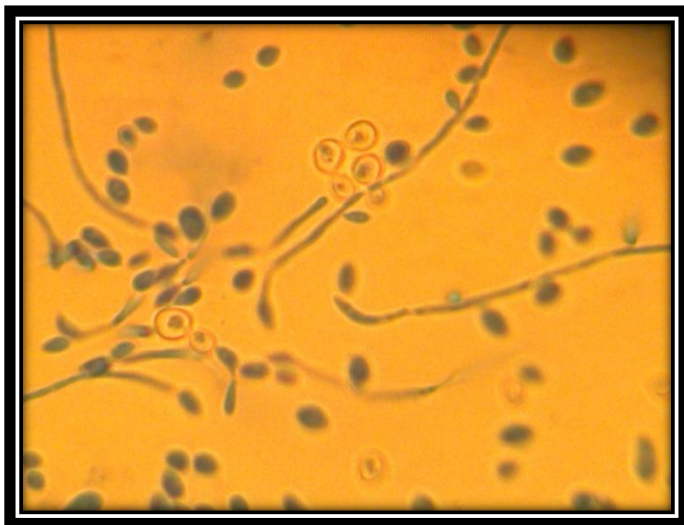


Figure (7) : Production of chlamydo spores from Candida albicans (the arrow) (100X).

The Growth at 45 C°

It has been considered that test a diagnostic tool for the differentiation of *C. albicans* (growth) from *C. dubliniensis* (no growth).

This research shows that isolates of *Candida dubliniensis* not show any growth on SDA at 45C° through assessment of growth every day at all for 10 days, and the isolates of *C. albicans* were tolerant and grown in this temperature. Gales et al. (1999) showed that 23 *C. dubliniensis* isolates was not able to grow at 45°C, and 66 out of 100 *C. albicans* isolates were able to grow at this temperature. Pinjon et al. (1998) describe this test as simple, reliable, inexpensive, reproducible, and readily applicable to large numbers of isolates (Sullivan et al, 1995.; Gales et al, 1999).

Table (5): Distribution of Candida species (positive and negative) based on the used techniques (Api Candida, germ tube, chlamydo spore and green colony on CHROMagar Candida).

Technique	No.tested	patients			
		Sample- positive		Sample-negative	
		No.	%	No.	%
Api Candida	92*	85	92.39	7	7.60
Germ tube	92	61	66.30	31	33.69
Chlamydo spore	92	66	71.73	26	28.26
Green colony on CHROMagar Candida	92	58	63.04	34	36.95

*Mean all the tested isolates of Candida species.

References

- Abbas, F.M. (2001). Identification of some microorganisms associated Academic . Press, New York ., Pp:661-665.
- AL- Bakri, A . M. (1981) . Mycological Study of Vulvovaginal Candidiasis In Mosul. MS.c Thesis, University of Mosul, College of Medicine, Iraq.Pp.35-37.

- Al- Barzanjy, V.B.(2002).** Vaginal candidiasis in Erbil city: Predisposing factors and serological studies. M.Sc. Thesis, College of Medicine, Univ. Salahaddin, Iraq: Pp. 93-94.
- Amy, R. (2000).** Current issues in women's health. Controlling yeast
- Bodey, G.P.(1993).** Candidiasis: Pathogenesis, Diagnosis & Treatment. 2nd. Raven press.New york.,14:161-169.
- Campbell, C.K.; Holmes, A.D.; Davey, K.G.; Szekely, A. and Warnock, D.W. (1998).** Comparison of a new chromogenic agar with the germ tube method for presumptive identification of *Candida albicans*. Eur J Clin Microbiol. Infec. Dis., 17: 367-8.
- Collee, J.G.; Fraser, A.G.; Marmion, B.P. and Simmons, A. (1996).** Gram's stain or positive, Gram-negative. British journal of biomedical. Science.,45:120-26.
- Darogha, S.N. (2005).** Study of some immunological and epidemiological aspects of *Trichomonas vaginalis*, *Candida albicans* and *Neisseria gonorrhoeae* in Erbil province. Ph.D.Thesis, college. Education (Ibn Al- Haitham). Univ. of Baghdad.Iraq., Pp:264-268.
- De- Bernardis, F.; Sullivan, P.A. & Cassone, A. (2001).** Aspartyl proteinases of *Candida albicans* and their role in Pathogenicity. Med. Mycol., 39: 303-313.
Diagnosis and management. In: Richardson, M.D. and Warnock, D. W.(ed.), Deep candidosis. Black well Scientific Publications, Oxford, England., Pp:103-124.
- Ellis, D.H. (1994).** Clinical mycology: The human opportunistic mycoses. Pp:7-14.
- Gales, A.C.; Pfaller, M.A. & Houston, A.K.(1999).** Identification of *Candida dubliniensis* based on temperature & utilization of xylose & alphanaphthyl-D-glycoside as determined with the API20C Aux Viteky BC Systems. J. Clin. Microbiol., 37:3804-8.
- Gow, N.A.R. and Gooday, G.W. (1984).** A model for the germ tube formation and mycelia growth form of *C. albicans*. Sabouraudia 22:137-143.
- Granger, S.E. (1992).** The a etiology and pathology of vaginal Candidiasis. Brit.J.Clin.Pract.,46:101-110.
- Horowitz, B.J. ;Edelstein S.W. & Lippmanl. L. (1985).** *Candida tropicalis* Vulvo vaginitis.Obstet.Gyneco. ; 66: 229-232.
- Hospenthal, D.R.; Beckius, M.L.; Floyd, K.L.; Horvath, L.L.; Murray, C.K. (2006).** Presumptive identification of *Candida* species other than *C. albicans*, *C. krusei* and *C. tropicalis* with the chromogenic medium CHROMagar *Candida*. Ann Clin Microbiol Antimicrob., 5: 1-5.
infection. Second edition, Public health service, Pp.25-29.
- Khudor, M.H. (1998).** A study on vaginal candidiasis in Basrah women and effect of five antifungal drugs on some clinical isolates. M.Sc. Thesis, College of science, University of Basrah. Iraq., Pp.67-70.
- Koneman, E.M. and Roberts, G.D. (1985).** Practical Laboratory Mycology. 3rd ed. London, Williams and Wilkins.,Pp:27-30.
- Koneman, E.M. and Roberts, G.D. (1985).** Practical Laboratory Mycology. 3rd ed. London, Williams and Wilkins.,Pp:27-30.
- Lagrotteria, D. Rotstein, C.and Lee, C.H. (2007).** Treatment of candiduria with micafungin: A case series. Can J Infect Dis Med Microbiol.;18:149-150.
- Lee, K.H.; Shin, W.S.; Kim, D. and Koh, C.M. (1999).** The presumptive identification of *Candida albicans* with germ tube induced by high temperature. Yonsei Medical J.,40(5):420-424.
- McGinnis, M. R.(1980).** Laboratory hand book of medical mycology.
- Mesa, L.M.; Arcaya, N.; Canas, O.; Machado, Y.; Calvo, B. (2004).** Phenotypic evaluation to differentiate *Candida albicans* from *Candida dubliniensis*.Rev Iberoam Micol.,21: 135-8.
- Milan, E.P.; Zaror, L. (2004).** Leveduras: identification laboratory. In: Sidrim, J.J.C. & Rocha, M.F.G. (eds) Micologica Medicine de autores contemporâneos. Rio de Janeiro: Guanabara Koogan., 89-101.
- Pinjon, E.; Sullivan, D.; Salkin, I.; Shanley, D.; Coleman, D. (1998).** Simple, inexpensive, reliable method for differentiation of *Candida dubliniensis* from *Candida albicans*. J Clin. Microbiol.,36: 2093-95.

- Randhawa, G. K. and Sharma, G. (2004).** Echinocandins: A promising new antifungal group. *J. Indian Pharmacol.* Volume. 36:Issue.,2: 65-71.
- Redondo- Lopez, V.; Lynch, M.; Schmitt, C.; Cook R. & Sobel. J.D. (1990).** *Torulopsis glabrata* vaginitis: Clinical Aspects and Susceptibility Antifungal Agents. *Obstet. Gynecol.*, 76: 651- 54.
- Richardson, M. D. and Warnock, D. W. (1993).** Fungal infection.
- Rippon, J.W. (1988).** *Medical Mycology. The pathogenic fungi and the pathogenic Actinomycetes* .3rd ed. WB Saunders, Philadelphia. USA.,Pp:797.
- Ryan ,K .J. and Ray, C.G.(2004).** *Sherris medical microbiology, an introduction to infectious diseases* 4thed. New York., Pp: 661-663.
- Sheppard, D. C.; Locas, M.C.; Restieri.C. and Laverdiere, M. (2008).** Utility of the germ tube test for directed identification of *Candida albicans* form positive blood culture bottles.*J. Clin. Microbiol.*, 46(10): 3508-3509.
- Spinillo, A.; Capuzzo, E.; Gulminetti, R.; Marone, P.; Colonna, L. and Piazza, G. (1997).** Prevalence of and risk factors for fungal vaginitis caused by non-*albicans* species. *Am. J. obstet. Gynecol.*, 176:183-141.
- Stenderup, A. (1998).** Oral mycology. *Acta Odontol Scand* 1990., 48: 3-10.
- Sullivan, D.J.; Westerneng, T.J ; Haynes, K.A. ; Bennett, D.E. and Coleman, D.C.(1995).** *Candida dubliniensis* sp. Nov.: phenotypic and molecular characterization of a novel species associated with oral candidosis in HIV-infected individuals. *Microbiology.*, 141, 1507-1521.
- Tintelnot, K.; Haase, G.; Seibold, M. et al. (2000).** Evaluation of phenotypic markers for selection and identification of *Candida dubliniensis*. *J Clin Microbiol.*, 38: 1599-608.
- with vaginitis in pregnant women in Babylon province. M.Sc.Thesis, College of Science, Babylon University. Pp. 30-32.
- Zarei, M. A. Keradmand, A.R. and Enayatollahi, N. (2009).** Frequency of Candiduria in Inpatients and Outpatients in Department of Urology, Golestan Hospital, Ahvaz, Iran. *IJKD.*,3:114–115.