Detection of Mycoplasma pulmonis in Experimentally Infected Laboratory Rats by 16S rRNA Amplification


Department of Medical Microbiology and ICLAS Microbiological Centre, University of Nijmegen, P.O. Box 9101, 6500 HB Nijmegen, The Netherlands

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Mycoplasma pulmonis infections may cause severe problems in laboratory rodent colonies. Recent surveys indicate that about 60% of barrier-maintained and nearly all conventionally housed laboratory rat and mouse colonies are infected with one or more mycoplasmal species (8, 10). The mycoplasmal species isolated from rats and mice (Mycoplasma pulmonis, M. arthritidis, M. neurolyticum, M. muris, and M. collis) have been associated with several disease manifestations. One of the main diseases is murine respiratory mycoplasmosis, or chronic respiratory disease, which is caused by M. pulmonis and involves the nasal passages, middle ears, trachea, and lungs, causing rhinitis, otitis media, tracheitis, and pneumonia (5, 11). Besides respiratory disease, this organism can also produce genital infections, resulting in reduced birth rates (1, 5, 6). However, in spite of their pathogenic potential, mycoplasmal infections can remain inapparent. These inapparent infections may be very treacherous because mycoplasmas possess immunomodulatory activities which can influence the outcome of experiments (4, 5).

A first step in building and maintaining a mycoplasma-free colony is the use of an efficient detection system to routinely identify mycoplasma carriers (3). The methods currently used for the diagnosis of mycoplasmal infections show several shortcomings. In vitro isolation, which requires multisite culture for reliable results (3), is laborious and lacks sensitivity for several species, while serological methods are often hampered by cross-reactions between different species (3, 4, 12). In addition, it has also been shown that animals can be infected and remain seronegative for weeks after infection (2).

Recently, we developed a polymerase chain reaction (PCR) assay for the detection of mycoplasmas at both the species and genus level (13). Primers selected from the variable 16S rRNA regions of the five murine mycoplasmal species were all species specific in this PCR assay. With a high copy number of rRNA (10^4 copies per cell), a highly sensitive assay was established in which the nucleic acid content equivalent to a single microorganism could be detected (13).

In this study, the suitability of this PCR assay for the detection of mycoplasmal infection was tested in Wistar rats that were experimentally infected with M. pulmonis. We compared culture and the PCR assay for the detection of M. pulmonis in throat and urogenital tract samples collected at several times postinfection.

MATERIALS AND METHODS

Animals. Twenty-nine germ-free Cpb:WU (Wistar) rats, male and female, aged 10 weeks, were used. These rats are proven to be serologically negative for M. pulmonis. The rats were kept in sterile isolators and fed sterilized rat-mice food. Room temperature and humidity were regulated (21 ± 2°C, 60% ± 10% relative humidity). The rats were housed in Macrolon cages, three animals per cage, with softwood granules as bedding. Noninfected control rats were housed separately from the experimentally infected rats.

Media. For cultivation in liquid and agar media, a modification of the medium described by Chanock et al. (7) was used. The liquid culture medium contained (in milliliters per 100 ml): 2.1% Bacto P.P.L.O. Broth (Difco), 70; 25% yeast extract (Difco), 10; 10% glucose (Merck), 10; inactivated gamma globulin-free horse serum (GIBCO), 5; P.P.L.O. serum fraction (Difco), 2; 0.1% phenol red (Sigma), 1; 2.5% thallium acetate (Merck), 1.4; and sodium penicillin G (10^4 U/ml) (Gist-Brocades). 1. The pH was adjusted to 8.0 with 1 N KOH.

Mycoplasma agar plates contained (in milliliters per 100
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Experimental inoculation of animals. The M. pulmonis strain used for this study (M72-138) was originally isolated from the trachea of a rat from an infected laboratory colony. This strain was passaged three times on artificial medium. For this experiment, the mycoplasma was grown in liquid culture medium and harvested when the medium turned orange-red. The number of CFU was determined by titration on agar plates. The inoculum was kept at −80°C until use.

Twenty-five rats (rats 1 through 25) were experimentally infected with 10^6 CFU of M. pulmonis (in 100 µl of culture medium) by intranasal inoculation. Four noninfected rats (rats 26 through 29), housed separately from the infected rats, were used as controls.

Evaluation of infection and collection of samples. At 14 time points (3, 7, 10, 14, 21, 31, 42, 59, 73, 87, 117, 151, 206, and 248 days postinfection), throat swab samples were taken from rats 1 through 5. After 248 days, these rats were killed by cervical dislocation and urogenital swab samples (vaginal for female rats and urethral for male rats) were collected. Both throat and urogenital swab samples were collected at necropsy from rats 6 through 25, two of which were killed at each of the first 10 time points (3 to 87 days postinfection). Throat and urogenital swab samples were also taken from control rats 26 through 29, one of which was killed on each of days 7, 14, 21, and 59 postinfection.

The throat and urogenital swab samples were collected with sterile Dacron-tipped swabs (swab MW142; Medical Wire & Equipment Co. Ltd.). The swabs were suspended in 2 ml of liquid culture medium. Half of the suspended swabs were used for culture, and the other half were placed at −80°C for PCR analysis.

PCR analysis. Samples (1 ml) obtained from the throat and urogenital swabs were centrifuged for 10 min at 10,000 × g. RNA was extracted by the RNezol B method (Cinna Biotech) according to the manufacturer's instructions. cDNA synthesis of the RNA, the PCR assay, analysis of the amplified samples by electrophoresis, and subsequent hybridization were performed as described previously (13). PCR was performed with M. pulmonis species-specific primers (sense primer, 5'-AGCGTTTGCTTCACTTTGAA-3'; antisense primer, 5'-GGGCA1TTCCTCCCTAAGCT-3'), which generate a 266-bp amplification product. The thermal profile involved 40 cycles of denaturation at 94°C for 1 min, primer annealing at 55°C for 1 min, and primer extension at 72°C for 2 min. Hybridization was performed with the internal 32P-end-labeled oligonucleotide GPO-1 (5'-ACTCCT TCACGGAAGGCAGGAG-3').

Culture. The suspended throat and urogenital swab samples were incubated at 37°C until the color of the medium changed to orange-red. Cultures were incubated for 6 weeks before being considered negative.

Positive cultures were identified as M. pulmonis by PCR, since we had previously demonstrated (unpublished data) a 100% correlation between identification of the organisms grown in culture medium by the growth inhibition test and identification by PCR with species-specific primers. For this PCR, DNA was extracted from the organisms grown in culture medium, and rDNA sequences were amplified as described previously (13), with the M. pulmonis-specific primers described above. M. pulmonis was not demonstrated in any of the cultures which did not display a change of color.

ELISA. Routine enzyme-linked immunosorbent assays (ELISAs) for immunoglobulin G antibodies to M. pulmonis were performed as described by Cassell et al. (3), with serum samples collected from rats 1 through 5 at the first 10 time points and from rats 6 through 29 on the day of death.

RESULTS

Culture and PCR analysis were compared for the detection of M. pulmonis in the throat and urogenital tract of 25 experimentally infected Wistar rats. Infection of these rats was confirmed by ELISA for the detection of immunoglobulin G antibodies against M. pulmonis (data not shown).

Rats 1 through 5 were investigated longitudinally for the presence of M. pulmonis in the throat at several time points between 3 and 248 days postinfection. Table 1 demonstrates that with the PCR assay, which includes Southern blot analysis, M. pulmonis was detected in the throat of rats 1, 2, 4, and 5 at all time points investigated, while culture failed to detect M. pulmonis in two samples (throat swabs from rats 1 and 2 collected 248 days postinfection). The failure to detect M. pulmonis in the throat of rat 1 at day 151 postinfection by both PCR and culture is probably the result of an error in collecting the sample, since subsequent samples were again positive for M. pulmonis. Remarkably, M. pulmonis was no longer detected in the throat of rat 3 from day 42 postinfection.

Rats 6 through 25 and control rats 26 through 29 were killed at various times postinfection and investigated for the presence of M. pulmonis in both the throat and urogenital tract. The culture and PCR results, which are shown in Table 2, demonstrate that M. pulmonis was detected in the throat of all infected rats but not in the control rats by PCR, whereas with the culture technique, the organism was detected in one sample (throat swab from rat 7, collected 3 days postinfection). Table 2 also demonstrates that in none of the infected rats was M. pulmonis detected in the urogenital tract. Also, M. pulmonis was not detected in the urogenital tract of rats 1 through 5, which were killed 248 days postinfection (data not shown).
The results demonstrate that at least 248 days postinfection is consistent with the findings of Lindsey et al. (11), who reported that \textit{M. pulmonis} persisted in mice for several months. Why rats were no longer positive for \textit{M. pulmonis} after 31 days postinfection is unknown. In contrast to the throat samples, the urogenital tract samples of all rats were negative. It was reported that it is extremely difficult to recover mycoplasmas from the genital tracts of male rats (9). However, since all the urogenital samples from female rats were also negative for \textit{M. pulmonis}, it is most probable that the \textit{M. pulmonis} strain used in this experiment has not colonized the urogenital tract of these Wistar rats.

In summary, the results of this study indicate that PCR is superior to culture for the detection of \textit{M. pulmonis} in infected rats. These results therefore demonstrate the applicability of this PCR assay for the detection of mycoplasmas in rodents. Currently, the diagnosis of mycoplasmal infections is performed by ELISA and/or in vitro isolation. In vivo isolation of mycoplasmas, which includes cultivation and identification, is laborious, time-consuming, and subject to bacterial contamination and lacks sensitivity for several mycoplasmal species. PCR, however, is a rapid, specific, and sensitive procedure. Therefore, PCR may replace in vitro isolation and become the method of choice in multisite screening programs to identify mycoplasma carriers. We are currently using this PCR assay to screen laboratory rodent colonies for naturally infected animals.

**REFERENCES**


