



實驗室主持人學經歷

詳細著作與計畫
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實驗室簡介

抗藥性基因可在不同的菌屬間傳播，常造成院內感控議題，亦可能會導致全球公共衛生問題，故監測抗藥性基因盛行率已成臨床工作一個重要課題。KPC (*Klebsiella pneumoniae* carbapenemase)是腸內菌常見的抗藥性基因，本實驗室收集CRE(Carbapenem-resistant Enterobacteriaceae)進行全院抗藥性細菌監測，以了解CRE攜帶blaKPC的流行現況及抗藥菌株間的親緣性關係。病人分離菌株經由改良賀治試驗(Modified Hodge test)檢測此菌種對carbapenem類抗生素之水解能力，並以聚合酶連鎖反應(Polymerase chain reaction)觀察blaKPC表現，最後利用脈衝式凝膠電泳(Pulse-field gel electrophoresis)分析帶有抗藥性基因菌株，以釐清菌株間關聯性。

核心技術

抗藥性細菌監測、院內感染控制分析、聚合酶連鎖反應、脈衝式凝膠電泳、臨床菌株培養與分離。

Laboratory profile

Carbapenems are important last-line β -lactams antibiotics for treatment of multi-drug resistant bacteria. Enterobacteriaceae are inhabitants of the intestinal flora and are among the most common human pathogens, causing infections such as cystitis and pyelonephritis with fever, septicemia, pneumonia, and meningitis. The spread of carbapenem resistant Enterobacteriaceae (CRE) has recently become a matter of concern in public health (Fig. 1). CRE are difficult to treat because they confer on the bacteria which resistant to most of β -lactams antibiotics. For this reason, the detection of CRE becomes an important issue in the clinical workplace.

Core Technologies

Surveillance of drug-resistant bacteria, Analysis of nosocomial infection control, Polymerase chain reaction, Pulse-field gel electrophoresis, Clinical bacteria strain culture and isolation.

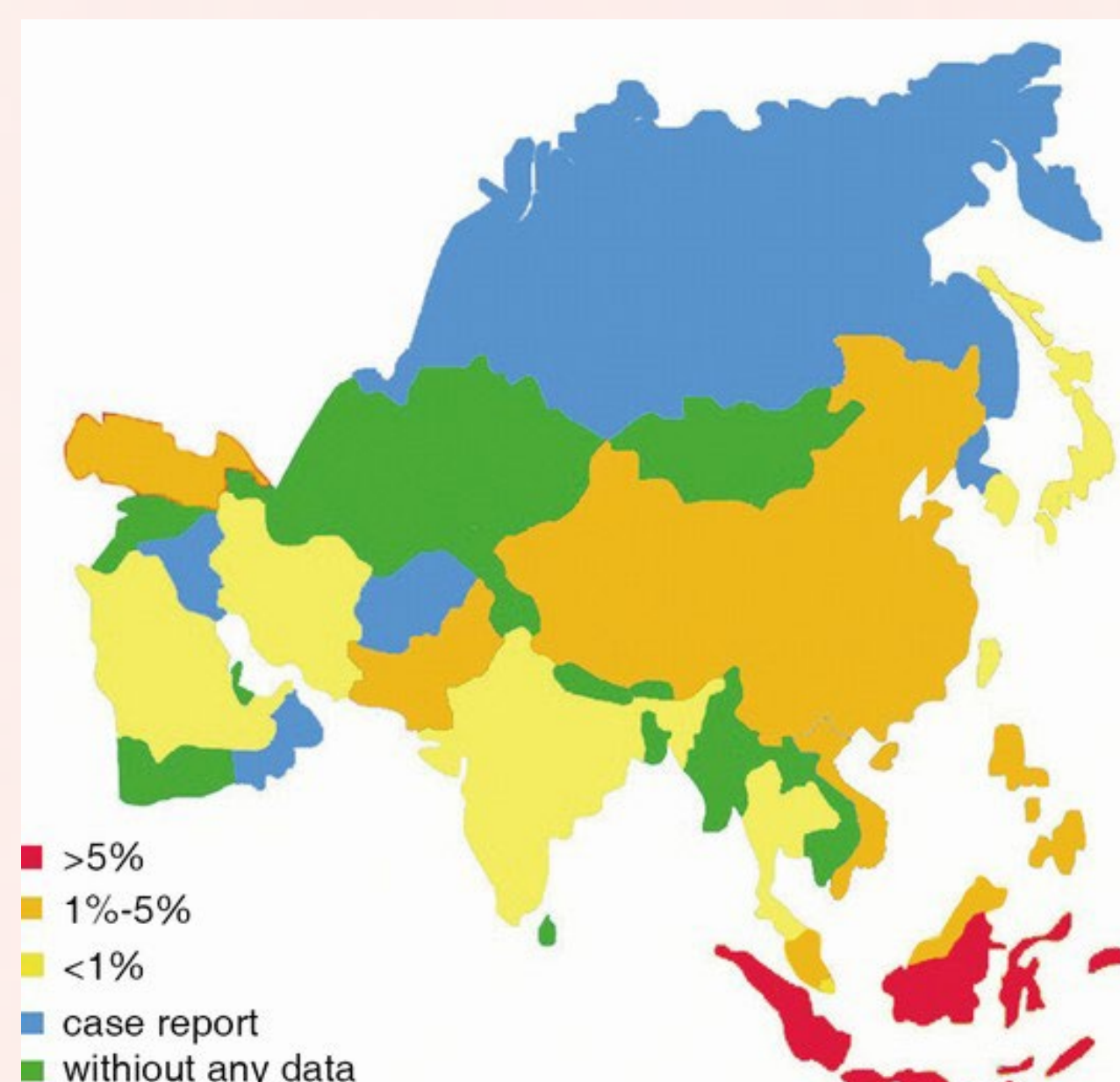
Important publications

Tsai YM, Wang S, Chiu HC, Kao CY*, Wen LL*. (*equal contribution). Combination of modified carbapenem inactivation method (mCIM) and EDTA-CIM (eCIM) for phenotypic detection of carbapenemase-producing Enterobacteriaceae. BMC Microbiol. 2020 Oct 17;20(1):315. (Rank by JCR 62/136, 45.6%, Q2)
Chou HC*, Wen LL*, Chang CC, Lin CY, Jin L, Juan SH. (*equal contribution). L-carnitine via PPAR γ - and Sirt1-dependent mechanisms attenuates epithelial-mesenchymal transition and renal fibrosis caused by perfluorooctanesulfonate. Toxicol Sci. 2017 Dec 1;160(2):217-229. (Rank by JCR 7/96, 7.3%, Q1)

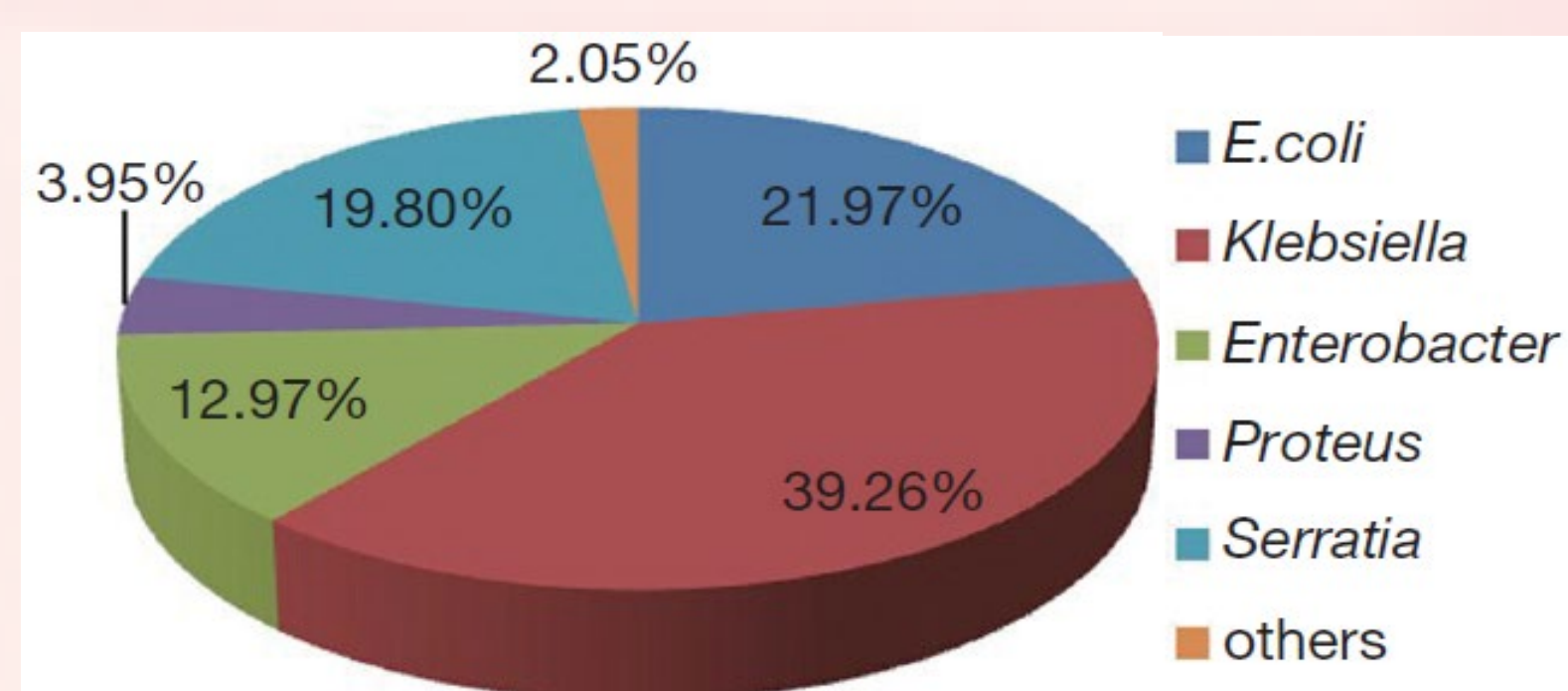
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(A)



(B)



Journal of Thoracic Disease 2015;7:376

Fig. 1. (A) Prevalence of CRE in different Asian counties. (B) Pathogen distribution of CRE in Asia .

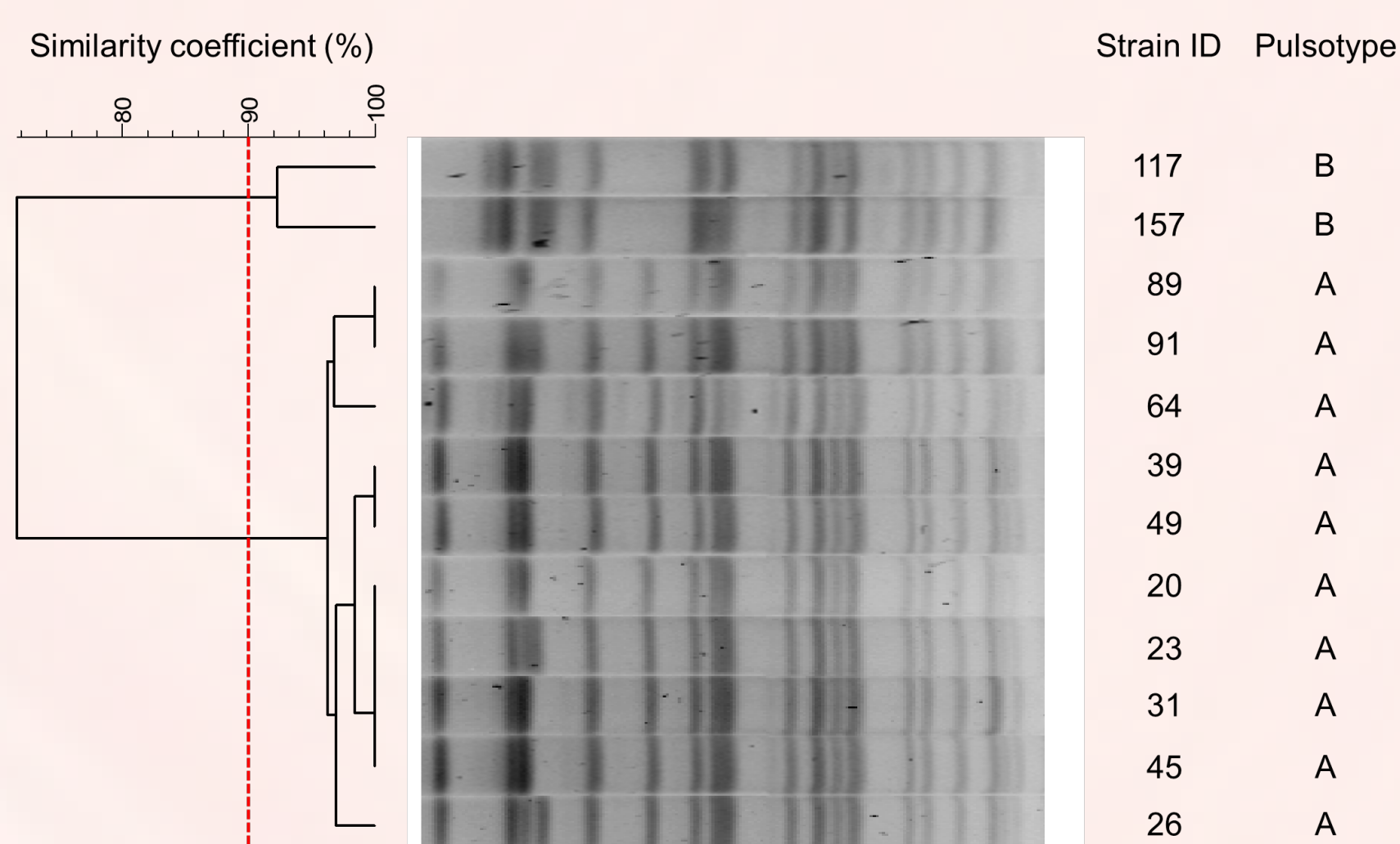


Fig. 3. Dendrogram showing the relationship among the PFGE patterns for 12 KPC-2-producing *K. pneumoniae* isolates. Dice similarity coefficient required to be >90% for the pattern to be considered as belonging to the same PFGE type.