

Journal Review

Thornsberry, C.

"Epidemiology of Staphylococcal Infections – A USA Perspective"

Journal of Chemotherapy, Vol. 6, Suppl. n. 2, pp61-65. April 1994.

This paper reviews the increase in the gram positive organisms in nosocomial infections in the past 2-3 years, along with what was a slow progress of resistance due to a selection of resistant strains with the use of antibiotics. However with plasmid-mediated resistance strains the progress is more rapid. The positioning of the resistance genes is significant on the influence it has on the development of a methicillin Staphylococcus aureus.

The author explains three kinds of mechanisms which give rise to methicillin or oxacillin resistance in staphylococci:

1) intrinsic, which is caused by a novel penicillin binding protein (PBP) which has a lesser affinity for the B-lactams. This is a chromosomal type of resistance, mediated via the mec gene and causes the most clinical concern. 2) B-lactamase or borderline resistance, these produce so much B-lactamase they inactivate oxacillin in the test system. However they are not totally resistant to these strains and will generally have oxacillin minimum inhibitory concentration (MIC) of 2 or 4 mg/1 and usually higher. The borderline resistance may be mediated via a plasmid, a chromosome or a transpon. 3) Intermediate resistance, occurs because there is an alteration of the "regular" PBP which releases their affinity for B-lactams. Mutations for these altered PBPs are chromosomal and they are quite rare.



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