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1 Detection of the Inhibitory Potential of Psidium Guajava L.
2 Extract in Multidrug-Resistant Corynebacterium Striatum
3 Strains Isolated from Nosocomial Outbreaks

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7 **Abstract**

8 Corynebacterium striatum is an emerging Gram-positive bacillus that presents tropism for
9 the human microbiota, however, it has a high probability of presenting a multidrug-resistant
10 (MDR) profile. In addition, several studies indicate its ability to cause serious infections in
11 patients with varying levels of immune compromise. C. striatum samples may present different
12 virulence mechanisms such as; disinfectant tolerance, motility, and bacterial biofilm formation.
13 This work aims to evaluate the antimicrobial activity of the hydroalcoholic extract of Psidium
14 guajava L. on MDR and MDS strains of C. striatum as an alternative for treatment. We used
15 the agar disk diffusion method to evaluate the susceptibility of bacterial samples under
16 conditions of treatment with Psidium guajava L.

18 **Index terms**— corynebacterium striatum, psidium guajava l., nosocomial, PFGE, MDR, MDS, antimicrobial
19 activity.

20 source for the search for new options against bacterial multidrug resistance, giving an incentive to seek new
21 alternatives and isolation of molecules from plants to be able to use and fight multidrug-resistant infections.

22 **Keywords:** corynebacterium striatum, psidium guajava l., nosocomial, PFGE, MDR, MDS, antimicrobial
23 activity, hydroalcoholic extract, myrtaceae, mueller hinton agar, quorum sensing. **Resumo-**A Corynebacterium
24 striatum pertence ao gênero Corynebacterium representam um grande número de bactérias gram-positivas
25 não formadoras de esporos, encontradas naturalmente em flora bacteriana da pele e de mucosas e encontra-
26 se amplamente disseminadas pelo meio ambiente, onde em 2009 causou um surto nosocomial no Hospital
27 Universitário Pedro Ernesto, e em um trabalho realizado por Baio et al, identificou por Eletroforese em gel de
28 campo pulsado (PFGE) 10 perfis clonais de C. striatum, entre eles, o nosso trabalho utilizou os clones MDR/RJ
29 1987/PFGE I e MDS /RJ 1961 PFGE III. Nas bactérias existe um mecanismo que detecta a densidade de outras
30 bactérias, chamado de quorum sensing (Q.S.), que é um sensor de densidade que está ligado a uma variedade
31 de comportamentos fisiológicos nas bactérias, que permite que grupos de bactérias alterem o comportamento
32 de maneiras síncrona em resposta a regulações de fatores de virulência, tolerância de desinfetante, formação de
33 esporos, produção de toxinas, motilidade e formação de biofilme bacteriano. Este trabalho tem como objetivo
34 avaliar a atividade antimicrobiana do extrato hidroalcolóico de Psidium guajava L., comumente conhecido como
35 goiabeira, da família Myrtaceae, sobre cepas MDR e MDS de C. striatum e avaliar o efeito modulador do extrato
36 sobre antibióticos convencionais, pois pode aumentar a eficácia dos agentes antimicrobianos no tratamento de
37 infecções. Para a avaliação da atividade antimicrobiana foi utilizado o método de disco difusão em ágar Mueller
38 Hinton (TSA). Os resultados demonstraram no teste disco difusão cepas bacterianas independente do seu perfil de
39 resistência MDS 1987 e MDR 1961 apresentaram sensibilidade ao extrato 100% bruto de P. guajava, apresentando
40 halos de inibição de 13mm e 14 mm, respectivamente. No teste de sinergismo obteve-se melhor resultado com a
41 cepa MDR1961, não teve resultado com cepa MDS1987. Os resultados dessa pesquisa de conclusão de curso podem
42 ser considerados uma fonte promissora para a busca de novas alternativas frente a multirresistência bacteriana,
43 dando um incentivo a buscar novas alternativas e isolamento de moléculas dos vegetais para poder utilizar e
44 combater as infecções multirresistentes. Corynebacterium striatum, a species initially considered to be part
45 of the normal amphibiotic microbiota of human skin and nasal mucosa, has been recognized as a potentially

46 virulent pathogen capable of causing invasive infections and nosocomial outbreaks ??Wonget al., 2010; ??ouzaet
47 al., 2020). In recent decades, an increasing number of invasive infections caused by multidrug-resistant(MDR) and
48 multi-sensitive (MDS) samples of *C. striatum* have been observed in immunocompromised and immunocompetent
49 patients, including: pneumonia ??Tarret al., 2003; ??enomet al., 2007), sepsis ??Dallet al., 1989), synovitis and
50 septic arthritis (Scholle et al., 2007), osteomyelitis ??Fernández-Ayalaet al., 2001), endocarditis, meningitis and
51 recurrent bacteremia ??Weiss et al., 1996;Syed et al., 2019). *C. striatum* has also been recognized as an etiologic
52 agent of liver abscesses (Stone et al., 1997), peritonitis (Bhandari et al., 1995), surgical wounds (Moore et al.,
53 2010), keratitis (Heidemann et al., 1991) and intrauterine infections ??Boltinet al., 2009). The first case of
54 urinary infection in an immunocompetent outpatient was observed in Spain (Beteta et al., 2009)

1 Palavras

2 Patients

57 undergoing invasive medical procedures are susceptible to infections by *C. striatum*, because bacterial interaction
58 with the surface of the abiotic substrate can allow colonization through the production of bacterial biofilm (Syed
59 et al., 2019). Previous studies have also demonstrated the ability to spread *C. striatum* from patient to patient
60 and through the contaminated hands of healthcare professionals ??Brandenburg et al., 1996).

61 In a study published by Baio et al., (2013), phenotypic and genotypic characteristics of multidrugresistant
62 (MDR) and susceptible strains (n=14) of *C. striatum* isolated during an outbreak in 2009 at Hospital University
63 Pedro Ernesto (HUPE) were described. Rio de Janeiro, Brazil. Subsequently, other strains were identified in
64 HUPE itself and at the Hospital Municipal Jesus, revealing other multidrug-resistant pulses ??Ramos et al.,
65 2019;Souza et al., 2019; ??ouza et al., 2020).

66 The pathogen was isolated in the various sectors of the hospitals, from different anatomical sites, in adult
67 individuals, where half the patients were 50 years of age or older. Most strains of *C. striatum* strains were
68 isolated from tracheal aspirates, from patients undergoing endotracheal intubation procedures, and from blood
69 in ICUs and surgical wards (Silva & Motta et al. 2022).

70 They were initially indicated by pulsed-field gel electrophoresis (PFGE-Pulsed-Field-Field Gel Electrophoresis),
71 the presence of ten distinct clonal profiles (PFGE I, II, III and IV) with a predominance of pulse type I among,
72 the samples. Clones I and II were isolated from tracheal secretion and blood. Type III and IV clones were isolated
73 from urine and wound secretion, respectively. The authors identified the PFGE I, and II profiles as related clones
74 of MDR strains. The PFGE III and IV profiles of *C. striatum* were identified as clones sensitive to the various
75 drugs tested.

76 In bacteria, there is a mechanism that detects the density of other bacteria, called quorum sensing (Q.S.),
77 which is a density sensor that is linked to a variety of physiological behaviors in bacteria (both Gram-negative
78 and Gram-positive) (Zhao et al., 2020), which allows groups of bacteria to change behavior in synchronous ways
79 in response to regulations of virulence factors, disinfectant tolerance, spore formation, toxin production, motility
80 and bacterial biofilm formation ??Mukherjee et al., 2019; ??ing et al., 2020). In this system, bacteria control the
81 behavior of the entire bacterial population to synthesize and secrete signaling molecules (called autoinducers),
82 being able to communicate and orchestrate the structure and function of biofilms (Yu et al., 2020; Gopalakrishnan
83 et al., 2021). But the change in the expression and behavior of its genes only happens when the signaling (self-
84 inducing) reaches a limited concentration, being able to have communication, and synchronization in particular
85 behaviors on a population scale, thus gaining the ability to function as a multicellular organism (Gopalakrishnan
86 et al., 2020).

87 The biofilm can be defined as a set of bacteria firmly attached to a surface, encompassed by an extracellular
88 matrix composed of polysaccharides, proteins and nucleic acids produced by the bacteria themselves ??Costerton
89 et al., 2003). The biological cycle for the formation of a biofilm goes through 5 stages, the first being contact,
90 where it is reversible and is maintained by non-specific physicochemical interactions; The second stage being
91 adhesion, where there is a change from the reversible to the irreversible step; The third being the formation of
92 small settlement, with the bacteria secreting the signaling molecules and causing all the bacteria there to create a
93 colony that works in sync and with this colony the mature biofilm is formed; The fourth stage being maturation,
94 where the total formation of the biofilm is completed, being surrounded by various substances and creating a
95 system of exchanges of nutrients that need to come out of the biofilm; And the fifth stage is the dispersion that
96 occurs when the environment is not more favorable and consists of the detachment in the form of cell aggregates,
97 to colonize newhabitats and restart the formation of recent biofilms ??Monroe et al.,2007). During the stages of
98 contact, adhesion and construction of small colonies, each bacterium starts to produce signaling molecules that,
99 depending on the local stimuli and mainly on the concentration reached in the microenvironment, trigger the
100 activation of specific genes with the change from the phenotype of planktonic bacteria to the biofilm phenotype,
101 as illustrated in Figure 1 ??Monroe et al., 2007). The extracellular envelope protects them against physical
102 and chemical Epidemic outbreaks caused by MDR strains of *C. striatum* have been documented in patients
103 hospitalized for long periods and, or continuously exposed to broad-spectrum antimicrobials in intensive care
104 units ??Boltin et aggressions from the external environment, such as the action of ultraviolet rays and changes
105 in pH and osmolarity, in addition to significantly reducing the activityof adaptive and innate mechanisms of the
106 immune system, such as the action of phagocytic cells and opsonization of antibodies (Hoyle & Costerton 1991).

107 The increase in bacterial resistance to the various antimicrobial agents used in the clinic is a global Public
108 Health problem that draws the attention of national and international government agencies such as the World
109 Health Organization (WHO), the Centers for Disease Control and Prevention (CDC/USA), ANVISA, as well as
110 Committees on Hospital Infections (CCIH) from various health institutions (Oliveira et al., 2009).

111 Resistance to a particular antimicrobial may be an intrinsic property of a bacterial species or an acquired
112 ability. To develop resistance, the bacterium must change its DNA, genetic material, which occurs in two ways: 1.
113 induction of mutation in native DNA; 2. introduction of foreign DNA -resistance genes -that can be transferred
114 between different genera or species of bacteria (ANVISA, 2007).

115 Cell membrane permeability is essential for the antibiotic to have the desired effect, be it bactericidal or
116 bacteriostatic (Goodman & Gilman's, 2008). Drugs can enter the bacterial cell membrane in three ways: simple
117 diffusion through the phospholipid bilayer, by diffusion facilitated by membrane proteins, called porins, or
118 by self-promoted uptake, where the penetration of the drug into the bacteria is related to the characteristic
119 physicochemistry of antibiotics, such as the polarity and sizes of molecules, modifying the liposaccharide content.
120 Structures and amounts of porins, when they are modified, lead to bacterial resistance, as any decrease in the
121 function and quantity of porins will lower the level of antibiotic inside the bacterial cell (Costa & Silva Junior,
122 2017).

123 Most antibiotics specifically bind to their targets with high affinity and thus prevent normal target activity.
124 However, structural changes in the target that prevent effective binding between the target and the antibiotic
125 confer resistance (Blair et al., 2015). Alternatively, a newly acquired gene may act to modify a target, making
126 it less vulnerable to a particular antimicrobial. Thus, this gene carried by plasmid or transposon encodes an
127 enzyme that inactivates targets or alters the binding of antimicrobials in order to prevent the occurrence of any
128 inhibitory or bactericidal effect (ANVISA, 2007).

129 Efflux pumps are membrane proteins that export antibiotics to the extracellular environment, keeping
130 intracellular concentrations at low levels. that code for different antibiotic transporters (Costa & Silva Junior,
131 2017).

132 The enzymatic mechanism of resistance occurs due to the inactivation of the drug from the production, by the
133 bacteria, of enzymes that degrade or inactivate the antibiotic. Involving three types of enzymatic reactions, such
134 as hydrolysis, transfer of a chemical group or redox process (Costa & Silva Júnior 2016). The classic example
135 of this resistance mechanism is the production of β -lactamase that hydrolyzes the β -lactam ring of penicillins
136 (Kumar & Varela 2013).

137 Studies described that multiple drug resistance (MDR) can be defined when gram-negative and gram-positive
138 bacteria are resistant to three or more classes of antimicrobials. Pan-resistant bacteria (PANDR) are defined as
139 resistant to all antimicrobial agents (Magiorakos et al., 2012).

140 Several studies have shown an increase in the rate of antimicrobial resistance among *Corynebacterium* species.
141 Resistance to β -lactams, Clindamycin, Erythromycin, Ciprofloxacin and Gentamicin has been reported, sometimes
142 leading to the use of Vancomycin as the drug of choice. To date, vancomycin, teicoplanin and linezolid are the
143 most effective agents in vitro against *Corynebacterium* ??Martins et al. Antibiotic resistance develops as a natural
144 consequence of the ability of the bacterial population to adapt. The indiscriminate use of antibiotics increases the
145 selective pressure and also the opportunity for the bacteria to be exposed to them. That opportunity facilitates
146 the acquisition of resistance mechanisms ??Santos, 2004).

147 Given the increasing reports on different bacterial genera presenting resistance to several antimicrobial agents,
148 mainly in the last decades, concomitantly, the search for new substances with antimicrobial potential also grows
149 exponentially (Carneiro et al., 2014).

150 One of these alternatives is the extract of *Psidium guajava* L., commonly known as guava, from the Myrtaceae
151 family, is a plant native to tropical America (Sanchez et al., 2005), has been historically used in folk medicine,
152 traditional for the treatment of different respiratory disorders, diabetes, hypertension, as well as analgesic,
153 antipyretic, anti-inflammatory, healing and antimicrobial functions ??Matos 2002; ??u et al., 2016).

154 In previous studies, the biological actions of the crude extract of the leaves of *P. guajava* L. were proven
155 in the treatment of diarrhea, dysentery, lung diseases, and bronchitis, other properties were also attested,
156 giving the species antispasmodic, antimicrobial, anti-inflammatory, anticonvulsant, analgesic, antidiabetic,
157 antihyperlipidemic and antioxidant (Souza et al., 2015).

158 According to Desotiin 2011, the antimicrobial effect of guava essential oil was proven, by the microdilution
159 plate method, against some Gram-positive and Gram-negative microorganisms and yeasts.

160 Its main constituents are tannins, flavonoids, essential oils, sesquiterpenoid alcohols, and triterpenoid acids.
161 The parts used by the plant are the bark, shoots, leaves, and roots. ??Gondim et al., 2006; Amaral et al.,
162 2006) The combination of plant-derived products and conventional antimicrobial drugs is a promising strategy,
163 as it can increase the effectiveness of antimicrobial agents in treating infections caused by multidrug-resistant
164 microorganisms ??Fernandes et al., 2012).

165 Therefore, we want to investigate the antibacterial action of leaves of *P. guajava* on the samples of *C. striatum*,
166 in this way, also to evaluate its potential for synergistically modulate the action of antibiotic available for
167 treatments against gram-positive bacteria of clinical importance.

168 Given the reports on different bacterial genera presenting resistance to various antimicrobial agents, mainly

169 in the last decades, there is a need for the search for new substances with antimicrobial also increase ??Carneiro
170 et al., 2014).

171 About all the problems that we narrate, there is a need to seek new therapeutic alternatives to combat
172 multidrug-resistant bacteria, where it will be necessary to have qualified pharmaceutical professionals to
173 understand the importance of diagnosis and the functionality of antibiotics, who, together with pharmacological
174 knowledge, can seek new ways of controlling or eliminating multidrug-resistant bacterial infections.

3 II.

4 Materials and Methods

176 Mature leaves of *P. guajava* L. were collected in the lake's region, in the city of Armação dos Búzios, in a home
177 plantation in the Vila Caranga neighborhood, on February 20th. To avoid contamination in the material, the
178 leaves were washed in running water and then immersed in diluted chlorine at a concentration of (1:20) for
179 one minute, as a subsequent rinse to remove the excess. Then the leaves were left on paper towels and under
180 protection against the sun, waiting for the leaves to dry.

181 To obtain the hydroalcoholic extract, 100 grams of dry material were immersed in 500 ml of 70% ethanol. The
182 solution was stored in closed glass vials and wrapped in aluminum foil to prevent light interference. This condition
183 was maintained for 15 days and shaken three times a day. After this interval, the solution was filtered using a
184 funnel with hydrophilized gauze. To avoid the interference of ethanol in the test, the extract was evaporated
185 in a water bath at 45°C until a viscous liquid was obtained. The solution was kept in a light-free environment.
186 (Andrade et al., 2019) being ready to perform the antimicrobial test, 1ml of 100% extract was distributed in 6
187 sterile test tubes (Figure ??1).

188 Two strains of *C. striatum* from a nosocomial outbreak started in 2009 and isolated from patients admitted
189 to Hospital University Pedro Ernesto (HUPE/UERJ) located in the metropolitan region of the state of Rio de
190 Janeiro, Brazil, were used (Table 01).

191 The microorganisms are stored in Skim Milk at -70°C, in the Bacterioteca of the Laboratory of Diphtheria,
192 and Corynebacterioses of Clinical Importance -LDCIC -Discipline of Microbiology and Immunology -FCM/UERJ,
193 partner laboratory of the Faculty of the Lagos Region. Strains were thawed, reactivated and confirmed after new
194 identification by conventional biochemical techniques and confirmed by automated methods such sequencing of
195 16S and rpoB genes and mass spectrometry (MALDI-TOF). Additionally, the samples were characterized by
196 pulsed-field electrophoresis (PFGE) genetic analysis and were classified into different pulse type (Baio et al.,
197 2013). For this work, we selected a multi-resistant strain MDR/RJ 1987/PFGE I and another MDS/RJ 1961
198 PFGE III Pulse types previously characterized and identified after the outbreak.

199 The inoculums were prepared and standardized in sterile saline solution, comparing the turbidities with the
200 tube n° 0.5 of the McFarland scale to obtain about 10⁶ CFU/ml (Mendonça et al., 2016).

201 In two Petri dishes containing Mueller Hinton Agar as the culture medium, the bacterial inoculum prepared
202 with the sterile saline solution (0.5 turbidity on the McFarland scale) was drained with sterile swabs and
203 distributed. Uniformly over the agar surface (Silveira et al., 2009). The first plate with the MDR/RJ 1987/PFGE
204 I strain, respectively, and the MDS/RJ 1961 PFGE III strain on the second plate. In the esection for 30 seconds
205 at a concentration of 100% of the extract in tube 1 of Figure 2 ??Stieven et al., 2009 For the negative control, we
206 used disks with saline solution and for positive control, we used vancomycin (30mcg)(Figure ??). Then, with the
207 plates already striated and with the discs, the inverted plates were incubated at 37°C for 24 hours, after which
208 the of inhibition zones were measured, in millimeters. The result was determined by comparative descriptive
209 statistics from the growth inhibition halos (mm) found, using a universal caliper to the halos formed (Figure ??).

210 To determine the modulating effect, two Mueller Hinton agar plates were used, with sterile swabs, the Mc
211 Farland 0.5 scale inoculum was used up, and, the strains MDR/RJ 1987/ was evenly distributed on the first
212 plate. PFGE I and on the second plate the strain MDS /RJ 1961 PFGE III, the leaves were identified with
213 the places where the antibiotics were placed in the extracts for 30 seconds, each antibiotic in tubes 2 to 6,
214 respectively (Figure ??), and only the antibiotics. The antibiotics Gentamicin (GEN 10), Ciprofloxacin (CIP
215 05), Erythromycin (ERI 15), Imipenem (IPM 10) and Ampicillin (AMP 10) were used. The result is determined
216 by comparing the halos of pure antibiotics and antibiotics dipped in the *P.guajava* L extract. Then, with the
217 plates already streaked and with the disks, the plates were incubated at 37°C for 24 hours, and after this period,
218 the inhibition zones were in millimeters. (Figure ??).

5 III.

6 Resultados e Discussões

221 Due to the abusive use of traditional antibiotics and the increasing increase in microbial resistance, clinical
222 microbiologists have shown great interest in the investigating of plant extracts with antimicrobial potential
223 ??Volpato 2005).

224 The results related to the Disk Diffusion test in agar in the presence of the extract with antimicrobial
225 expectation are described in Table 2. The bacterial strains, regardless of their resistance profile, MDS 1987
226 and MDR 1961, showed sensitivity to the 100% crude extract of *P. guajava*, showing inhibition halos of 13mm,
227

228 and 14mm, respectively (Figure ??). Interestingly, our results corroborate the statements of Biswas et al., (2013),
229 who showed that Gram-positive bacteria were more susceptible to an extract of *P. guajava* (Biswas et al., 2013).

230 Also, in the studies by Sanches et al., (2005), it was possible to verify that the ethanol-based extracts: water
231 from leaves, stem bark and roots of *P. guajava* showed activity against *Staphylococcus aureus*, grampositive
232 microorganisms, as well as our samples studied from *Corynebacterium*.

233 For Lopes et al., (2006) the formation of inhibition halos under the microorganisms tested is due to a synergistic
234 effect of all its constituents, phytochemical compounds: tannin, phenols, flavonoids and alkaloids (Lopes et al.,
235 2006). A study carried out by Alves et al., (2006) showed that the extract is capable of also having antifungal
236 properties against strains of *Candida albicans*, *Candida tropicalis*, and *Candidakrusei* (Alves et al., 2006).

237 The results referring to the agar diffusion tests with evaluation of the antibacterial potential of the
238 hydroalcoholic extract of *P. guajava* in synergistic action showed complex and interesting results (Table ??).
239 When the extract was synergistically exposed together with the discs containing antibiotics on the MDR 1987
240 sample isolated from the respiratory tract, it favored the inhibitory potential of all the antibiotics tested, since,
241 without the action of the extract, the antibiotic discs alone were not able to inhibit the multiplication of this
242 MDR Strain (Table ?? and Figure ??). Interestingly, demonstrating the need for more studies that can clarify
243 several doubts about the resistance mechanisms of these *C. striatum* samples, the hydroalcoholic extract of *P.*
244 *guajava*, when exposed together with antibiotics, reduced the inhibition halos of the MDS 1961/ MDS in all
245 antibiotics, when compared to discs without the extract (Tables ?? and Figure ??) .

246 In this evaluation, gentamicin and erythromycin were the antibiotics that were most inhibited during the
247 synergism process, significantly reducing their effectiveness by 58% and 32%, respectively.

248 Table ?? shows that MDS 1961 strains did not achieve synergism. All ATM+G halos (antibiotic plus extract)
249 decreased. A possible explanation is the presence of a secondary metabolite of the plant that caused interference
250 in the antibiotic action and, or the possibility of the hydroalcoholic extract having diluted the antibiotic,
251 consequently decreasing its activity and the size of the halo.

252 We observed better results with the MDR 1987 strain, table 4, where the bacterium was shown to be resistant
253 to all antibiotics, Still added to the hydroalcoholic section, halos were formed, it is possible that the extract
254 presents a certain metabolite that inhibited the mechanism of resistance of *C striatum* MDR 1987. Simões et al.,
255 (2018) observed that the antimicrobial action of *Psidium guajava* might be related to the inhibition of bacterial
256 enzymes, direct action on the membrane of microorganisms, or competition for metal ions, which essential for
257 microbial metabolism. With this, it can make the synergistic interactions capable of increasing or improving the
258 potency of antibiotics against a multidrug-resistant microorganism.

259 For Pereira et al., (2014), A strategy enhance the action of plant extracts, as well as to reverse the resistance
260 of such strains to antibiotics that are already on the market, is to associate these natural products with drugs
261 for clinical use, seeking to interactions the synergistic. Through this strategy, it can be seen in Table ?? that the
262 synergism of the *P. guajava* extract with the antibiotics managed to inhibit and create halos of relatively positive
263 sizes in the MDR strains, 90% of them above 20mm.

264 The results obtained in this research are important to show that the antimicrobial activity of the extract used
265 against the microorganism *C. striatum* was relevant as the strains MDR 1987 since the strains tested are directly
266 related to the occurrence of cases of nosocomial outbreaks.

267 7 IV.

268 8 Conclusion

269 We can conclude that *C. striatum* remains an emerging and dangerous pathogen, capable of causing serious
270 infections and promoting nosocomial outbreaks. inhibit or favor the antibiotic action of different antimicrobial
271 agents when used in bacterial samples independent of the antimicrobial susceptibility profile. Additionally, the
272 *P. guajava* extract also established important results in the tests combined with therapies, indicating possible
273 selective synergism between the ATBs and the botanical extract in the Multidrug-resistant Exposures, modifying
274 the susceptibility profile of the MDR samples, which started to show sensitivity to the tested ATBS, boosting the
275 possibility for further studies that confirm the potential for selective action in MDR Selection. Given the current
276 scenario with safe antimicrobial alternatives, and with the increase in multiresistant microorganisms, researchers
277 must continue the search for new therapeutic compounds, emphasizing that the extract of *P. guajava* (Baio et
278 al., , 2013); **, Analysis of complete genome sequencing with GenBank number access LAYR00000000 [15] ¹

¹ Year 2023



34

Figure 1: Figure 3 Legends: 4 Legends:

Chaves, Corynebacterium striatum, psidiumguajava l., nosocomial, PFGE, MDR, MDS, atividade antimicrobiana, extrato de coqueiro, myrtaceae, ágarmueller hinton, quórum sensing.

Introduction

The genus Corynebacterium belongs to the Actinobacteria class, representing a diverse group of Gram-positive bacteria. (Ramos et al., 2014)

Corynebacterium spp. belong to the skin and mucosal microbiota and are widely disseminated in the environment. There have been increasing reports of cases of human infections caused by some species of Corynebacterium, both in industrialized and developing countries, immunocompromised and immunocompetent patients (Ramos et al., 2014). Serious infections by Corynebacterium spp. expressing a multidrug resistance (MDR) profile to antimicrobial agents is attributed to samples of Corynebacterium jeikeium, cases of infections by MDR samples of other species have been described, including Corynebacterium afermentans, Corynebacterium pseudodiphtheriticum and Corynebacterium striatum, especially in healthcare settings (Wang et al., 2019).

Figure 2:

Figure 3:

Figure 4:

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2

SAMPLES	MDS 1961	MDR 1987
100% crude extract obtained	13 mm	14mm
Positive Control	25mm	40mm
Negative Control	-	-
Legends: Disk diffusion halo results		
	Table 3	
MDS 1961	ATM	ATM+G
Gentamicine	35mm	15mm
Ampicilline	41mm	36mm
Imipenem	53mm	46mm
Erythromycin	50mm	34mm
Ciprofloxacin	36mm	22mm
Legends: Results of disk diffusion halos of synergism in MDS		
	Table 4	
MDR 1987	ATM	ATM+ G
Gentamicine	-	19mm
Ampicilline	-	24mm
Imipenem	-	24mm
Erythromycin	-	23mm
Ciprofloxacin	-	23mm
Legends: Results of disk diffusion halos of synergism in MDR		

Figure 6: Table 2

1

Strain/PFGE-type*	Clinical sites	Antimicrobial stance profiles	Biofilm on polyurethane catheter (CFU/ml)
1987/I	BAL	MDR	1.4x10 ⁸ 3.3x10 ⁸
1961/III**	Urine	MDS	1.0x10 ⁸ 1.4x10 ⁶

BAL, bronchoalveolar lavage; MDR, multidrug resistant; MDS, multidrug susceptible.; *, C. striatum strains partially studied by

Figure 7: Table 1 :

279 Complete atrioventricular block on isolated guinea pig heart induced by an aqueous fraction obtained from
280 Psidium guajava L. leaf. *Revista Brasileira de Farmacognosia*. 2006.

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