

Bachelor Thesis

Unraveling metabolic insights of *Staphylococcus warneri* using systems biology

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1 Background

Staphylococcus warneri is a Gram-positive bacterium belonging to the *Staphylococcus* genus. These bacteria are typically clustered and have spherical cells [2]. *S. warneri* is named after Arthur Warner, from whom this organism was initially isolated [3] in 1975. It is classified as a coagulase-negative *Staphylococcus* species, which means it lacks the enzyme coagulase, rendering it unable to clot plasma [4]. Unlike highly pathogenic coagulase-positive *Staphylococcus* species like *S. aureus*, coagulase-negative *Staphylococci* are typically commensal organisms within the human body.

S. warneri is commonly found as a part of the natural microbial flora on human skin and mucous membranes[5]. It typically constitutes less than 1 % of the *Staphylococcal* skin flora [6]. While generally considered less pathogenic than other *Staphylococcus* species, there have been reported infections in immuno-compromised individuals [6] and newborns [7]. Notably, *S. warneri* is responsible for 8 % to 16 % of all cases of coagulase-negative *Staphylococcus*-induced sepsis in newborns [8, 9].

In adults, *S. warneri* is associated with urinary tract infections [10], orthopedic infections [5], and endocarditis [11]. Recent research has identified *S. warneri* as a natural member of the human gut microbiome, with the ability to invade intestinal cells, raising questions about its potential to trigger local inflammation through the natural immune response[12]. Furthermore, *S. warneri* was isolated from the cervix of an adult woman with unexplained infertility. This bacterium contains multiple proteins responsible for complete sperm agglutination, prompting inquiries into its suitability as a contraceptive agent [13].

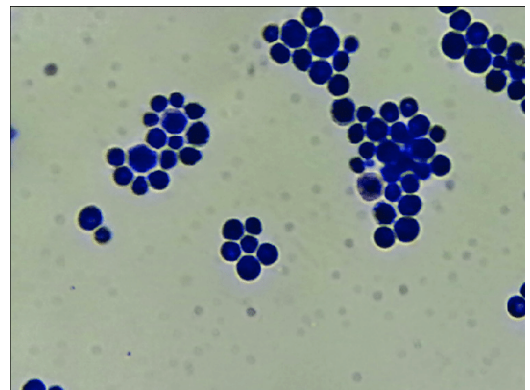


Figure 1 | *S. warneri* cells under light microscope (Gram stain ×1000) [1]

2 Aim

This thesis aims to create a high-quality systems biology model of *S. warneri* AW 25 and compare it to the existing automated metabolic reconstruction of the SG1 strain. The model will be reconstructed using automated tools such as CarveMe and findings from literature research. The quality of the model will be validated by testing the biomass yield.

3 Requirements

(a) Basic understanding of biochemistry, (b) interest in systems biology, particularly in constraint-based modeling, (c) Python programming using packages (e.g., COBRApy [14], libSBML [15]), and (d) interest in learning the usage of tools to improve the model gradually (e.g., CarveMe [16], REMOTE [17]).

References

- [1] SEÇİL Metin et al. “First isolation of *Staphylococcus warneri* from cultured rainbow trout (*Oncorhynchus mykiss*) broodstock in Turkey.” In: *Bulletin of the European Association of Fish Pathologists* 34.5 (2014). Scientific Figure on ResearchGate. Available from: https://www.researchgate.net/figure/S-warneri-cells-under-light-microscope-Gram-stain-x1000_fig2_283099543 [accessed 14 Nov, 2023], pp. 165–174.
- [2] Werner E Gerabek et al. *Enzyklopädie Medizingeschichte*. Walter de Gruyter, 2011.
- [3] Wesley E Kloos et al. “Isolation and characterization of staphylococci from human skin II. Descriptions of four new species: *Staphylococcus warneri*, *Staphylococcus capitis*, *Staphylococcus hominis*, and *Staphylococcus simulans*.” In: *International Journal of Systematic and Evolutionary Microbiology* 25.1 (1975), pp. 62–79.
- [4] Karsten Becker et al. “Coagulase-negative staphylococci.” In: *Clinical microbiology reviews* 27.4 (2014), pp. 870–926.
- [5] Davide Campoccia et al. “Characterization of 26 *Staphylococcus warneri* isolates from orthopedic infections.” In: *The International journal of artificial organs* 33.9 (2010), pp. 575–581.
- [6] Aparna Kanuparth et al. “*Staphylococcus warneri*: skin commensal and a rare cause of urinary tract infection.” In: *Cureus* 12.5 (2020).
- [7] Jeannie P Cimiotti et al. “Prevalence and clinical relevance of *Staphylococcus warneri* in the neonatal intensive care unit.” In: *Infection Control & Hospital Epidemiology* 28.3 (2007), pp. 326–330.
- [8] Marilyn A Kacica et al. “Relatedness of coagulase-negative staphylococci causing bacteremia in low-birthweight infants.” In: *Infection Control & Hospital Epidemiology* 15.10 (1994), pp. 658–662.
- [9] J Källman et al. “Increase of staphylococci in neonatal septicemia: a fourteen-year study.” In: *Acta paediatrica* 86.5 (1997), pp. 533–538.
- [10] Peter M Leighton et al. “Identification of coagulase-negative staphylococci isolated from urinary tract infections.” In: *American journal of clinical pathology* 85.1 (1986), pp. 92–95.
- [11] Bhaskar Bhardwaj et al. “An unusual presentation of native valve endocarditis caused by *Staphylococcus warneri*.” In: *Reviews in cardiovascular medicine* 17.3-4 (2016), pp. 140–143.
- [12] Robin Louail et al. “Invasion of intestinal cells by *Staphylococcus warneri*, a member of the human gut microbiota.” In: *Gut Pathogens* 15.1 (2023), p. 4.
- [13] Neeraj Chandra Pant et al. “Contraceptive sperm agglutinating proteins identified in *Staphylococcus warneri*, natural microflora of an infertile woman.” In: *Indian journal of microbiology* 59 (2019), pp. 51–57.
- [14] Ali Ebrahim et al. “COBRApy: constraints-based reconstruction and analysis for python.” In: *BMC systems biology* 7 (2013), pp. 1–6.
- [15] Benjamin J Bornstein et al. “LibSBML: an API library for SBML.” In: *Bioinformatics* 24.6 (2008), pp. 880–881.
- [16] Daniel Machado et al. “Fast automated reconstruction of genome-scale metabolic models for microbial species and communities.” In: *Nucleic acids research* 46.15 (2018), pp. 7542–7553.
- [17] Christian Lieven et al. “MEMOTE for standardized genome-scale metabolic model testing.” In: *Nature biotechnology* 38.3 (2020), pp. 272–276.