Evaluation of the BBL Crystal MRSA ID System for detection of oxacillin resistance in *Staphylococcus aureus*

Günter Kampf, Christoph Lecke, Ann-Katrin Cimbal, Klaus Weist, Henning Rüden

Abstract

**Aims**—To evaluate the BBL® Crystal™ MRSA ID System for detection of oxacillin resistance in *Staphylococcus aureus*.

**Methods**—52 methicillin resistant *S aureus* (MRSA) from five different countries and 85 methicillin susceptible *S aureus* (MSSA) were included. The species was confirmed by tube coagulation and detection of the clumping factor using the Staphaurex Plus. Clonal non-identity of the MRSA isolates was shown by pulsed field gel electrophoresis. MIC values (oxacillin) were determined using the Etest. Polymerase chain reaction was carried out to detect the mecA gene. The BBL Crystal MRSA ID System was carried out according to the manufacturer’s instructions.

**Results**—The BBL Crystal MRSA ID System showed fluorescence in 45 of 52 MRSA (sensitivity 86.5%; negative predictive value 92.2%), and the specificity was 97.6% (positive predictive value 95.7%). Two of seven MRSA that failed to show fluorescence had MIC values (oxacillin) of 4 mg/litre.

**Conclusions**—The BBL Crystal MRSA ID System is a valuable test for detecting oxacillin resistance in *S aureus*. Its major advantage is the short time (4–5 hours) required to perform the test when organisms are grown on tryptic soy agar or sheep blood agar. Difficulties may arise in borderline resistant isolates.


Keywords: oxacillin resistance; *Staphylococcus aureus*; screening; BBL Crystal MRSA ID system

Methicillin resistant *Staphylococcus aureus* (MRSA) continues to be a prominent problem in hospitals in the USA and Europe. Rapid identification is essential to limit the spread within a hospital. Conventional methods to detect resistance to oxacillin such as disc diffusion or agar dilution require up to 24 hours of incubation, depending on the guideline. In addition, they may fail to detect oxacillin resistance when phenotypic expression of an isolate is heterogeneous. Detection of the mecA gene by polymerase chain reaction (PCR) is regarded as the reference method, but it requires special equipment which is not yet available in most routine medical microbiology laboratories. The BBL® Crystal™ MRSA ID System has been designed to allow detection of oxacillin resistance in *S aureus* within four to five hours when organisms are cultured on tryptic soy agar or sheep blood agar, allowing earlier treatment and more rapid implementation of infection control measures. In this study we evaluated the system using 52 non-identical MRSA isolates from five countries and 85 methicillin susceptible *S aureus* (MSSA) isolates.

**Methods**

**BACTERIAL ISOLATES**

Seventy one MRSA isolates—obtained from from Argentina (n = 5), Belgium (n = 8), Canada (n = 24), Germany (n = 29), and Switzerland (n = 5)—were initially included in the study. Four isolates from Canada and two from Belgium were found to have pulsed field gel electrophoresis (PFGE) patterns that were identical to those of other isolates and they were therefore excluded from further analyses. Fifty four of the remaining 65 isolates represent distinct clones as shown by PFGE, while seven isolates from Canada and four from Belgium were classified as epidemiologically related isolates. In addition, 80 MSSA isolated from clinical material were included in the study.

All isolates were stored in tryptic soy broth with 10% glycerol at −80°C. For the experiments, they were recultivated on sheep blood agar plates.

**IDENTIFICATION BY AGGLUTINATION ASSAY AND PLASMA COAGULASE TESTING**

Before the study the species *S aureus* was reconfirmed for each isolate by agglutination testing and tube coagulation. The Staphaurex Plus (Murex Diagnostika) was used as the agglutination test, according to the manufacturer’s instructions, because of its high sensitivity for detecting *S aureus*. Plasma coagulation was investigated with rabbit plasma (bio-Mérieux) and read after 2, 4, and 24 hours of incubation at 36±1°C, according to the criteria...
Table 1  BBL Crystal MRSA ID System with methicillin resistant (MRSA) and susceptible (MSSA) Staphylococcus aureus isolates; one of 137 isolates failed to show fluorescence in the positive control growth well.

<table>
<thead>
<tr>
<th>BBL Crystal MRSA ID System</th>
<th>MRSA (n = 52)</th>
<th>MSSA (n = 84)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive fluorescence</td>
<td>45</td>
<td>2</td>
</tr>
<tr>
<td>No fluorescence</td>
<td>7</td>
<td>82</td>
</tr>
</tbody>
</table>

The BBL Crystal MRSA ID System, with a positive predictive value of 92.2% (table 1). Four of the seven MRSA which failed to show fluorescence came from Canada (oxacillin MIC values: 4, 12, 48, and 256 mg/litre; all mecA positive), two came from Germany (oxacillin MIC values: 4 and 256 mg/litre; one mecA positive), and one came from Switzerland (oxacillin MIC value: 24 mg/litre; mecA positive; table 2).

Of the MSSA, 97.6% were found to be oxacillin susceptible by the BBL Crystal MRSA ID System, with a positive predictive value of 95.7%.

Discussion

RAPID DETECTION OF RESISTANCE TO OXACILLIN IN S. AUREUS

Rapid detection of resistance to oxacillin in S. aureus is very important for the clinical management of an infection and to implement appropriate infection control measures. It is claimed that the BBL Crystal MRSA ID System detects resistance to oxacillin within four to five hours when organisms are cultured on tryptic soy agar or sheep blood agar. The use of screening cultures such as mannitol salt agar cancels out any speed advantage intrinsic to the kit because subcultures on tryptic soy agar or sheep blood agar would be necessary. The kit uses a fluorescent indicator which is sensitive to the presence of oxygen dissolved in the broth. When oxygen is present no fluorescence can be detected; when oxygen is removed (for example, by respiration of the bacteria in the presence of oxacillin) fluorescence is easily detected. In our study we found that the BBL Crystal MRSA ID System had a low sensitivity (86.5%) but a high specificity (97.6%). Other investigators have also found the system to be highly specific, but our sensitivity rate is the lowest ever reported. A sensitivity of 100% was reported for 142 MRSA isolates from a hospital in Saudi Arabia, while Knapp et al. reported 95% sensitivity in 69 mecA positive isolates. A sensitivity of 92.9% among 170 mecA positive isolates was described in a European multicentre study, and a sensitivity of 92.6% was reported from France among 27 mecA positive S. aureus isolates. Dutka-Malen et al. found a sensitivity and a specificity of 100% among 13 MRSA and 11 MSSA isolates. Willey et al. found an accurate clini-
fication by the BBL Crystal MRSA ID System in 25 mecA positive and 18 mecA negative S aureus isolates. In another report, difficulties with the test system were only observed in borderline resistant strains.29

Apart from our own study, no other investigator has proved clonal non-identity of the isolates. Retesting of copy strains cannot therefore be excluded. In our selection of MRSA isolates from five different countries, four of the seven MRSA without fluorescence in the test kit came from Canada, two from Germany, and one from Switzerland. An explanation for this could be the lack of oxacillin phenotypic resistance despite the presence of the mecA gene. Up to 16.7% of all oxacillin susceptible S aureus isolates may carry the mecA gene.30 Of the seven isolates that failed to show fluorescence in the BBL Crystal MRSA ID System, two were found with MIC values of 4 mg/litre and the remaining five isolates had MIC values 12 mg/litre. It has been shown previously that borderline resistant isolates are difficult to identify accurately.20 It remains unclear why some highly resistant isolates apparently do not utilise oxygen in the presence of 2 mg/litre oxacillin. This observation might be most important for microbiological laboratories in Canada—the origin of the isolates giving the lowest test sensitivity in our study.

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