



Updates on the pathogenicity status of *Pseudomonas aeruginosa*

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Pseudomonas aeruginosa is a pathogenic bacterial species that causes infections and diseases in both plants and animals, including several human diseases, especially in immune-compromised patients, and many hospital-acquired infections. Given that *P. aeruginosa* is an opportunistic pathogen, the occurrence of antimicrobial resistance makes it difficult to treat and eradicate. Antimicrobial resistance in *P. aeruginosa* is categorized as intrinsic, acquired, or adaptive. Here, we different aspects of resistance and pathogenicity in *P. aeruginosa*, such as the role of outer membrane proteins, transcriptional regulators, efflux pumps, enzymes, and biofilms in antimicrobial resistance. We also highlight quorum-sensing (QS) genes, their protein secretion, and role in pathogenicity; different QS inhibitors; and the influence of QS on the clustered regularly interspaced short palindromic repeats (CRISPR)-Cas system and virulence factor production.

Introduction

Pseudomonas aeruginosa is a motile (with a single polar flagellum), Gram-negative, bacillus (rod-shaped), aerobic, nonspore-forming opportunistic pathogenic bacteria that belongs to the *Pseudomonadaceae* [1]. *P. aeruginosa* occurs in both abiotic and biotic environments, from soil and aquatic environments to plant and animal tissues. It can be isolated from various sources, including: several nosocomial and life-threatening infections in patients with cystic fibrosis (CF), burn wounds, urinary tract infections (UTIs), and pulmonary infections; from the medical equipment, such as inhalers, dialysis equipment, respirators, anesthesiology equipment, and vaporizers; and from toilets and sinks [2]. *P. aeruginosa* is a pathogenic organism that causes disease both in plants and animals, including humans and is a major cause of hospital-acquired infections (HAIs) in patients. It causes hospital-acquired pneumonia (HAP) along with ventilator-associated pneumonia, gastrointestinal infections, dermatitis, UTIs, skin infections, such as folliculitis and external otitis, bacteremia, soft tissue infections, respiratory system infections in patients with CF, bone and joint infections, and several other infections especially in patients with

severe burns, and immunocompromised patients, such as those with cancer or AIDS [3,4].

P. aeruginosa has evolved antimicrobial resistance, making it difficult to treat and limiting our therapeutic options. Some *P. aeruginosa* strains are resistant to most of the available antimicrobial agents, from carbapenem to the third-generation cephalosporins, which are the preferred options for treating multidrug-resistant (MDR) bacteria [5].

MDR *P. aeruginosa* is frequently isolated from patients with CF, patients with neoplasia, and also in isolated outbreaks in intensive care units (ICU) [4]. More than 51 000 healthcare-associated infections and around 440 deaths caused by *P. aeruginosa* are reported annually in the USA. Of these infections, >13% (~6700) are MDR *Pseudomonas*. The US Center for Disease Control Antibiotic Resistance (CDC AR) threat report classifies MDR *P. aeruginosa* as a serious threat [6]. The 2017 WHO list of antibiotic-resistant priority pathogens, a catalog of 12 bacterial families that are classified as the greatest threat to the human health, lists carbapenem-resistant *P. aeruginosa* as one of the most critical threats (Fig. 1) [7]. The *Antimicrobial Resistance Surveillance in Europe 2015 Report* indicated that, in most European countries, *P. aeruginosa* resistance is common (>10% of outbreaks), that 13.7% of *P. aeruginosa* isolates were

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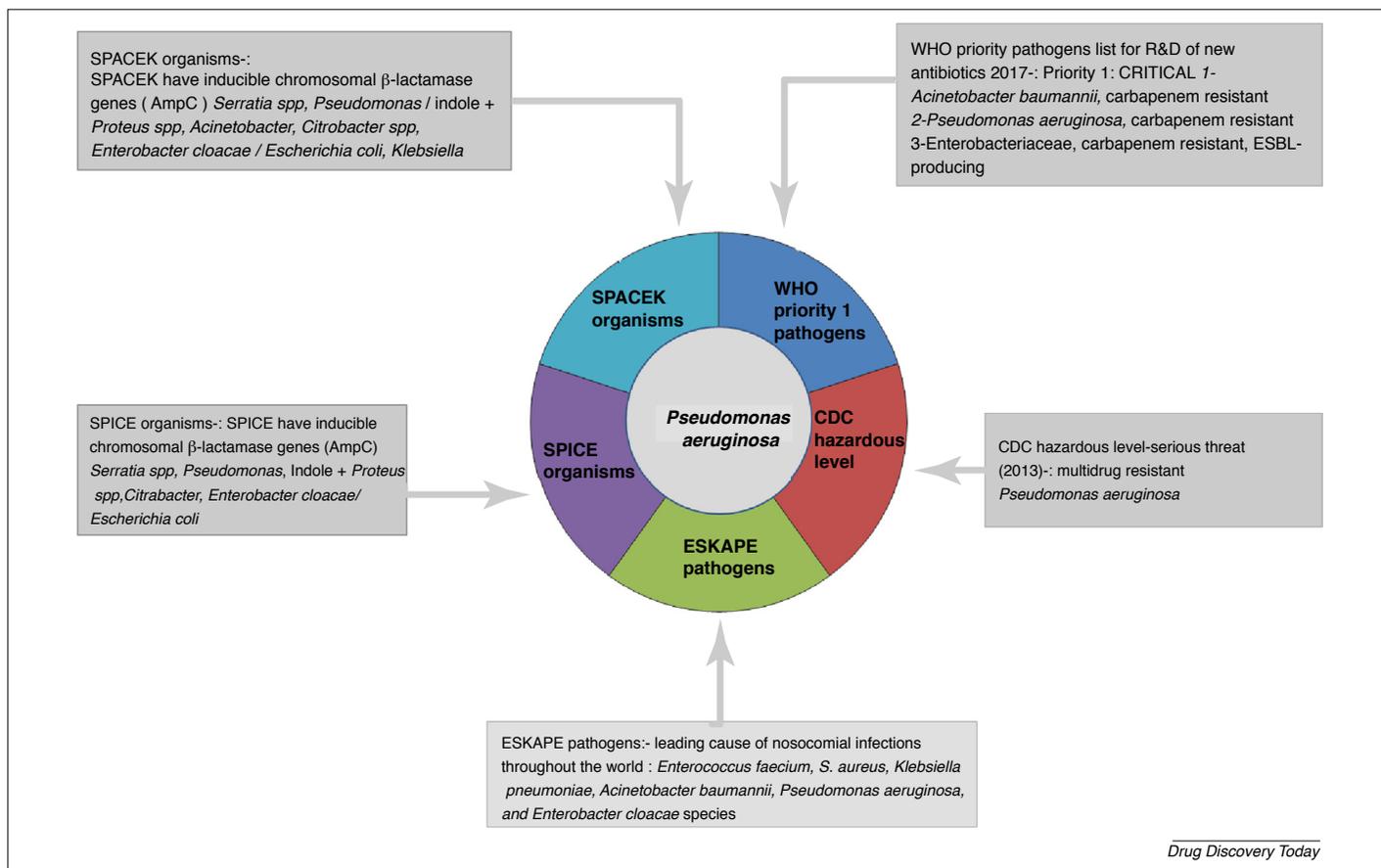


FIGURE 1

Mnemonics assigned to *Pseudomonas aeruginosa*, based on pathogenicity. SPICE and SPACE organisms, which include Gram-negative bacteria, have inducible, chromosomal β -lactamase genes (AmpC). ESKAPE pathogens are the leading cause of life-threatening nosocomial infections and have antimicrobial resistance genes on chromosomes, plasmids, or transposons. The US Center for Disease Control (CDC) classifies *P. aeruginosa* as a serious threat, whereas WHO flagged it as a priority one pathogen.

resistant to at least three antimicrobial groups, and that 5.5% of *P. aeruginosa* isolates were resistant to all five antimicrobial groups, as reported following regular European Antimicrobial Resistance Surveillance Network (EARS-Net) surveillance [8].

P. aeruginosa has evolved multiple mechanisms to resist antimicrobial agents (Fig. 2). Antimicrobial resistance in *P. aeruginosa* can be divided into intrinsic resistance, acquired resistance, and adaptive resistance [9]. Given the presence of both intrinsic and acquired modes of resistance in *P. aeruginosa*, it is difficult to cure any resulting infections.

Intrinsic resistance

Intrinsic resistance is the ability of a microorganism to resist antimicrobial agents. Opportunistic pathogens (e.g., *P. aeruginosa*) have high intrinsic resistance to various antimicrobial agents [10]. The intrinsic antimicrobial resistance in *P. aeruginosa* involves several mechanisms, including a decrease in outer membrane permeability, expression of MDR efflux pumps, and production of antibiotic-inactivating enzymes [11]. The permeability barrier of the outer membrane prevents antimicrobials penetrating the bacterial cells. This decreased membrane permeability occurs mainly because of the alteration of outer membrane porin proteins, such as OprD, major proteins targeted by carbapenems [12].

Bacterial cells synthesize enzymes that selectively target antibiotics and inactivate them via chemical alterations, such as the addition of specific chemical moieties or the complete destruction of the antibiotic molecule [13,14]. Antibiotic-inactivating enzymes confer resistance against antimicrobials either by hydrolyzing the antibiotics, such as the expression of chromosomally encoded AmpC β -lactamases, which hydrolyze most β -lactams, and carbapenem-hydrolyzing enzyme PoxB [15]. Enzyme-dependent resistance involves both plasmid- and chromosomal-encoded enzymes and the production of these enzymes might result from the development of acquired or intrinsic resistance.

Bacterial efflux pumps allow microorganisms to resist antimicrobial agents and regulate the internal cell environment by pumping out harmful agents (e.g., antibiotics, metabolite etc.) from the cell interior. Efflux pumps in *P. aeruginosa* belong mainly to the resistance nodulation division (RND) family, which are tripartite multidrug efflux systems. Tripartite efflux systems are divided into the outer membrane channel, periplasmic adapter protein, and inner membrane transporter [16]. Such pumps contribute to both adaptive and acquired resistance in *P. aeruginosa* through proton-dependent expulsion (mainly) of antimicrobial agents and several other harmful agents from the cell [17]. Other reported pump families include multidrug and toxic compound extrusion (MATE), major facilitator superfamily (MFS), and small

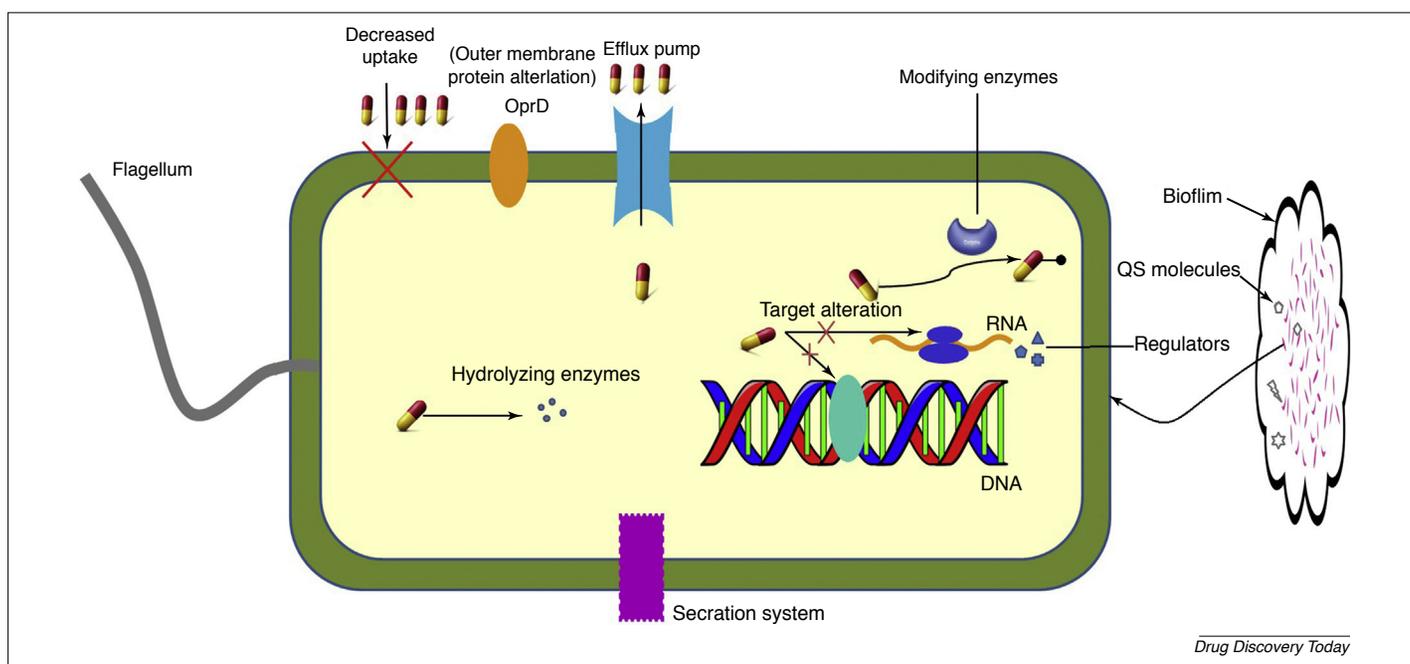


FIGURE 2

Mechanisms of antimicrobial resistance in *Pseudomonas aeruginosa*. Outer membrane protein (OprD) alteration causes a change in membrane permeability. Drug-hydrolyzing enzymes hydrolyze drugs, whereas drug-modifying enzymes modify drugs, rendering them inactive. Some enzymes cause target alterations such that the drug will be unable to bind its target or the expression of genes involved in efflux pumps increased, resulting in the drugs being pumped from the cells. Biofilms act as physical barriers and prevent antibiotics from penetrating the cell. Secretion systems secrete several proteins that help cell survival and pathogenicity. Abbreviation: QS: quorum sensing.

multidrug resistance (SMR) families [18]. In wild-type *P. aeruginosa* strains, a constitutively expressed efflux pump, MexAB-OprM, has a role in intrinsic resistance to most β -lactams and many other antimicrobials [19]. The MexXY-OprM pump is also involved in the intrinsic resistance of *P. aeruginosa* to tetracycline, erythromycin, and gentamicin. Efflux pumps have conferred resistance against several antimicrobials, including chloramphenicol, macrolides, erythromycin, roxythromycin, lincosamides, ketolides, glycolylcyclines, and aminoglycosides [20].

Acquired resistance

The development of acquired resistance in *P. aeruginosa* can result from the acquisition of external genes responsible for resistance through horizontal gene transfer and chromosomal gene mutations. Acquired resistance resulting from mutations imparts resistance against several classes of antibiotic, including β -lactams, fluoroquinolones (FQs), aminoglycosides, and polycationic antimicrobials [13]. One of the most frequent mechanisms of acquired resistance to FQs is chromosomal mutations in the genes encoding subunits of the enzymes DNA gyrase (gyrA-gyrB) and topoisomerase IV (parC-parE) [21]. Additional mechanisms of resistance include mutational upregulation of efflux pumps; decreased permeability to antibiotics; target site alterations through mutations; and antibiotic-modifying enzyme production. Such mechanisms result in the chemical alteration of the antibiotic or its destruction. The production of enzymes causing chemical alteration of antibiotics is an important mechanism of acquired resistance. The most common types of such alterations are phosphorylation (chloramphenicol and aminoglycosides), acetylation (chloramphenicol, streptogramins, and aminoglycosides), and adenylation

(aminoglycosides and lincosamides) [13]. Common antibiotic-modifying enzymes include aminoglycoside-modifying enzymes (e.g., aminoglycoside acetyltransferases, aminoglycoside nucleotidyltransferases, aminoglycoside phosphoryl transferases), acquired β -lactamases, carbapenemases, extended-spectrum β -lactamases (ESBLs), 16s rRNA methylases, and those involved in lipopolysaccharide (LPS) modifications [8,12,22].

Adaptive resistance

Adaptive resistance is an inducible resistance that occurs in response to the presence of antimicrobial agents (e.g., antibiotics) or other environmental stresses (chemical or physical), such as a change in media, pH, temp, oxygen, and other growth conditions [23]. In contrast to adaptive resistance, intrinsic and acquired resistance are characterized by an irreversible phenotype and are independent of the presence of antibiotics and environmental stimulus [24]. In addition to antibiotics, several environmental factors, such as heat shock, DNA stress (SOS response), polyamines, nutrient deficiencies, biocides, anaerobiosis, cation levels, and changes in carbon sources, and social behaviours, such as biofilm formation and swarming motility, can trigger adaptive resistance [23–25]. *P. aeruginosa* is a highly adaptable bacterium that can change its response according to its environment [9]. It has one of the largest bacterial genomes (6.3 Mbp, encoding 5567 genes) compared with that of *Escherichia coli* (4.6 Mbp, 4279 genes), *Bacillus subtilis* (4.2 Mbp), *Mycobacterium tuberculosis* (4.4 Mbp), *Staphylococcus aureus* N315 (2.81 Mbp, 2594 genes), *Haemophilus influenzae* Rd (1.83 Mbp, 1714 genes), and *Synechocystis* (3.6 Mbp) [9,26]. Manual annotation of the *P. aeruginosa* genome calculated 521 regulatory genes (9.4% of the total genes), which encode

either transcriptional regulators or two-component regulatory system proteins. Pfam 5.2 family models and HMMER 2.1.1 (<http://hmmer.wustl.edu/>) analysis reported 468 regulatory genes (8.4%) in *P. aeruginosa*. The regulatory gene potential of *P. aeruginosa* is high compared with other bacterial species (*E. coli* 5.8%; *B. subtilis* 5.3%; *M. tuberculosis* 3%; and *Helicobacter pylori* 1.1%) [26]. It has been estimated that ~1500 genes are required for cell division and growth in a minimal salt medium that also includes all structural proteins and metabolic enzymes. These data suggest that *P. aeruginosa* has a considerable reserve (additional) genetic capacity compared with other bacterial species, and also explain the highly adaptable nature of *P. aeruginosa*, including resistance against antimicrobials and other environmental stresses [9].

Many regulators in *P. aeruginosa* are involved in both antibiotic resistance and virulence (Table 1). Depending on the type of regulator, regulators might have a role in intrinsic, acquired, or adaptive resistance [23].

***Pseudomonas aeruginosa* biofilms and resistance**

P. aeruginosa is a model organism for the study of biofilms. Bacterial cells growing as biofilms show many properties that differ from planktonic cells, such as enhanced resistance to antimicrobials, and can also act against the host immune system [27]. *P. aeruginosa* can exist in both biofilm and planktonic forms. Biofilms of *P. aeruginosa* comprise extracellular polymeric (EPS) matrix-enclosed cells. This matrix contains polysaccharides, lipids, proteins, and nucleic acids (extracellular DNA or eDNA and RNA) and biosurfactants, which aid the initial adherence of cells, and provide structure, to the biofilm [28]. *P. aeruginosa* cells produce matrix when the cells show a high degree of autoaggregation during the later stages of biofilm development [28]. The exopolysaccharides Pel, Psl, and alginate are produced by *P. aeruginosa* and are involved in biofilm formation [29]. Cyclic di-GMP, a nucleotide signaling molecule (bacterial second messenger), is a key regulator of EPS production, switching of bacterial cells from motile to non-motile stages (sessile), and of adherent cells in biofilms [25,30]. *P. aeruginosa* biofilm formation involves four main steps: attachment to a surface (biotic or abiotic), multiplication, microcolony formation, and maturation into a structured and resistant microbial community [31]. Bio-

films provide another way of escaping antimicrobial agents, and makes it difficult to treat any resulting infections [32].

***Pseudomonas aeruginosa* biofilms confer resistance to antimicrobials**

The biofilm exopolysaccharide matrix acts as a diffusive barrier, preventing the diffusion of antimicrobials as well as immobilizing antibiotics [23,33]. In addition, diffusive barriers are also responsible for the generation of nutrient gradients, which can result in a decline in growth rate and a reduction in metabolic activity, leading to an increase in persister cells [34]. Given differences in the availability of nutrients and oxygen, the growth of bacterial cells varies in different regions of the biofilm. Bacterial cells growing on the biofilm surface are more metabolically active, whereas inner cells grow more slowly. Most β -lactams and aminoglycosides are effective only against growing cells, whereas other antibiotics, such as polymyxins, kill cells with poor growth condition. This is why different antibiotics act on different regions of biofilms [23,33]. Low concentrations of antibiotics kill most *P. aeruginosa* biofilm cells but increasing their concentration does not kill persister cells. Thus, researchers have concluded that only a small fraction of the biofilm cell is responsible for its enhanced antibiotic resistance and that most biofilm cells are susceptible to antibiotic treatment, similar to planktonic cells [33,35]. Gram-negative bacterial biofilms show more persister cells compared with other biofilms because their cell walls comprise LPS, which further enhances the nonpenetration of antibiotics into the cells [34].

Bacterial cells in the biofilm undergo several genetic, metabolic, physiological and phenotypic changes [33,36]. In *P. aeruginosa*, colonies obtained from biofilms can appear as dwarf, mucoid, hyperpilated, LPS-deficient, rough, wrinkled, or antibiotic-resistant colonies [36]. Exopolysaccharide Pel overproduction is associated with the wrinkled colony formation, whereas overproduction of alginate is associated with finger-like microcolony formation. Alginate production reduces biofilm susceptibility to antibiotics as well as to human immune defence mechanisms [37].

P. aeruginosa biofilms are common in patients with CF pneumonia, UTIs, and in medical devices contact lenses, and catheters

TABLE 1

Regulatory elements of *P. aeruginosa* involved in virulence and antibiotic resistance.

Regulator (gene)	Description	Function	Refs
BrlR (<i>brlR</i>)	Biofilm resistance locus regulator	Hydrogen peroxide tolerance; has role in antimicrobial resistance gene activation	[54]
Crc (<i>crc</i>)	Catabolite repression control, global regulator	Controls carbon source metabolism and catabolite repression, secretion system, motility, antibiotic resistance	[55]
PsrA	Type III transcriptional regulator	Biofilm formation, swarming, intrinsic and adaptive resistance	[23]
CbrAB	Two-component regulatory system	Acquired resistance, swarming, and biofilm development	[23]
PA0756-PA0757	Encodes two-component response regulator	Resistance against tobramycin and gentamicin	[56]
PhoPQ	Two-component regulatory system	Swarming, biofilm formation, twitching, and antimicrobial peptide resistance under low Mg ²⁺ concentrations	[23]
Lon	ATP dependent protease	Biofilm formation, swarming, intrinsic and adaptive resistance	[23]
phoB	Part of PhoB-PhoR two-component signaling system	Sense phosphate scarcity and consequently turns on <i>vreA</i> , <i>vreR</i> , and <i>vrel</i> expression	[57]
PmrAB	Two-component regulatory system	Involved in resistance to cationic antimicrobial peptides, including polymyxins	[58]
AmpR	Global regulator	Affects expression of multiple genes (e.g., <i>ampC</i> , <i>lasA</i> , <i>lasB</i> , <i>lasI</i> , <i>rhIR</i> , and <i>poxB</i>)	[59]

[3,37]. *CFTR* gene mutations cause defects in chloride ion channels, which leads to CF, an autosomal recessive genetic disorder [38]. *P. aeruginosa* forms dense and robust biofilms in the lungs of patients with CF and adapts well to the lung environment, which is unaffected by intensive antibiotic treatment and the inflammatory responses of the host in the form of polymorphonuclear leucocytes (PMNLs). CF can lead to respiratory failure, lung transplantation, or death [37,38]. The lungs of patients with CF are invaded initially by nonmotile and mucoid phenotype *P. aeruginosa* strains, followed by selection of few phenotypes during the course of infection. The selected phenotypic variants are nonmotile, rough LPS in texture, and mucoid because of alginate overproduction [39].

Quorum sensing and virulence factors

QS is a cell density-dependent intercellular bacterial communication system in bacteria that enables the individual cells to act as a community. QS performs an important role in bacterial virulence, resistance, and biofilm formation. The expression of more than 300 genes in *P. aeruginosa* is controlled by QS [40]. In *P. aeruginosa*, there are currently four known interconnected QS communication systems: *las*, *rhl*, *Pseudomonas* quinolone signal (*pqs*), and *iqs* [41]. *Las* and *rhl* are *N*-acylated homoserine lactone (acyl-HSL) signaling systems. The *las* system comprises an autoinducer synthase, *lasI*, which produces the autoinducer *N*-3-oxo-dodecanoyl-homoserine lactone (3OC12-HSL). By contrast, the *rhl* system has an autoinducer synthase, *rhlI*, which produces *N*-butanoyl-homoserine lactone (C4-HSL). The third system, *pqs*, involves an autoinducer synthase, *PqsABCDH*, which produces 2-heptyl-3-hydroxy-4-quinolone signals or simply quinolone. The final system is *iqs*, which has an autoinducer synthase, *AmbBCDE*, which produces 2-(2-hydroxyphenyl)-thiazole-4-carbaldehyde (IQS). The receptors for *las*, *rhl*, and *pqs* are *LasR*, *RhlR*, and *PqsR*, respectively [42–44]. The *iqs* receptor has yet to be fully determined. Inducer 3-oxo-C12-HSL of the *rhl* system binds to *LasR* and activates *lasI* and several downstream genes. This complex (*LasR*- autoinducer) also activates expression of *rhlR* and *rhlI* genes of the *rhl* system as well as *pqsR* and *pqsABCDH* genes of the *pqs* system. The *PQS* system regulates *las* and *rhl* QS through 2-heptyl-3-hydroxy-4-quinolone production [44]. Under normal bacterial growth, IQS production is firmly controlled by the *las* system. IQS production can also be activated by phosphate starvation, generally during bacterial infection. IQS is an essential part of the *P. aeruginosa* QS mechanisms that control its virulence and physiology. IQS regulates the expression of a large number of genes, many of which are QS-associated genes as well as virulence factor-related genes [45].

Several virulence factors are produced by *P. aeruginosa* during various growth stages that might or might not be regulated by QS genes (Fig. 3 and Table 2).

Secretion system in *Pseudomonas aeruginosa*

Gram-negative bacteria have a double cell membrane with a complex system of protein secretion. These secreted products help bacteria to survive in eukaryotic hosts by avoiding the host immune system, allowing them to cause infections. The secreted products can be an enzyme that causes enzymatic hydrolysis of complex compounds (e.g., carbon sources) into simpler compounds that the bacterial cell can utilize, or a protein

assisting in the uptake of essential ions [46]. These secreted proteins have several important roles in antimicrobial resistance, disintoxication, and scavenging [47]. Many of these secreted proteins act as virulence factors. In *P. aeruginosa*, there are multiple secretory pathways that are responsible for the release of several proteins, toxins, and enzymes to the cell exterior [48]. Currently, there are nine types (T1SS to T9SS) of secretion systems reported in prokaryotes [46,49]. Of these systems, only five have been reported in *P. aeruginosa* (T1SS, T2SS, T3SS, T5SS, and T6SS).

Inhibitors of QS and virulence factors

P. aeruginosa has nearly all the known mechanisms of antimicrobial resistance. The occurrence of such resistance has triggered the search for novel antimicrobial drugs against alternative drug targets. Several strategies and targets have been adopted by researchers to counter *P. aeruginosa* infections. For example, inhibitors against efflux pumps and QS were found to be effective against *P. aeruginosa* infection (Table 3). These inhibitors can be either isolated from a natural source or synthesized.

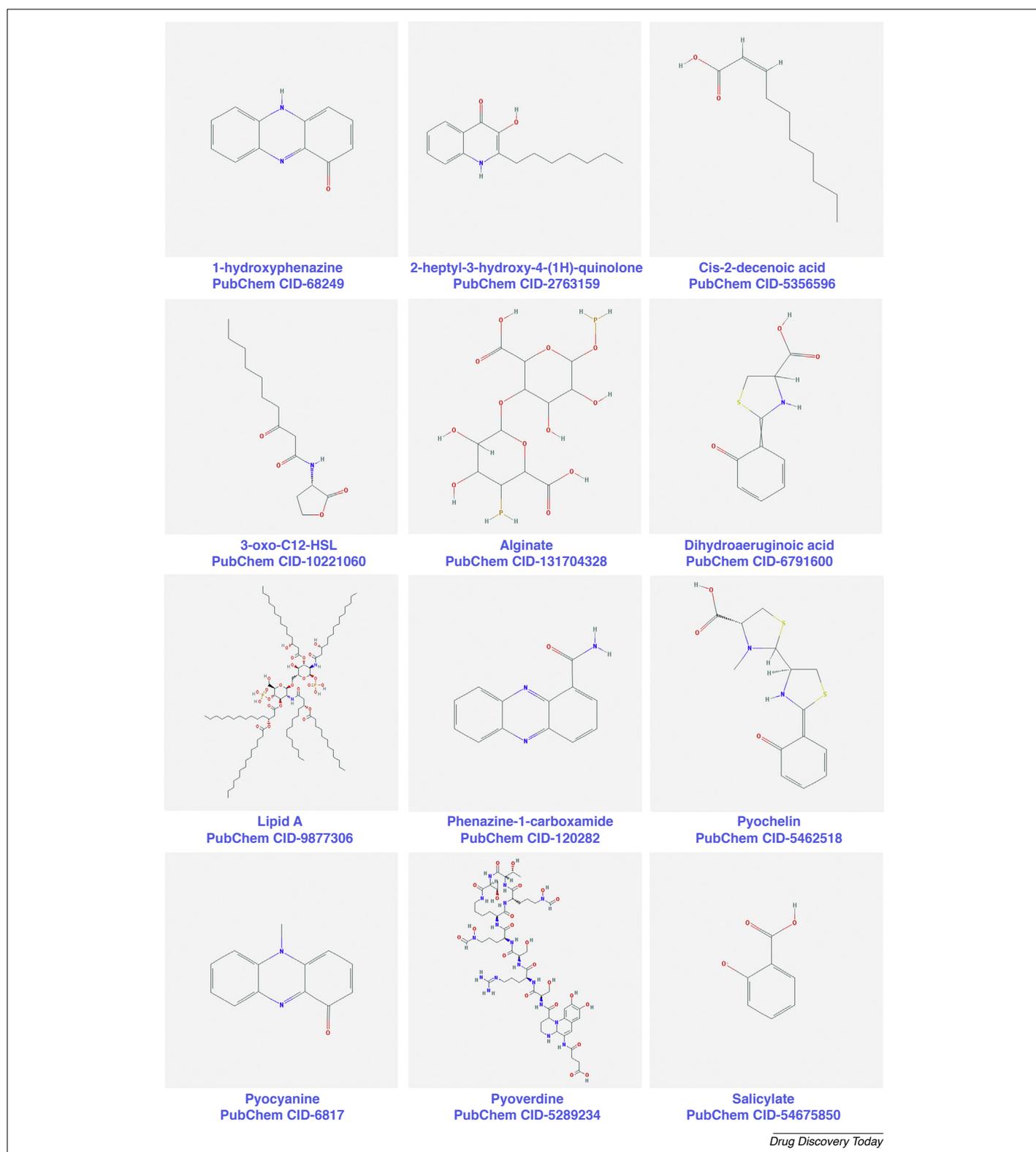
Antiactivator proteins are known to suppress QS activation through R-proteins. There are three antiactivator proteins (*QteE*, *QscR*, and *QslA*) reported in *P. aeruginosa*. *QteE* forms a heterodimer with *LasR*, preventing signal binding, destabilizing *LasR*, and reducing *RhlR* QS-transcriptional activity, as well as destabilizing the *RhlR* protein. *QscR* suppresses QS-regulated operons involved in hydrogen cyanide and phenazine biosynthesis, whereas *QslA* forms a heterotrimeric complex and works as a strong antiactivator of *LasR* [50].

Pseudomonas and the CRISPR-Cas system

CRISPR along with CRISPR-associated (Cas) proteins confers an adaptive immune system that occurs in both Archaeobacteria and Eubacteria. CRISPR is a sequence-specific adaptive immune defence mechanism against foreign DNA, which can be in the form of plasmid DNA, bacteriophage DNA, or transposons [51,52]. The CRISPR-Cas system (type 1-F) of *P. aeruginosa* has an important role in various alternative functions, such as biofilm inhibition, loss of swarming motility, and phage resistance [51,53]. In *P. aeruginosa*, QS activates CRISPR-Cas dependence mechanism and, therefore, QS inhibitors could be used as anti-CRISPR-Cas adaptations (i.e., acquisition of resistance against the administered phage) [52]. This inhibition of CRISPR-Cas defence mechanisms with the help of QS inhibitors would lead to *P. aeruginosa* being more susceptible to killing via the use of phage therapy.

Concluding remarks

P. aeruginosa is an opportunistic pathogen involved in many life-threatening infections, including those associated with CF and hospital-acquired infections. The extensive and indiscriminate use of antibiotics has led to the evolution of antibiotic resistance. Antimicrobial resistance in *P. aeruginosa* can be adaptive, intrinsic, or acquired. Efflux pumps, transcription regulators, and antibiotic-inactivating enzymes have important roles in antibiotic resistance. Biofilm production gives an additional advantage to antimicrobial resistance by lowering the accessibility of antimicrobial agents to the cells. QS also has a crucial role in bacterial virulence, biofilm formation, and antibiotic resistance. Several genes associated with

**FIGURE 3**

Structure of virulence factors produced by *Pseudomonas aeruginosa* [104]. Some of these virulence factors might act as quorum sensing signal molecules.

TABLE 2

***Pseudomonas aeruginosa* virulence factors and associated genes**

Category	Virulence factor	Gene (s) involved	Description	Refs
Exopolysaccharides	Alginate	Three chromosomal regions: (i) algR (algR1), algQ (algR2), and algP (algR3) at 9 min; (ii) algB at 13 min; (iii) algU (algT), mucA (algS), and mucB (algN) at 68 min	Finger-like microcolony formation, biofilm antibiotic susceptibility reduction	[20,60]
	Psl	PSL gene cluster contains 15 co-transcribed genes (pslA to pslO)	Initial attachment and biofilm maturation	[20,61]
	Pel	PEL gene cluster (pelA to pelG)	Wrinkled colony phenotype, cell-cell interaction, role in biofilm cell density and/or biofilm compactness	[20,62]
LPS	A-band-O-antigen	A-band gene cluster	Common antigen, expressed by most serotypes; contains homopolymer of α -D-rhamnose	[63,64]
	B-band-O-antigen	WBP cluster	Serotype specific; contains heteropolymeric O antigen	[63,65]
	Lipid A	Lipid A modifications in <i>P. aeruginosa</i> regulated by two-component regulatory systems PhoP/PhoQ and PmrA/PmrB	Bioactive component of LPS, pathogenic factor	[66]
Phenazines	Phenazine-1-carboxylic acid	PhzA1-G1 and phzA2-G2 operons	Toxic to <i>Caenorhabditis elegans</i>	[67]
	Pyocyanin	PhzM, phzS, phzABCDEFG	Act as toxins against bacteria, fungi, and mammals	[67]
	1-hydroxyphenazine	PhzM	Toxic to <i>C. elegans</i> over a wide pH	[67]
	phenazine-1-carboxamide CFTR inhibitory factor (Cif)	PhzS PA14_26090 (cif locus)	Toxic to <i>C. elegans</i> Shows epoxide hydrolase (EH) activity, but sequence violates two conserved EH motifs	[67] [68,69]
QS signal molecules	3-oxo-C12-HSL	Autoinducer synthase, lasI	Downregulates TNF- α production; contributes to establishment of chronic infection	[70,71]
	2- heptyl-3-hydroxy-4-(1H)-quinolone (PQS)	PqsABCDE operon	Bacterial cell autolysis at high population densities in nutrient-deficient conditions, iron-chelating properties, production of several virulence determinants	[70]
	2-heptyl-4(1H)-quinolone (HHQ)	PqsABCD and PqsE	Controls expression of many virulence genes as a function of cell population density	[70,72]
	2-(2-hydroxyphenyl)-thiazole-4- carbaldehyde (IQS)	AmbBCDE operon	IQS expression under unfavorable environment overcomes las-led QS circuit and promotes expression of virulence factors	[70]
	<i>N</i> -butanoyl-homoserine lactone (C4-HSL)	Autoinducer synthase rhII	C4-HSL binds to RhIR and activates expression of genes required for production of a several secondary metabolites, such as HCN and pyocyanin	[70,73]
Siderophores	<i>cis</i> -2-Decenoic acid (DSF)	Dspl (PA14_54640, PA0745)	Biofilm dispersion autoinducer	[74]
	Pyoverdine	Pvd genes	Iron-gathering, virulence	[75]
	Pyochelin	PchDCBA Operon, pchEFG	Chelator of transition metal ions [Fe(III), Zn(II), Cu (II), Co(II), Mo(VI), and Ni(II)]	[76,77]
Surfactant	Salicylate	PchBA	Pyochelin biosynthetic pathway intermediate	[76]
	Dihydroaeruginolic acid	PchDCBA Operon	Antifungal antibiotic	[76]
	Rhamnolipid	RhIAB	Maintains noncolonized channels surrounding macrocolonies	[78]
Exoenzymes	Elastase B	LasB	Elastolytic zinc metalloproteinase, necessary virulence factor for initial pathogenesis process, elastin degradation	[79,80]
	Elastase A	LasA	Secreted virulence factor responsible for shedding of host cell surface proteoglycan syndecan-1	[81]
	Protease IV	PrpL	Serine endoprotease, degrades plasminogen immunoglobulins, fibrinogen, and elements of mammalian complement immune system	[77,81]
	Exotoxin A	ToxA	Toxic virulence factor	[41,79]
	Exoenzyme S (ExoS)	ExoS gene	Antiphagocytic factor, ADP-ribosylating enzyme	[79,82]
	Alkaline protease	AprA	Zinc metalloprotease, colonization	[69,79]
	Protease	LasA	Elastin degradation shows high staphylolytic activity	[80]
	Hemolysin (phospholipases C)	PlcHR operon	Causes vascular permeability, end-organ damage	[83]

TABLE 2 (Continued)

Category	Virulence factor	Gene (s) involved	Description	Refs
Other	Hydrogen cyanide	HcnABC	Virulence factor, present in burn wounds infected with <i>P. aeruginosa</i> and <i>P. aeruginosa</i> CF isolates	[84]
	LecA Lectin (PA-IL)	LecA	Galactose binding, cytotoxic effects on respiratory epithelial cells, increases exotoxin A absorption by inducing permeability defect in intestinal epithelium	[85]
	LecB Lectin (PAIIL)	LecB	Fucose binding, involved in pilus biogenesis and protease IV activity	[86]
	Superoxide dismutase (Fe-SOD)	SodB	Iron-co-factored SOD protects cells from toxic effects of superoxide	[86]
	Superoxide dismutase (Mn-SOD)	SodA (sodM)	Manganese-co-factored SOD protects cells from toxic effects of superoxide	[86]
	Catalase	KatA, katB	Protects planktonic and biofilm cells against hydrogen peroxide	[87]

TABLE 3

***Pseudomonas aeruginosa* targets and their inhibitors**

Target	Inhibitor	Source	Description	Refs
Bacteriocin	Plantaricin DL3	Suan-Tsai (Chinese fermented cabbage)	Cell wall disruption and proteins leakage	[88]
Antibiofilm	Rhein	<i>Rheum palmatum</i> L.	Antibiofilm	[89]
	Chrysophanol	<i>Rheum officinale</i> Baill.	Antibiofilm	[89]
	Nodakenetin	<i>Peucedanum decursivum</i> (Miq.) Maxim	Antibiofilm	[89]
	Shikonin	<i>Lithospermum erythrorhizon</i> Sieb.	Antibiofilm	[89]
	Emodin	<i>Rheum palmatum</i> L.	Antibiofilm	[89]
	Fraxin	<i>Fraxinus chinensis</i> Roxb.	Antibiofilm	[89]
	ϵ -Viniferin (Resveratrol dimer)	<i>Carex pumila</i>	Antibiofilm	[90]
QS inhibitors	(z)-5-octylidenethiazolidine-2, 4-dione (TZD-C8)	Synthetic	Strong inhibitor of biofilm formation	[91]
	<i>N</i> -(2-30 pyrimidyl) butanamide (C11)	Synthetic	Inhibits biofilm formation, downregulates las and rhl QS regulatory genes, and rhlA and lasB genes	[92]
	<i>N</i> -decanoyl cyclopentylamide (C10-CPA)	Synthetic	Inhibits lasB-lacZ and rhlA-lacZ expression, pyocyanin, elastase, and rhamnolipid production, and biofilm formation	[93]
	Azithromycin	Antibiotic	Reduces QS gene expression	[94]
	3-NH ₂ -7Cl-C9-QZN	Synthetic	Inhibits alkyl-quinolone (AQ) signaling by antagonizing AQ biosynthesis, virulence gene expression, pyocyanin production, and biofilm development	[95]
	Meta-bromo-thiolactone (mBTL)	Synthetic	LasR and RhIR partially inhibited by mBTL, inhibits pyocyanin production and biofilm formation	[96]
	6-Gingerol	Ginger oil	Reduces biofilm formation and virulence factor	[97]
Virulence factors inhibition	M64	Synthetic	Competitive inhibitor of MvfR	[98]
	Compound 4	Synthetic	Inhibits pyocyanin production	[99]
	Flavonoids	Plant secondary metabolites	Suppresses virulence factor production and biofilm formation	[100]
Efflux pump	Phe-Arg-naphthylamide (PA β N or MC-207)	Synthetic	MDR efflux pump (RND efflux pump) inhibitor	[101]
LasB	<i>N</i> -mercaptoacetyl-Phe-Tyr-amide	Synthetic	Blocks LasB action, reduces biofilm growth	[102]
Other	Guanidinium-functionalized polycarbonates	Synthetic	Antibacterial activity against several pathogens, including <i>P. aeruginosa</i>	[103]

Pseudomonas QS are involved in virulence factor production as well as biofilm development. Many inhibitors have been designed against QS genes, but are losing their efficacy against MDR *Pseudomonas*. Therefore, there is an urgent need to develop alternative

antimicrobial resistance therapies against such bacteria. Given that QS activates the CRISPR-Cas system in *Pseudomonas*, inhibition or interruption of this system could be an alternative approach to overcome MDR bacteria.

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