

MDR Efflux Pumps: Structure and Regulation

Tahia Mohamed Ahmed Mohamed¹, Amira Osama Abd Elghany¹, Mai Salah Ahmed¹, Thoraya Hosny¹

Clinical Pathology department, Faculty of Medicine, Zagazig University, Zagazig, Egypt

Corresponding author: Amira Osama Abd Elghany

Email: amira1.osama1@gmail.com

Abstract:

Multidrug resistance (MDR) represents a major challenge in the treatment of bacterial infections and cancer chemotherapy. A key contributor to MDR is the activity of efflux pumps, which are membrane transport proteins capable of extruding a wide variety of structurally unrelated compounds out of the cell. These efflux systems decrease the intracellular concentration of antimicrobial agents, thereby reducing their efficacy. Based on their structure and energy sources, efflux pumps are classified into several families, including the ATP-binding cassette (ABC), major facilitator superfamily (MFS), resistance-nodulation-division (RND), multidrug and toxic compound extrusion (MATE), and small multidrug resistance (SMR) families. The regulation of efflux pumps involves complex genetic and environmental controls. Global transcriptional regulators, two-component systems, and local repressors or activators tightly modulate efflux pump expression in response to environmental stresses, drug exposure, or metabolic needs. Overexpression of these pumps not only contributes to antibiotic resistance in bacteria but also influences biofilm formation, virulence, and cell survival under stress conditions. Understanding the structural basis and regulatory mechanisms of efflux pumps is crucial for developing inhibitors that can restore drug susceptibility. Efflux pump inhibitors (EPIs), either natural or synthetic, are being investigated as adjuvant therapies to combat MDR pathogens and improve treatment outcomes.

Keywords: Multidrug resistance (MDR); Efflux pumps; ABC transporters; Major facilitator superfamily (MFS); Resistance-nodulation-division (RND); MATE transporters; SMR family; Efflux pump inhibitors (EPIs); Antibiotic resistance regulation.

Introduction:

The structure of the efflux system is comprised of 3 well-defined parts each playing a function in the drug efflux mechanism, including the outer membrane (OM), the internal membrane (IM) and the fusion protein at the intermediate level (MFP); Each part of the structure of the efflux pumps has a certain factor causing resistance to the antibiotics (1, 2).

In reference to further research, it has been proven that there are five different families of efflux pumps present on *A. baumannii*:

- major facilitation super family (MFS);
- multidrug toxic composite extrusion (MATE) transporters;
- resistance nodulation-division (RND) super family;
- ATP binding cassette (ABC) transporters;
- small multidrug resistance (SMR) family.

Recently other studies have reported a sixth efflux family named PACE (proteobacterial antimicrobial composite efflux) present in the *A. baumannii* (3).

However, because of inadequate data, we will concentrate much more on the first 5 families **Figure (1)** where a totally understanding of structure and regulation is not complete.

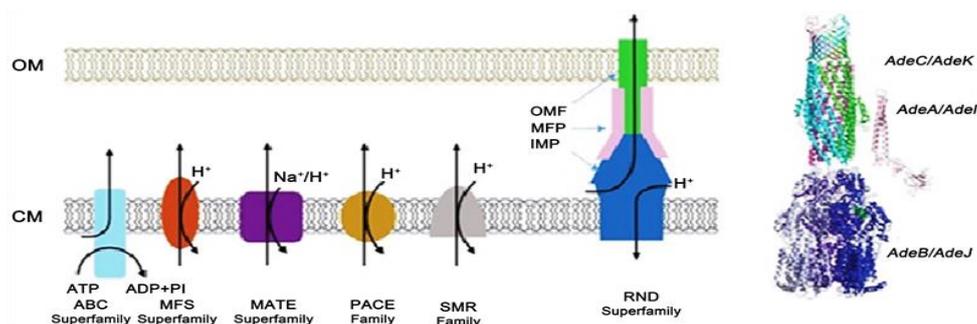


Figure (1): Structure of major families *A. baumannii* efflux pumps + PACE family a newly superfamily identify (adapted from (4)).

1. RND Efflux Pumps

The large family RND efflux is special of the rather complex compared to other family. it is very represented and has a special role in almost all major gram-negative bacteria and developing multiple resistance to antibiotic also call MDR such as *A. baumannii*, *E. coli*, and *P. aeruginosa* (5) .

RND efflux on *A. baumannii* has mainly three gene (*adeABC*, *adeIJK*, *adeFGH*) **Figure (2)** and some special gene (*adeDE*, *adeAA*) (6) .

a) *adeABC*

The *adeABC* operon was newly discovered on the antibacterial agents of fluoroquinolones and aminoglycosides in the efflux system RND and divided into 3 part: *adeB* on inner membrane efflux transporters, *adeA* on membrane fusion proteins, and *adeC* on external membrane proteins (7).

AdeB has the largest representation on *A. baumannii* strains (80%), *adeA* and *adeC* has 42%, and 40% respectively (8) . Because of this high proportion of *adeB* gene compare to the others, its inactivation would dramatically cause sensitization to antimicrobial drugs in the hospital for *A. baumannii* (9).

The increasing concentration of MIC would be beneficial to important drug classes like aminoglycosides, tetracyclines-tigecycline, β -lactams, fluoroquinolones, macrolides, trimethoprim, and chloramphenicol (10) .

Despite the advancement of research, rifampicin, flusidic acid and sometimes colistin remain resistant to isolate *A. baumannii*. Single last chances of fight against *A. baumannii* isolates are tigecycline but show a hard resistance to *adeABC* and also it presents a high resistance efflux. The MIC levels of tigecycline remain a clinical problem (11).

Remarkably, about 20% of *adeC* was found to be involved in tigecycline resistance tests in *A. baumannii* demonstrating that in the *adeABC* gene, *adeAB* can keep walking without *adeC* . The *adeC* plays a much more an almost negligible role in RND efflux system.

The two components *adeR* and *adeS* are responsible for the regulation of the expression system of *adeABC* (12).

They are also called protein kinases and are found on both sides of *adeABC* in different trajectory. *AdeRS*, plays a determining role in increasing resistance of *adeABC*. Some result shows that a dysfunction of *adeR* and or *adeS* will increase the resistance of tigecyclin, chloramphenicol, minocycline, erythromycine, cefotaxime, tetracycline, fluoroquinolones, and trimethoprim (13) ; as well increase the sensitization of amino-glycosides of *A. baumannii* isolate.

b) *adeIJK*

The second largest pump of the RND family's *adeIJK* also comprises of *adeI*, *adeJ*, *adeK* genes which occur on the three parts of the pump efflux structure respectively. *AdeIJK* was described initially in the years 2008 with the *A. baumannii* clinical strains fluctuating between 86% and 100% in a presence of the predominant gene *adeJ*. With various reported a MIC dimness of *adeIJK* mainly the resistance of *A. baumannii* to β -lactamines, lincosamides, fluoroquinolones, chloramphenicol, trimethoprim, and fusidic acid has been noticed (14).

The selection of the majority gene *adeJ*, will lead to an amplification in the sensitivity of chloramphenicol, macrolides, lincosamides, tetracyclines and quinolones and β -lactams (15).

The regulation of *adeIJK* is less complex than that of *adeABC*, but at about 750 - 850 kbp of *adeIJK* operon there is a regulator *adeN* belonging to the class of *tetR* (16).

The presence of this regulator *adeN* and mutation in different media led to an increase the resistance to antimicrobial drugs (ertapenem, aztreonam, tigecycline, meropenem, and minocycline) in *A. baumannii* (6).

c) *adeFGH*

Outstanding variation of *adeABC* and *adeIJK*, has induced the discovery of *adeFGH* operon sometime after *adeIJK* identification. The presence of *adeFGH* in the genus *A. baumannii* through exposure to certain antibacterial agents (norfloxacin) (17) and is also a true source of multidrug. The genes of the *adeFGH* operon, the *adeG* is the most representative of more than 80% of the others (18).

AdeFGH has also become popular in the species of *A. baumannii* due to its severe resistance to fluoro-quinolones, tetracyclines, tigecycline, chloramphenicol, trimethoprim, sulfamethoxazole and moderate resistance to erythromycin, rifampicin and aminoglycosides, (17) and also β -lactams. *AdeFGH* is regulated by *LysR* (LTTR), also called *adeL*. The *adeL* mutation will conduct to the *adeFGH* level rise. *adeXYZ* has also been found in *A. baumannii* genospecies 3 and has the same structure and positioning of MFP, OM, IM with propositions 80% (*adeX*), 89% (*adeY*) and 87% (*adeZ*) (19).

Previous studies have demonstrated inconsistency between *adeDE* and *adeABC-adeIJK* due to the presence of *adeABC-adeIJK/inter 1-negative adeS* in some isolates for the detection of *adeE* (20).

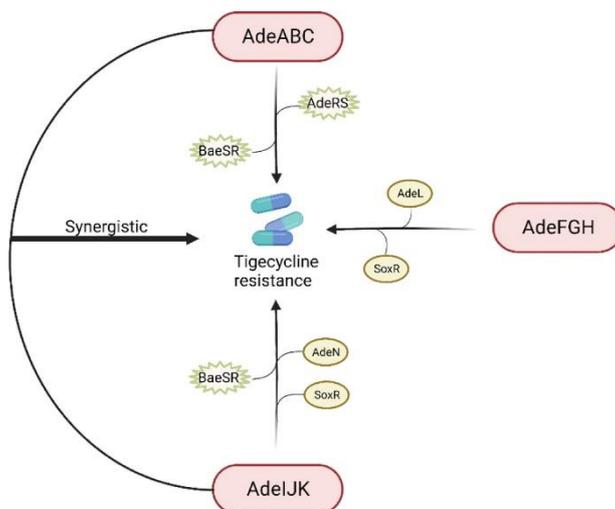


Figure (2): Regulation of tigecycline resistance in *Acinetobacter baumannii* by *AdeABC*, *AdeFGH* and *AdeIJK* efflux pumps (6).

2. MFS Efflux Pumps

MFS is the subsequent most studied efflux mechanism in species *A. baumannii* have identified some genes *cmlA*, *tet(A/B)*, *craA*, and *floR* as the most present and appertain to the superfamily MFS (21). Plural research has explained a particularity of resistance caused by *tetA* and *tetB* (17).

These two genes are not involved in resistance to tigecycline, yet *tetA* leads to a tetracycline resistance while *tetB* induce the resistance to tetracyclin and minocyclin (22).

In *A. baumannii* isolate resistant to tetracycline, the overexpression rate of *tetA* is 30% - 45% whereas *tetB* is 32% - 72% (23). The *cmlA* gene of MFS is resistant to certain β -lactams, chloramphenicol, fluoroquinolones, tetracycline and

rifampicin. *craA* is particularly resistant to chloramphenicol, imipenems, quinolones, aminoglycosides, and tetracyclines (24).

The MFS energy source is proton motive force (H^+) facilitating H^+ motive force inhibition to increase the sensitization of antimicrobial drugs (25).

3. MATE Efflux Pumps

The first and most frequent gene of the MATE family present in *A. baumannii* is the *adeM* gene. It represents between 63% - 100% in MDR of *A. baumannii* (26).

AdeM protein contains about 447 amino acids and multiform hydrophobic regions. The antimicrobial drugs resistant due to *adeM* gene are not related to *adeABC* and totally known. In certain studies it was noted that *adeM* is not associated with the resistance of β -lactams, or cephalosporin (27).

But it could have an implication of resistance in that of amino glycosides, trimethoprim, fluoroquinolones, erythrocin, and chloramphenicol. The MATE family is powered by double reservoir of energy PMF (motive force of the proton) and sodium ion gradient Na^+ (28).

4. SMR Efflux Pumps

AdeS gene is the main efflux pump of SMR family present in *A. baumannii*. This gene *adeS* belongs to a particular resistance for fluoroquinolones, novobiocin, erythromycin, detergents (benzalkonium chloride), chloramphenicol, and dyes (29).

AdeS is identical at 52% to *emrE* (*E. coli*) found in the genome *A. baumannii* genome. *AdeS* is composed of about 108 acid amines. Because of its constant need for energy (H^+), the suppression of this energetic source would restore susceptibility to drugs on MDR *A. baumannii*(30).

5. ABC Efflux Pumps

ATP binding cassette (ABC) of super family efflux pumps are recognized to be censurable for multidrug-resistance due of P-glycoprotein (ABCB1) (31).

ABC proteins are including in the cytoplasm (inner) membrane of germ, and membranes in eukaryotes. In the human body, ABC proteins encodes for 49 proteins, a particular fraction has been distinguished in function and biochemistry terms to others (32).

They have been organized into 7 sub-families established on phylo-genetic examination. P-glycoprotein (ABCB1) contains 170 kDa trans-membrane glycoprotein and practically the most at largely studied transporters that promote cancer cells to develop drug resistance. Unlike the other family of efflux pumps, ABC family is powered by hydrolysis energy sources of ATP ($ADP + Pi$) which gives cellular resistance to large number of drug molecules (33).

The ABC proteins functionally contain two areas for substrate transport and 2 areas of NBD (nucleotide binding) with ATP hydrolyse in the process.

6. PACE Efflux Pumps

The proteo-bacterial antimicrobial compound efflux family (PACE) is uncommon of the newest families of efflux pumps identified in the latest 15 years (34).

Resistance to antibiotics

1. Resistance to Carbapenems

Carbapenems have the broadest spectrum among all β -lactams and are mainly used as a treatment in infections caused by Gram-negative bacteria (35).

Overexpression of the carbapenem-hydrolyzing oxacillinase (OXA)-51-like- β -lactamase (36) and ArmA RNA 16S ribosomal methyltransferase are among the mechanisms that confer resistance to carbapenems among *A. baumannii* strains (37).

Increasing emergence of carbapenem resistance, frequently mediated by production of Ambler's class D β -lactams (OXA) in *A. baumannii* is a major concern (38).

Many of them are found as part of integrons. *A. baumannii* can present intrinsic chromosomal OXA-51-like, and four additional groups of OXA acquired carbapenemases, including OXA-23, 24 (OXA-40-like), -58-like, and -123-like (39). OXA-23 has been associated with greater dissemination and production of carbapenem resistance with clinical consequences (40).

It has been documented that OXA-24 has moderate hydrolytic activity against carbapenems.

2. Resistance to Polymyxins

Mechanisms of resistance to polymyxins in *A. baumannii* include (i) drug target alteration by LPS lipid A modification subsequent to mutations in the *pmrCAB* operon and *mcr* genes; (ii) mutations of *lpxA*, *lpxC*, and *lpxD* genes -encoding acyltransferases essential to lipid A biosynthesis and associated with lipid A deficiency; (iii) *lpsB*, *lptD*, and *vacJ* expression associated with permeability defects and osmotic resistance of the outer membrane, subsequently leading to markedly elevated MICs for polymyxins; (iv) insufficient concentration of cofactors constitutional for LPS formation, like biotin, which are essential for susceptibility to polymyxins; and (v) efflux pumps (41).

3. Resistance to Aminoglycosides

Aminoglycoside resistance in *A. baumannii* has been associated with versatile mechanisms, enzymatic modification primarily through N-acetylation, O-nucleotidylation, or O-phosphorylation at different locations of the aminoglycoside molecule are considered the most significant one (42).

However, in the last years other well-studied aminoglycosides resistance mechanism has been identified in *Acinetobacter* genus as antibiotic intracellular accumulation reduction using efflux pumps in synergy with the permeabilization of the outer membrane (43).

4. Resistance to Tetracyclines

Tetracycline antibiotics bind to the 30S ribosomal subunit and thereby inhibit protein synthesis by deterring the start of translation (44).

Resistance to tetracycline antibiotics is attributed to three main mechanisms: (i) efflux dependent on ATP, (ii) inactivation of tetracyclines by enzymes, and (iii) ribosomal protection proteins (RPPs) (45).

5. Resistance to Tigecycline

Tigecycline is a third-generation tetracycline derivative, and the main difference between tetracycline and tigecycline is that ring D of tigecycline is linked to 7-dimethylamido and 9-t-butylglycylamido moieties. The main mechanisms of tigecycline resistance in *A. baumannii* can be divided into five categories:

I. Efflux pumps systems

Overexpression of efflux pumps is a key mechanism responsible for drug resistance in *A. baumannii*. Efflux pump excretes antimicrobial drugs from cells, which leads to the decrease of drug concentration and drug resistance (46).

II. Outer membrane permeability

To prevent the entry of antimicrobial agents into cells, reducing the permeability of the outer membrane is another common mechanism of resistance (46).

III. Antibiotic targets of action

Changing the target of antibiotic action is also one of the mechanisms by which bacteria develop resistance.

Bacteria prevent antibiotic binding by altering the target structure, thereby creating resistance (47).

IV. Antibiotic-inactivating enzyme

Resistance to antibiotics by degrading and modifying antibiotics to make them inactive is an important resistance mechanism for bacteria (47).

V. DNA repair pathway

It has been demonstrated that DNA damage under antibiotic induction can mediate the killing of *A. baumannii* (48), and

recA and recBCD are important pathways for DNA repair.

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