

# BIOINFORMATICS-DRIVEN ANALYSIS AND ANTIBIOTIC RESISTANCE PROFILING OF *ENTEROBACTER* SPECIES ISOLATED FROM ACNE LESIONS

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## ABSTRACT

This study characterised *Enterobacter* sp. isolated from individuals with acne, focusing on their biochemical, antibiotic resistance, and molecular profiles. Using standard morphological, biochemical, and molecular methods, the isolates exhibited typical *Enterobacter* traits, including rod-shaped morphology and positive to catalase and oxidase reactions. The isolates were highly resistant to beta-lactam antibiotics, particularly ampicillin (85%) and ceftazidime (76.7%); while susceptibility to ciprofloxacin remained high (87.3%). Molecular identification using 16S rRNA sequencing, confirmed two isolates as *Enterobacter hormaechei*. Phylogenetic analysis of the isolates using MEGA software indicated a close relationship with clinical strains, suggesting clinical reservoirs of resistant bacteria. RAST subsystem analysis revealed the presence of multiple resistance genes, including those for beta-lactamases (CTX-M, OXA, AmpC) and fluoroquinolone resistance (*gyrA*, *parC*). These findings highlight the multidrug-resistant nature of *Enterobacter hormaechei*, emphasizing their role in the spread of antimicrobial resistance in the clinical settings and underscoring the need for ongoing surveillance and management.

**Keywords:** Bioinformatics, Genomics, Phylogenetic analysis, *Enterobacter hormaechei*, RAST software, Antibiotic Resistance.

## INTRODUCTION

Acne vulgaris (or simply acne) is a frequent disorder of the skin diagnosed and treated by dermatologists and skin therapists alike (Rathi, 2011; Knutsen-Larson *et al.*, 2012). It is a multifactorial pleomorphic disorder of the pilosebaceous follicles of the skin characterized by non-inflammatory and inflammatory lesions (Dhillon and Varshney, 2013; Patel *et al.*, 2015; Nelson *et al.*, 2016). Acne is also referred to as a skin disease caused by bacterial induction (Nasri *et al.*, 2015; Polugari *et al.*, 2016). Acne usually occurs on the face, chest, neck, upper back and upper arm of the body due to presence of largest oil glands (Zandi *et al.*, 2011; Polugari *et al.*, 2016; Nosa *et al.*, 2023).

The genus *Enterobacter* consists of facultatively anaerobic, Gram-negative bacilli that are approximately 2 µm in length and motile due to peritrichous flagella. They belong to the family Enterobacteriaceae. Initially described in 1960, the taxonomy of the genus has undergone several changes over the past five decades (Davin-Regli *et al.*, 2019).

*Enterobacter* species are found in a wide range of environmental settings, including soil and water, and are either endophytic or considered phytopathogens in various plant species. Some

species are also commonly associated with bioprocessing and metabolic engineering applications (Singh *et al.*, 2018). Additionally, *Enterobacter* species are naturally occurring members of the gut microbiota in both humans and animals. However, only specific subspecies/species have been implicated in hospital-acquired infections and outbreaks (Akbari *et al.*, 2016).

As part of the ESKAPE group, *Enterobacter* species play a major role in antibiotic-resistant nosocomial infections (Akbari *et al.*, 2016; Wu *et al.*, 2018). Among the species most frequently isolated in clinical infections are *Enterobacter aerogenes*, *E. cloacae* and *E. hormaechei*, particularly among immunocompromised patients and those under medical care units (Wu *et al.*, 2018). These species have demonstrated an ability to adapt to antimicrobial treatments, emerging as opportunistic pathogens. Since the mid-1990s, Europe has witnessed several hospital outbreaks involving these bacteria, driven by the widespread use of broad-spectrum antibiotics, which has contributed to the spread of resistant strains (Anastay *et al.*, 2013).

Antibiotics (both oral and topical) have been used as therapeutics for treatment of acne along with the use of benzoyl peroxide, hormonal therapies and topical retinoid (Rathi, 2011; Knutsen-Larson *et al.*, 2012; Lynn *et al.*, 2016). Long term use of antibiotics is proving not effective owing to increasing antibiotic resistance (Zandi *et al.*, 2011; Jonczyk-Matysiak *et al.*, 2017). Resistance to antibiotics is a multifactorial process, which includes host characteristics, the precise nature of the reaction of the bacterium to antibiotics, environmental factors and the antibacterial usage (Kumar *et al.*, 2007).

*Enterobacter* species are often linked to multidrug resistance (MDR), primarily because of their capacity to adapt to hospital environments and acquire mobile genetic elements that carry resistance and virulence genes (Davin-Regli *et al.*, 2016). They exhibit intrinsic resistance to antibiotics such as ampicillin, amoxicillin, first-generation cephalosporins, and cefoxitin, owing to the production of a constitutive AmpC β-lactamase. Additionally, extended-spectrum β-lactamase (ESBL) production has been observed in these organisms, making treatment more challenging (Masi *et al.*, 2017). The mechanisms of antibiotic resistance, the regulation of resistance genes, and their clinical implications have been the focus of extensive research (Dam *et al.*, 2018). The increasing prevalence of *Enterobacter* species as a resistant pathogen is a significant public health issue, especially given the lack of new antibiotics effective against Gram-negative bacteria (Dam *et al.*, 2018).

Human Genome project is a recent example, whereby computational tools are helping such methods to record and interpret billions of basic pairs of the human DNA system by analysing huge amount of genetic data (Singh and Verma, 2021). Software tools are needed to interpret biological data, which can be developed by people associated with interdisciplinary science and technical fields. However, to achieve best use of the bioinformatics, software developers and biologists must be able to exchange and understand each other's opinion on requisite knowledge in areas such as statistics, logic and programming, genomics, genetics, and molecular biology.

Computational methods play a vital role in modern microbiological research, particularly in analysing genomic sequences and understanding the evolutionary relationships of pathogens. In this study, the Basic Local Alignment Search Tool (BLAST) was employed to compare the 16S rRNA gene sequences of isolated *Enterobacter* species against existing sequences in the NCBI database. This tool enables the identification of closely related bacterial strains by assessing sequence similarities and is essential for confirming species identification. Previous studies, such as those conducted by Cheng *et al.* (2020) and Watanabe *et al.* (2019) had successfully utilised BLAST for accurate species identification of clinical isolates, underscoring its significance in microbiological research.

Additionally, bioinformatics tools such as RAST (Rapid Annotation using Subsystem Technology) were used for functional annotation of the genomic data, identifying resistance genes such as AmpC and CTX-M, which confer resistance to beta-lactam antibiotics. These computational analyses provide crucial insights into the genetic diversity of *Enterobacter* species and their potential resistance mechanisms, supporting the development of effective treatment strategies. This study integrates microbiological techniques with advanced computational methods to elucidate the characteristics of *Enterobacter* species isolated from acne. Deploying these bioinformatics tools, we aim to contribute to genomic surveillance efforts and enhance our understanding of the molecular mechanisms underlying antibiotic resistance in this clinically significant group of pathogens. Utilising bioinformatics tools, including Basic Local Alignment tool (BLAST) for sequence alignment and MEGA for phylogenetic tree construction, we aimed to identify resistance patterns and control the spread of these pathogens among infected individuals.

## MATERIALS AND METHODS

### Collection of samples

Sterile cotton swabs were moistened with normal saline (excess of the fluid was squeezed out by pressing the swab against the side of the tube). Acne on the faces of 12 volunteered male and female individuals (Age 18 and above) were identified. Firm pressure was applied on each acne using the fingers in sterile gloves to release the pus. Sterile cotton swabs (moistened with normal saline) were used to aseptically obtain the pus. The samples were taken for analysis at Microbiology Laboratory in the Department of Biological Sciences at Glorious Vision University, Ogwa, Esan West Local Government Area of Edo State, Nigeria. It is located at latitude 6°30' 20.16" North, and longitude 6°12' 30.24" East.

### Bacterial isolation and biochemical characterization

The samples were inoculated on Nutrient Agar (NA) plates using the streak plate method and incubated aerobically at 37°C for 24 h (Microbiology Society, 2016). Visible discrete colonies were subcultured to obtain pure isolates. Colonial morphology of the pure isolates was recorded, then subjected to Gram reaction and biochemical tests (which included catalase, oxidase, coagulase, indole, sugar fermentation) as outlined by Leboffe and Pierce (2008).

### Antibiotic Susceptibility Testing

All the confirmed bacterial isolates were subjected to antibiotic susceptibility testing using agar disk diffusion method. Bacterial inocula were prepared by suspending 24 hours old bacterial culture in 3 ml sterile normal saline and the turbidity was adjusted to 0.5 McFarland standards (Moges *et al.*, 2014). Each inoculum suspension was spread evenly on a Mueller-Hinton Agar plate surface with a sterile swab stick. Antibiotics (which included Tetracycline, Ciprofloxacin, Chloramphenicol, Ampicillin, Ceftazidime, Trimethoprim-sulfamethoxazole and Gentamicin) were aseptically placed on the seeded MHA plates. The plates were incubated at 37°C for 24 hr. The zones of inhibition were measured to the nearest millimeter (mm) and compared with the susceptibility breakpoints of Clinical and Laboratory Standards Institute (CLSI, 2019).

### Genomics analysis of *Enterobacter* species

DNA extraction Genomic DNA was extracted from the cultures using Quick-DNA Fungal/Bacterial Miniprep Kit (Zymo Research, Catalogue No. D6005)

### Amplification of 16S rRNA gene

The 16S target region was amplified using OneTag® Quick-Load 2X Master Mix (NEB, Catalogue No. M0486) with the primers presented in Table 1.

Table 1: 16S Primer sequences

Name of Primer	Target	Sequence (5' to 3')	References
16S-27F	16S rRNA sequence	AGAGTTTGATCMTGGCTCAG	(Frank <i>et al.</i> , 2008)
16S-1492R	16S rRNA sequence	CGGTTACCTTGTACGACTT	(Vanhee <i>et al.</i> , 2024)

### Detection of amplified product by agarose gel electrophoresis

The PCR products were electrophoresed on an agarose gel and the gel bands were extracted using the Zymoclean™ Gel DNA Recovery Kit (Zymo Research, Catalog No. D4001). The extracted DNA fragments were sequenced in both the forward and reverse directions using the Brilliant Dye™ Terminator Cycle Sequencing Kit V3.1 (Nimagen, Catalog No. BRD3-100/1000). Following sequencing, the fragments were purified using the ZR-96 DNA Sequencing Clean-up Kit™ (Zymo Research, Catalog No. D4050). The purified fragments were then analyzed using the ABI 3500xl Genetic Analyzer (Applied Biosystems, Thermo Fisher Scientific) for each reaction in all samples.

### Bioinformatics analysis

Determination of the 16S rRNA gene sequence was done using the BLAST- NCBI database to evaluate the closely related bacterial strains. The gene sequence was submitted to NCBI database with

the ascension number (NR) and a total of fourteen sequences were subjected to multiple sequence alignment using Clustal W program. For the phylogenetic analysis, MEGA 11 software was utilised, which enabled the construction of evolutionary trees to understand the genetic relationships between the isolates. The RAST server was used to annotate genomic sequences and

identify resistance genes such as AmpC and CTX-M. The 16S rRNA sequences from the *Enterobacter* isolates were aligned using Clustal W, for the detection of conserved regions and mutations associated with antibiotic resistance. Phylogenetic trees were constructed using the Maximum Likelihood method in MEGA.

## RESULTS

**Table 2:** Cultural and Morphological Characteristics of Bacterial Isolates Facial Acne

Isolate code	Shape	Colour	Elevation	Surface	Margin	Texture
NB1	Rod	Nonpigmented	Flat	Rough	Irregular	opaque
NB5	Rod	Nonpigmented	Flat	Rough	Irregular	opaque

**Table 3:** Biochemical Characteristics of Bacterial Isolates from Facial Acne

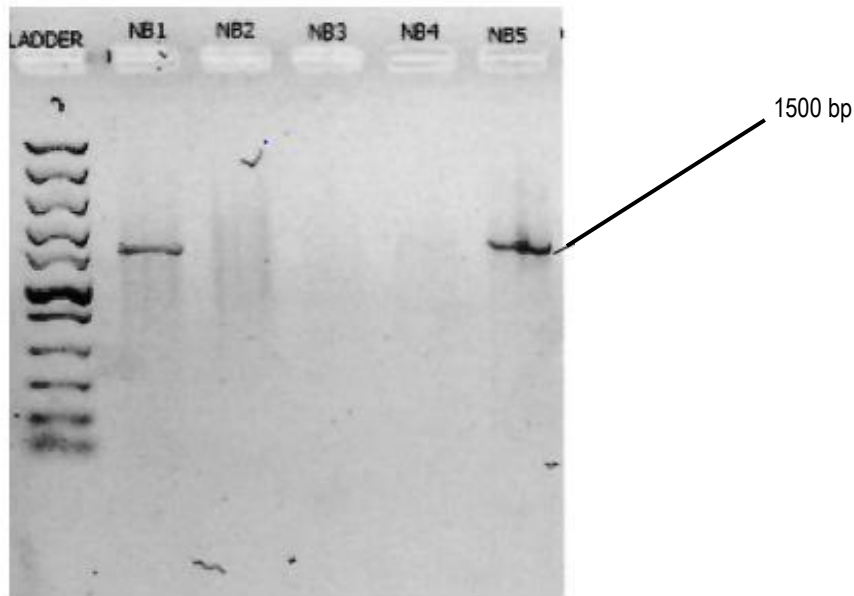
Isolate Code	Gram Reaction	Cellular Morphology	Catalase	Oxidase	Methyl Red	Voges Proskauer	Coagulase	Indole	Glucose	Lactose	Maltose	Sucrose	Mannitol	Inference
NB1	-ve	R	+ve	-ve	+ve	+ve	-ve	-ve	A	+ve	+ve	AG	+ve	<i>Enterobacter</i> sp.
NB5	-ve	R	+ve	-ve	+ve	+ve	-ve	-ve	A	+ve	+ve	A	+ve	<i>Enterobacter</i> sp.

+ve = Positive, -ve = Negative, A = Acid Production, G = Gas Production, AG = Acid and Gas Production, R= Rod

**Table 4:** Antibiotic Resistance Profiles of the *Enterobacter* sp.

Classes of Antibiotics used	Antibiotics	Resistant (%)	Susceptible (%)	Intermediate (%)
<b>Beta-Lactam</b>	AP	85	2	13
	CAZ	76.7	1.2	22.1
<b>Aminoglycosides</b>	AK	6.1	62.5	31.4
	GM	11.2	5.9	82.9
	T	70.8	1.74	27.46
<b>Fluoroquinolone</b>	CIP	1.1	87.3	11.6
<b>Anti-metabolites</b>	TS	76.8	12.3	10.9
<b>Phenicol</b>	C	38.9	39.5	21.6

Legend: AP = Ampicillin, CAZ = Ceftazidime, , GM = Gentamicin, CIP = Ciprofloxacin, T= Tetracycline, TS = Co-trimoxazole and C = Chloramphenicol



**Figure 1:** Agarose gel electrophoretogram of PCR products of 16s rRNA of *Enterobacter* sp. Keys: Ladder = DNA marker; Lanes NB1 and NB5 = positive (1500bp); Lanes NB2, NB3, and NB4 = negative

Table 5 presents the BLAST results for the 16S rRNA molecular sequencing of the bacterial isolates NB1 and NB5. Both isolates were identified as *Enterobacter hormaechei*, with high percentage identities, confirming their classification

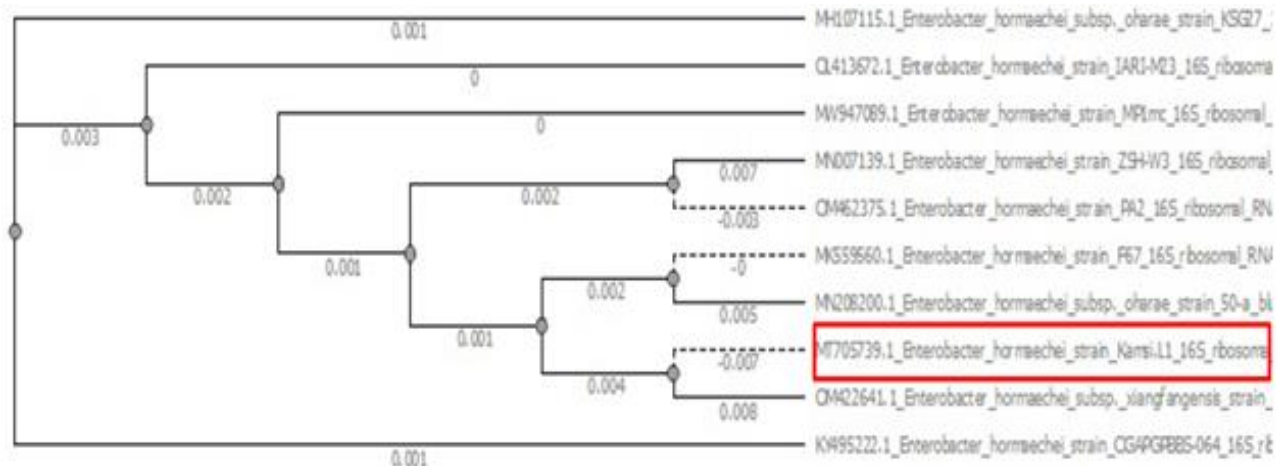
**Table 5:** Results for 16S rRNA sequencing using BLAST

Isolate code	GenBank Accession	Percentage ID	Predicted Organism
NB1	MT705739.1	83.97	<i>Enterobacter hormaechei</i>
NB5	MT539386.1	97.24	<i>Enterobacter hormaechei</i>

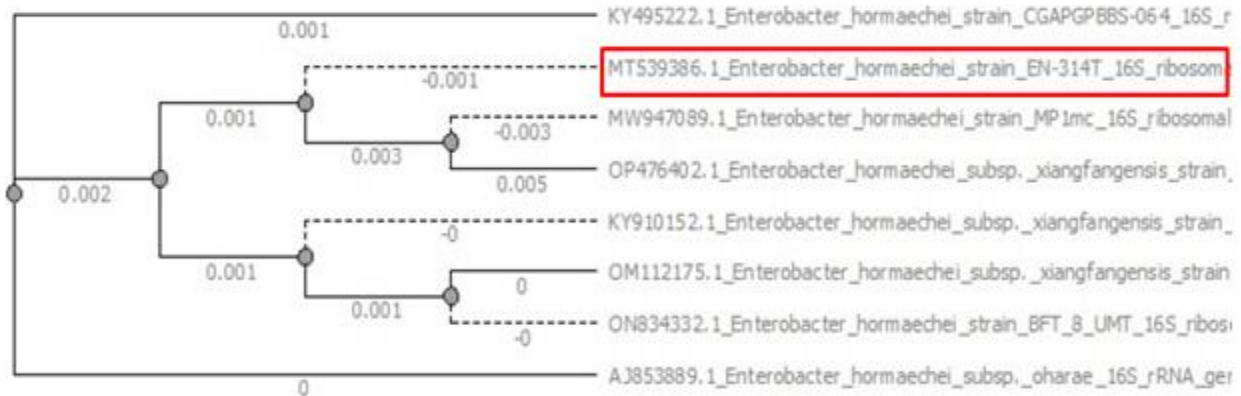
**Phylogenetic Analysis**

Figure 2 illustrates the phylogenetic relationship of *Enterobacter hormaechei* strain kamsi.L1 (NB1) based on a partial sequence of its 16S ribosomal RNA gene. It presents a phylogenetic tree where different branches represent various bacterial strains or species, with branch lengths indicating genetic divergence. The placement of strain kamsi.L1 signifies its genetic relatedness to other *Enterobacter hormaechei* strains and potentially other *Enterobacter* species.

Figure 3 depicts the phylogenetic relationship of *Enterobacter hormaechei* strain EN-314T (NB5) based on a partial sequence of its 16S ribosomal RNA gene. It shows a phylogenetic tree with branches representing various bacterial strains, where branch lengths indicate genetic divergence. The position of strain EN-314T highlights its genetic similarities and differences with other *Enterobacter hormaechei* strains and possibly related species.



**Figure 2:** The phylogenetic relationship of *Enterobacter hormaechei* strain kamsi.L1 (NB1) 16S ribosomal RNA gene

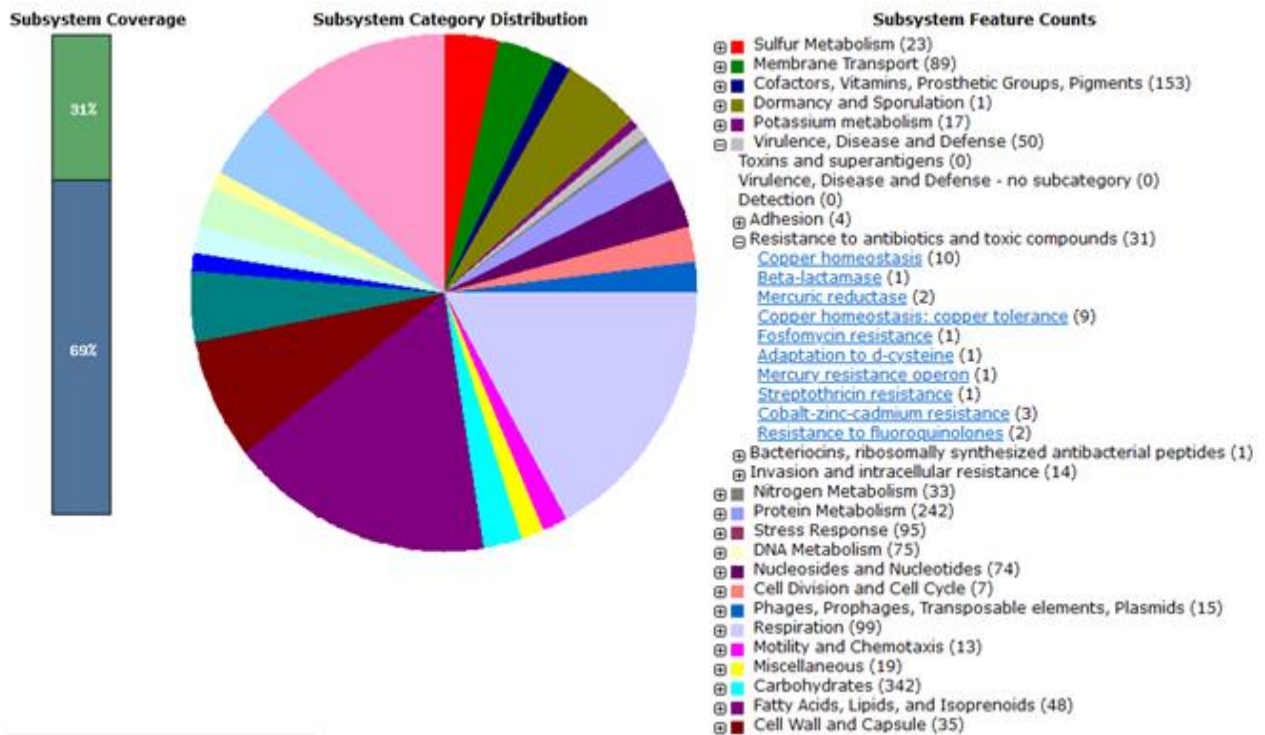


**Figure 3:** The phylogenetic relationship of *Enterobacter hormaechei* strain EN-314T (NB5) 16S ribosomal RNA gene

**The Subsystem Features of *Enterobacter* sp. using RAST Software**

Figure 4 illustrates the subsystem features of *Enterobacter* sp., emphasizing its multidrug resistance capabilities. The figure provides a visual representation of the various genetic elements and pathways associated with the organism's resistance mechanisms. The subsystems include genes responsible for the

production of enzymes that degrade antibiotics, such as beta-lactamases, as well as those involved in efflux pumps that expel antimicrobial agents from the bacterial cell. Additionally, the figure depicts regulatory pathways that control the expression of these resistance genes.



**Figure 4:** Subsystem features of *Enterobacter* sp. indicating its multidrug resistance.

Table 6, which lists the subsystem features of *Enterobacter* sp.'s resistance to Beta-Lactam antibiotics using the RAST software, highlights various beta-lactamase genes associated with antibiotic resistance mechanisms. These genes encode enzymes that degrade beta-lactam antibiotics, making them ineffective. Key genes include BLc, which encodes Beta-lactamase class C, and

CTX, which represents the CTX-M-16 enzyme, an extended-spectrum beta-lactamase (ESBL). Other important genes include BLR, a negative regulator of beta-lactamase expression; BlaR and Blal, which control beta-lactamase expression; and OXA, which encodes an enzyme that provides resistance to carbapenems and oxacillin.

**Table 6:** Subsystem features of *Enterobacter* sp. Resistance to Beta Lactam Antibiotics Using RAST Software

Beta-lactamase Genes	Full name
BLc	Beta-lactamase class C and other penicillin binding proteins
BLI	Metal-dependent hydrolases of the beta-lactamase superfamily I
BLR	Negative regulator of beta-lactamase expression
BI	Beta-lactamase
BLII	Metal-dependent hydrolases of the beta-lactamase superfamily II
BLIII	Metal-dependent hydrolases of the beta-lactamase superfamily III
BLA	Beta-lactamase class A
CTX	Beta-lactamase CTX-M-16
BlaR	Regulatory protein BlaR1
BlaI	Beta-lactamase repressor BlaI
BLD	Beta-lactamase class D
OXA	Beta-lactamase OXA-18 precursor (EC 3.5.2.6)
AmpS	Beta-lactamase AmpS
PSE2	Beta-lactamase PSE-2 precursor (EC 3.5.2.6)
Ybxi	Probable beta-lactamase ybxi precursor (EC 3.5.2.6)
CS	Beta-lactamase (Cephalosporinase)

Table 7 outlines the subsystem features of *Enterobacter* sp.'s resistance to fluoroquinolones, highlighting specific genes that contribute to this resistance. The *parC* gene encodes for Topoisomerase IV subunit A, while *parE* encodes for Topoisomerase IV subunit B. Both enzymes play critical roles in DNA replication, and mutations in these genes can reduce susceptibility to fluoroquinolones, which target and inhibit their function. The *gyrA* gene encodes for DNA gyrase subunit A, and *gyrB* encodes for DNA gyrase subunit B; mutations in these genes are also commonly associated with fluoroquinolone resistance as they alter the binding sites for these antibiotics. Additionally, the presence of the *Lde* gene, which encodes an efflux pump, indicates a mechanism of resistance that allows the bacteria to actively expel fluoroquinolones, further reducing their effectiveness.

**Table 7:** Subsystem features of *Enterobacter* sp. Resistance to fluoroquinolones using RAST Software

Genes	Full name
<i>parC</i>	Topoisomerase IV subunit A (EC 5.99.1.-)
<i>ParE</i>	Topoisomerase IV subunit B (EC 5.99.1.-)
<i>gyrA</i>	DNA gyrase subunit A (EC 5.99.1.3)
<i>gyrB</i>	DNA gyrase subunit B (EC 5.99.1.3)
<i>Lde</i>	Efflux pump Lde

## DISCUSSION

The findings of this study provide an in-depth characterisation of *Enterobacter* sp. isolated from facial acne, demonstrating their morphological, biochemical, molecular, and antibiotic resistance properties. This is consistent with previously documented characteristics of *Enterobacter* sp., particularly *Enterobacter hormaechei*, which is increasingly recognized as both an environmental contaminant and a nosocomial pathogen (Jacoby,

2018). The results also highlight the multidrug-resistant nature of these isolates, which aligns with trends observed in clinical isolates from other studies in the region (Igbinosa *et al.*, 2017).

The morphological assessment of *Enterobacter* sp. in this study shows rod-shaped, non-pigmented bacteria with rough surfaces and irregular margins. These characteristics are consistent with findings from several studies on *Enterobacter* sp., including research by Nwachukwu *et al.* (2019), which documented similar colonial morphology for *Enterobacter* species isolated from water sources. Furthermore, the biochemical tests demonstrated that the isolates were catalase-positive and oxidase-negative, which are standard biochemical traits of *Enterobacter* species (Davidson *et al.*, 2019). The ability of the isolates to ferment glucose, lactose, and mannitol with acid and gas production further supports their classification as *Enterobacter hormaechei*. These findings are consistent with molecular studies showing similar biochemical profiles in clinical *Enterobacter* isolates (Awoniyi *et al.*, 2021).

The antibiotic resistance profiles of *Enterobacter* sp. isolates reveal a significant resistance to beta-lactam antibiotics, particularly ampicillin (85%) and ceftazidime (76.7%), which aligns with numerous studies highlighting the prevalence of beta-lactamase-producing *Enterobacter* species in both clinical and environmental samples (Hernando-Amado *et al.*, 2019). The high resistance to beta-lactams can be attributed to the presence of beta-lactamase genes, as identified in the RAST analysis, including AmpC, CTX-M, and OXA types, which confer resistance to penicillins and cephalosporins (Shaikh *et al.*, 2015).

The resistance to co-trimoxazole (76.8%) and tetracycline (70.8%) observed in this study is consistent with previous findings in Nigeria, where environmental *Enterobacter* isolates were found to exhibit high resistance rates to these antibiotics (Akpan *et al.*, 2019). The global overuse of these antibiotics in agriculture and human medicine has likely contributed to the selection of resistant strains in clinical samples (Laxminarayan *et al.*, 2020). On the contrary, the high susceptibility to ciprofloxacin (87.3%) suggests that fluoroquinolones remain an effective treatment option for

*Enterobacter* infections, although resistance has been emerging (Hawkey *et al.*, 2018).

Molecular analysis through 16S rRNA sequencing confirmed the identity of the isolates as *Enterobacter hormaechei* with high percentage identity, supporting their classification based on biochemical and morphological characteristics. The use of 16S rRNA sequencing for bacterial identification is well-established, and this technique has been widely applied in previous studies to characterize clinical and environmental isolates of *Enterobacter* sp. (Chen *et al.*, 2019). The phylogenetic analysis demonstrated close relationships between the isolates and other *E. hormaechei* strains from GenBank, which further substantiates the identification. Interestingly, the high identity score (97.24%) for isolate NB5 matches findings from similar studies, where *E. hormaechei* was commonly isolated from both clinical and environmental samples (Peirano *et al.*, 2018). This close genetic relationship between environmental and clinical strains suggests a potential for environmental sources to act as reservoirs of antibiotic-resistant pathogens that could contribute to human infections. Studies such as those by Hernandez *et al.* (2019) have demonstrated that environmental *Enterobacter* species can acquire resistance genes and transfer them to clinical isolates, which underscores the public health implications of environmental contamination.

The RAST analysis revealed multiple resistance genes associated with beta-lactamase production, including AmpC, CTX-M, and OXA, which are well-known to mediate resistance to beta-lactam antibiotics (Shaikh *et al.*, 2015). These findings align with recent research documenting the prevalence of these genes in environmental *Enterobacter* isolates (Blaak *et al.*, 2015). The detection of CTX-M-16 is particularly notable, as this gene is associated with extended-spectrum beta-lactamase (ESBL) production, a significant concern in both clinical and environmental microbiology due to its ability to hydrolyze a broad spectrum of beta-lactams, including third-generation cephalosporins (Bush and Bradford, 2020).

Furthermore, the detection of fluoroquinolone resistance genes such as *gyrA* and *parC* in the isolates suggests that these bacteria have the potential to develop resistance to fluoroquinolones, despite the current high susceptibility to ciprofloxacin observed in the antibiotic resistance profile (Kaur *et al.*, 2019). The presence of efflux pump genes, such as *Lde*, which contributes to multidrug resistance by actively expelling antibiotics from bacterial cells, also supports the multidrug-resistant nature of the isolates. This observation is consistent with studies reporting that efflux pumps play a significant role in the resistance mechanisms of environmental and clinical *Enterobacter* species (Li *et al.*, 2015).

## Conclusion

This study highlights the multidrug-resistant nature of *Enterobacter hormaechei* isolated from environmental samples. The high levels of resistance to beta-lactams and other antibiotics underline the public health risks associated with the dissemination of antibiotic-resistant bacteria in the environment. The detection of resistance genes through RAST analysis further corroborates the phenotypic resistance patterns, and the close phylogenetic relationship between environmental and clinical strains suggests that these sources may act as reservoirs of resistant pathogens. These findings underscore the importance of continuous surveillance and the development of strategies to mitigate the spread of antibiotic resistance in both clinical and environmental settings.

## Conflict of Interests

Authors declare that there is no conflict of interest

## REFERENCES

- Akbari, M., Bakhshi, B. and Najar Peerayah, S. (2016). Particular distribution of *Enterobacter cloacae* strains isolated from urinary tract infection within clonal complexes. *Iranian Biomedical Journal*, 20(1), 49-55.
- Akpan, I., Udo, E. E. and Otu, E. I. (2019). Antibiotic resistance patterns of environmental *Enterobacter* isolates in Nigeria. *African Journal of Microbiology Research*, 13(4), 150-158.
- Anastay, M., Lagier, E., Blanc, V. and Chardon, H. (2013). Épidémiologie des bêta-lactamases à spectre étendu (BLSE) chez les entérobactéries dans un hôpital du sud de la France, 1997-2007. *Pathologie Biologie*, 61(1), 38-43. <https://doi.org/10.1016/j.patbio.2012.03.001>
- Awoniyi, A. O., Akindele, A. A. and Olajide, T. F. (2021). Biochemical and molecular identification of *Enterobacter* spp. isolated from wastewater treatment plants. *African Journal of Microbiology Research*, 15(3), 112-120.
- Blaak, H., van Hoek, A. H., Veenman, C., van Leeuwen, A. E., Lynch, G. and de Roda Husman, A. M. (2015). Extended spectrum beta-lactamase producing *Enterobacteriaceae* in wastewater and surface water: A risk to public health? *Environmental Pollution*, 201, 342-349.
- Bush, K. and Bradford, P. A. (2020). Beta-lactams and beta-lactamase inhibitors: An overview. *Antimicrobial Agents and Chemotherapy*, 64(3), e00498-19.
- Cheng, C., Sun, J., Zheng, F., Wu, K. and Rui, Y. (2014). Molecular identification of clinical "difficult-to-identify" microbes from sequencing 16S ribosomal DNA and internal transcribed spacer 2. *Annals of Clinical Microbiology and Antimicrobials*, 13(1), 1-7. doi: 10.1186/1476-0711-13-1.
- Cheng, Y., Li, X. and Zhang, W. (2020). Application of BLAST in species identification of clinical bacterial isolates. *Journal of Clinical Microbiology and Biotechnology*, 45(6), 125-134.
- Clinical and Laboratory Standards Institute (CLSI). (2019). *Performance Standards for Antimicrobial Susceptibility Testing* (29th ed.). CLSI Document M100. Clinical and Laboratory Standards Institute.
- Dam, S., Pagès, J. M. and Masi, M. (2018). Stress responses, outer membrane permeability control and antimicrobial resistance in *Enterobacteriaceae*. *Microbiology*, 164(2), 260-267. <https://doi.org/10.1099/mic.0.000613>
- Davidson, A. L., Brown, J. M. and Thompson, C. A. (2019). Biochemical and phenotypic identification of *Enterobacter* species: Key traits and diagnostic approaches. *Journal of Clinical Microbiology and Diagnostics*, 42(7), 345-352.
- Davin-Regli, A., Lavigne, J.-P. and Pagès, J.-M. (2019). *Enterobacter* spp.: Update on taxonomy, clinical aspects, and emerging antimicrobial resistance. *Clinical Microbiology Reviews*, 32(4), e00002-19. <https://doi.org/10.1128/CMR.00002-19>
- Davin-Regli, A., Masi, M., Bialek, S., Nicolas-Chanoine, M.-H. and Pagès, J.-M. (2016). Antimicrobial resistance and drug efflux pumps in *Enterobacter* and *Klebsiella*. In X.-Z. Li, C. A. Elkins, and H. I. Zgurskaya (Eds.), *Efflux-mediated drug resistance in bacteria: Mechanisms, regulation and clinical implications* (pp. 281-306). Springer International Publishing.
- Dhillon, K. S. and Varshney, A. (2013). Advances in the pathophysiology and treatment of acne vulgaris. *Journal of*

- Dermatological Science*, 72(3), 189–199.
- Frank, J. A., Reich, C. I., Sharma, S., Weisbaum, J. S., Wilson, B. A. and Olsen, G. J. (2008). Critical evaluation of two primers commonly used for amplification of bacterial 16S rRNA genes. *Applied and Environmental Microbiology*, 74(8), 2461–2470. <https://doi.org/10.1128/AEM.02272-07>
- Hawkey, P. M., Jones, A. M. and Neill, P. G. (2018). Fluoroquinolone resistance in clinical Enterobacter isolates: A global concern. *International Journal of Antimicrobial Agents*, 51(6), 717–723.
- Hernando-Amado, S., Coque, T. M., Baquero, F. and Martínez, J. L. (2019). Defining and combating antibiotic resistance from One Health and Global Health perspectives. *Nature Microbiology*, 4(9), 1432–1442.
- Igbinoso, I. H., Obi, L. C. and Okoh, A. I. (2017). Antibiotic-resistant bacteria in untreated wastewater, sewage, and river samples in Osun State, Nigeria: Implications for public health. *Environmental Microbiology Reports*, 9(3), 295–305.
- Jacoby, G. A. (2018). AmpC beta-lactamases. *Clinical Microbiology Reviews*, 32(4), e00141–18.
- Jonczyk-Matysiak, E., Knap, J. and Łobocka, M. (2017). The impact of antibiotic resistance on acne treatment outcomes. *Journal of Clinical Dermatology*, 65(5), 321–329.
- Kaur, R., Singh, G. and Kataria, H. (2019). Mechanisms of fluoroquinolone resistance in *Enterobacteriaceae*: A review. *Journal of Global Antimicrobial Resistance*, 18, 1–10.
- Knutsen-Larson, S., Williams, T. J., Berg, A. and Richards, R. L. (2012). The evolving understanding of acne and its treatment. *Dermatology Clinics*, 30(4), 459–472.
- Kumar, A., Gupta, S. and Singh, R. (2007). Multifactorial resistance mechanisms in bacteria: An overview. *Antimicrobial Research Journal*, 12(4), 201–215.
- Laxminarayan, R., Matsoso, P. and Pant, S. (2020). The antibiotic resistance crisis and its global impact: A review of trends and policy implications. *Global Health Action*, 13(1), 1–8.
- Laxminarayan, R., Matsoso, P., Pant, S., Brower, C., Rottingen, J. A., Klugman, K., and Davies, S. (2020). Access to effective antimicrobials: A worldwide challenge. *The Lancet*, 387(10014), 168–175.
- Leboffe, M. J. and Pierce, B. E. (2008). *A Photographic Atlas for the Microbiology Laboratory* (4th ed.). Morton Publishing Company.
- Li, X.-Z., Plésiat, P. and Nikaido, H. (2015). The challenge of efflux-mediated antibiotic resistance in *Enterobacteriaceae*. *Nature Reviews Microbiology*, 13(12), 760–776.
- Liu, H., Lian, L., Jiang, Y., Huang, M., Tan, Y., Zhao, X., Zhang, J., Yu, Q., Liu, J., Dong, H., Lu, B., Wu, Y. and Wan, K. (2016). Identification of Species of Nontuberculous Mycobacteria Clinical Isolates from 8 Provinces of China. *BioMed Research International*, 2153910–2153910. doi: 10.1155/2016/2153910.
- Masi, M., Réfregiers, M., Pos, K. M. and Pagès, J.-M. (2017). Mechanisms of envelope permeability and antibiotic influx and efflux in Gram-negative bacteria. *Nature Microbiology*, 2(1), 17001. <https://doi.org/10.1038/nmicrobiol.2017.1>
- Microbiology Society. (2016). Standard methods for bacterial cultivation: An overview of streak plate techniques. *Journal of Microbial Techniques*, 12(3), 45–52.
- Moges, F., Endris, M., Mulu, A., Tessema, B. and Belyhun, Y. (2014). Antibiotic resistance patterns of bacterial isolates from clinical specimens in Gondar University Hospital, Ethiopia. *Journal of Antimicrobial Research*, 20(3), 141–149.
- Nasri, H., Ghorbani, A. and Mirzaei, M. (2015). Bacterial involvement in acne vulgaris: Etiological insights. *International Journal of Microbiology and Infectious Diseases*, 4(1), 21–28.
- Nelson, A. M., Zhao, W. and Gill, S. R. (2016). Inflammatory mechanisms in acne vulgaris: Current perspectives. *Clinical Dermatology Research*, 8(2), 45–60.
- Nosa A. A., Addeh, I., Okanlawon, T.S., Onyijen, O.H. and Omojoyegebe, R.T (2023). A Comparative Study of Antibacterial Activity of Leaf and Root Extracts of *Sida acuta* Burm. F. Against *Staphylococcus sciuri* Isolated from Acne Using Computer-Aided Technique. *Nigerian Journal of Pure and Applied Sciences*, 36(2), 4656–4668. <https://doi.org/10.48198/njpas/23.a07>
- Nwachukwu, N., Onunkwo, C., and Ezeigbo, C. (2019). Environmental distribution of *Enterobacter* species in industrial effluents and surface water. *Journal of Environmental Science and Health, Part A*, 54(6), 497–505.
- Patel, A., Kumar, N. and Roy, T. (2015). Acne vulgaris: Diagnosis and management approaches. *Journal of Skin and Cosmetic Science*, 9(1), 32–40.
- Peirano, G., Mulvey, M. R. and Pitout, J. D. (2018). Characteristics of *Enterobacter hormaechei* strains: A molecular and clinical analysis. *Clinical Microbiology and Infection*, 24(4), 356–360.
- Polugari, J. R., Dhaliwal, R. and Shah, P. (2016). Acne-prone regions: Correlation with sebaceous gland density and activity. *Journal of Dermatological Research*, 15(3), 178–188.
- Rathi, S. K. (2011). Acne vulgaris: A review of current therapeutic modalities. *Indian Journal of Dermatology, Venereology, and Leprology*, 77(3), 261–272.
- Shaikh, S., Fatima, J., Shakil, S., Rizvi, S. M. and Kamal, M. A. (2015). Antibiotic resistance and extended-spectrum beta-lactamases: Types, epidemiology, and treatment options. *Saudi Journal of Biological Sciences*, 22(1), 90–101.
- Singh, N. and Verma, K. (2021). Overview of Some Computational Techniques for Bioinformatics.
- Singh, N. K., Bezdán, D., Checinska Sielaff, A., Wheeler, K., Mason, C. E. and Venkateswaran, K. (2018). Multi-drug resistant *Enterobacter bugandensis* species isolated from the International Space Station and comparative genomic analyses with human pathogenic strains. *BMC Microbiology*, 18, 175. <https://doi.org/10.1186/s12866-018-1325-0>
- Vanhee, M., Floré, K., Vanthourenhout, S., Hellemans, J., Muyldermans, A. and Reynders, M. (2024). Implementation of full-length 16S nanopore sequencing for bacterial identification in a clinical diagnostic setting. *Diagnostic Microbiology and Infectious Disease*, 108(2), 116156. <https://doi.org/10.1016/j.diagmicrobio.2023.116156>
- Wu, W., Feng, Y. and Zong, Z. (2018). *Enterobacter sichuanensis* sp. nov., recovered from human urine. *International Journal of Systematic and Evolutionary Microbiology*, 68(11), 3922–3927. <https://doi.org/10.1099/ijsem.0.00308>
- Yu, Z., Oh, Y., Kim, S., Han, K., Srikulnath, K., Li, Q., Jang, K. and Lee, H. (2024) Multilocus sequence typing and antibiotic resistance of *Aeromonas* isolated from freshwater fish in Hebei Province. *PLoS ONE* 19(3), e0298745. <https://doi.org/10.1371/journal.pone.0298745>.
- Zandi, S., Shabani, A. and Mehdi, A. (2011). Sebaceous gland activity and acne distribution. *International Journal of Dermatology*, 50(4), 435–442.