TITLE: GENETIC PROFILE AND ANTIMICROBIAL RESISTANCE OF NOSOCOMIAL ISOLATES OF *Acinetobacter baumannii* IN A TERTIARY HOSPITAL IN THE NORTHERN REGION OF CEARÁ

AUTHORS: BARBOSA, F. C. B.¹; PINHEIRO, C. V. F. ^{1,2}; PRADO, G.M. ¹; OLIVEIRA, M.W.M. ¹; VASCONCELOS, D.K.M. ²; AMANDO, B.R. ³; PORTELA, F.V.M. ³

INSTITUTIONS: ¹UNIVERSIDADE FEDERAL DO CEARÁ – FACULDADE DE MEDICINA – PROGRAMA DE PÓS-GRADUAÇÃO EM CIÊNCIAS DA SAÚDE, SOBRAL - CE (AV. CMTE. MAUROCÉLIO ROCHA PONTES, 100 – DERBY CLUBE, CEP 62042-250, SOBRAL - CE,); ²HOSPITAL REGIONAL NORTE, SOBRAL – CE (AV. JOHN SANFORD, BAIRRO - CIDADE DR. JOSE EUCLIDES FERREIRA GOMES JUNIOR, CEP 62031-305, SOBRAL – CE); ³LABORATÓRIO SÃO CARLOS IMAGEM (RUA CORONEL LINHARES, 2347 – DIONÍSIO TORRES, CEP 60170-241, FORTALEZA – CE)

ABSTRACT:

Acinetobacter baumannii is an opportunistic pathogen often associated with outbreaks of nosocomial infections. The emergence of A. baumannii strains resistant to broad-spectrum antimicrobial agents in hospital settings has become a major health burden, due to the limited treatment options for infections caused by this pathogen. A. baumannii has to capability to develops resistance mechanisms to a wide range of antimicrobial agents, including carbapenems. The most common carbapenem resistance determinants in Acinetobacter spp. are carbapenem-hydrolyzing oxacillinases (OXA). The aim of this study was to evaluate the antimicrobial resistance profile and detect resistance genes in nosocomial strains of A. baumannii isolated from patients treated at a tertiary hospital in the Northern Region of the State of Ceará. A total of 48 specimens of this microorganism were isolated between March 2021 and March 2022 from different biological sites. Identification and antimicrobial susceptibility testing were performed by the automated VITEK®2 system, and $bla_{OXA-143}$, bla_{KPC-2} and mcr-1 genes were detected by polymerase chain reaction (PCR), followed by an electrophoretic run on agarose gel. Of the total analyzed, 62.5% (n=30) were isolated from pulmonary infections, 20.8% (n=10) from bloodstream infections, 10.4% (n=5) from tendon fragments and 6, 3% (n=3) of urinary tract infections. Regarding the resistance profile, it was observed that all isolates were resistant to piperacillin+tazobactam, meropenem and imipenem, 77% (n=37) to amikacin, 66.6% (n=32) to sulfamethoxazole/trimethoprim, and still showed different patterns of resistance to gentamicin, aztreonam, colistin and trobamycin. As for the resistance genes, only 20 strains (41.7%) of the total isolated were analyzed. Of these, 60% (n=12) harbored the carbapenem-resistant gene bla_{KPC-2}, 25% (n=5) the bla_{OXA-143} and 15% (n=3) the mcr-1. Therefore, the results of this study allow us to conclude that there was a high prevalence of A. baumannii isolated from pulmonary infections in the investigated hospital; high rate of resistance to carbapenems, making it impossible to choose these antimicrobials to treat infections by this bacterium, in addition to having observed a high prevalence of the carbapenem-resistant gene *bla*_{KPC-2} among the analyzed isolates.

Keywords: *Acinetobacter baumannii*, antimicrobial resistance, carbapenem, colistin, nosocomial infection