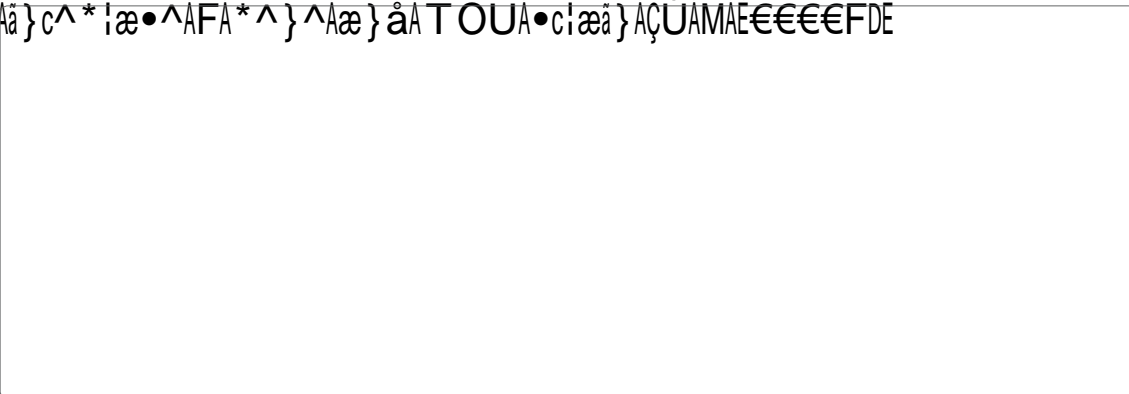


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**Conclusion:** Ôæ!àæ] ^ } ^ { Á æ } áÁ c^c!æ& ^ &|ã } ^Á , ^! ^Á c@ ^Á { [ •cÁ ^ ^&câç ^Á æ } cáàã [ cá& •ÉÁ V@ ^!  
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**Keywords:** Int1 gene; Shigella; Antibiotic Resistance; Carbapenem

**Introduction**

Class 1 and 2 integrons have the highest prevalence in Gram-negative bacteria [1]. The structure of class 1 integron consists of 5' and 3' protected regions and a variable region containing gene cassettes. Majority of the previous studies have shown that class 2 integron consists of the same arrays of 4 gene cassettes containing 3 antibiotic resistance gene cassettes (tfrA1, sat, aadA1) including trimethoprim, streptothricin and spectinomycin/streptomycin resistance as well as the orfX gene cassette with unknown function [2].

Integrons have an important proven role in disseminating

were examined and recorded in each culture media. Shigella colonies on the McConkey medium were seen as lactose-negative [colourless] or the same color as the medium with a diameter of 2-3 mm and on the XLD medium were seen as red or pink without a black center with a diameter of 1-2 mm.

### Pure culture preparation

Grown and confirmed colonies as well as suspected ones on McConkey and XLD media were re-cultured and purified on blood agar medium and used to continue the research. This bacterium forms Gray colonies on the surface of the blood agar medium.

A completely isolated colony suspected of Shigella was carefully selected from the 24-hr blood agar plate. The wire loop was contacted to the center of the colony, and then a suspension was prepared in 1 ml of the sterile physiology serum and used for all the biochemical tests.

### Differential and biochemical tests to confirm Shigella samples

TSI Agar, SIM, urea test, LIA, Simon Citrate, MR-VP sugar fermentation tests were performed for phenotypic investigations on all samples.

### Preparation of the glycerol containing culture medium for long-term storage

In order to perform additional tests on bacterial samples, the bacteria must be kept in proper condition. Brain Heart Broth [BHB]-based culture medium was used for this purpose. Therefore, 7.4 gr BHB powder was dissolved in 200 ml distilled water. It was then boiled and 15% glycerol was added to the medium and shaken well to obtain a uniform solution. Then, it was aliquated into microtubes in small amounts of 1-2 ml. Then, it was autoclaved at 121°C, 15 atm pressure for 15 min. After the autoclave, the Shigella isolates were inoculated into the medium and stored at -70°C.

### Evaluation of bacterial susceptibility to antibiotics [Antibiogram]

Agar disk diffusion method was used to determine the antibiotic resistance pattern. Discs were placed on Müller Hinton agar medium [Merck, Germany] with half McFarland concentration at 2.5 cm distances. Then, the plate was incubated at 37°C for 18-24 hr. Next, the plates were examined under the lamp and the non-growth halo diameter was measured with ruler. The antibiogram test report for each antibiotic was determined as sensitive, resistant and intermediate.

### Molecular experiments

**DNA extraction and PCR:** Bacterial culture [fresh culture] was m 1-2 ml. Th Tw T<sub>1</sub> (tinuere5(center)0.6oth glycerol ) 0.5(a1h)TjcFa 1-45(A), o04ncTj0.0(on 2%er Hithi )0 th ngrmeasu(to cFat0.5(acterixtracthasizeutract wilty r each )Tjo0(n o)cterar d4 9 5rag2 Tdern. DicFa 1-45(A) m

highly prevalent in developing countries [14]. Our results showed that *S. sonnei* was the main species in this study with 62.5% of all Shigella species and then *S. flexneri* with 21.875% was in the second degree. This finding was similar to data reported from Iran (Shiraz) as well as other countries, including Thailand [15]. This pattern was different from

against Shigella. Chloramphenicol (88%), gentamicin (79%) and ceftazidime (79%) can be the next treatments of choice. Shigella is also resistant to ampicillin (94%) primarily and cotrimoxazole (91%) secondarily.

Cotrimoxazole is a drug often used for the experimental treatment of diarrheal diseases [20]. Widespread use of this drug has led to the emergence of resistant strains of Shigella. In this study, Shigella showed high resistance to cotrimoxazole (91%). Previous reports in Iran have mentioned the resistance level of 92.2 to 94% against cotrimoxazole [21-22]. High resistance to cotrimoxazole has also been reported from Turkey (95%) [23]. According to our regional reports from Iran, ampicillin resistance was 94% and the previous study reported 57% [24]. These results strongly indicated that the use of cotrimoxazole and ampicillin is not appropriate for the treatment of severe diarrhea and dysentery in the West of Iran. *S. flexneri* resistant to ciprofloxacin was also identified from parts of India (46.25%) [23]. In the present study, 6 patients (18%) with Shigella isolates were resistant to nalidixic acid. In two reports from Tehran and Tabriz, 17.4% and 31% of the isolated Shigella strains were resistant to nalidixic acid, respectively [25].

Previous studies in Iran have also shown Shigella resistance to cephalosporins in the range of 7.57-3.7% between 2008 and 2018 [26]. This shows increasing resistance to cephalosporins in Iran compared to the other countries [27]. This finding is worrying, as previous studies in China, the Middle East and Southeast Asia have reported less resistance

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