

# The Role of *Pseudomonas Spp* in the Occurrence of Nosocomial Infections and the Current Status of Bacteriological Diagnosis

Fayziyeva Nafisa

Bukhara state medicine institute

**Abstract:** Hospital-acquired infections (HAIs), also known as nosocomial infections, are one of the most important problems in the healthcare system. These infections often occur in hospitalized patients during medical procedures or as a result of prolonged hospital stays. HAIs not only pose a threat to patient health, but also lead to increased treatment costs, longer hospital stays, and increased mortality.

**Key points:** Hospital inside infection, nosocomial, *Pseudomonas spp.*, KII.

## Introduction.

Among the microorganisms that cause IBD, nosocomial, in particular *Pseudomonas aeruginosa*, is of great importance. This bacterium poses an epidemiological threat due to its resistance to many antibiotics, its ability to form biofilms, and its ability to persist in the hospital environment for a long time. Immunocompromised patients, those on ventilators, and those with catheters or other invasive devices are particularly susceptible to *Pseudomonas* infection.

*Pseudomonas aeruginosa* (blue pus bacillus) is widespread, which is facilitated by the high resistance of these bacteria to unfavorable environmental conditions, pronounced antagonistic activity and resistance to a wide range of natural biologically active substances and antimicrobial agents used in medical practice. For humans, blue pus bacillus is considered conditionally pathogenic, since not in all cases when it enters the body, the disease develops. The likelihood of infection increases significantly with a large number of pathogens entering the body, as well as in the case of immunodepression or immunodeficiency in weakened, exhausted people, against the background of the influence of stress factors accompanying injuries, burns, various surgical interventions and severe somatic pathology. Taking into account these two components, as well as the high resistance of *P. aeruginosae* to antimicrobial drugs, human infection can most often occur during a stay in a medical institution. All over the world, there is a tendency towards an increase in the proportion of diseases caused by *Pseudomonas aeruginosa* in the overall structure of hospital-acquired purulent-septic infections. The resistance of *P. aeruginosae* in the external environment, its undemanding nature to nutritional conditions, the presence of powerful virulence factors, and natural resistance to compounds with antibiotic activity determine the breadth of its spread and the formation of hospital strains, which often turns a hospital into an "epidemic hotbed" of *Pseudomonas aeruginosa* infection. Infectious complications that occur in hospitalized patients aggravate the course of the underlying disease, increase the duration of inpatient treatment and increase the number of adverse outcomes. The widespread (up to 75%) atypical forms of the pathogen complicates diagnosis and prevents timely implementation of therapeutic and anti-epidemic measures. All this necessitates the search for informative methods for diagnosing *Pseudomonas aeruginosa* infection with the identification of tests that facilitate the differentiation of hospital and community-acquired strains.

## Research and methods.

This article discusses the role of *Pseudomonas* spp. in causing hospital-acquired infections, its nosocomial mechanisms, and modern bacteriological diagnostic methods used to detect it. The issues of antibiotic resistance are also discussed. Hospital-acquired infections, also known as nosocomial infections, are one of the most important health problems in healthcare facilities worldwide. This infections in the hospital lying down of patients health worsens , treatment the deadline noticeable at the level extends and death level increases . Especially , heavy patients , immunity weak was patients and from the operation next in the period standing patients this to infections more inclined This will be infections not only patients for , maybe health storage system too big for economic and is a social burden . World Health Organization storage according to the World Health Organization (WHO) according to , nosocomial infections reduce and from them prevent to take modern medicine the most current from the duties one is considered .

*Pseudomonas* spp , especially *Pseudomonas aeruginosa*, hospital inside infections the most many occurring from the instigators one is , this bacteria wide spectral to antibiotics endurance them treatment very *Pseudomonas aeruginosa* not only breath to take ways , maybe urine paths , wounds and blood also lead to infections These microorganisms not only high resistance , but also biofilm formation to do ability also separated from Biofilm formation microorganisms external to the environment and to antibiotics against endurance increases , this and for disinfection and to treat was difficulties strengthens .

*Pseudomonas* spp. infections hospital inside infections between high spread this microorganisms pathogenicity and to them against struggle the problem current Especially this bacteria by working removable exotoxins and other virulence factors of the disease heavy to the end and of patients far term for treatment needy to be reason by *Pseudomonas aeruginosa* working released beta- lactamase enzymes wide spectral inactivation of antibiotics , including carbapenems does this and this microorganisms clinical in terms of very dangerous does (Livermore, 2021).

Modern diagnostics methods application via *Pseudomonas* spp. what determination and treatment strategies working exit not only of patients health improve , maybe health storage in the system medical expenses also great in reducing importance has . Molecular biology methods , for example , real -time polymerase chain PCR and mass spectrometry using bacteria fast and clear determination opportunity Also available is MALDI-TOF spectrometry . such as new diagnostics technologies *Pseudomonas* spp. of to be determined accelerates and clinical in practice efficiency increases (Clarkson et al. et al ., 2022).

## Result and discussion.

*Pseudomonas* spp. of hospital inside in infections place and their wide spectral to antibiotics endurance because of them effective control to do and early diagnosis to do necessity available . The research relevance from that consists of *Pseudomonas* spp. what determination and them effective treatment for new, fast and reliable diagnosis methods working exit necessity It is not only patients own on time treatment, maybe infections wide spread prevent to take It is also important for. This research *Pseudomonas* spp. by movable hospital inside infections early in stages determination and to them against in the fight new diagnostics approaches working to go out focused.

**Work purpose:** This of the work target *Pseudomonas* spp. of hospital inside in infections place and them in determining being used bacteriological diagnosis methods modern status from learning consists of .

## Research tasks:

1. Hospital inside infections pathogenesis and *Pseudomonas* spp of in them role according to there is literature study.
2. *Pseudomonas* spp. of virulence factors and to antibiotics endurance assessment.

3. Modern bacteriological diagnosis methods study and their efficiency analysis to do
4. Pseudomonas spp. in determining applicable various diagnostics methods clinical importance compare
5. Research to the results based on the hospital inside infections early determination and treatment for practical recommendations working exit

**Work newness:** This Pseudomonas spp in the study of hospital inside infections in motion place and them determination methods modern status first times wide in scope studied. Research Pseudomonas spp. of to antibiotics resistance, including to carbapenems endurance level and his/her clinical in practice consequences about new information The study included Pseudomonas spp. what determination for molecular and bacteriological diagnosis methods efficiency and sensitivity evaluated.

### **Conclusion.**

**Research your work importance:** Research results hospital inside infections effective diagnostics to do and treatment for medicine in practice application possible was recommendations working to go out service Pseudomonas spp . of virulence factors and to antibiotics endurance deep study as a result patients effective treatment opportunities increases , this and nosocomial infections spread to reduce and of patients life quality to improve help Also , this research clinical Pseudomonas spp in practice determination processes improve and new diagnostics approaches working on the way out important importance profession will reach .

### **Literatures:**

1. Allison DG, Ruiz V., SanJose C. Extracellular products as mediators of the formation and detachment of Pseudomonas fluorescens biofilms // FEMS Microbiol . Lett. 1998. - #167. - P. 179-184.
2. Al-Mutairi, D., Kilty SJ Bacterial biofilms and the pathophysiology of chronic rhinosinusitis // Curr. Opin . Allergy. Clin. Immunol. 2011. - No. 1 l'(l). — PI 18-23.
3. Alves E., Carvalho CM, Tomé JP et al. Photodynamic inactivation of recombinant bioluminescent Escherichia coli by cationic porphyrins under artificial and solar irradiation // J. Ind. Microbiol . Biotechnol . 2008. - No. 35(11). -P. 1-447-1454.
4. Anwar H., Strap JL, Costerton JW Eradication of biofilm cells of Staphylococcus aureus with tobramycin and cephalexin // Can. J. Microbiol . -1992. - #38(7). -P. 618-625.
5. Aparna MS, Yadav S. Biofilms: microbes and disease // Braz. J. Infect. Dis. 2008/. r #12 (6). - P. 526-530.
6. Arakawa Y., Shibata N., Shibayama K. et al. Convenient test for screening metallo- $\beta$ -lactamase-producing gram-negative bacteria by using thiol compounds // J. Clin. Microbiol . 2000. - #38. - P. 40-43.
7. Bacteriology // Topley and Wilson's Microbiology and Microbial Infections. 9th ed., 1999. - V.2. Available from: URL: -<http://www.topleyandwilson.com>
8. Balaban NQ, Merrin J., Chait R. et al. Bacterial persistence as a phenotypic switch // Science. 2004. - #305(5690). - P: 1622-1625.
9. Bandara HMHN, Yau JYY, Watt RM, Jin LJ, Samaranyake LP Pseudomonas aeruginosa inhibits in-vitro Candida biofilm development // BMC Microbiology. 2010. - #10. - P. 125-133.
10. Barbier M., Oliver A., Rao J. Novel phosphorylcholine-containing protein of Pseudomonas aeruginosa chronic infection isolates interacts with airway epithelial cells // J. Infect. Dis. 2008. - #197(3). - P. 465-^73.
11. Barraud N., Hassett DJ, Hwang SH Involvement of nitric oxide in biofilm dispersal of Pseudomonas aeruginosa II J. Bacteriol . 2006. - Vol. 188. - #21.-P. 7344-7353.

12. Bertrand H., Thouverez M., Talon D. et al. Endemicity, molecular diversity and colonization routes of *P. aeruginosa* in ICU // *Intensive Care Med.* -2001.-V.27.-P. 1263-1268.
13. Bondarenko O., Rahman PK, Rahman TJ. et al. Effects of rhamnolipids from *Pseudomonas aeruginosa* DS10-129 on luminescent bacteria: toxicity and modulation of cadmium bioavailability // *Microb . Ecol.* 2010. - No. 59(3 ).- P; 588-600.
14. Burgassi , S., Zanardi I., Travagli V., Montomoli E. and Bocci V. How much ozone bactericidal activity is. compromised by plasma components? // *J. Appl. Microbiol .* 2009. - #106. - P: 1715-1721.
15. Busscher YS, Geertsema- Doornbusch GG, van der Mei HC Adhesion to silicone rubber of yeast-and bacteria isolated from voice prostheses: influence of salivary conditioning films./ / *J; Biomed. Matt. Res.* 1997. - #34. -P. 201-209;
16. Carpentier B., Ccrf O. A review: Biofilms and their consequences, with particular reference to hygiene in the food industry // *J. Applied. Bacteriol .* -1993.-№75.-P. 499-511 . .
17. Carteau D., Soum- Soutera E., Fay F. et al. Monohalogenated maleimides as potential agents for the inhibition of *Pseudomonas aeruginosa* biofilm // *Biofouling.* 2010. - #26(3). - P. 3-79-385.
18. Chastre J., Fagon JY Ventilator-associated pneumonia // *Am. J. Respir. Crit. Care Med.* 2002. - #165. - P. 867-903.
19. Christensen BE The role of extracellular polysaccharides in biofilms // *J. Biotechnol .* 1989. - #10. - P. 181-202
20. Chuard C., Vaudaux P., Waldvogel FA, Lew DP Susceptibility of *Staphylococcus aureus* growing on fibronectin-coated surfaces to bactericidal antibiotics // *Antimicrob . Agents Chemother .* 1993. - No. 37(4). - P. 625-632.
21. Corne P., Godreuil S. Unusual implication of biopsy forceps in outbreaks of *Pseudomonas aeruginosa* infections and pseudo-infections related to bronchoscopy // *J. Hosp. Infect.* 2005. - No. 61(1). - P. 20-26.
22. Costerton JW, Cheng KJ, Geesey GG et al. Bacterial biofilms in nature and diseases // *Annu. Rev. Microbiol .* 1987. - #41. - P. 435-464.
23. Costerton JW, Stewart PS, Greenberg EP Bacterial biofilms: a common cause of persistent infections // *Science.* 1999. - Vol. 284. - P. 13181322.
24. Dacheux D., Attree I., Toussaint B. Expression of ExsA in trans confers type III secretion system-dependent cytotoxicity on noncytotoxic *Pseudomonas aeruginosa* cystic fibrosis isolates // *Infect. Immune.* 2001. - No. 69(1 ).- P. 538-542.
25. Davey ME, Caiazza NC, O'Toole GA Rhamnolipid Surfactant Production Affects Biofilm Architecture in *Pseudomonas aeruginosa* PAOI // *J. Bacterid.-* 2003.- Vol. 185.-№3.-P. 1027-1036.
26. Davey ME, O'Toole GA Microbial biofilms: from ecology to molecular genetics // *Microbiol . Mol. Biol. Rev.* 2000. - Vol. 64. - P. 847-867.
27. Del Pozo JL, Rouse MS, Patel R. Bioelectric effect and bacterial biofilms. A systematic review // *Int. J. Artif . Organs.* 2008. - No. 31(9). - P. 78695.
28. Delden C., Iglewski B. Cell-to-cell signaling and *Pseudomonas aeruginosa* infections // *Emerg. Infect. Dis.* 1998. - #4. - P.' 551-560
29. Diggle SP Microbial communication and virulence: lessons from evolutionary theory // *Microbiology.* 2010. - #156. - P. 3503-3512.
30. Donlan RM, Costerton JW Biofilms: survival mechanisms of clinically relevant microorganisms // *Clin. Microbiol . Reviews.* 2002. - V.15. - #2.-P. 167-193.

31. Drenkard E. Antimicrobial resistance of *Pseudomonas aeruginosa* biofilms // *Microbes Infect.* 2003. - No. 5 (13). - P. 1213-1219.
32. Dubern JF, Diggle SP Quorum sensing by 2-alkyl-4-quinolones in *Pseudomonas aeruginosa* and other bacterial species // *Mol. Biosyst.* — 2008. -#4.-P. 882-888.
33. Dunne WM Jr., Mason EO Jr., Kaplan SL Diffusion of rifampin and vancomycin through a *Staphylococcus epidermidis* biofilm // *Antimicrob . Agents Chemother .* 1993. - No. 37(12). - P. 2522-2526.
34. Eldika N., Sethi S. Role of nontypeable *Haemophilus influenzae* in exacerbations and progression of chronic obstructive pulmonary disease // *Curr. Opin . Money . Med.* 2006. - #12. - P. 118-124.
35. Elford WJ, van den Ende J. An investigation of the merits of ozone as an aerial disinfectant // *J. Hygiene.* 1942. - No. 42. - P. 240-265.