

Available online at www.sciencedirect.com

# **ScienceDirect**

journal homepage: www.e-jmii.com



# **BRIEF COMMUNICATION**

# The importance of matrix-assisted laser desorption ionization—time of flight mass spectrometry for correct identification of *Clostridium difficile* isolated from chromID *C. difficile* chromogenic agar



Jonathan H.K. Chen <sup>a</sup>, Vincent C.C. Cheng <sup>a,b</sup>, Oi-Ying Wong <sup>a</sup>, Sally C.Y. Wong <sup>a</sup>, Simon Y.C. So <sup>a</sup>, Wing-Cheong Yam <sup>a,b</sup>, Kwok-Yung Yuen <sup>a,c,\*</sup>

Received 9 October 2015; received in revised form 10 December 2015; accepted 16 December 2015 Available online 11 January 2016

### **KEYWORDS**

chromogenic agar; Clostridium difficile; matrix-assisted laser desorption ionization—time of flight **Abstract** The clinical workflow of using chromogenic agar and matrix-assisted laser desorption ionization time-of-fight mass spectrometry (MALDI-TOF MS) for *Clostridium difficile* identification was evaluated. The addition of MALDI-TOF MS identification after the chromID *C. difficile* chromogenic agar culture could significantly improve the diagnostic accuracy of *C. difficile*.

Copyright © 2016, Taiwan Society of Microbiology. Published by Elsevier Taiwan LLC. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Clostridium difficile is the main pathogen causing nosocomial antibiotic-associated diarrhea, 1—4 whereas some other Clostridium species are treated as normal flora in human fecal specimens. According to recent studies, prompt identification of *C. difficile* from hospitalized patients is key for the infection control of a nosocomial *C. difficile* outbreak. 5,6 Because of the high similarities of phenotypic

<sup>&</sup>lt;sup>a</sup> Department of Microbiology, Queen Mary Hospital, Hong Kong Special Administrative Region, China

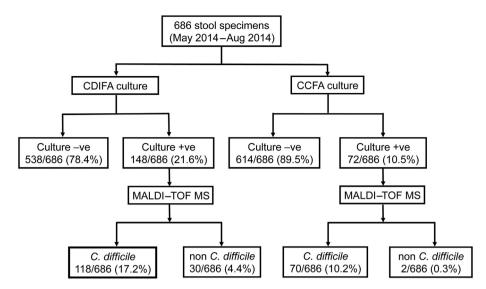
<sup>&</sup>lt;sup>b</sup> Infection Control Team, Queen Mary Hospital, Hong Kong Special Administrative Region, China

<sup>&</sup>lt;sup>c</sup> Carol Yu Centre for Infection, University of Hong Kong, Hong Kong Special Administrative Region,

<sup>\*</sup> Corresponding author. Carol Yu Centre for Infection, University of Hong Kong, University Pathology Building, Queen Mary Hospital, Pokfulam, Hong Kong Special Administrative Region, China.

E-mail address: kyyuen@hkucc.hku.hk (K.-Y. Yuen).

724 J.H.K. Chen et al.



**Figure 1.** Comparison of the diagnostic accuracy between CDIFA or CCFA culture alone and MALDI-TOF MS after culture. *C. difficile, Clostridium difficile, CCFA, Oxoid Clostridium difficile* selective agar, CDIFA, *Clostridium difficile* chromogenic agar, MALDI-TOF MS.

characteristics among *Clostridium* species, reliable species identification can only be determined by *16S* rRNA gene sequencing from colonies isolated from cycloserine cefoxitin fructose agar.<sup>7,8</sup> However, the procedures are complicated and time-consuming (8–12 hours). Starting in 2013, the implementation of chromogenic agar for *C. difficile* identification has been shown to improve the recovery rate and turn-around time.<sup>9–13</sup> However, the diagnostic specificity of the chromogenic agar for *C. difficile* was not clearly defined in the reports.

The objective of this study was to define the specificity of the commercial chromID *C. difficile* chromogenic agar (CDIFA; bioMérieux, Marcyl'E'toile, France) for *C. difficile*. We also tried to evaluate the practical importance of incorporating the matrix-assisted laser desorption ionization time-of-fight mass spectrometry (MALDI-TOF MS) for species confirmation after the chromogenic agar culture.

In brief, 686 soft stool or liquid stool specimens from 508 patients hospitalized in a healthcare network in Hong Kong, which included a university-affiliated hospital and three extended-care hospitals, were collected between February 28, 2014 and May 5, 2014. The specimens were plated directly onto CDIFA and onto Oxoid Clostridium difficile Selective Agar (CCFA) (Oxoid Ltd., Hamsphire, UK) for the clostridia culture. The media were incubated under an anaerobic condition for at most 72 hours. The cultures were examined after incubating for 24 hours, 48 hours, and 72 hours. Cultures showing no growth after 72 hours were confirmed as a negative culture. Once suspected flat and irregular gray-black colonies were found growing on the culture media within 72 hours, the incubation was stopped and further identification was followed up. The suspected colonies were identified by the Bruker Microflex LT MALDI-TOF MS (Bruker Daltonik, Bremen, Germany) by using the direct transfer method. Bacterial identification was matched with the Bruker spectra library program (version 4.0.0.1) that was preinstalled in the Bruker Biotyper device (version 3.1; Bruker.1). Cultures with ambiguous identification were further confirmed by a 1026 bp partial 16S rRNA gene sequencing. 14,15 The diagnostic performance of the two media was analyzed statistically using MedCalc version 14.12.0 statistical software (MedCalc Software, Ostend, Belgium). Statistical analyses were performed using the Chi-square test and McNemar's test.

In general, gray-black irregular suspected C. difficile colonies could be observed in 21.6% (148/686 specimens) and 10.5% (72/686 specimens) of the CDIFA and CCFA cultures, respectively. On average, positive cultures from CDIFA could be observed at approximately 48 hours. By contrast, cultures from CCFA required 64 hours on average to grow. For species identification, we further identified the colonies by MALDI-TOF MS. Among the positive cultures, only 118 of the CDIFA cultures and 70 of the CCFA cultures were identified as C. difficile with a score > 2.0. The actual C. difficile recovery rate for CDIFA and CCFA was 17.2% (118/686 specimens) and 10.2% (70/686 specimens), respectively (p < 0.001; Figure 1 and Table 1).

For the 30 non-Clostridium difficile cultures growing on CDIFA, 28 cultures were identified as Clostridium hathewayi and the other two cultures were identified as Clostridium tertium and Clostridium disporicum. All non-

**Table 1** Identification of positive cultures of the chromID Clostridium difficile agar and Oxoid *C. difficile* Selective Agar.

Identification	Isolates recovered, n (%)						
	CDIFA	CCFA					
C. difficile	118 (17.20)	69 (10.06)					
Clostridium species other than C. difficile							
C. hathewayi	28 (4.08)	2 (0.29)					
C. tertium	1 (0.15)	0					
C. disporicum	1 (0.15)	0					
No growth	538 (78.43)	615 (89.65)					
Total	686 (100)	686 (100)					

CCFA, Oxoid Clostridium difficile Selective Agar (CCFA); CDIFA, chromlD  $\it C.\ difficile\ agar\ (CDIFA).$ 

Sample no.	Culture		Identification			
	CDIFA	CCFA	MALDI-TOF ID	Score	16S rRNA gene sequencing	
1	Growth	No growth	Clostridium hathewayi	2.293	C. hathewayi	
3	Scanty growth	No growth	C. hathewayi	2.186	C. hathewayi	
10	Growth	No growth	C. hathewayi	2.041	C. hathewayi	
11	Growth	No growth	C. hathewayi	1.981	C. hathewayi	
12	Growth	No growth	C. hathewayi	1.887	C. hathewayi	
16	Growth	No growth	C. hathewayi	1.976	C. hathewayi	
61	Growth	No growth	C. hathewayi	2.245	C. hathewayi	
63	Scanty growth	No growth	C. hathewayi	2.080	C. hathewayi	
101	Heavy growth	No growth	C. hathewayi	2.064	C. hathewayi	
128	Heavy growth	No growth	C. hathewayi	2.054	C. hathewayi	
167	Heavy growth	No growth	C. hathewayi	2.087	C. hathewayi	
236	Growth	No growth	C. hathewayi	2.000	C. hathewayi	
294	Growth	No growth	C. hathewayi	2.162	C. hathewayi	
378	Growth	Growth	C. hathewayi	2.020	C. hathewayi	
429	Scanty growth	No growth	Clostridium disporicum	1.868	C. disporicum	
451	Heavy growth	No growth	C. hathewayi	2.015	C. hathewayi	
454	Growth	No growth	C. hathewayi	2.059	C. hathewayi	
494	Growth	No growth	C. hathewayi	2.056	C. hathewayi	
544	Growth	No growth	C. hathewayi	2.010	C. hathewayi	
569	Scanty growth	No growth	C. hathewayi	2.150	C. hathewayi	
578	Growth	No growth	C. hathewayi	2.034	C. hathewayi	
583	Scanty growth	Growth	C. hathewayi	2.147	C. hathewayi	
621	Scanty growth	No growth	C. hathewayi	2.142	C. hathewayi	
624	Growth	No growth	C. hathewayi	1.901	C. hathewayi	
626	Growth	No growth	C. hathewayi	1.976	C. hathewayi	
630	Growth	No growth	Clostridium tertium	2.336	C. tertium	
632	Growth	No growth	C. hathewayi	2.228	C. hathewayi	
634	Scanty growth	No growth	C. hathewayi	2.039	C. hathewayi	
651	Scanty growth	No growth	C. hathewayi	2.057	C. hathewayi	

CCFA, Oxoid Clostridium difficile Selective Agar; CDIFA, Clostridium difficile chromogenic agar; MALDI-TOF ID, matrix-assisted laser desorption ionization—time of flight mass spectrometry identification.

C. hathewayi

No growth

Clostridium difficile specimens, except two *C. hathewayi* specimens, did not grow on CCFA. The morphology of the non-Clostridium difficile colonies growing on CDIFA was also gray-black and irregular, which was highly similar to the morphology of the *C. difficile* colonies. It was difficult to differentiate the two species by morphology and color change. The identities of these 30 non-Clostridium difficile specimens were further confirmed by 165 rRNA gene sequencing (Table 2).

655

Our study showed that the CDIFA had a much shorter average recovery time for C. difficile, compared to the CCFA (48 hours vs. 64 hours). This would allow the laboratory staff to alert the clinical microbiologists earlier that the clinical symptoms of the patients may be caused by C. difficile infection. The CDIFA also demonstrated a significantly higher C. difficile recovery rate than CCFA (21.6% vs. 10.5%; p < 0.001). However, the use of CDIFA alone for C. difficile direct culture could result in a 20.27% (30/148) false-positive rate. False-positive for non-Clostridium species growing on CDIFA has been reported in some studies,  $\frac{10,13,16}{10}$  although we found that all

false-positive cultures isolated in this study were *Clostridium* species (e.g., *C. hathewayi*, *C. disporicum*, and *C. tertium*). These *Clostridium species* were all classified as commensal flora in healthy human feces. *Clostridium hathewayi*, which can cause disease once it gets into the bloodstream, <sup>8,17</sup> was first recovered by CDIFA. However, this may be because of the prolonged incubation of CDIFA. Further investigation should be followed up.

2.020

By adding the MALDI-TOF MS after the CDIFA culture, the specificity and positive predictive value could be significantly improved from 94.72% to 100% and from 79.73% to 100%, respectively (p < 0.001). The false-positive culture on CDIFA could be solved by using MALDI-TOF MS as the confirmation tool. Because the MALDI-TOF MS step is simple and cheap, which the processing time and running cost is around 10 minutes and US\$1, the MALDI-TOF MS is a more affordable confirmation test than the 16S rRNA gene sequencing for C. difficile identification. This rapid and reliable workflow for C. difficile identification would benefit the infection control of nosocomial antibiotic-associated diarrhea.

726 J.H.K. Chen et al.

In conclusion, the CDIFA required short recovery time and showed high sensitivity to *C. difficile*. The CDIFA could also culture *Clostridium* species other than *C. difficile*; therefore, the addition of rapid MALDI-TOF MS after the CDIFA culture could significantly improve the diagnostic accuracy for *C. difficile*. We highlighted the importance of MALDI-TOF MS for correct species identification of *C. difficile* from clinical specimens and this workflow was highly recommended.

### Conflicts of interest

None declared.

## **Acknowledgments**

This study was partially supported by the Health and Medical Research Fund, Food and Health Bureau of the Hong Kong Special Administrative Region Government (ref. no. HKM-15-M12) and by a commissioned block grant (project number, 260870158) of the Research Fund for the Control of Infectious Diseases of the Food and Health Bureau of the Hong Kong Special Administrative Region Government.

### References

- Yuen KY, Woo PC, Liang RH, Chiu EK, Chen FF, Wong SS, et al. Clinical significance of alimentary tract microbes in bone marrow transplant recipients. *Diagn Microbiol Infect Dis* 1998; 30:75—81.
- Bartlett JG, Moon N, Chang TW, Taylor N, Onderdonk AB. Role of Clostridium difficile in antibiotic-associated pseudomembranous colitis. Gastroenterology 1978;75:778–82.
- Cheng VC, Yam WC, Chan JF, To KK, Ho PL, Yuen KY. Clostridium difficile ribotype 027 arrives in Hong Kong. Int J Antimicrob Agents 2009;34:492—3.
- Cheng VC, Yam WC, Lam OT, Tsang JL, Tse EY, Siu GK, et al. Clostridium difficile isolates with increased sporulation: emergence of PCR ribotype 002 in Hong Kong. Eur J Clin Microbiol Infect Dis 2011;30:1371–81.

 Hardy KJ, Gossain S, Thomlinson D, Pillay DG, Hawkey PM. Reducing Clostridium difficile through early identification of clusters and the use of a standardised set of interventions. J Hosp Infect 2010;75:277–81.

- Cheng VC, Chau PH, So SY, Chen JH, Poon RW, Wong SC, et al. Containment of *Clostridium difficile* infection without reduction in antimicrobial use in Hong Kong. *Eur J Clin Microbiol Infect Dis* 2015;34:1381–6.
- 7. Elsayed S, Zhang K. Human infection caused by *Clostridium hathewayi*. *Emerg Infect Dis* 2004;10:1950–2.
- 8. Woo PC, Lau SK, Woo GK, Fung AM, Yiu VP, Yuen KY. Bacteremia due to *Clostridium hathewayi* in a patient with acute appendicitis. *J Clin Microbiol* 2004;42:5947–9.
- Eckert C, Burghoffer B, Lalande V, Barbut F. Evaluation of the chromogenic agar chromID C. difficile. J Clin Microbiol 2013; 51:1002—4.
- 10. Shin BM, Lee EJ. Comparison of ChromID agar and Clostridium difficile selective agar for effective isolation of *C. difficile* from stool specimens. *Ann Lab Med* 2014;34:15–9.
- Carson KC, Boseiwaqa LV, Thean SK, Foster NF, Riley TV. Isolation of Clostridium difficile from faecal specimens—a comparison of chromID C. difficile agar and cycloserinecefoxitin-fructose agar. J Med Microbiol 2013;62:1423—7.
- Housman ST, Banevicius MA, Lamb LM, Nicolau DP. Isolation and quantitation of *Clostridium difficile* in aqueous and fecal matter using two types of selective media. *J Microbiol Immu*nol Infect 2016;49(3):445–7.
- 13. Yang JJ, Nam YS, Kim MJ, Cho SY, You E, Soh YS, et al. Evaluation of a chromogenic culture medium for the detection of *Clostridium difficile*. *Yonsei Med J* 2014;55:994—8.
- 14. Teng JL, Ho TC, Yeung RS, Wong AY, Wang H, Chen C, et al. Evaluation of 16SpathDB 2.0, an automated 16S rRNA gene sequence database, using 689 complete bacterial genomes. *Diagn Microbiol Infect Dis* 2014;78:105—15.
- **15.** Janda JM, Abbott SL. 16S rRNA gene sequencing for bacterial identification in the diagnostic laboratory: pluses, perils, and pitfalls. *J Clin Microbiol* 2007;**45**:2761–4.
- Perry JD, Asir K, Halimi D, Orenga S, Dale J, Payne M, et al. Evaluation of a chromogenic culture medium for isolation of Clostridium difficile within 24 hours. J Clin Microbiol 2010;48: 3852–8.
- Steer T, Collins MD, Gibson GR, Hippe H, Lawson PA. Clostridium hathewayi sp. nov., from human faeces. Syst Appl Microbiol 2001;24:353-7.