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which should be cited to refer to this work.

### Emergence of NDM-1-producing *Acinetobacter pittii* in Brazil

Sir,

The New Delhi metallo- $\beta$ -lactamase (NDM), initially reported in *Klebsiella pneumoniae* and *Escherichia coli*, is now disseminated worldwide mostly among Enterobacteriaceae [1]. The NDM carbapenemase has also been described in *Acinetobacter baumannii*, but only in sporadic cases in countries such as China, India, Egypt, Germany, Israel and, more recently, Brazil [1,2]. Noteworthy, recent studies reported NDM-producers among non-*baumannii* *Acinetobacter* spp., which may also be human pathogens. Here we report the first case of NDM-1-producing *Acinetobacter pittii* in Brazil.

A 66-year-old male patient with bladder carcinoma was admitted for radical cystectomy to a 900-bed tertiary care hospital in Porto Alegre, Southern Brazil, on 25 February 2013. Fifteen days later he presented an intestinal subocclusion and fever. Computerised tomography (CT) of the abdomen showed the presence of a collection in pelvis, which was drained surgically. This purulent secretion was cultured and a *K. pneumoniae* was identified (VITEK<sup>®</sup> 2 system; bioMérieux, La Balme-les-Grottes, France). Urine was also cultured and revealed the presence of *Candida* sp. (50 000 CFU/mL) and *Acinetobacter* sp. (>100 000 CFU/mL). The patient was treated with intravenous meropenem 500 mg every 12 h for 7 days, followed by cefepime 1 g every 24 h (doses adjusted to impaired renal function). Three subsequent urine cultures obtained 11, 28 and 44 days after the first culture were negative for *Acinetobacter* sp. The patient was therefore considered colonised by *Acinetobacter* sp. After 90 days the patient improved and was discharged from the hospital.

The *Acinetobacter* sp. isolate MP was identified as *A. pittii* by matrix-assisted laser desorption/ionisation time-of-flight (MALDI-TOF) (Bruker Daltonik, Bremen, Germany), *gyrB* multiplex PCR and 16S rRNA gene sequencing. Minimum inhibitory concentrations (MICs) of  $\beta$ -lactams, aminoglycosides, ciprofloxacin, fosfomycin, chloramphenicol, tigecycline, colistin and polymyxin B were determined (Etest<sup>®</sup> and microdilution method) and showed that the isolate was resistant to all  $\beta$ -lactams (with the exception of aztreonam), including carbapenems (MICs of imipenem, ertapenem, doripenem and meropenem >32  $\mu$ g/mL). The isolate

remained susceptible to amikacin, gentamicin, tigecycline, colistin, polymyxin B, ciprofloxacin and chloramphenicol. Carbapenemase genes were searched by real-time PCR (*bla*<sub>OXA-48</sub>, *bla*<sub>KPC</sub>, *bla*<sub>IMP</sub>, *bla*<sub>VIM</sub> and *bla*<sub>GES</sub>) and multiplex PCR (*bla*<sub>OXA-23-like</sub>, *bla*<sub>OXA-40-like</sub>, *bla*<sub>OXA-58-like</sub> and *bla*<sub>OXA-143</sub>). A positive signal was obtained only for the *bla*<sub>NDM</sub> gene, and sequencing identified the *bla*<sub>NDM-1</sub> gene. To identify the location of this gene, electrotransformation assays were attempted using plasmid DNA extracts from *A. pittii* isolate MP using *A. baumannii* CIP7010 and *E. coli* TOP10 as recipients. Transfer of the *bla*<sub>NDM-1</sub> gene by electrotransformation into these two recipient strains remained unsuccessful, suggesting that the gene might be chromosomally located in *A. pittii* MP, as reported in *A. baumannii* [3].

The genetic environment of the *bla*<sub>NDM-1</sub> gene was determined by PCR mapping as described [3] and insertion sequence IS<sub>Aba125</sub> was identified upstream of the *bla*<sub>NDM-1</sub> gene. However, attempts to identify another copy of IS<sub>Aba125</sub> downstream of *bla*<sub>NDM-1</sub> remained unsuccessful, suggesting that the *bla*<sub>NDM-1</sub> gene might be part of a truncated Tn125 transposon, as previously reported in *A. baumannii* [3]. Multilocus sequence typing (MLST) was performed according to the Institute Pasteur scheme (<http://www.pasteur.fr>) and *A. pittii* isolate MP was identified as ST119. Interestingly, two *bla*<sub>NDM</sub>-positive *A. pittii* isolates were recently identified in Paraguay [4], a neighbouring country of Brazil, but those isolates belonged to ST320 and ST321. The only reports of *A. pittii* ST119 isolates are from Japan, with isolates producing the carbapenemase IMP-19 [1].

Identification of *bla*<sub>NDM</sub>-positive non-*baumannii* *Acinetobacter* spp. is now increasingly reported worldwide, concomitantly with those of *bla*<sub>NDM</sub>-positive *A. baumannii* isolates. There are few reports of NDM-producing *A. pittii*, being from China, Turkey and recently Paraguay. This is of particular concern considering that *Acinetobacter* sp. may (i) act as reservoirs for *bla*<sub>NDM</sub> genes in non-human settings, as recently shown in several Chinese studies with identification of NDM-1-producers among *Acinetobacter calcoaceticus* and *Acinetobacter junii* from environmental samples from livestock farms [1], *Acinetobacter johnsonii* from hospital sewage [1] and *Acinetobacter lwoffii* from chickens [1], but also (ii) act as a source of *bla*<sub>NDM</sub> genes then horizontally transferred to enterobacterial species as evidenced [5].

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