

Enhanced Enzymatic Activity of Yeast-like Fungi Responsible for Onychomycosis in Renal Transplant Recipients

Jolanta Weglowska¹, Adam Reich², Bronisława Walów², Jacek C. Szepietowski²

¹*Department of Dermatology, Regional Hospital, Wrocław, Poland;*

²*Department of Dermatology, Venereology and Allergology, University of Medicine, Wrocław, Poland*

ABSTRACT

Background: Renal transplant recipients (RTR) are regarded as a group especially predisposed to onychomycosis. The exact mechanism of increased frequency of onychomycosis in RTR is however not fully understood. **Objectives:** This study was undertaken to evaluate activity of hydrolitic enzymes of fungi most commonly causing fungal nail infections in RTR and to compare it with enzymatic activity of the same fungi isolated from lesional nails in immunocompetent patients. **Material and methods:** 28 strains of yeast-like fungi cultured from lesional nails in RTR and 25 strains of yeasts isolated from changed nails in immunocompetent patients were included into the study. All fungi were identified on the basis of routine mycological procedures. Activity of 19 hydrolytic enzymes was assessed by API ZYMÒ test (bioMerieux). **Results:** Fungi cultured from RTR showed activity of 16 out of 19 enzymes, whereas fungi isolated from immunocompetent patients only 11 out of 19 enzymes. Moreover, yeast-like fungi isolated from RTR showed higher generally higher activity of detected enzymes compared to yeast strains obtained from the lesional nails of immunocompetent patients. **Conclusions:** This study shows for the first time enhanced enzymatic activity of yeast-like fungi isolated from lesional nails in RTR in comparison to fungi cultured from changed nails in immunocompetent patients. It is hypothesized that this enhanced enzymatic activity may be responsible for higher incidence of onychomycosis in RTR.

Keywords: onychomycosis; renal transplantation; enzymatic activity; yeasts

INTRODUCTION

Onychomycosis is the most frequent nail disease. It accounts for about a half of all nail abnormalities and for

one third of all mycotic infection of the skin (1, 2). The frequency of onychomycosis in the highly developed countries ranges between 3% and 8% depending on the examined population (3-5). Although onychomycosis is not a life-threatening disease it is not just a cosmetic problem as many patients with onychomycosis had significantly decreased quality of life (6-8). It is estimated that annual costs of the treatment of onychomycosis in the US health-care system amount more than 43 million of dollars (9).

Cutaneous complications are frequently observed in renal transplant recipients (RTR). Due to immunosuppressive treatment RTR are especially predisposed to different types of infections, among them fungal infections, including onychomycosis, are regarded as the most common ones

Corresponding author: Jacek C Szepietowski, Department of Dermatology, Venereology and Allergology, University of Medicine, Chalubinskiego 1, 50-368 Wrocław, Poland. Tel: +48-71-7842288; Fax: +48-71-3270942; E-mail: jszepiet@derm.am.wroc.pl.

Copyright: © 2006 Jolanta Weglowska et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.5/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

(10). Recently, evaluating 216 RTR, our group has shown that 19.9% of RTR suffered from fungal nail infections (11). Yeast-like fungi appeared to be the most commonly isolated fungi from the lesional nails (47.45%), followed by molds (45.75%) and dermatophytes (only 6.8%) (11). The pathomechanism of increased frequency of onychomycosis in RTR is however not completely clear. Therefore, this study was undertaken to evaluate enzymatic activity of the most common pathogens of onychomycosis in RTR (yeast-like fungi in our studied group of RTR) and to compare it with enzymatic activity of the same fungi isolated from lesional nails in immunocompetent patients.

MATERIAL AND METHODS

28 strains of yeast-like fungi cultured from lesional nails of 24 RTR (*Candida albicans*-15; *Candida sp.*-8 and *Rhodotorula rubra*-5) and 25 strains of yeasts isolated from changed nails in immunocompetent patients (*Candida albicans*-9; *Candida sp.*-7 and *Rhodotorula rubra*-7) were included into the study. The group of RTR consisted of 13 (54.2%) women and 11 (45.8%) men in the age between 23 and 64 years (mean 46 ± 12.1 years). Among immunocompetent subjects there were 18 (72%) females and 7 (28%) males. Their age ranged between 19 and 76 years (mean 51.2 ± 18 years). No patient demonstrated other clinical conditions, including diabetes and peripheral vascular diseases, which could predispose for the development of onychomycosis. Both immunocompromised and immunocompetent patients presented with distal and lateral subungual clinical (DLSO) type of onychomycosis. There was no significant difference in number of infected nails, extend and duration of infection between two studied groups. Identification of all fungi was based on routine mycological procedures (direct microscopy and mycological culture on different media) (12). Activity of 19 hydrolytic enzymes (alkaline phosphatase, esterase (C4), esterase lipase (C8), lipase (C14), leucine arylamidase, valine arylamidase, cystine arylamidase, trypsin, α -chymotrypsin, acid phosphatase, naphthol-AS-BI-phosphohydrolase, α -galactosidase, β -galactosidase, β -glucuronidase, α -glucosidase, β -glucosidase, n-acetyl- β -glucosamidase, α -mannosidase and α -fucosidase) was assessed by API ZYMÒ test (bioMerieux). Active strains were considered only those that demonstrated visible changes in the colour of the medium. The intensity of the colour reflected the amount of degraded substrate - the activity of enzymes was expressed in nmol of hydrolyzed substrates. Statistical analysis was performed using Statistica 6.0 for Win-

dows Software. The data were analyzed with Mann Whitney U test or Fisher exact test were appropriate; p values less than 0.05 were considered significant.

RESULTS

Yeast-like fungi isolated from the changed nails in RTR expressed activity of 16 out of 19 enzymes, whereas fungi cultured from immunocompetent patients only 11 out of 19 enzymes. The following enzymes were detected only in strains achieved from RTR: lipase (C14) (n=5), cystine arylamidase (n=19), α -chymotrypsin (n=1), α -galactosidase (n=1), α -mannosidase (n=4). None of the analyzed fungi (both in RTR and in control group) demonstrated activity of trypsin, β -glucuronidase, and α -fucosidase.

All yeast-like fungi isolated from RTR significantly more often revealed the activity of cystine arylamidase ($p < 0.0001$) and β -glucosidase ($p = 0.04$), and showed significantly higher enzymatic activity of esterase (C4) ($p < 0.001$), esterase lipase (C8) ($p < 0.0001$), leucine arylamidase ($p = 0.01$), valine arylamidase ($p < 0.01$), acid phosphatase ($p < 0.01$), naphthol-AS-BI-phosphohydrolase ($p < 0.0001$) and n-acetyl- β -glucosamidase ($p = 0.03$) compared to yeast strains obtained from the lesional nails of immunocompetent patients (Table 1).

Similar results were achieved when the yeasts species were analyzed solitary. *Candida albicans* showed higher activity of esterase (C4) ($p < 0.05$), esterase lipase (C8) ($p < 0.001$), leucine arylamidase ($p < 0.01$), naphthol-AS-BI-phosphohydrolase ($p < 0.01$) α -glucosidase ($p = 0.03$) and n-acetyl- β -glucosamidase ($p < 0.01$). Additionally, activity of valine arylamidase and cystine arylamidase was more frequently noted in *C. albicans* strains from RTR than from controls (Table 1). *Candida sp.* other than *C. albicans* isolated from RTR demonstrated higher enzymatic activity of esterase (C4) ($p = 0.02$), esterase lipase (C8) ($p < 0.01$) and naphthol-AS-BI-phosphohydrolase ($p = 0.03$), and were also more frequently positive for cystine arylamidase ($p < 0.001$) (Table 1). Strains of *Rhodotorula rubra* cultured from RTR showed significantly higher activity of esterase (C4) ($p < 0.01$), esterase lipase (C8) ($p = 0.03$), leucine arylamidase ($p = 0.02$), valine arylamidase ($p < 0.01$), acid phosphatase ($p < 0.01$), naphthol-AS-BI-phosphohydrolase ($p < 0.01$) and β -glucosidase ($p < 0.01$) compared to strains cultured from immunocompetent subjects. Moreover, following enzymes were also more frequently detected in *R. rubra* strains achieved from RTR compared to controls: lipase (C14) ($p = 0.001$), cystine arylamidase ($p = 0.01$) as well as β -glucosidase ($p = 0.02$) (Table 1).

ENZYMATIC ACTIVITY OF YEAST IN RENAL TRANSPLANT RECIPIENTS

Table 1. Comparison of enzymatic activity between fungi isolated from renal transplant recipients and healthy controls (The significance of differences in number of active strains was assessed with Fisher exact test and the significance of differences in mean activity of enzymes with Mann-Whitney *U* test) (To be continued)

Enzyme		All yeast-like fungi		Candida albicans		<i>Candida sp.</i> (other than <i>C. albicans</i>)		Rhodotorula rubra	
		Number of active strains (%)	Mean activity ± SD [nmol] ^a	Number of active strains (%)	Mean activity ± SD [nmol] ^a	Number of active strains (%)	Mean activity ± SD [nmol] ^a	Number of active strains (%)	Mean activity ± SD [nmol] ^a
alkaline phosphatase	RTR	28 (100%)	11.4 ± 9.3	15 (100%)	9 ± 8.7	8 (100%)	20 ± 7.6	5 (100%)	5 ± 0
	Controls	25 (100%)	11.6 ± 12.1	8 (100%)	8.7 ± 8.8	10 (100%)	18.5 ± 15.3	7 (100%)	5 ± 0
	P	-	0.57	-	0.95	-	0.59	-	1.0
esterase (C4)	RTR	28 (100%)	32.9 ± 8.5	15 (100%)	30.7 ± 10.3	8 (100%)	32.5 ± 4.6	5 (100%)	40 ± 0
	Controls	25 (100%)	23 ± 8.4	8 (100%)	21.9 ± 10	10 (100%)	24 ± 8.4	7 (100%)	22.9 ± 7.6
	P	-	<0.001	-	<0.05	-	0.02	-	<0.01
esterase lipase (C8)	RTR	28 (100%)	18.9 ± 6.9	15 (100%)	19.3 ± 7	8 (100%)	17.5 ± 7.1	5 (100%)	20 ± 7.1
	Controls	25 (100%)	9.2 ± 4	8 (100%)	8.7 ± 2.3	10 (100%)	9 ± 4.6	7 (100%)	10 ± 5
	P	-	<0.0001	-	<0.001	-	<0.01	-	0.03
lipase (C14)	RTR	5 (17.9%)	0	0	0	0	0	5 (100%)	5 ± 0
	Controls	0	0	0	0	0	0	0	0
	P	0.05	-	-	-	-	-	0.001	-
leucine arylamidase	RTR	28 (100%)	34.3 ± 10	15 (100%)	32 ± 10.8	8 (100%)	35 ± 10.7	5 (100%)	40 ± 0
	Controls	23 (92%)	28.3 ± 12.8	6 (75%)	19.2 ± 15.9	10 (100%)	32.5 ± 11.8	7 (100%)	30 ± 8.2
	P	0.22	0.01	0.11	<0.01	-	0.52	-	0.02
valine arylamidase	RTR	23 (82.1%)	10.4 ± 9.8	11 (73.3%)	5 ± 0	7 (87.5%)	7.9 ± 5.7	5 (100%)	26 ± 8.9
	Controls	14 (56%)	5 ± 0	2 (25%)	5 ± 0	6 (60%)	5 ± 0	6 (85.7%)	5 ± 0
	P	0.07	<0.01	0.04	-	0.31	0.08	1.0	<0.01
cystine arylamidase	RTR	19 (67.9%)	6.3 ± 3.7	8 (53.3%)	5 ± 0	7 (87.5%)	5 ± 0	4 (80%)	11.2 ± 6.3
	Controls	0	-	0	-	0	-	0	-
	P	<0.0001	-	0.02	-	<0.001	-	0.01	-
a-chymotrypsin	RTR	1 (3.6%)	5	1 (6.7%)	5	0	-	0	-
	Controls	0	-	0	-	0	-	0	-
	P	0.95	-	0.74	-	-	-	-	-
acid phosphatase	RTR	28 (100%)	40 ± 0	15 (100%)	40 ± 0	8 (100%)	40 ± 0	5 (100%)	40 ± 0
	Controls	25 (100%)	35.2 ± 9.2	8 (100%)	40 ± 0	10 (100%)	40 ± 0	7 (100%)	22.9 ± 9.5
	P	-	<0.01	-	1.0	-	1.0	-	<0.01
naphtol-AS-BI-phosphohydrolase	RTR	28 (100%)	30 ± 12.7	15 (100%)	27.7 ± 11.5	8 (100%)	28.1 ± 16.5	5 (100%)	40 ± 0
	Controls	25 (100%)	11.6 ± 8.7	8 (100%)	11.2 ± 9.2	10 (100%)	13 ± 10.1	7 (100%)	10 ± 7.1
	P	-	<0.0001	-	<0.01	-	0.03	-	<0.01

Table 1. (Continued)

a-galactosidase	RTR	1 (3.6%)	5	1 (6.7%)	5	0	0	0	0
	Controls	0	0	0	0	0	0	0	0
	P	0.95	-	1.0	-	-	-	-	-
b-galactosidase	RTR	3 (10.7%)	5 ± 0	3 (20%)	5 ± 0	0	0	0	0
	Controls	2 (8%)	5 ± 0	0	0	2 (20%)	5 ± 0	0	0
	P	0.89	0.74	0.53	-	0.48	-	-	-
a-glucosidase	RTR	16 (57.1%)	16.6 ± 12.9	15 (100%)	15.7 ± 12.8	1 (12.5%)	30	0	0
	Controls	11 (44%)	6.8 ± 4.6	7 (87.5%)	5.7 ± 1.9	4 (40%)	8.7 ± 7.5	0	0
	P	0.41	0.1	0.35	0.03	0.31	-	-	-
b-glucosidase	RTR	14 (50%)	6.1 ± 2.1	3 (20%)	6.7 ± 2.9	6 (75%)	6.7 ± 2.6	5 (100%)	5 ± 0
	Controls	5 (20%)	6 ± 2.2	0	0	4 (40%)	6.2 ± 2.5	1 (14.3%)	5
	P	0.04	-	0.53	-	0.19	0.81	0.02	<0.01
n-acetyl-b-glucosamidase	RTR	18 (64.3%)	18.1 ± 9.9	15 (100%)	19.7 ± 9.5	3 (37.5%)	10 ± 8.7	0	0
	Controls	13 (52%)	6.9 ± 4.3	8 (100%)	5.6 ± 1.8	4 (40%)	10 ± 7.1	1 (14.3%)	5
	P	0.41	0.03	-	<0.01	1.0	0.88	1.0	0.4
a-mannosidase	RTR	4 (14.3%)	5 ± 0	3 (20%)	5 ± 0	1 (12.5%)	5	0	0
	Controls	0	0	0	0	0	0	0	0
	P	0.11	-	0.53	-	0.44	-	-	-

^aOnly for active strains, the enzymatic activity is expressed in nmol of hydrolyzed substrates. SD, standard deviation; RTR, renal transplant recipients.

DISCUSSIONS

To aid in the invasion of the host tissues, fungi cells possess constitutive and inducible hydrolytic enzymes that could destroy the host cells (13). Therefore, enzymatic activity of fungi determines their ability to invade different substances and tissues, including keratin, epidermis and dermis. For instance, the aspartic proteases secreted by *C. albicans* are involved in the adherence process and penetration of tissues, and in interactions with the immune system of the infected host (14). It seems that enzymatic activity of fungi may serve as a pathogenetic marker of these microorganisms. Increased activity of hydrolytic enzymes of *Candida* strains has been demonstrated in patients with internal neoplasms (15), as well as in subjects with chronic respiratory tract disorders (16). However, to the best of our knowledge, up till now there are no data on enzymatic activity of fungi causing fungal infections in RTR.

Pathogenic fungi, due to long-term immunosuppressive treatment and decreased defense mechanisms in RTR may easily find ideal conditions for growing and invading

tissues. The altered function of immune system in RTR may facilitate growth of fungi and could be responsible for the noted higher activity of selected hydrolases. It was observed, that the same strains of fungal pathogens may demonstrate different enzyme activity depending on the used type of mycotic medium and culture conditions (17-19). The increased enzymatic activity of fungi may probably also determine higher invasiveness of fungal pathogens and higher treatment resistance of onychomycosis in RTR. In conclusion, this study for the first time showed enhanced enzymatic activity of yeast-like fungi isolated from lesional nails in RTR. It is hypothesized that this increased enzymatic activity may be responsible for more aggressive behavior of fungi causing onychomycosis in this group of patients. Further studies are required to clarify completely the observed phenomenon.

REFERENCES

1. Baran R, Dawber RPR. Diseases of the nails and their management. *Blackwell Science, Oxford*. 1994.

2. Sikora M, Pacholek T, Soter K, Szepietowski J. Analysis of fungal skin and skin appendages infections in the region of Wrocław in the years 1995-1999. *Mikol. Lek.* 2000; 7: 145-151.
3. Gupta AK, Jain HC, Lynde CW, Watteel GN, *et al.* Prevalence and epidemiology of unsuspected onychomycosis in patients visiting dermatologists' offices in Ontario, Canada - a multicenter survey of 2001 patients. *Int. J. Dermatol.* 1997; 36: 783-787.
4. Heikkala H, Stubbs S. The prevalence of onychomycosis in Finland. *Br. J. Dermatol.* 1995; 133: 699-701.
5. Roberts DT. Prevalence of dermatophyte onychomycosis in the United Kingdom: results of an omnibus survey. *Br. J. Dermatol.* 1992; 126: 23-37.
6. Drake LA, Patrick DL, Fleckman P, Andre J, *et al.* The impact of onychomycosis on quality of life: Development of an international onychomycosis-specific questionnaire to measure patient quality of life. *J. Am. Acad. Dermatol.* 1999; 41: 189-196.
7. Shaw JW, Joish VN, Coons SJ. Onychomycosis: health-related quality of life considerations. *Pharmacoeconomics.* 2002; 20: 23-36.
8. Turner RR, Testa MA. Measuring the impact of onychomycosis on patient quality of life. *Qual. Life Res.* 2000; 9: 39-53.
9. Scher RK. Onychomycosis is more than a cosmetic problem. *Br. J. Dermatol.* 1994; 130, Suppl. 43: 15.
10. Szepietowski J, Węglowska J, Szepietowski T. *Med. Sci. Rev.* 2002; 1: 63.
11. Węglowska J, Szepietowski J, Walów B, Szepietowski T. Onychomycosis in renal transplant recipients. Part I. Clinical aspects. *Mikol. Lek.* 2003; 10: 299-305.
12. Szepietowski J. Grzybice skóry i paznokci. *Vademecum lekarza praktyka. Medycyna Praktyczna*, Kraków. 2001.
13. Ghannoum MA. Potential role of phospholipases in virulence and fungal pathogenesis. *Clin. Microbiol. Rev.* 2000; 13: 122-143.
14. Monod M, Capoccia S, Lechenne B, Zaugg C, *et al.* Secreted proteases from pathogenic fungi. *Int. J. Med. Microbiol.* 2002; 292: 405-419.
15. Krajewska-Kulał E, Niczyporuk W, Łukaszuk C, Sobaniec H, *et al.* Enzymatic biotypes and the susceptibility of *Candida albicans* strains to antimycotics isolated from oral cavity of patients with cancer disease. *Mikol. Lek.* 2000; 7: 27-34.
16. Batura-Gabryel H, Młynarczyk W. Proteolytic and lipolytic activity of *Candida* strains isolated from chronic respiratory system diseases patients. *Mikol. Lek.* 2000; 7: 139-143.
17. Garcia-Kirchner O, Segura-Granados M, Rodriguez-Pascual P. Effect of media composition and growth conditions on production of beta-glucosidase by *Aspergillus niger* C-6. *Appl. Biochem. Biotechnol.* 2005; 121-124: 347-359.
18. Grzywnowicz G, Lobarzewski J, Wawrzekiewicz K, Wolski T. Comparative characterization of proteolytic enzymes from *Trichophyton gallinae* and *Trichophyton verrucosum*. *J. Med. Vet. Mycol.* 1989; 27: 319-328.
19. Zaks A, Klibanov AM. The effect of water on enzyme action in organic media. *J. Biol. Chem.* 1988; 263: 8017-8021.