Gram-positive aerobic and microaerophilic microorganisms isolated from pathological processes and lesions of horses

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ABSTRACT: The aim of this study was to characterise the genera and species of Gram-positive aerobic and microaerophilic microorganisms isolated from pathological processes and lesions in horses. In the period 2009–2014, 449 clinical samples from horses were examined. Of these, 229 (51%) were collected from the respiratory tract, 121 (26.9%) from the skin, 40 (8.9%) from the gastrointestinal tract, 40 (8.9%) from the eyes, 8 (1.8%) from the urinary tract, 6 (1.3%) from the musculoskeletal system, 4 (0.9%) from the lymphatic system and 1 (0.2%) from milk. The isolates were presumptively identified phenotypically, and identification was confirmed by molecular phenotypic MALDI-TOF. The most frequently detected strains (n = 330) were Staphylococcus spp., Streptococcus spp., Corynebacterium spp. with prevalence rates of 37.2%, 23.4% and 7.6%, respectively. In addition, 24 other taxa were identified, including Enterococcus spp., Bacillus spp., Trueperella pyogenes, Aerococcus viridans, Dermatophilus congolensis, Lysinibacillus fusiformis, Nocardiosis alba and Streptomyces spp. Most of these are described as opportunistic pathogens of animals, including horses. Antibiotic susceptibility was tested using the disc diffusion method. Florfenicol and amoxycillin with clavulanic acid were the most effective antibiotics. The susceptibility to florfenicol was 100% for tested strains of Bacillus spp., Lysinibacillus spp., Corynebacterium spp., Dermatophilus congolensis, Streptococcus spp., Enterococcus spp., Aerococcus spp., Nocardiosis alba and Trueperella pyogenes. The susceptibilities of Staphylococcus aureus and other staphylococci to florfenicol were 96.2% and 98.5% in tested strains, respectively. Amoxycillin with clavulanic acid exhibited 100% effectiveness against Corynebacterium spp., Dermatophilus congolensis, Streptococcus spp., Aerococcus spp., Enterococcus spp., Streptomyces spp., Nocardiosis alba and Trueperella pyogenes tested strains. The susceptibilities of Staphylococcus aureus, other staphylococci and Bacillus/Lysinibacillus spp. to amoxycillin with clavulanic acid were 89.8%, 98.8% and 20.0% of tested strains, respectively.

Keywords: prevalence; pathogenicity; clinical; immunity; barrier; susceptibility

The aim of this study was to describe the genera and species of Gram-positive aerobic and microaerophilic microorganisms isolated from pathological processes and lesions in horses and to characterise their susceptibilities to antimicrobials. Staphylococci are the most frequently isolated microorganisms from veterinary clinical material (Songer and Post 2005). Previously, Wintzer (1999) reported that staphylococcal infections were associated with skin and granulomatous fistulous lesions of horses. Occasionally, S. aureus and other pyogenic staphylococci, which are rather considered as secondary microflora in purulent infections, are isolated from the respiratory system and paranasal sinuses of horses and also from tracheobronchial secretions (Wintzer 1999). Songer and Post (2005)
linked *S. aureus* with infections of wounds, skin, joints, mammary glands as well as vaginal infections in various species of animals. Less frequently, coagulase-positive staphylococci such as *S. pseudointermedius* and *S. delphini* have been described as opportunistic pathogens in horses (Stull et al. 2014). Stull et al. (2014) also describe *S. warneri* in doves (septicaemia), *S. intermedius* (dermatitis, otitis, mastitis) in dogs, cattle, birds and occasionally in horses, *S. hyicus* (dermatitis, arthritis, mastitis) in pigs, cattle and birds, as potentially pathogenic species in animals. The same authors include *S. chromogenes*, *S. sciuri* and *S. equorum* in the normal microflora of the skin and mucous membranes of cattle, pigs, horses and squirrels. Other authors have described infections of animals caused by rare coagulase-negative staphylococci, such as *S. auricularis* in canine otitis (Silva 2001).

Streptococcal infections are the most important and most widespread infectious diseases in horses and often have a difficult course (Wintzer 1999). Streptococci are involved primarily in diseases of the respiratory system and joints. They can cause abortions, sterility and may be the source of secondary viral infections. *S. equi* ssp. *equi*, *S. equi* ssp. *zooepidemicus* and *S. pneumoniae* are considered pathogenic in horses. *S. dysgalactiae* ssp. *equisimilis* was described as a possible cause of chronic diseases of the upper respiratory tract (Laus et al. 2007). *Streptococcus agalactiae* is a common finding in cattle, sheep and goats with mastitis, as well as in humans, dogs and cats where it causes urogenital infections (Quinn et al. 1994). Strains detected in horses have similar characteristics as human isolates (Yildirim et al. 2002). Erol et al. (2012a) reported the relative percentages of different β-haemolytic streptococci in horses. The most common type was *S. equi* ssp. *zooepidemicus* (72.0% of isolates), followed by *S. dysgalactiae* ssp. *equisimilis* (21.3% of isolates), *S. equi* ssp. *equi* (5.8% of isolates), while the remainder were unidentified β-haemolytic streptococci (0.9% of isolates). *Streptococcus pluranimalium* is a part of the natural microflora of the vagina, cervix and tonsils of cattle and can cause bovine mastitis. *Streptococcus equinus* is also isolated from bovine mastitis, as well as cases of septicaemia and arthritis in pigeons (Songer and Post 2005). Papadimitriou et al. (2014) reported the potential participation of *S. bovis* and *S. equinus* in human endocarditis and colon cancer. *Streptococcus infantis* is described as a commensal of the upper respiratory tract in human medicine (Bek-Thomsen et al. 2008). The pathogenicity of *Enterococcus durans* was not clearly demonstrated in horses (Wintzer 1999), while the *E. faecalis* is associated with endocarditis (Bolin et al. 2005), with the microflora of chronic wounds (Freeman et al. 2009), and with synovitis (Herdan et al. 2012).

*Aerococcus viridans* tends to be associated with environmental bovine mastitis (Liu et al. 2015) and rarely with endocarditis, septicaemia and arthritis in various animals (Popescu et al. 2005), as well as with human urological infections (Leite et al. 2010). Another large group of microorganisms isolated from horses are coryneform microorganisms. Songer and Post (2005) described microorganisms of the *Corynebacterium* genus particularly in cattle, sheep, goats, and rodents (mastitis, dermatitis, urinary infections, infections of the lymphatic system and pneumonia); these species are less frequently detected in dogs, pigs, turtles and also in humans (dermatitis, otitis, vaginitis, necrotic lesions, urinary tract infections, diphtheria). Of these, only *C. pseudotuberculosis* and *C. diphtheriae* are equine pathogens (abscesses and ulcerative lymphangitis, wound infections). Many corynebacteria are known to produce urease, phospholipases, haemolysins, mycolic acids and diphtheric toxin (Songer and Post 2005). *C. fermentans* is associated with organ infections and sepsis in human patients (Funke et al. 1997), (Minkin and Shapiro 2004), *C. stationis* with bovine mastitis (Leon-Galvan et al. 2015), while *C. flavescens* may cause colour changes on the surface of ripened cheese (Masoud and Jakobsen 2003). *Trueperella pyogenes* is the most common opportunistic animal pathogen which is a producer of pelyolysin with dermonecrotic and lethal effects (Songer and Post 2005). It may also be considered as a coryneform microorganism. *Dermatophilus congolensis* is the cause of exudative dermatitis in cattle, sheep and horses (Wintzer 1999), especially in tropical and subtropical regions (Songer and Post 2005). *Nocardiosis alba* was discovered in bioaerosol produced by compost for mushroom cultivation and can cause a variety of health problems, including so-called hypersensitivity pneumonia (Pasciak et al. 2014). Nocardioform microorganisms including *Streptomyces* spp. were demonstrated for example in material from horse abortions (Erol et al. 2012b). From aerobic spore-forming microorganisms, representatives of the genus *Bacillus* may also cause various animal diseases. *B. cereus* is
a causative agent of cattle mastitis and abortions in various animals, including horses (Songer and Post 2005); B. cereus and B. mycoides can also produce enterotoxin (Bednarczyk and Daczkowska-Kozon 2007). Members of the family Lysinibacillus have also been described as causes of bacteraemia and sepsis (Wenzler et al. 2015).

To date, several studies have reported the occurrence of antibiotic resistance, as well as increasing rates of resistance, particularly in frequently detected microorganisms such as S. aureus and β-haemolytic streptococci. Rubin et al. (2011) described resistance to penicillin (43%) and tetracycline (10%) in S. aureus strains isolated from equines. Peyrou et al. (2003) published a comparison of the resistance of veterinary hospital strains identified in horses in the period 1986–1989, and described resistance in the period 1996–1998. A rise of resistant coagulase-positive staphylococci was recorded in the case of cotrimoxazole, from 0% to 33%, while in response to penicillin a decrease in the number of resistant strains was recorded, from 70% to 41%. Uwaezuoke and Aririatu (2004) reported resistance rates of 95.8% to penicillin, 87.5% to tetracycline and 33.3% to streptomycin, in human strains of S. aureus.

Erol et al. (2012a) published a very detailed work about β-haemolytic streptococci in horses and their susceptibility to antimicrobial agents. They assessed the susceptibility of microorganisms to 11 antimicrobial substances and found variation between different streptococci. For example, penicillin susceptibility ranged between 97.1% and 99.2%, susceptibility to bacitracin between 79.4% and 100%, tetracycline susceptibility between 44.0% and 98.8%, erythromycin between 87.8% and 99.2%, gentamicin between 82.8% and 91.2% and cotrimoxazole between 30.9% and 94.4%.

**MATERIAL AND METHODS**

All samples were collected from pathological lesions and processes of clinically diseased animals and they included the following materials:

**Samples from the digestive tract.** Faeces, rectal swabs, and swabs taken from the stomach lining were examined routinely using conventional methods of cultivation on meat peptone blood agar (MPBA), endo agar (EA) and xylose lysine deoxycholate citrate agar (XLD; Trios s.r.o., Prague, Czech Republic) and plates were incubated aerobically at 37 ± 1 °C for 24 h. Parallel cultivation focusing on organisms of the genus Salmonella was also carried out by non-selective enrichment of 1 g of the material in 9 ml buffered peptone water (BPW) at 37 ± 1 °C for 18 h, followed by a selective enrichment of 0.1 ml of the incubated BPW on semisolid Rappaport-Vassiliadis agar (MSRV) at 41.5 ± 1 °C for 24 h and subsequent double inoculation onto XLD agar and Rambach agar (RA; Trios s.r.o., Prague, Czech Republic). The incubation of plates was again conducted at 37 ± 1 °C for 24 h.

**Samples from the skin and urinary apparatus.** The cultivation of hair, swabs, scrapings of skin, urine and swabs of the urinary tract was performed on MPBA, EA, Edward’s agar (EDW) and Sabouraud agar with chloramphenicol (SAC; Trios s.r.o., Prague, Czech Republic) and the plates were again incubated aerobically at 37 ± 1 °C for 24 h. SAC was incubated for 120 h at 21 ± 1 °C. In indicated cases, these materials also underwent microaerophilic cultivation.

**Samples from the oral cavity, eyes, respiratory, musculoskeletal and lymphatic system.** Swabs and the lavage of the respiratory tract, pharynx, conjunctiva, oral mucosa, and the puncture of chest, lymph nodes and joints were all cultured as materials from the skin. In addition, microaerophilic incubation of inoculated plates with MPBA and Haemophilus testing medium (HTM; Trios s.r.o., Prague, Czech Republic) was performed. Microaerophilic cultivation took place in a plastic box for microaerophilic cultivation (GEN box) of 2.5-litre volume (BioMerieux, Marcy l’Etoile, France) with the CO 2 GEN box microaer (BioMerieux, Marcy l’Etoile, France) for 48 h at 37 ± 1 °C.

**Mammary gland and milk samples.** Colostrum was cultivated on MPBA, and incubation was carried out at 37 ± 1 °C for 42–48 h. Samples were concurrently cultivated on SAC. These plates were incubated for 120 h at 21 ± 1 °C. In parallel, milk samples were incubated after inoculation on MPBA in culture tubes at 37 ± 1 °C for 18–24 h; after inoculation onto EDW, plates were incubated at 37 ± 1 °C for a further 18–24 h.

**Bacteriological confirmation and susceptibility determination.** All types of colonies on plates were isolated, and the growth of suspected Gram-positive organisms was subsequently confirmed by a phenotypic molecular method using
a MALDI-TOF mass detector (Bruker Daltoniks GmbH, Bremen, Germany). Clinical strains were tested for antibiotic susceptibility using the disc diffusion method. Muller Hinton agar (Trios s.r.o., Prague, Czech Republic) and antibiotic discs were used for testing (Oxoid Ltd., Basingstoke, UK). The tested antibiotics were penicillin G, streptomycin, neomycin, gentamicin, florfenicol, tetracycline, erythromycin, clindamycin, amoxyccillin/clavulanic acid, enrofloxacin, bacitracin, cephalothin and cotrimoxazole. Tests were assessed after 18–24 h of incubation at 37 ± 1 °C. The interpretation of values was performed accordance to CLSI standards. All used discs and mediums were tested with Escherichia coli (ATCC 25922) and Staphylococcus aureus (ATCC 25923) reference strains.

RESULTS

In the period of 2009–2014, 449 clinical samples from horses were examined, out of which 229 (51.0%) were collected from the respiratory tract, 121 (26.9%) from the skin, 40 (8.9%) from the digestive tract, 40 (8.9%) from the eyes, eight (1.8%) from the urinary tract, six (1.3%) from the musculoskeletal system, four (0.9%) from the lymphatic system and one (0.2%) from milk. The detailed list of tested samples is shown in Table 1. From these samples 330 bacterial strains were isolated: Staphylococcus in 167 cases (37.2% prevalence), Streptococcus spp. in 105 cases (23.4%), Corynebacterium spp. in 34 cases (7.6%), Enterococcus spp. in eight cases (1.8%), Bacillus spp. in seven cases (1.6%), Trueperella pyogenes in three cases (0.7%), Aerococcus viridians in two (0.5%), and Dermatophilus congolensis, Lysinibacillus spp., Nocardia spp. and Streptomyces spp., all in one case (0.2%). Out of the 71 strains of β-haemolytic streptococci detected were species including Staphylococcus equisimilis (40 strains, 8.9% prevalence), Staphylococcus equi (17 strains, 3.8% prevalence), Staphylococcus equisimilis (11 strains, 2.5% prevalence) and S. agalactiae (three strains, 0.67% prevalence). More detailed data are listed in Figure 1.

The antibiotics susceptibility tests shows that the most effective antibiotics were florfenicol and amoxicillin with clavulanic acid. The susceptibility rate to florfenicol was 100% in tested strains of Staphylococcus aureus.

Table 1. Clinical samples from horses examined in the period of 2009–2014

<table>
<thead>
<tr>
<th>Sample type</th>
<th>Samples examined (%)</th>
<th>Sample type</th>
<th>Samples examined (%)</th>
<th>Sample type</th>
<th>Samples examined (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal swab</td>
<td>187 (41.65)</td>
<td>urine</td>
<td>7 (1.56)</td>
<td>colostrum</td>
<td>1 (0.22)</td>
</tr>
<tr>
<td>Skin swab</td>
<td>98 (21.83)</td>
<td>articular punctate</td>
<td>6 (1.34)</td>
<td>pectoral punctate</td>
<td>1 (0.22)</td>
</tr>
<tr>
<td>Conjunctival swab</td>
<td>40 (8.91)</td>
<td>upper respiratory tract wash</td>
<td>6 (1.34)</td>
<td>urinary bladder swab</td>
<td>1 (0.22)</td>
</tr>
<tr>
<td>Throat swab (tonsils)</td>
<td>25 (5.57)</td>
<td>tracheal swab</td>
<td>5 (1.11)</td>
<td>hair</td>
<td>1 (0.22)</td>
</tr>
<tr>
<td>Anal swab</td>
<td>23 (5.12)</td>
<td>lymph nodes swab</td>
<td>4 (0.89)</td>
<td>oral swab</td>
<td>1 (0.22)</td>
</tr>
<tr>
<td>Skin scraping</td>
<td>22 (4.9)</td>
<td>sputum</td>
<td>3 (0.67)</td>
<td>stomach swab</td>
<td>1 (0.22)</td>
</tr>
<tr>
<td>Faeces</td>
<td>15 (3.34)</td>
<td>laryngeal swab</td>
<td>2 (0.45)</td>
<td>total</td>
<td>449 (100)</td>
</tr>
</tbody>
</table>

Figure 1. Prevalence of microorganisms isolated from pathological processes and lesions on horses in the period 2009–2014 (%)
Bacillus spp., Lysinibacillus spp., Corynebacterium spp., Dermatophilus congolensis, Streptococcus spp., Enterococcus spp., Aerococcus viridans, Nocardiopsis alba and Trueperella pyogenes. The susceptibilities of Staphylococcus aureus and other staphylococci to florfenicol were 96.2% and 98.5% of tested strains, respectively. Amoxycillin with clavulanic acid was 100% effective against the tested strains of Corynebacterium spp., Dermatophilus congolensis, Streptococcus spp., Aerococcus viridans, Enterococcus spp., Streptomyces spp., Nocardiopsis alba and Trueperella pyogenes. In Staphylococcus aureus, other staphylococci and Bacillus/Lysinibacillus spp. susceptibilities to amoxycillin with clavulanic acid were 89.8%, 98.8% and 20.0% of the tested strains, respectively. Among β-haemolytic streptococci strains resistant to streptomycin, neomycin, gentamicin, tetracycline, bacitracin, clindamycin, erythromycin, enrofloxacin and cotrimoxazole were found. For example out of the 65 tested β-haemolytic streptococci, 29 (44.6%) were resistant to tetracycline. Sixteen of these strains were S. equi ssp. zooepidemicus, nine strains were S. dysgalactiae ssp. equisimilis, two strains were S. equi ssp. equi and two strains were S. agalactiae species. Two strains (6.7%) were also resistant to bacitracin. These isolates belonged to the species S. equi ssp. zooepidemicus and S. dysgalactiae ssp. equisimilis. Among the β-haemolytic streptococci, 12 strains (18.7%) were resistant to clindamycin. Nine of them were from S. equi ssp. zooepidemicus, two from S. equi ssp. equi and one from S. dysgalactiae ssp. equisimilis species. From the same group five strains (7.9%) were resistant to erythromycin. Three isolates were from S. dysgalactiae ssp. equisimilis, one strain was S. equi ssp. equi and one strain was a S. agalactiae species. Four strains (66.7%) of β-haemolytic streptococci were also resistant to cotrimoxazole. Two of these strains were S. equi ssp. zooepidemicus and two strains were from S. equi ssp. equi species. Table 2 shows the results of the antimicrobial susceptibility testing in more details.

**DISCUSSION**

Clinical samples available for analysis were most frequently from the respiratory tract of horses, followed by the skin. Samples from the digestive tract and eyes were third and fourth in occurrence, respectively. In contrast, samples of urine, musculoskeletal system, lymphatic organs and milk were lower in number.

Our study shows that Gram-positive microorganisms isolated from pathological lesions in horses predominated among cocci (282 isolates, 62.8% prevalence), which correlates with data in the literature (Songer and Post 2005). In addition, corynebacteria were also found relatively often in our study (34 isolates, 7.6% prevalence). It is interesting that staphylococci, headed by S. aureus, dominated not only numerically but also by the diversity of species. We often found staphylococci which have been more frequently described in other species of livestock, particularly cattle, pigs, carnivores, birds (S. chromogenes, S. vitulina, S. intermedius, S. hyicus, S. sciuri, S. xylosus; Songer and Post 2005). Species such as S. delphini and S. auricularis were also detected (Silva 2001; Stull et al. 2014). The situation for streptococci was not surprising, as equine species, such as S. equi ssp. equi, S. equi ssp. zooepidemicus and S. pneumoniae, S. dysgalactiae ssp. equisimilis, were mostly isolated (Songer and Post 2005; Laus et al. 2007). The percentage of each species of β-haemolytic streptococci is in agreement with the literature. The most frequently isolated species were S. equi ssp. zooepidemicus (40 isolates, 8.9% prevalence), S. dysgalactiae ssp. equisimilis (17 isolates, 3.8% prevalence), S. equi ssp. equi (11 isolates, 2.3% prevalence) and S. agalactiae (three isolates, 0.67% prevalence). Erol et al. (2012a) found the same relative prevalences. It is interesting that we found a relatively high prevalence of S. plurianimalium (3.8%), which is common in bovines (Songer and Post 2005); we also made isolated findings of S. agalactiae, S. infantis, S. equinus, and A. viridans, which are related to bovine mastitis and human infection (Quinn et al. 1994; Songer and Post 2005; Bek-Thomsen et al. 2008; Liu et al. 2015). Enterococci were identified only in eight cases from the total number of examined samples (prevalence 1.8%) in the reporting period. According to some authors, E. faecalis may participate in pathological processes of horses (Bolin et al. 2005). Another large group which was identified were coryneform microorganisms (34 strains, 7.6% prevalence). Except for C. flavescens which tends to be associated with colour changes on cheese during ripening (Masoud and Jakobsen 2003), the other detected species of corynebacteria and T. pyogenes are associated with
Table 2. Percentages of strains susceptible to the tested antimicrobials

<table>
<thead>
<tr>
<th>Microorganism</th>
<th>penicillin G</th>
<th>streptomycin</th>
<th>neomycin</th>
<th>gentamicin</th>
<th>florfenicol</th>
<th>tetracycline</th>
<th>erythromycin</th>
<th>clindamycin</th>
<th>amoxicillin/clavulanic acid</th>
<th>enrofloxacin</th>
<th>bacitracin</th>
<th>cephalothin</th>
<th>cotrimoxazole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bacillus and Lysinibacillus spp.</strong></td>
<td>3/1 (33.3)</td>
<td>5/4 (80)</td>
<td>2/2 (100)</td>
<td>4/4 (100)</td>
<td>4/4 (100)</td>
<td>5/5 (100)</td>
<td>4/3 (75)</td>
<td>5/5 (100)</td>
<td>5/1 (100)</td>
<td>4/4 (100)</td>
<td>1/0 (0)</td>
<td>5/1 (20)</td>
<td>NT (10)</td>
</tr>
<tr>
<td><strong>Corynebacterium spp.</strong></td>
<td>7/6 (85.7)</td>
<td>6/1 (16.7)</td>
<td>4/3 (75)</td>
<td>10/9 (100)</td>
<td>8/8 (100)</td>
<td>9/9 (100)</td>
<td>8/7 (87.5)</td>
<td>9/5 (55.6)</td>
<td>9/9 (77.8)</td>
<td>9/9 (100)</td>
<td>3/3 (100)</td>
<td>9/9 (100)</td>
<td>1/1 (100)</td>
</tr>
<tr>
<td><strong>Dermatophilus congolensis</strong></td>
<td>1/1 (100)</td>
<td>1/1 (100)</td>
<td>1/1 (100)</td>
<td>1/1 (100)</td>
<td>1/1 (100)</td>
<td>1/1 (100)</td>
<td>1/1 (100)</td>
<td>1/1 (100)</td>
<td>1/1 (100)</td>
<td>NT (100)</td>
<td>NT (100)</td>
<td>NT (100)</td>
<td>NT (100)</td>
</tr>
<tr>
<td><strong>Staphylococcus aureus</strong></td>
<td>22/13 (59.1)</td>
<td>21/14 (66.7)</td>
<td>40/37</td>
<td>51/48</td>
<td>52/50</td>
<td>49/38</td>
<td>48/44</td>
<td>49/46</td>
<td>51/49</td>
<td>40/21 (100)</td>
<td>48/47 (100)</td>
<td>3/2 (100)</td>
<td>66.7 (100)</td>
</tr>
<tr>
<td><strong>Other staphylococci</strong></td>
<td>37/27 (73)</td>
<td>35/33</td>
<td>33/31</td>
<td>85/85</td>
<td>65/64</td>
<td>103/93</td>
<td>82/72</td>
<td>82/75</td>
<td>84/83</td>
<td>30/20 (100)</td>
<td>87/84 (100)</td>
<td>87/75 (100)</td>
<td>87.5 (100)</td>
</tr>
<tr>
<td><strong>Streptococcus agalactiae</strong></td>
<td>3/3 (100)</td>
<td>3/0 (0)</td>
<td>3/0 (0)</td>
<td>3/3 (100)</td>
<td>3/1 (100)</td>
<td>3/2 (100)</td>
<td>3/3 (100)</td>
<td>3/2 (100)</td>
<td>3/3 (100)</td>
<td>0/0 (0)</td>
<td>3/3 (100)</td>
<td>3/3 (100)</td>
<td>0/0 (0)</td>
</tr>
<tr>
<td><strong>Streptococcus dysgalactiae ssp. equisimilis</strong></td>
<td>7/7 (100)</td>
<td>6/2 (33.3)</td>
<td>4/2 (50)</td>
<td>15/15</td>
<td>12/12</td>
<td>17/8</td>
<td>16/13</td>
<td>16/15</td>
<td>15/15</td>
<td>14/13 (100)</td>
<td>15/15 (100)</td>
<td>0/0 (0)</td>
<td>0/0 (0)</td>
</tr>
<tr>
<td><strong>Streptococcus equi ssp. equi</strong></td>
<td>5/5 (100)</td>
<td>5/0 (0)</td>
<td>3/0 (0)</td>
<td>11/11</td>
<td>8/8 (100)</td>
<td>5/3 (60)</td>
<td>5/4 (80)</td>
<td>5/3 (60)</td>
<td>11/11</td>
<td>9/1 (100)</td>
<td>9/9 (100)</td>
<td>2/0 (0)</td>
<td>0/0 (0)</td>
</tr>
<tr>
<td><strong>Streptococcus equi ssp. zooepidemicus</strong></td>
<td>23/23 (100)</td>
<td>20/2 (23.5)</td>
<td>17/4</td>
<td>38/37</td>
<td>29/29</td>
<td>40/24</td>
<td>39/39</td>
<td>40/31</td>
<td>36/36</td>
<td>12/11 (100)</td>
<td>36/36 (100)</td>
<td>4/2 (100)</td>
<td>4/2 (100)</td>
</tr>
<tr>
<td><strong>Other streptococci and Aerococcus spp.</strong></td>
<td>14/14 (33.3)</td>
<td>12/4 (33.3)</td>
<td>3/1</td>
<td>27/24</td>
<td>11/11</td>
<td>28/27</td>
<td>25/23</td>
<td>27/27</td>
<td>27/18</td>
<td>4/4 (100)</td>
<td>6/3 (100)</td>
<td>6/3 (100)</td>
<td>6/3 (100)</td>
</tr>
<tr>
<td><strong>Enterococcus spp.</strong></td>
<td>NT (100)</td>
<td>1/1 (100)</td>
<td>1/1 (100)</td>
<td>2/2 (100)</td>
<td>1/1 (100)</td>
<td>3/3 (100)</td>
<td>1/1 (100)</td>
<td>2/1 (100)</td>
<td>3/3 (100)</td>
<td>1/0 (100)</td>
<td>3/2 (100)</td>
<td>2/2 (100)</td>
<td>2/2 (100)</td>
</tr>
<tr>
<td><strong>Streptomyces spp.</strong></td>
<td>1/0 (0)</td>
<td>1/0 (0)</td>
<td>1/1 (100)</td>
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<td>NT (0)</td>
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<td>NT (0)</td>
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<tr>
<td><strong>Nocardiopsis alba</strong></td>
<td>1/0 (0)</td>
<td>1/0 (0)</td>
<td>NT (100)</td>
<td>1/1 (100)</td>
<td>1/1 (100)</td>
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<td>NT (100)</td>
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<tr>
<td><strong>Trueperella pyogenes</strong></td>
<td>2/2 (100)</td>
<td>2/2 (100)</td>
<td>2/2 (100)</td>
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<td>2/2 (100)</td>
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<td>2/2 (100)</td>
<td>1/0 (0)</td>
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</tbody>
</table>

NT = not tested

Data from several sources indicate that also representatives of the genus Bacillus and Lysinibacillus can be agents of various diseases such as abortion, mastitis, enterotoxaemia and sepsis (Songer and Post 2005; Bednarczyk and Daczkowska-Kozon 2007; Wenzler et al. 2015). It is noteworthy that in the literature most of the detected microorganisms are often associated with disease in many animal species. Our findings suggest the possibility that pathogenic microorganisms may not be strictly connected to one or a limited number...
of species. The literature does not always give a full report of the occurrence of microorganisms and their role in relation to macroorganisms; the reality is always more diverse. Furthermore, even microorganisms that are commonly regarded as non-pathogenic may under certain circumstances contribute to the pathogenesis of diseases. In such cases, this is most likely to be due to an insufficiency of natural barriers or of somatic components of the immune system. Therefore, we suggest that when bacteriological aetiology is suspected, it is important to have close cooperation and communication between doctors, and microbiologists and immunologists, similar to human medicine.

As the most significant Gram-positive organisms, we compared the resistance in S. aureus and in β-haemolytic streptococci. We found 40.9% resistance to penicillin, which is very similar to the data of Rubin et al. (2011), who reported 43% and Peryou et al. (2003), who indicated 41% resistance in the period from 1996 to 1998. However, our data differ significantly from the data of Uwaezuoke and Aririatu (2004) who found 95.8% resistance to penicillin in human strains of S. aureus. We recorded a higher percentage of tetracycline-resistant S. aureus strains (22.4%) than reported by Rubin et al. (2003) (10%) but also lower than the value of Uwaezuoke and Aririatu (2004), who found about 87.5% resistance in human strains. The resistance of S. aureus to cotrimoxazole that we found is identical to the values of 33 and 33.3% reported previously (Peryou et al. 2003; Uwaezuoke and Aririatu 2004). For β-haemolytic streptococci, we recorded 100% susceptibility to penicillin, while Erol et al. (2012a) reported a small proportion of resistant strains (susceptibility 97.7–99.2%). Although the same authors reported large variations in the susceptibility of β-haemolytic streptococci to tetracycline (44–98.8%) and cotrimoxazole (30.9–94.4%), our data revealed resistance rates of 55.4 and 33.3% for the same antimicrobial compounds. A smaller percentage range was reported by the same authors for bacitracin, erythromycin and gentamicin (79.4–100%, 87.8–99.2% and 82.8–91.2%); our average values of susceptibility to the same antibiotics in the period 2009–2014 are 93.3%, 92.1% and 98.5%. In our study, we also examined the annual prevalence of the resistance, especially in staphylococci and streptococci. However, no systematic and sustained increase in resistance could be confirmed. It would be informative to test and compare the susceptibility of a larger number of detected strains. However, the above data indicate that it would be useful to limit the usage of antimicrobials, and where possible to prefer local antiseptics or natural medicaments, which can prevent the emergence of undesirable resistant microorganisms in both animal and human populations.

In the current work, we have described the presence of a relatively broad spectrum of Gram-positive aerobic and microaerophilic microorganisms isolated from clinical material of horses. Gram-positive cocci and corynebacteria clearly dominated in the examined period. In the literature, most of taxa that were isolated are associated with pathological processes in various animal species. Therefore, infection with these microorganisms is possible in equids. We suggest that damage to natural somatic barriers function and weakened immune system may be decisive factors in the pathogenesis of infectious diseases. A sound knowledge of the microorganisms that may be present and participate in pathological lesions and processes in the horse, closer cooperation of clinical specialists with microbiologists and immunologists, and rich practical experience can, together, lead to more accurate diagnosis, proper selection of therapy and a potential reduction in antimicrobial administration. Regarding the susceptibility of microorganisms, we succeeded in mapping the susceptibility and resistance of individual groups of microorganisms, isolated from pathological processes and lesions in horses and compared these resistance rates with literature data. No annual increase in resistance to any of the tested antimicrobials could be confirmed.

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