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Acinetobacter baumannii

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Published in:
Trends in Microbiology

DOI:
[10.1016/j.tim.2021.11.008](https://doi.org/10.1016/j.tim.2021.11.008)

Publication date:
2022

Document Version
Publisher's PDF, also known as Version of record

[Link to publication](#)

Citation for published version (HARVARD):
Whiteway, C, Breine, A, Philippe, C & Van der Henst, C 2022, 'Acinetobacter baumannii', *Trends in Microbiology*, vol. 30, no. 2, pp. 199-200. <https://doi.org/10.1016/j.tim.2021.11.008>

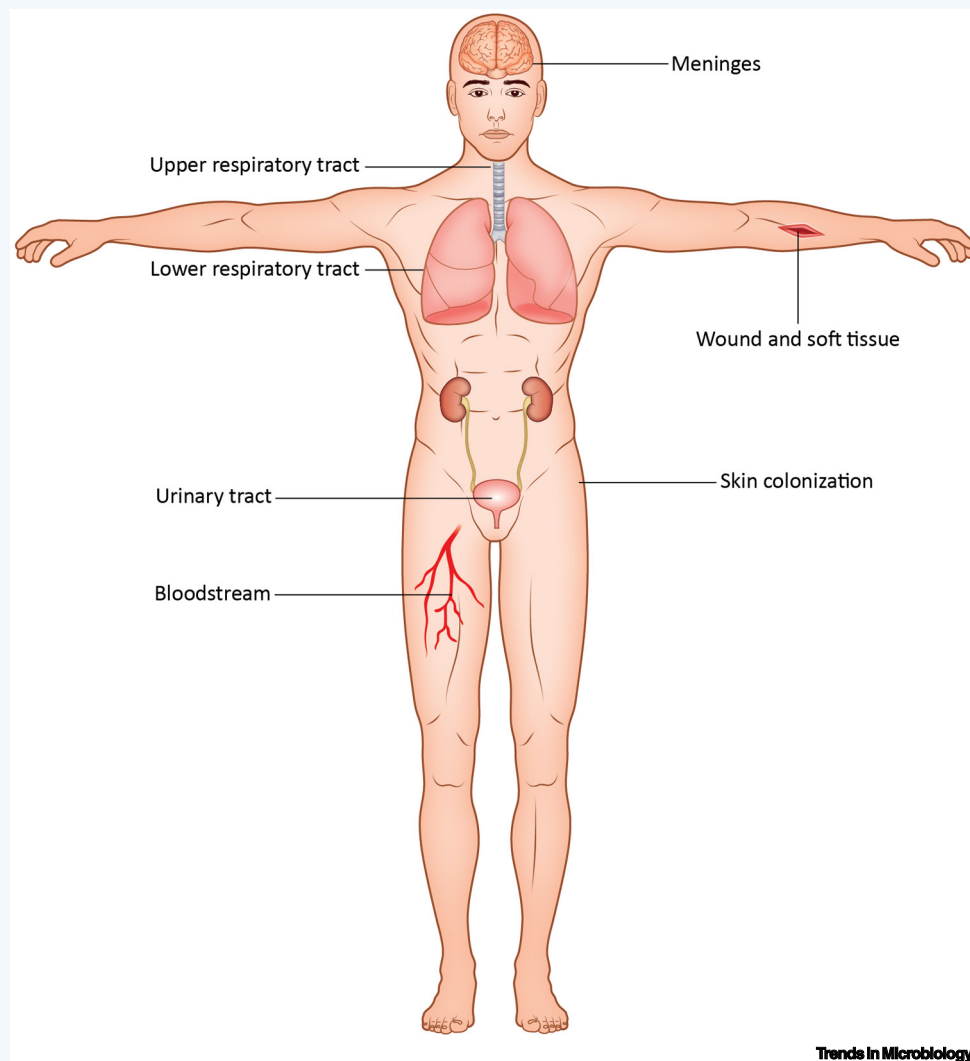
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*Acinetobacter baumannii*Clémence Whiteway,^{1,2} Anke Breine,^{1,2} Chantal Philippe,³ and Charles Van der Henst^{1,2,*}¹Microbial Resistance and Drug Discovery, VIB-VUB Center for Structural Biology, VIB, Flanders Institute for Biotechnology, Brussels, Belgium²Structural Biology Brussels, Vrije Universiteit Brussel (VUB), Brussels, Belgium³Research Unit in the Biology of Microorganisms (URBM), NARILIS, University of Namur (UNamur), Namur, Belgium

Acinetobacter baumannii is a ubiquitous, Gram-negative, nonflagellated coccobacillus bacterium commonly isolated from the environment. In human medicine, this opportunistic pathogen is responsible for hospital- and community-acquired infections. Resistance to last-resort antibiotics, such as colistin, tigecycline, and carbapenems, earns this bacterium a place among the most problematic nosocomial ESKAPE pathogens, being classified as a bacterium for which research and development of new antibiotics is critically needed by the World Health Organization (WHO) and as an urgent threat to public health by the Centers for Disease Control and Prevention (CDC). Its ability to form biofilms and resist desiccation and disinfectants is additionally alarming as these characteristics allow *A. baumannii* to thrive within hospital settings. The antibiotic resistance, the environmental persistence, along with the absence of identified host-damaging toxins in its genome, suggest that the virulence potential of *A. baumannii* is based on a 'persist and resist' strategy wherein these bacteria also resist complement-mediated killing and oxidative stress. At the genetic level, due to a plastic genome, we observe a high heterogeneity amongst isolates, adding complexity to the study of *A. baumannii* as an entity. Therefore, *A. baumannii* represents a modern and worldwide challenge which requires constant surveillance by the public health community.

KEY FACTS:

Isolation of extensively resistant and pan-drug-resistant strains ranked as 'high priority' by the WHO (global priority list of antibiotic-resistant bacteria to guide research, discovery and development of new antibiotics, 2017) and the CDC (antibiotic resistance threats in the USA, 2019).

Belongs to the 'ESKAPE' group of most problematic nosocomial pathogens.

Resistant to desiccation, disinfectant, oxidative stress, and complement-mediated killing.

First described as a fast-growing extracellular bacterium; several strains show a potential for intracellular growth in eukaryotic cells.

High genetic diversity; rapidly evolving bacteria, with some isolates competent for natural transformation.

Lipooligosaccharide instead of classical lipopolysaccharide, with 14 variants identified so far.

At least 128 polysaccharide capsule types identified so far.

Presence of several secretion systems (SSs): T1SS, T2SS, and T6SS, but absence of T3SS and T4SS usually found in Gram-negative pathogens.

Phenotypic heterogeneity by 'phase variation' within clonal populations, with virulent opaque and capsulated (VIR-O) and avirulent translucent and less capsulated (AV-T) types identified.

DISEASE FACTS:

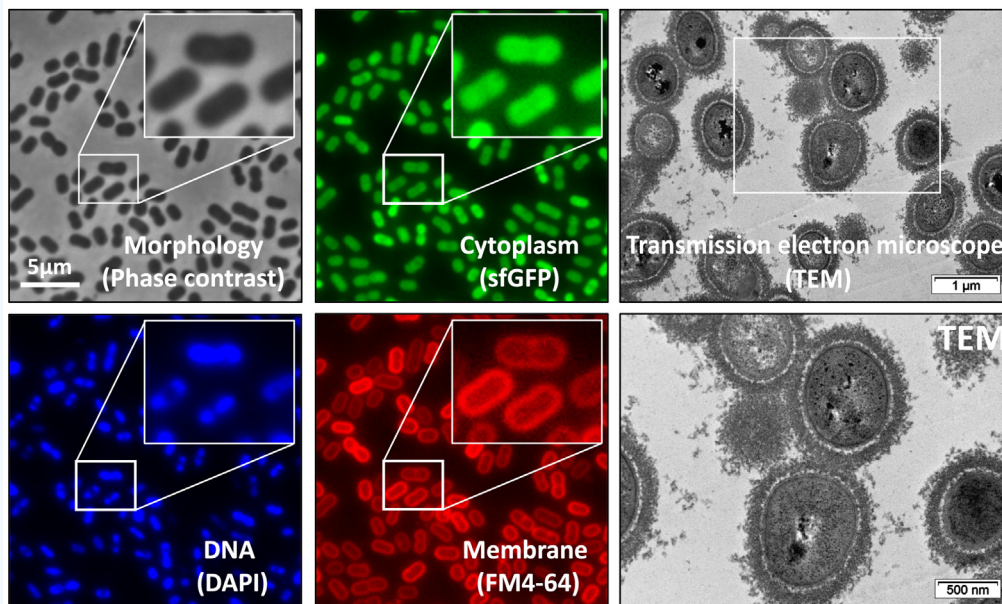
Nosocomial, community-acquired, and opportunistic infections.

Broad infection sites [skin and soft tissue, urinary tract, digestive and respiratory tracts, blood, central nervous system (meningitis), etc.].

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Acinetobacter baumannii (AB5075)



Trends in Microbiology

Can thrive in hospital settings, with a peculiar virulence based on a ‘persist and resist’ strategy.

Infection routes and factors favoring infections: colonization of mechanical devices such as catheters and ventilation equipment, open wounds, major trauma or burns, prolonged hospital stays, and immunocompromisation.

Therapeutic dead end because of last-resort antibiotic resistance.

TAXONOMY AND CLASSIFICATION:

KINGDOM: Bacteria
PHYLUM: Proteobacteria
CLASS: Gammaproteobacteria
ORDER: Pseudomonadales
FAMILY: Moraxellaceae
GENUS: *Acinetobacter*
SPECIES: *Acinetobacter baumannii*

Declaration of interests

No interests were declared.

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