

Microbiology Research Journal International

31(10): 1-13, 2021; Article no.MRJI.82266 ISSN: 2456-7043 (Past name: British Microbiology Research Journal, Past ISSN: 2231-0886, NLM ID: 101608140)

The Inhibitory Effect of the Combination Treatment of Rifampicin and D-limonene on the Growth and Biofilm Formation of *Staphylococcus epidermidis* RP62A

Anna K. Yeung-Cheung ^{a*}, Wardah Alakrah ^a, Eymi N. Orellana ^a, Olivia C. Drew ^a and Cristina M. Commisso ^a

^a Manhattanville College, 2900 Purchase Street, Purchase, NY 10577, United States of America.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/MRJI/2021/v31i1030346

Open Peer Review History: This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <u>https://www.sdiarticle5.com/review-history/82266</u>

Original Research Article

Received 17 October 2021 Accepted 21 December 2021 Published 22 December 2021

ABSTRACT

Aims: To discover an alternative chemical that could potentially be used in combination with antibiotics to inhibit the growth of *Staphylococcus epidermidis* RP62A.

Study Design: The studies of the growth inhibition in both the biofilm forming strain of *S. epidermidis* RP62A and the wild-type strain ATCC 12228, were conducted with different concentrations of rifampicin and D-limonene using the measurement of the optical density.

Place and Duration of Study: All experiments were conducted in the Department of Biology at Manhattanville College between September 2015 and December 2019.

Methodology: Different concentrations of rifampicin (0.0025 μ g/mL, 0.005 μ g/mL, 0.01 μ g/mL and 0.02 μ g/mL) and D-limonene (152.8 μ g/mL, 305.6 μ g/mL, 611.2 μ g/mL and 1222.4 μ g/mL) were used in the study. The minimal inhibitory concentrations (MIC) of rifampicin and D-limonene on RP62A and ATCC 12228 were obtained. The combination of rifampicin and D-limonene on the inhibition of the growth of RP62A and ATCC 12228 was conducted using a microtiter plate by measuring optical density. The alamarBlue[®] assay was further used to evaluate the viability of RP62A and ATCC 12228 with the combination treatment. The biofilm assay was then conducted on RP62A with the combination treatment of rifampicin and D-limonene.

*Corresponding author: E-mail: anna.yeungcheung@mville.edu, Anna.Yeung-Cheung@mville.edu;

Results: The MIC of the combination treatment of rifampicin and D-limonene on RP62A was found to be 0.01 μ g/mL and 1222.4 μ g/mL respectively. A combination treatment of 0.005 μ g/mL of rifampicin with 611.2 μ g/mL of D-limonene significantly inhibited the growth and biofilm formation of RP62A than the same concentration of rifampicin.

Conclusion: The addition of the D-limonene to the rifampicin was found to be effective in inhibiting the growth and biofilm formation of RP62A. This indicates that the combination of alternative mineral oil may have the potential to lower the antibiotic concentration in the inhibition of the growth of the bacteria *S. epidermidis.*

Keywords: Rifampicin; D-limonene; Staphylococcus epidermidis; biofilm; combination treatment; growth inhibition.

1. INTRODUCTION

Staphylococcus epidermidis is a Gram-positive, coagulase-negative staphylococci (CoNS) bacterium that colonizes the human skin and poses a threat to the health of individuals [1,2]. It is considered an opportunistic pathogen that facilitates nosocomial infections through adherence on medical devices, such as intravascular catheters, contributing to 60-70% of nosocomial infections [2,3,4]. However, S. epidermidis flora can be beneficial by providing minimal skin irritation, increasing the lysate size against other bacteria, and the production of Tcells in the spleen and lymph nodes [5,6,7]. Infections caused by CoNS bacteria, like Staphylococcus, have become difficult to treat due to the ability of the bacteria to form a biofilm [8]. The infection transmission risk is thus increased by the presence of S. epidermidis in hospitals, causing CoNS sepsis in neonates and immunocompromised patients [3,9].

Biofilms are clusters of bacterial cells that adhere to each other and often to a surface, contributing to the cause of persistent infections [10]. The biofilm extracellular matrix of S. epidermidis can onto other surfaces through adhere its polysaccharide intercellular adhesin (PIA) [11]. The biofilm of the mutant strain S. epidermidis RP62A provides antibiotic resistance, causing a difficulty when treating infections [12]. The icaABCD gene operon has encoded proteins responsible for PIA biosynthesis associated in the biofilm formation of S. epidermidis [13]. The biofilm formation of S. epidermidis RP62A depends on a specific accumulation-associated protein (Aap) [14]. The aggregation of the Aap protein in the zinc dependent G5 domains of the LPXTG motif in S. epidermidis forms fibrils. The zinc ions and proteolytic cleavage of Aap are responsible for the accumulation of biofilm cells and the biofilm effect [2,14]. A study conducted by Wojtyczka et al. showed that antibiotic

resistance against the CoNS bacteria biofilm increased the number of nosocomial infections, consequently posing a threat to human health [8].

Staphylococcus infections are routinely treated by antibiotics. About 75-90% of S. epidermidis isolates are resistant against methicillin, which is one of the most used antibiotics for staphylococcal infections in hospitals [15]. S. epidermidis can also be resistant to rifamycin, tetracycline, clindamycin, and gentamycin [16]. Although different antibiotics are constantly being developed, microbial resistance keeps emerging among different types of bacteria [17]. The antibiotic resistance of microbes originated through their adaptation to different antibiotics, their overuse, and the degree to which resistance occurs [17]. Rifampicin is one of the most widely used antibiotics to treat nosocomial infections [18]. Rifampicin targets the rpoB gene of the sigma factor of DNA-dependent RNA polymerase in the mRNA synthesis of the bacterium, causing a change in its promoter site [18]. However, after hours of exposure, rifampicin is unable to fully inhibit the growth of the biofilm of RP62A, despite its ability to penetrate it [19].

The increase of antibiotic resistance has facilitated the search for other alternatives to treat microbial infections [17]. Essential oils have been widely studied as antimicrobial agents in the last decades. A study conducted by Di Pasqua et al. showed that the addition of essential oils disrupted the structure of the cell envelope of a variety of bacteria, they also decreased their amount of unsaturated fatty acids, and proved the antimicrobial properties through their membrane toxicity [20]. One of the essential oils used in that study was D-limonene. which is a monoterpene composed of citrus oils, has low toxicity, and lacks any mutagenic or carcinogenic properties [20,21]. A D-limonene dose less than 1,650 mg/kg a day is considered

safe to indest [21]. Another study showed that a high D-limonene intake increased the survival in lymphoma-bearing mice [22]. The preliminary study of the effectiveness of D-limonene in combination with rifampicin on the biofilmforming S. epidermidis RP62A strain was done in our laboratory, however, no minimum inhibitory concentrations of D-limonene and rifampicin were achieved [23]. Individual constituents of essential oils, like D-limonene, have some nonspecific antimicrobial influence that can postpone the "assembly-disassembly" cycle of biofilm formation during the incubation period of a similar Staphylococcal strain, S. aureus [24]. This shows the significance of measuring the dependence and inhibitory effects of limonene on biofilm formation at different growth phases [24].

In the current study, the minimal inhibitory concentration (MIC) of the combination of D-limonene and rifampicin was evaluated on *S. epidermidis* RP62A. Additionally, an alamarBlue[®] assay was used to test the cell viability with the combination treatment. Further application of this study is to reduce the unaccompanied, high concentration use of the antibiotic rifampicin alone, and to provide an alternate treatment to the biofilm forming *S. epidermidis* strain.

2. MATERIALS AND METHODS

2.1 Strains and Growth Conditions

S. epidermidis strains wild type ATCC 12228 and purchased biofilm-forming RP62A were (American Type Culture Collection, VA) and stored at -80°C. Both strains were grown in aerobic conditions in Trypticase Soy Agar (TSA) and Trypticase Soy Broth (TSB) (Sigma-Aldrich, MO) in the Excella E24 Incubator Shaker (New Brunswick Scientific, CT) at 100 RPM at 37°C for 20 hours. The bacterial concentration of these two strains was measured using a DU Series 700 UV/Vis Spectrophotometer (Beckman Coulter, CA). Based on the growth curve computed in our previous study, the bacterial concentrations of the strains at Optical Density OD₆₀₀ =1 were 7.5 x 10^8 CFU/mL for ATCC 12228 and 4.5 x 10^8 CFU/mL for RP62A [23].

2.2 Minimal Inhibitory Concentration of Rifampicin and D-limonene on S. *epidermidis* ATCC 12228 and RP62A

Both strains were grown on Mueller-Hinton agar (MHA) (BD Difco, MD) with 2% sodium chloride

(Sigma-Aldrich, MO) for 20 hours at 37°C. Bacterial colonies from each strain were transferred onto sterile 1X phosphate buffer saline (PBS) (Wards Science, NY), and the growth was analyzed at OD₆₀₀. Both strains were then diluted to a final concentration of 10⁶ CFU/mL. Two flat-bottom 96-well plates (Corning, NY) were used to inoculate each strain with treatments in a total volume of 200 µL. The highest concentration of each treatment was added into the first well of each row. Two-fold dilutions were then performed with the addition of Mueller-Hinton broth (MHB) (Sigma-Aldrich, MO) containing 2% sodium chloride and bacterial suspension at a final concentration of 5 x 10^4 CFU/mL along with the addition of either rifampicin (Sigma-Aldrich, MO) (0.0025 µg/mL, 0.005 µg/mL, 0.01 µg/mL and 0.02 µg/mL) or Dlimonene (Sigma-Aldrich, MO) dissolved in dimethyl sulfoxide (DMSO) (Sigma-Aldrich, MO) (152.8 µg/mL, 305.6 µg/mL, 611.2 µg/mL and 1222.4 µg/mL). Wells containing MHB alone, and MHB with bacteria served as control. Each microtiter plate was incubated in the incubator shaker at 100 RPM at 37°C for 20 hours. The same volume of DMSO was also added to MHB to grow the same concentration of bacteria as an additional control. The growth was measured at OD₅₇₀ after 20 hours using a Thermo Fisher Scientific accuSkan GO UV/Vis Microplate Spectrophotometer (Hampton, NH). Fach treatment condition was run in triplicate with a minimum of three trials per condition. The pH of all treatments was measured using an Orion Star A111 pH meter (Thermo Fisher Scientific, MA).

2.3 Combination Treatment of Rifampicin and D-limonene on the Growth of *S. epidermidis* ATCC 12228 and RP62A in Microtiter Plate

two After the initial results, different concentrations of D-limonene (611.2 µg/mL and 1222.4 µg/mL) were selected for further analysis in the inhibition of the growth of both strains in combination with four concentrations of rifampicin (0.0025 µg/mL, 0.005 µg/mL, 0.01 µg/mL and 0.02 µg/mL). The same amount of final bacteria concentration of 5 x 10⁴ CFU/mL were added to each well, forming a total volume of 200 µL. Each treatment condition was run in triplicate with a minimum of three trials completed. Wells containing MHB alone, MHB with bacteria, MHB and different concentrations of D-limonene or rifampicin served as controls. Each microtiter plate was incubated in the

incubator shaker at 100 RPM at 37°C and the growth was measured at OD_{570} after 20 hours.

2.4 The Inhibition of the Growth Analysis on the Combination Treatment on ATCC 12228 and RP62A after 6 Hours and 20 Hours in Conical Tubes

As a result of the microtiter plate experiment, the concentration of 0.005 µg/mL of rifampicin, 611.2 µg/mL of D-limonene and their combination were further evaluated on the growth inhibition on both ATCC 12228 and RP62A in 15 mL conical tubes. Both strains were grown in 2 mL of MHB with 2% sodium chloride in plastic conical tubes (Thermo Fisher Scientific, MA). All combination treatments along with the control of either rifampicin or Dlimonene were added to the tubes, mixed, incubated overnight in the incubator shaker at 100 RPM for 37°C. Bacterial concentration at OD₅₇₀ was measured after 20 hours. The treatments were run in triplicates and at least five trials were performed. Further, nine additional tubes that contained MHB and bacteria only were incubated for 6 hours under the same condition. The OD₅₇₀ was measured after 6 hours of incubation and the same concentration of rifampicin, D-limonene, and combination of rifampicin and D-limonene was added to these nine tubes. These tubes were then incubated for an additional 14 hours and the OD₅₇₀ was measured again.

2.5 The alamarBlue[®] assay

A 96-well plate set up for the alamarBlue[®] assay using 100 µL of both bacteria with 0.005 µg/mL of rifampicin, 611.2 µg/mL of D-limonene and their combination along with the control were performed. Half the plate contained RP62A, and the other half contained ATCC 12228. Following the assay protocol, 10 µL of alamarBlue®(AB) reagent (Thermo Fisher Scientific, MA) were added to the well for both the 6-hour and 20-hour trials as described before. The plate was placed in the incubator at 37°C and the optical density was read twice after 1 and 2 hours. A Multiskan FC Microplate Spectrophotometer (Thermo Fisher Scientific, MA) was used to measure the absorbance, OD₅₇₀ and OD₆₀₀. All samples were run in triplicates, and a minimum of three trials were done.

The alamarBlue[®] assay formula (Formula 1) [25] was used to determine the percentage of cell reduction in each well.

 $\frac{(E_{oxi}600 \times A_{570}) - (E_{oxi}570 \times A_{600})}{(E_{red}570 \times C_{600}) - (E_{red}600 \times C_{570})} \times 100$

Formula 1: alamarBlue[®] assay cell reduction percentage equation [25]

2.6 Biofilm Assay of the Combination Treatment on RP62A

The biofilm assay was performed on the 96 well plate on RP62A only with the 0.005 μ g/mL of rifampicin, 611.2 μ g/mL of D-limonene and the combination treatment along with the control using the protocol from Stephanovic' et al. [26]. Bacteria were grown as previously described on a microtiter plate for 20 hours at 37°C. The biofilm assay was then performed and OD₅₇₀ was measured. All samples were run in triplicates with a minimum of three trials were done.

2.7 Statistical Analysis

A One-way ANOVA and Tukey's Honest Significant Difference (HSD) tests were used when comparing the growth of both strains on different concentrations of rifampicin. Dlimonene, and the combination with the control. The biofilm formation of RP62A after the treatment was added from the beginning or after 6 hours of growth were compared with the control in both the microtiter plate assay and the alamarBlue[®] assay. The significance value was set at P < .05. Statistical analyses and other measurements presented (average of the bacterial growth, standard error of mean (SEM) and figures) were performed using SPSS version 26 or Excel.

3. RESULTS

3.1 Growth Analysis of Rifampicin and Dlimonene Treatment on ATCC 12228 and RP62A

The growth of ATCC 12228 was significantly inhibited with all concentrations tested of rifampicin. After 20 hours, there was a significant difference in the growth inhibition using 0.0025 μ g/mL, 0.005 μ g/mL, 0.01 μ g/mL and 0.02 μ g/mL of rifampicin when compared to the control of the bacteria alone without any treatment, *P* < .05 (Fig. 1). However, there was a significant difference in the growth inhibition on RP62A with 0.01 μ g/mL and 0.02 μ g/mL of rifampicin when compared to the control , *P* < .05 (Fig. 1). The lower concentrations of rifampicin of 0.005 μ g/mL and 0.025 μ g/mL could only inhibit the growth of

RP62A but not the ATCC 12228. In addition, there was a significant difference in growth inhibition after 20 hours with the concentration of 1222.4 µg/mL of D-limonene when compared to the control in both ATCC 12228 and RP62A (P < .05) (Fig. 2). All lower concentrations of limonene (152.8 µg/mL, 305.6 µg/mL and 611.2 µg/mL) did not inhibit the growth of both bacteria. Thus, the MIC of the rifampicin and D-limonene on RP62A was found to be 0.01 µg/mL and 1222.4 µg/mL

respectively. For either rifampicin or D-limonene treatment, growth inhibition was more prevalent against ATCC 12228 than RP62A. DMSO did not inhibit the growth of both bacteria (data not shown). The pH of D-limonene alone was 4.2 and compared to a 7.1 when added to MHB. The rifampicin alone or when added to MHB and the combination of rifampicin and D-limonene were found to have a neutral pH of about 7.2.

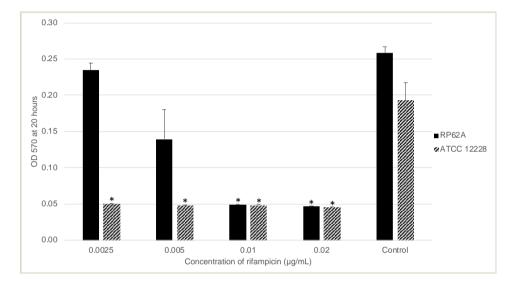


Fig. 1. The effect of different concentrations of rifampicin on the growth (OD_{570} + SEM) of *S. epidermidis* RP62A and ATCC 12228, (*The significance of *P* <.05 for the treatment when compared to the control), SEM: standard error of mean

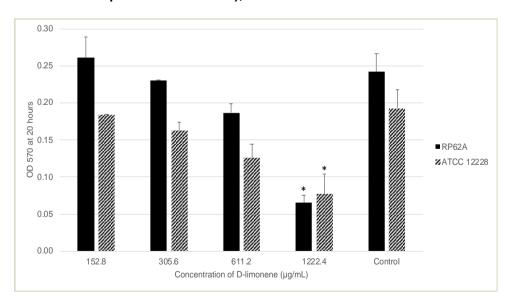


Fig. 2. The effect of different concentrations of D-limonene on the growth (OD_{570} + SEM) of S. *epidermidis* RP62A and ATCC 12228, (*The significance of P < .05 for the treatment when compared to the control), SEM: standard error of mean

3.2 Growth Analysis on the Combination Treatment on ATCC 12228 and RP62A in Microtiter Plate

Two different concentrations of D-limonene (611.2 μ g/mL and 1222.4 μ g/mL) were used in combination with four different concentrations of rifampicin (0.0025 μ g/mL, 0.005 μ g/mL, 0.01 μ g/mL and 0.02 μ g/mL) to study the growth inhibition on ATCC 12228 and RP62A. When 1222.4 μ g/mL of D-limonene concentration were

combined to all different concentrations of rifampicin, the inhibition of the growth of both strains was significant when compared to the control (P < .05) (Fig. 3). However, when 611.2 µg/mL of D-limonene was used in combination with the four different concentrations of rifampicin, all treatments showed significant growth inhibition on RP62A except the combination with 0.025 µg/mL of rifampicin had shown no significant effect on the growth on ATCC 12228 (Fig. 4).

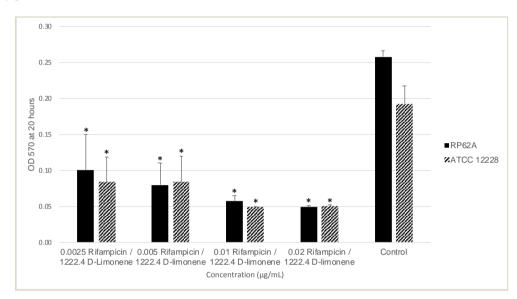


Fig. 3. The effect of different concentrations of the rifampicin with 1222.4 μg/mL of D-limonene on the growth (OD₅₇₀ + SEM) of *S. epidermidis* RP62A and ATCC 12228, (*The significance of *P* <.05 for the treatment when compared to the control), SEM: standard error of mean

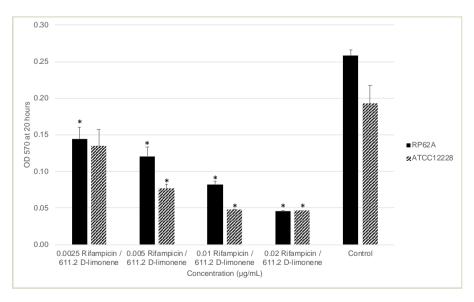


Fig. 4. The effect of different concentrations of the rifampicin with 611.2 μg/mL of D-limonene on the growth (OD₅₇₀ + SEM) of *S. epidermidis* RP62A and ATCC 12228, (*The significance of *P* <.05 for the treatment when compared to the control), SEM: standard error of mean

3.3 Inhibition of Growth on the Combination Treatment on ATCC 12228 and RP62A in the Conical Vials

In the following experiments, a concentration of 0.005 µg/mL of rifampicin was chosen due to its inability to inhibit the bacterial growth completely. A concentration of 611.2 µg/mL of D-limonene was also chosen as the next lower concentration than the MIC in the combination treatment. After 20 hours of incubation, the growth of ATCC 12228 and RP62A in conical tubes was significantly inhibited when treated with 0.005 µg/mL of rifampicin, 611.2 µg/mL of D-limonene and the combination of both rifampicin and Dlimonene when compared to the control of bacteria alone without treatment (P<.05) (Fig. 5). However, the effect of the combination treatment resulted in almost no growth with zero absorbance in both strains (Fig. 5). In another experiment, after both bacteria were grown for 6 hours, all treatment conditions were tested and incubated for 14 hours. Significant results were also shown with the inhibition of the growth of ATCC 12228 and RP62A with the treatments when compared to the control for all conditions (P<.05) (data not shown).

3.4 The alamarBlue[®] assay of the Combination Treatment on Cell Reduction of ATCC 12228 and RP62A

The results of the alamarBlue[®] assay after the 20 hours incubation of 0.005 µg/mL of rifampicin treatment on ATCC 12228 had an average of 89.9% of cell reduction when compared to 36.1% of cell reduction on RP62A (Fig. 6). When the 611.2 µg/mL of D-limonene alone was added. there was a 15.9 % cell reduction on RP62A and a 32.1% cell reduction on ATCC 12228 (Fig. 6). Meanwhile, the combination treatment of 0.005 µg/mL of rifampicin and 611.2 µg/mL of Dlimonene had an average of 96.2% cell reduction on RP62A and a 100% cell reduction on ATCC 12228 (Fig. 6). However, after 6 hours of the growth of the bacteria, treatments were added to the bacteria to continue to grow for the next 14 hours, the result of the alamarBlue[®] assay was inconclusive (data not shown).

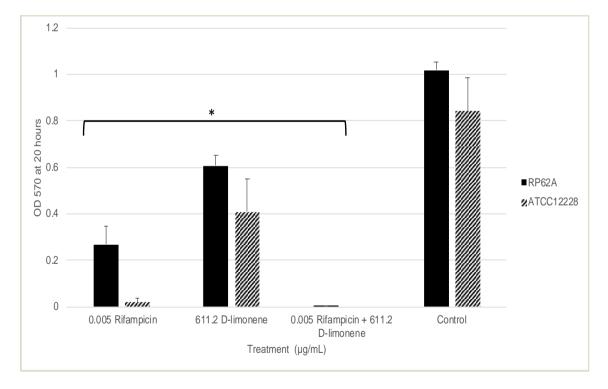


Fig. 5. The effect of the growth (OD₅₇₀ + SEM) of *S. epidermidis* RP62A and ATCC 12228 in the plastic conical vials with 0.005 μg/mL of rifampicin, 611.2 μg/mL of D-limonene and the combination after 20 hours of incubation, (*The significance of *P* <.05 for the treatment when compared to the control), SEM: standard error of mean</p>

Yeung-Cheung et al.; MRJI, 31(10): 1-13, 2021; Article no.MRJI.82266

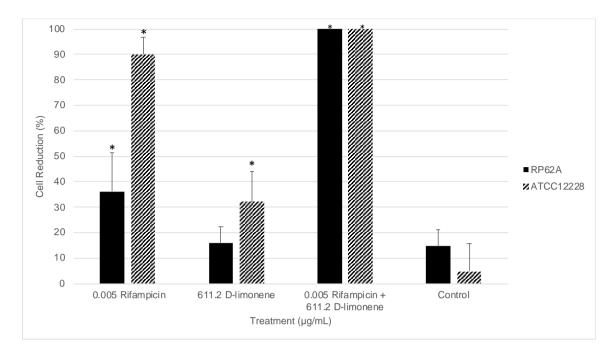


Fig. 6. The percentage (+SEM) of cell reduction after the treatment of 0.005 μg/mL of rifampicin, 611.2 μg/mL of D-limonene and the combination using the alamarBlue[®] assay. The reduction potential at OD₅₇₀ and OD₆₀₀ of *S. epidermidis* RP62A and ATCC 12228 was measured and calculated, (*The significance of *P* <.05 for the treatment when compared to the control), SEM: standard error of mean

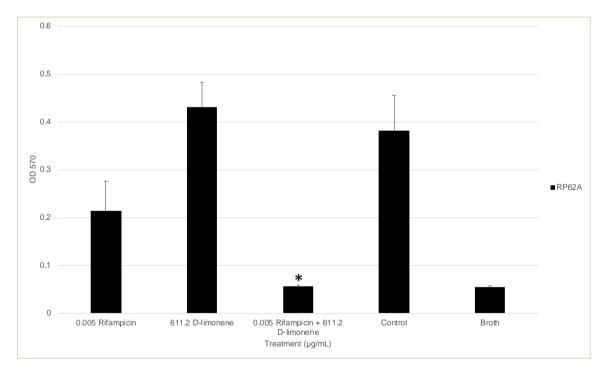


Fig. 7. The biofilm assay (OD₅₇₀ + SEM) of *S. epidermidis* RP62A with the treatment of 0.005 μg/mL of rifampicin, 611.2 μg/mL of D-limonene and the combination, (*The significance of *P* <.05 for the treatment when compared to the control), SEM: standard error of mean

3.5 The Biofilm Assay Analysis on the Combination Treatment of RP62A

The biofilm assay of RP62A was performed in a 96-well plate, result showed the combination treatment of 0.005 μ g/mL of rifampicin and 611.2 μ g/mL of D-limonene had significantly inhibited the biofilm formation of RP62A when compared to the control of bacteria alone (*P*<.05) (Fig. 7). The broth was used as an additional control and had a slight background OD₅₇₀ absorbance of 0.05 in the biofilm assay.

4. DISCUSSION

The goal of this study was to determine the effective combination of the concentrations of rifampicin and D-limonene on the inhibition of the growth and biofilm formation of S. epidermidis RP62A compared to the same concentration of rifampicin alone. A combination of 0.005 µg/mL of rifampicin and 611.2 µg/mL of D-limonene was found to inhibit the growth of both RP62A and ATCC 12228 and limit the biofilm formation of RP62A, rather than when using the same concentration of 0.005 µg/mL rifampicin alone. The results of this study showed that there was only a reduction of 9.15 % in growth of RP62A with the treatment of 0.0025 µg/mL of rifampicin, however, there was a 74.08%. reduction in 12228 with the growth of ATCC same concentration of rifampicin. In contrast, the growth of RP62A was greatly reduced by 81.12% and 81.82% respectively when compared to the control when treated with 0.01 and 0.02 µg/mL of rifampicin. The 0.005 µg/mL of rifampicin with a 46% reduction in the growth of RP62A was then chosen in this study due to its inability to inhibit the bacterial growth completely.

Previous research showed that the resistance of rifampicin on RP62A can be due to several mutations on the rpoB gene, the beta subunit of the RNA polymerase in the bacteria [27]. The capabilities of D-limonene of manipulating the phospholipid bilayer membrane were shown in E. coli [28]. In a recent study on the effects of the limonene on the Gram-positive Listeria monocytogenes, results showed that limonene can increase the cell membrane permeability with the leakage of nucleic acids and proteins and can hinder the ATP synthesis [29]. This means that D-limonene may provide an additive effect in manipulating the bilayer membrane and providing an easy access for rifampicin to cross it and alter the growth of the bacteria despite the presence of the biofilm.

In another study using 0.1 µg/mL of rifampicin in assessing the inhibition of the growth of RP62A. the results showed that the slow growth of the bacteria and biofilm formation may prevent the bactericidal effect of the antibiotic [19]. An in vitro study by Fazly Bazzaz et al. showed that the MIC of rifampicin for S. epidermidis DSMZ3270 biofilm-forming strain was 0.03 mg/mL in its free form and solid lipid nanoparticles loaded with rifampicin can reduce the production of the biofilm as opposed to the free form [30]. The use of 0.005 µg/mL of rifampicin in this study seems lower, however, with the combination use with Dlimonene, the additional inhibitory effect was found. We also found that rifampicin had a profound reduction in bacterial growth in reference to wild-type ATCC 12228 when compared to the biofilm formation in RP62A.

The D-limonene is a generally recognized as safe (GRAS) product and was found to be able to be used in food preservation alone or in combination with lethal heat treatments [21,28]. This essential oil is known for its antimicrobial properties and was able to inhibit the growth of E. coli O157:H7 and the biofilm production of multi-drug resistant S. aureus [21,24,31]. The MIC of D-limonene for RP62A and ATCC 12228 strains was found to be 1222.4 µg/mL in our current study. We decided to use the next lower concentration of 611.2 µg/mL of D-limonene with different combinations of rifampicin in the latter growth inhibition studies. Our results indicate that the combination of 611.2 µg/mL of D-limonene with 0.005 µg/mL of rifampicin could achieve the cell reduction of RP62A to 96.2%, when compared to only using the 611.2 µg/mL of Dlimonene alone producing a 15.9% cell reduction.

From the first set of combination treatment trials using microtiter plates, the bacterial growth reflected by the measurement of optical density readings was found to be lower than using the conical vials. We believe the volume of the conical tubes of 2 mL versus the 0.2 mL tubes may create a difference to achieve a better growth of the bacteria and resulted in higher optical density measurement. A study by Nicolau Korres et al. showed Klebsiella pneumoniae Subsp. pneumoniae and the positive control of RP62A formed biofilm on glass and polystyrene plastic [32]. It is important to note that the 96-well plate used is made up of polystyrene while the conical vial tubes are made up of polypropylene which may explain the absence of biofilm ring observed in the conical vial tubes. In another study with the use of

different biofilm-forming essential oil on coagulase-negative staphylococci, the inhibition of the growth of *S. warneri* by Polytoxinol[™] was found to be at the initial phase of the bacterial cell adherence to the polystyrene surface [33]. Thus, the optical density readings were found to be lower in the combination treatment trials using the 96-well plates than the conical tubes. The OD₅₇₀ was used throughout the growth studies and the results were comparable and better than the OD₆₀₀, this may be due to the biofilm formation of RP62A and the nature of the 96-well plates.

When we studied the combination treatment used on a different growth phase of the bacteria, our results indicated that the combination treatment was effective in the inhibition of the bacterial growth from the beginning and the start of the log phase in both RP62A and ATCC 12228. In our previous study, both bacteria started to grow in the log phase after 6 hours of incubation [23]. Further, the alamarBlue[®] assay is widely used to study cell viability and metabolic function [34]. In our study of assessing the alamarBlue[®] assay, the results showed that there was almost a total of 100% of cell viability reduction using the combination treatment on RP62A and ATCC 12228. However, a more significant result was found when treatment was added in earlier on, as biofilm may start to form after 6 hours of incubation. A previous study found the biofilm production of S. epidermidis strain occurs in 2-stages; first with the adhesion to the surface and later with the formation of the multilayer cell clusters [35]. Thus, we believe that once the biofilm is formed in RP62A, the combination treatment may not be effective.

Lastly, the microtiter biofilm assay confirmed the ability of the combination treatment of rifampicin and D-limonene to inhibit the biofilm formation of RP62A. However, the control well of broth alone produced a residual color and thus, an optical density reading. Other modified biofilm assay methods may be used in the future to obtain better results [36]. The pH of D-limonene alone had an acidic pH of 4.0, while D-limonene and rifampicin and the combination in the MHB were found to be neutral. The acidic property of Dlimonene can cause the inhibition of the growth of bacteria. Further, the essential oil extract of Citrus limon of the pericarp contains about 69.9% of limonene and is different from the pure chemical form we used in the study [37]. The 97% pure form of the D-limonene was used throughout our studies and for the future experiment, the pure oil extract of limonene can be used for the evaluation of the inhibition of the biofilm-forming *S. epidermidis*.

5. CONCLUSION

A combination of 0.005 μ g/mL of rifampicin with 611.2 μ g/mL of D-limonene inhibited the growth of the biofilm-forming *S. epidermidis* RP62A. The alamarBlue[®] assay confirmed the effect of the combination treatment on the inhibition of the growth and the biofilm formation of RP62A. The results of this study hold a promising future in using alternative combination treatments to treat Staphylococcus infections in hospital settings and to further decrease the dosage and usage of prescribed antibiotics.

DISCLAIMER

The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

ACKNOWLEDGEMENTS

We would like to thank the Tribeta Biological Honor Society for providing us grants to complete this project. We would also thank Manhattanvlle College for providing internal funding to support the research project. We would also like to thank Natcha Rummaneethorn, Charlene Caoili and Thimmy Garbenius for their contribution to the research. Finally, we would like to thank Dr. Christopher J. Pappas for his guidance and the Department of Biology at Manhattanville College for supporting this research.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

 Jones D, Deibel RH, Niven CF. Identity of Staphylococcus epidermidis. J Bacteriol. 1963;85:62-67. Available:https://doi.org/10.1128/jb.85.1.62 -67.1963

- Otto M. Staphylococcus epidermidis the "accidental" pathogen. Nat Rev Microbiol. 2009;7(8):555–567. Available:https://doi.org/10.1038/nrmicro21 82
- Nguyen TH, Park MD, Otto M. Host response to *Staphylococcus epidermidis* colonization and infections. Front Cell Infect Microbiol. 2017;7:90. Available:https://doi.org/10.3389/fcimb.201 7.00090
- 4. Bryers JD. Medical biofilms. Biotechnol Bioeng. 2008;100(1):1–18. Available:https://doi.org/10.1002/bit.21838
- Lai Y, Di Nardo A, Nakatsuji T, Leichtle A, Yang Y, Cogen AL, et al. Commensal bacteria regulate Toll-like receptor 3dependent inflammation after skin injury. Nat Med. 2009;15(12):1377–82. Available:https://doi.org/10.1038/nm.2062
- Lai Y, Cogen AL, Radek KA, Park HJ, MacLeod DT, Leichtle A, et al. Activation of TLR2 by a small molecule produced by *Staphylococcus epidermidis* increases antimicrobial defense against bacterial skin infections. J Invest Dermatol. 2010;130(9):2211–21. Available:https://doi.org/10.1038/iid.2010.1

Available:https://doi.org/10.1038/jid.2010.1 23

- Scharschmidt TC, Vasquez KS, Truong HA, Gearty SV, Pauli ML, Nosbaum A, et al. A wave of regulatory T cells into neonatal skin mediates tolerance to commensal microbes. Immunity. 2015;43(5):1011–21. Available:https://doi.org/10.1016/j.immuni.2 015.10.016
- Wojtyczka R, Orlewska K, Kępa M, Idzik D, Dziedzic A, Mularz T, et al. Biofilm formation and antimicrobial susceptibility of *Staphylococcus epidermidis* strains from a hospital environment. Int J Environ Res Public Health. 2014;11(5):4619–4633. Available:https://doi.org/10.3390/ijerph110 504619
- Cheung GYC, Otto M. Understanding the significance of *Staphylococcus epidermidis* bacteremia in babies and children. Curr Opin Infect Dis. 2010;23(3):208–16. Available:https://doi.org/10.1097/QCO.0b0 13e328337fecb
- 10. Vestby LK, Grønseth T, Simm R, Nesse LL. Bacterial biofilm and its role in the pathogenesis of disease. *Antibiotics* (*Basel*). 2020;9(2):59.

DOI: 10.3390/antibiotics9020059

11. Mack D, Fischer W, Krokotsch A, Leopold K, Hartmann R, Egge H, et al. The intercellular adhesin involved in biofilm accumulation of *Staphylococcus epidermidis* is a linear beta-1,6-linked glucosaminoglycan: Purification and structural analysis. J Bacterio. 1996; 178(1):175–83.

Available:10.1128/jb.178.1.175-183.1996

- Stewart PS, Costerton JW. Antibiotic resistance of bacteria in biofilms. Lancet. 2001;358(9276):135-138. Available:https://doi.org/10.1016/S0140-6736(01)05321-1
- Gerke C, Kraft A, Süßmuth R, Schweitzer 13. O. Götz F. Characterization of the N-Acetylglucosaminyltransferase activity involved in the biosynthesis of Staphylococcus the epidermidis polysaccharide intercellular adhesin. J Biol Chem. 1998;273:18586-18593. Available:10.1074/jbc.273.29.18586
- Conrady DG, Brescia CC, Horii K, Weiss AA, Hassett DJ, Herr AB. A zincdependent adhesion module is responsible for intercellular adhesion in staphylococcal biofilms. Proc Natl Acad Sci. U.S.A. 2008;105(49):19456–61. Available:https://doi.org/10.1073/pnas.080 7717105
- Diekema DJ, Pfaller MA, Schmitz FJ, 15. Smayevsky J, Bell J, Jones RN, et al. Survey of infections due to Staphylococcus species: Frequency of occurrence and antimicrobial susceptibility of isolates collected in the United States, Canada, Latin America, Europe, and the Western Region Pacific for the SENTRY Antimicrobial Surveillance Program, 1997-1999. Clin Infect Dis. 2001;32(s2):S114-S132.

Available:https://doi.org/10.1086/320184

- Rogers KL, Fey PD, Rupp ME. Coagulasenegative staphylococcal infections. Infect Dis Clin North Am. 2009;23:73–98. Available:https://doi.org/10.1016/j.idc.2008. 10.001
- Spellberg B, Bartlett JG, Gilbert DN. The future of antibiotics and resistance. N Eng J Med. 2013;368(4):299–302. Available:https://doi.org/10.1056/NEJMp12 15093
- Floss HG, Yu TW. Rifamycin mode of action, resistance, and biosynthesis. Chem Rev. 2005;105:621–632. Available:https://doi.org/10.1021/cr030112j

- Zheng Z, Stewart PS. Penetration of rifampin through Staphylococcus epidermidis biofilms. Antimicrob Agents Chemother. 2002;46(3):900–3. Available:https://doi.org/10.1128/AAC.46.3 .900-903.2002
- Di Pasqua R, Betts G, Hoskins N, Edwards M, Ercolini D, Mauriello G. Membrane toxicity of antimicrobial compounds from essential oils. J Agric Food Chem. 2007; 55(12):4863–4870.

Available:https://doi.org/10.1021/jf0636465

- Sun J. D-Limonene: Safety and clinical applications. Altern Med Rev. 2007; 12(3):259–264. Available:http://www.anaturalhealingcenter .com/documents/Thorne/articles/Limonene 12-3.pdf
- 22. Del Toro-Arreola S, Flores-Torales E, Torres-Lozano C, Del Toro-Arreola A, Tostado-Pelayo K, Guadalupe Ramirez-Dueñas M. et al. Effect of D-limonene on immune response in BALB/c mice with lymphoma. Int Immunopharmacol. 2005; 5(5):829–838.

Available:https://doi.org/10.1016/J.INTIMP. 2004.12.012

- 23. Rummaneethorn N, Caoili CM. D-limonene Increases efficacy of rifampicin as an inhibitor of *in vitro* growth of opportunistic *Staphylococcus epidermidis* RP62A. In The National Conference On Undergraduate Research (NCUR) Asheville, North Carolina. 2016;487–498. Available:https://apps.cur.org/ncur2021/arc hive/Display_NCUR.aspx?id=95371
- Espina L, Pagán R, López D, García-Gonzalo D. Individual constituents from essential oils inhibit biofilm mass production by multi-drug resistant *Staphylococcus aureus*. Molecules. 2015; 20(6):11357–11372. Available:https://doi.org/10.3390/molecules 200611357
- 25. alamarBlue® Assay U.S. Patent No. 5,501,959 by Thermo Fisher Scientific Available:https://tools.thermofisher.com/co ntent/sfs/manuals/PI-DAL1025-1100_TI%20alamarBlue%20Rev%201.1.p df
- Stepanović S, Vuković D, Dakić I, Savić B, Švabić-Vlahović M. A modified microtiterplate test for quantification of staphylococcal biofilm formation. J Microbiol Methods. 2000;40:175–179. DOI: 10.1016/s0167-7012(00)00122-6

- Yu ML, Greenwood-Quaintance KE, Brinkman CL, Lee JYH, Howden BP, Patel R. Rifampicin resistance in *Staphylococcus epidermidis*: molecular characterisation and fitness cost of rpoB mutations. Int J Antimicrob. Agents. 2018;51(5):670-677. DOI: 10.1016/j.ijantimicag.2017.12.019
- Espina L, Gelaw TK, de Lamo-Castellvi S, Pagan R, Garcia-Gonzalo D. Mechanism of bacterial inactivation by (+)-limonene and its potential use in food preservation combined processes. PLoS One. 2013; 8(2):e56769. https://doi.org/10.1371/journal.pone.00567

https://doi.org/10.1371/journal.pone.00567 69

 Han Y, Sun Z, Chen W. Antimicrobial susceptibility and antibacterial mechanism of limonene against *Listeria monocytogenes*. Molecules (Basel). 2020; 25(1):33. Available:https://doi.org/10.3390/molecules

Available:https://doi.org/10.3390/molecules 25010033

- Fazly Bazzaz BS, Khameneh B, Zarei H, Golmohammadzadeh S. Antibacterial efficacy of rifampicin loaded solid lipid nanoparticles against *Staphylococcus epidermidis* biofilm. Microb Pathog. 2016; 93:137-144. Available:https://doi.org/10.1016/j.micpath. 2015.11.031
- Van Vuuren SF, Viljoen AM. Antimicrobial activity of limonene enantiomers and 1,8cineole alone and in combination. Flavour Fragr J. 2007;22(6):540-544. DOI: https://doi.org/10.1002/ffj.1843
- 32. Nicolau Korres AM, Aquije GM, Buss DS, Ventura JA, Fernandes PM, Fernandes AA. Comparison of biofilm and attachment mechanisms of a phytopathological and clinical isolate of *Klebsiella pneumoniae* Subsp. *pneumoniae*. Sci World J. 2013; 925375.

DOI: 10.1155/2013/925375

 Al-Shuneigat J, Cox SD, Markham JL. Effects of a topical essential oil-containing formulation on biofilm-forming coagulasenegative staphylococci. Lett Appl Microbiol. 2005;41(1):52-5.

DOI: 10.1111/j.1472-765X.2005.01699.x

- Rampersad SN. Multiple applications of Alamar Blue as an indicator of metabolic function and cellular health in cell viability bioassays. Sensors (Basel). 2012; 12(9):12347-12360. DOI: 10.3390/s120912347
- 35. Mack D, Riedewald J, Rohde H, Magnus T, Feucht HH, Elsner HA, Laufs R, Rupp

ME. Essential functional role of the polysaccharide intercellular adhesin of *Staphylococcus epidermidis* in hemagglutination. Infect Immun. 1999; 67(2):1004-8. DOI: 10.1128/IAI.67.2.1004-1008.1999

- O'Toole GA. Microtiter dish biofilm formation assay. J Vis Exp. 2011; (47):2437. DOI: 10.3791/2437
- Klimek-Szczykutowicz M, Szopa A, Ekiert H. *Citrus limon* (Lemon) phenomenon-a review of the chemistry, pharmacological properties, applications in the modern pharmaceutical, food, and cosmetics industries, and biotechnological studies. Plants (Basel, Switzerland). 2020;9(1): 119.

Available:https://doi.org/10.3390/plants901 0119

© 2021 Yeung-Cheung et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

> Peer-review history: The peer review history for this paper can be accessed here: https://www.sdiarticle5.com/review-history/82266