

Biofilm in Chronic Suppurative Otitis Media



Ramon Gordon Jensen MD, PhD

Preben Homøe Professor,

Dep. of Otolaryngology Head and Neck Surgery Rigshospitalet University Hospital

Thomas Bjarnsholt, PhD, DMSc
Helle Krogh Johansen, PhD DMSc

Dep of Clinical Microbiology Rigshospitalet University Hospital





Definition – one of them...



 "A coherent cluster of bacterial cells embedded in a matrix, which is more tolerant of most antimicrobials and host defences compared with planktonic bacterial cells".



Biofilm



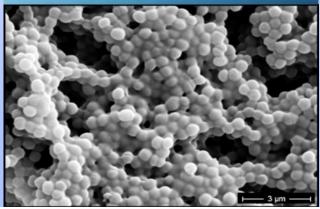
Biofilm: - Groups of bacteria living in slime

- Dormant state, protected by the slime layer— Communication (quorom sensing).
- Resistant to antibiotics, efflux pumps.

Bacteria are dispersed form the biofilm:

New infection, new symptoms(chronic infections, recurrent infections,)







The study



Included:

Persons with untreated <u>otorrhea > 14 days</u> in primary healthcare clinic, Nuuk, Greenland.

Otorrhea aspirated from external ear canal

Participants were treated with syringing of the ear and topical ciprofloxacine

Bacteria identified at laboratory in Nuuk and Copenhagen. Culturing, PCR, 16s RNA gene sequensing.

Biofilm identified using microscopy and PNA-FISH





CSOM + Biofilm



1D no 2 2 3 • 4

•

12 • 13 • 14 • 15 • 16 •

17 18

19

20

21

10

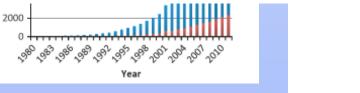
11

22 participants, Gender: 9 girls, 14 boys Age: Median 1½ years, range (0-28)

70% (14/20) had biofilm in samples of otorrhea, 2 were not assesed



It is now widely accepted that bacterial biofilms have a role in several chronic infectious middle ear diseases (1, 218, 274–278).



Number Year



CSOM + Bugs



IE no

S. Aureus

P. Aeruginosa

S. Pneumoniae

H. Influenza

M. Catarrhalis

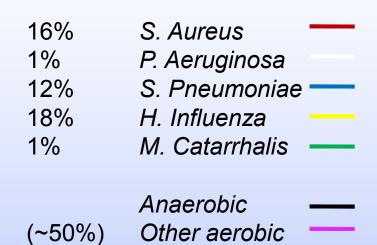
Anaerobic Other aerobic











...We have confirmed CSOM seems to be associated with the presence of **biofilm**.

CSOM is associated with multispecies infections



CSOM + Biofilm + Bugs



A lot of studies
A lot of biofilm
A lot of bugs

- Causality?

Study hypothesis:

The recurrence of otorrhea in CSOM is due to the dispersion of free floating bacteria from a biofilm in the middle ear.



CSOM + Biofilm + Time

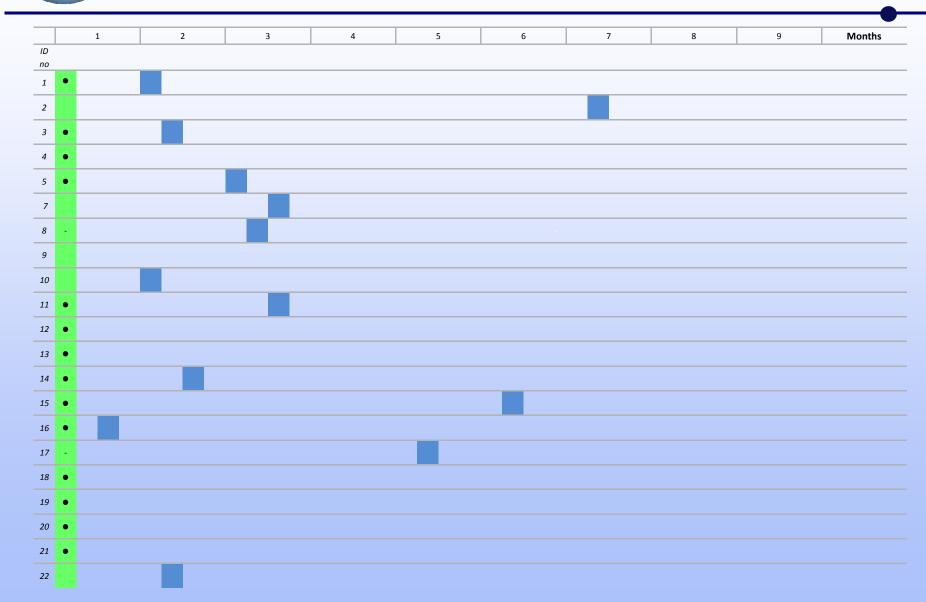


T 1 2 3 4 5 6 7 8 9 I • - <td< th=""><th></th></td<>	
1	Months
1	
2 3 4 4 5 5 7 7 8 7 10 11 11 12 13 14 14 14 15	
3	
4 • • • • • • • • • • • • • • • • • • •	
4 • • • • • • • • • • • • • • • • • • •	
5	
7 8 9 10 11 • 12 • 13 • 14 • 15 •	
8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 -	
8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 -	
9	
10	
11 • 12 • 13 • 14 • 15 • 15 • 16 • 17 • 18 • 19 • 19 • 19 • 19 • 19 • 19 • 19	
12 • 13 • 14 • 15 •	
12 • 13 • 14 • 15 • 15 • 16 • 17 • 18 • 18 • 19 • 19 • 19 • 19 • 19 • 19	
13 • 14 • 15 • 15 • 16 • 17 • 18 • 18 • 19 • 19 • 19 • 19 • 19 • 19	
14 • 15 • 16 · 17 · 18 · 18 · 18 · 18 · 18 · 18 · 18	
15	
15 •	
16 •	
17 <mark></mark>	
18 •	
19 •	
21 •	
22	



CSOM + Biofilm + Time

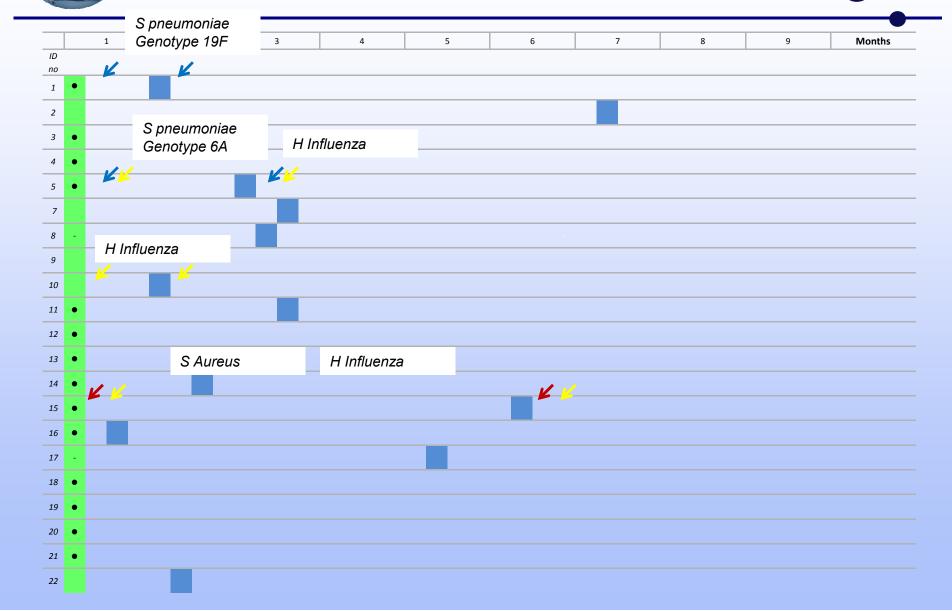






Identical phenotypes

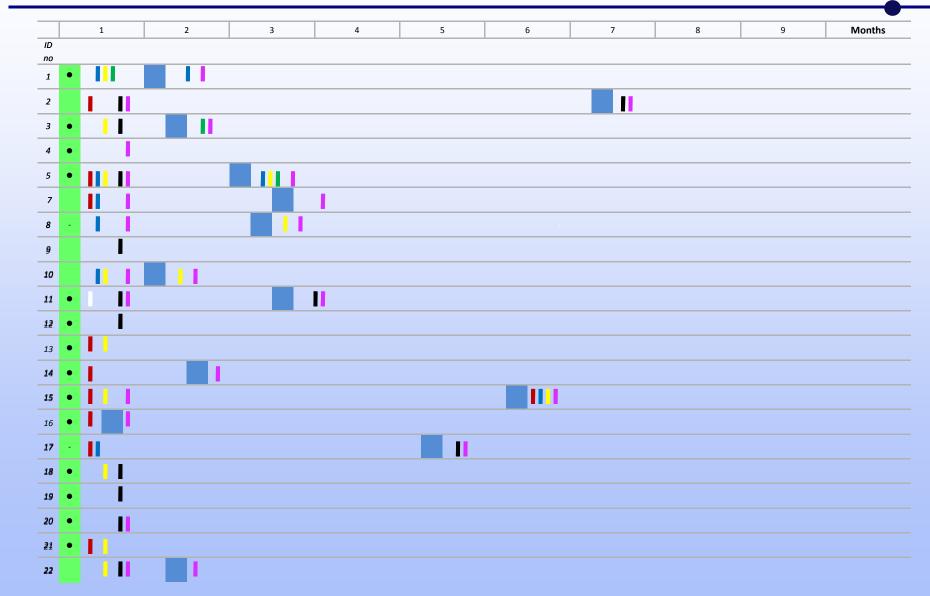






CSOM + Biofilm + Time + Bugs

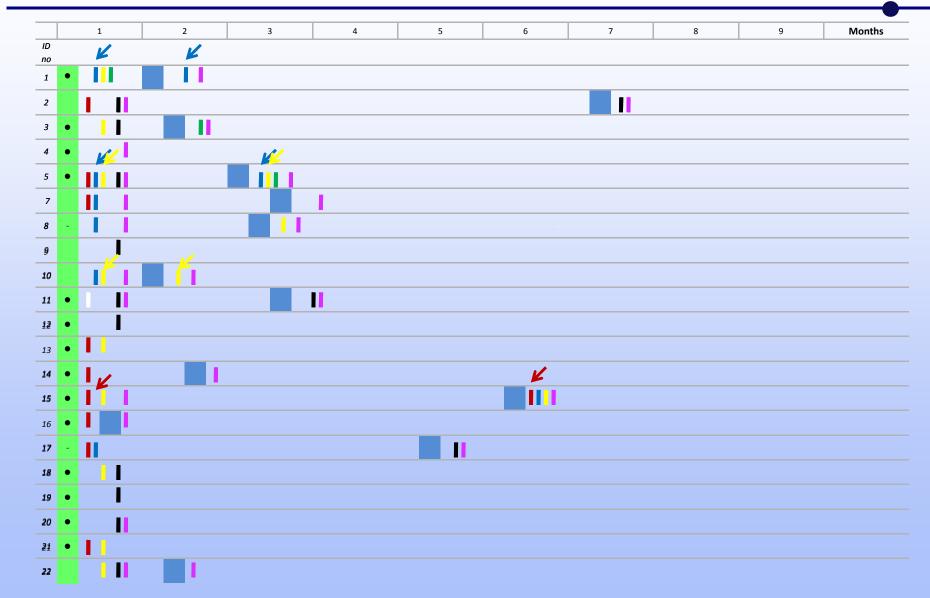






CSOM + Biofilm + Time + Bugs

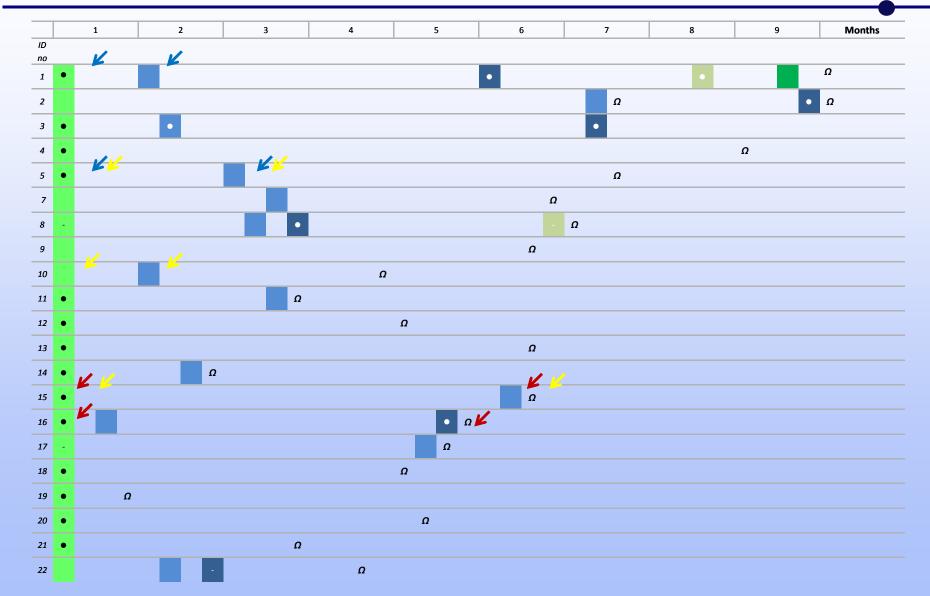














Conclusion



• CSOM in Greenland is dominated by multispecies infections with common respiratory tract pathogens, *S. Aureus and anaerobic bacteria*.

Biofilm is often present, but does not seem to "hide" bacteria.

- Exacerbations of CSOM with otorrhea is most likely due invasion of new pathogens
- The presence of biofilm has limited clinical significance, and treatment should be focused on elimination of multispecies infections rather than erradication of biofilm



Thank you for your attention...



