

Introdução à metagenômica: curso prático

# *Versatilidade e importância da metagenômica*

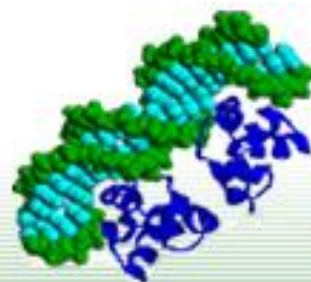
*Alexandre José Macedo*

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Centro de Biotecnologia e Faculdade de Farmácia

Laboratório de Biofilmes e Diversidade Microbiana





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## Environmental Pollution

journal homepage: [www.elsevier.com/locate/envpol](http://www.elsevier.com/locate/envpol)



### Bacteria-invertebrate interactions as an asset in developing new antifouling coatings for man-made aquatic surfaces<sup>☆</sup>



Vanessa Ochi Agostini, PhD <sup>a, f, 1</sup>, Erik Muxagata, PhD <sup>b</sup>, Grasiela Lopes Leães Pinho, PhD <sup>a</sup>, Igor Stelmach Pessi, PhD <sup>c, d</sup>, Alexandre José Macedo, PhD <sup>e, \*</sup>

# *Breve contextualização do problema e relevância do tema*

## *Indústria: incrustação*

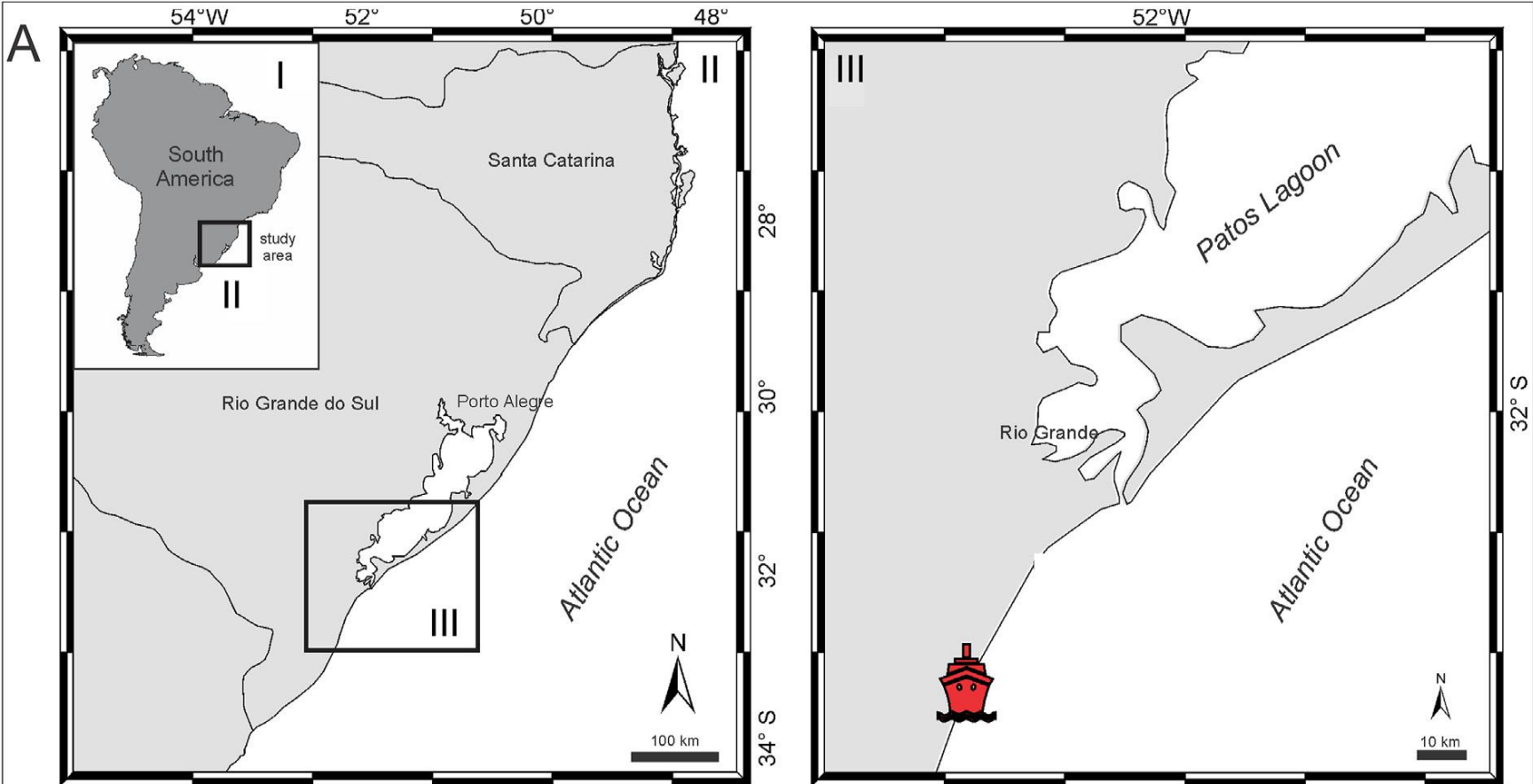


2017: porto de Rio Grande teve uma movimentação de **2.834 embarcações**, totalizando o transporte de mais 37 milhões toneladas em carga.

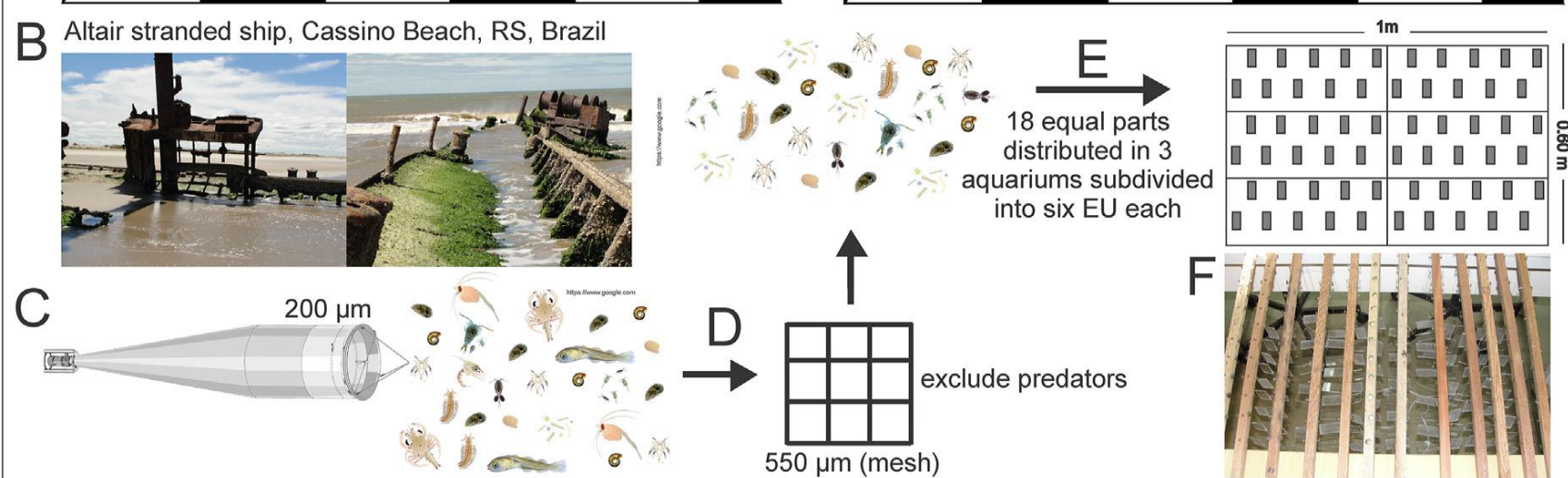
Marinha americana: U\$ 180 – 260 milhões por ano para manutenção. Mais de US\$ 2 bilhões em 10 anos (*Schultz MP et al., Biofouling, 2011*).





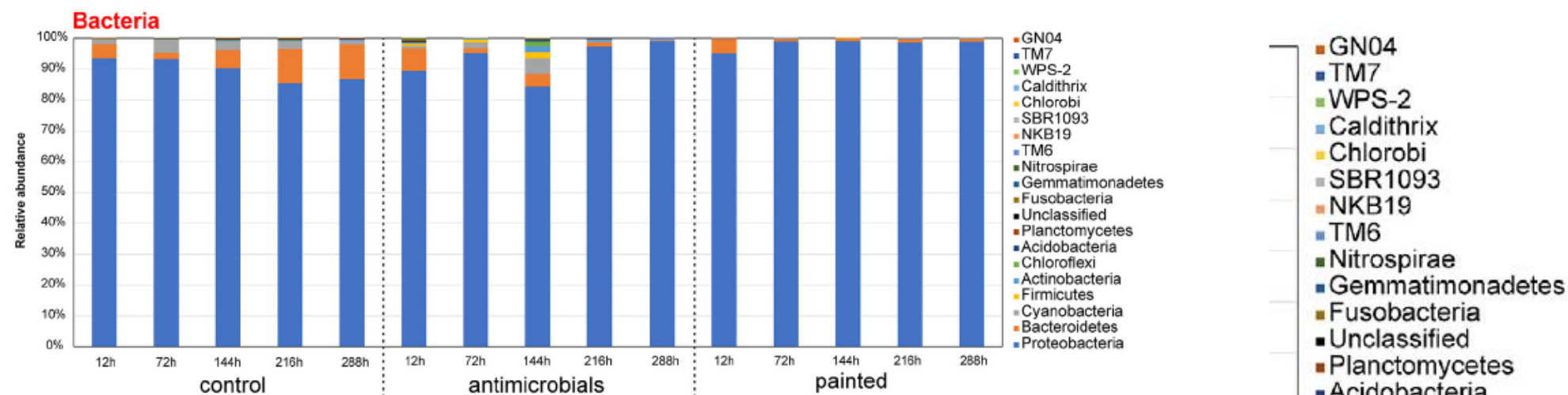


# Metodologia

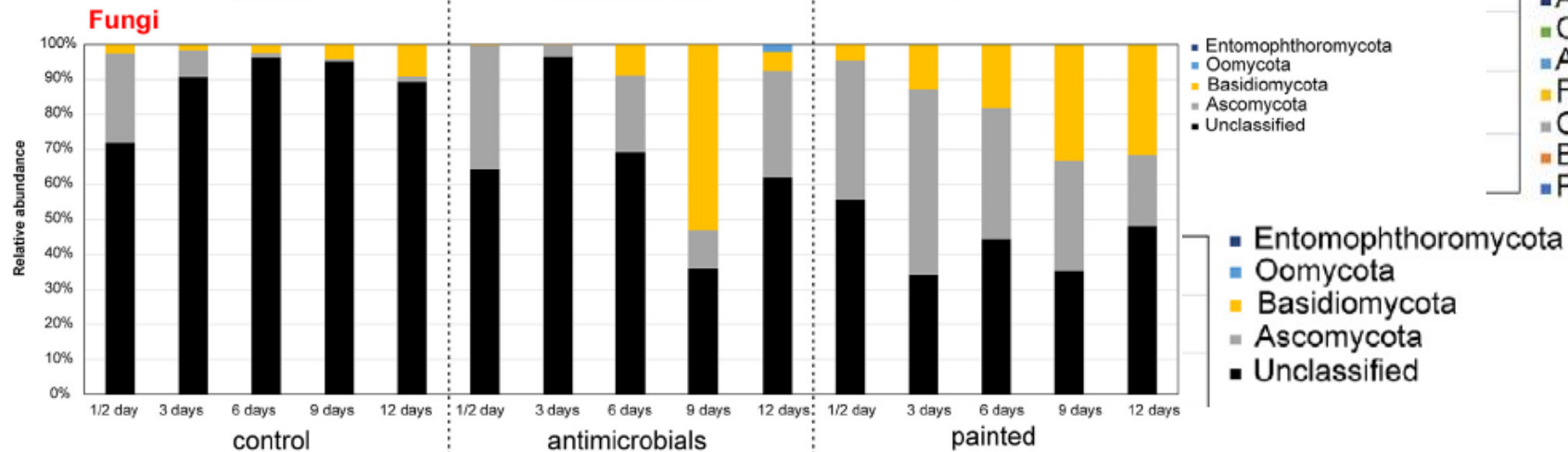


# Resultados

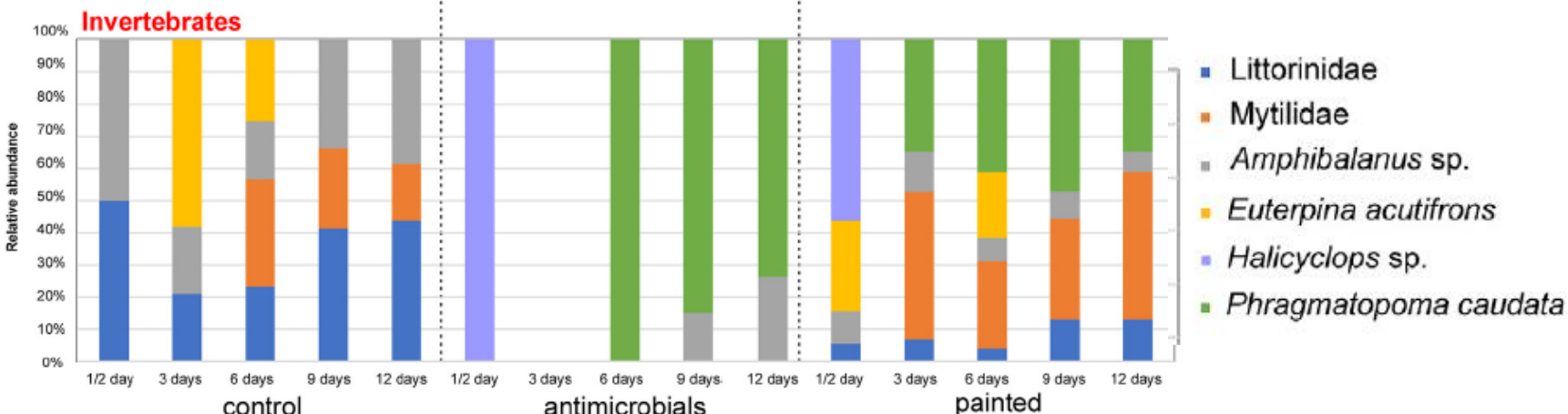
A



B



C



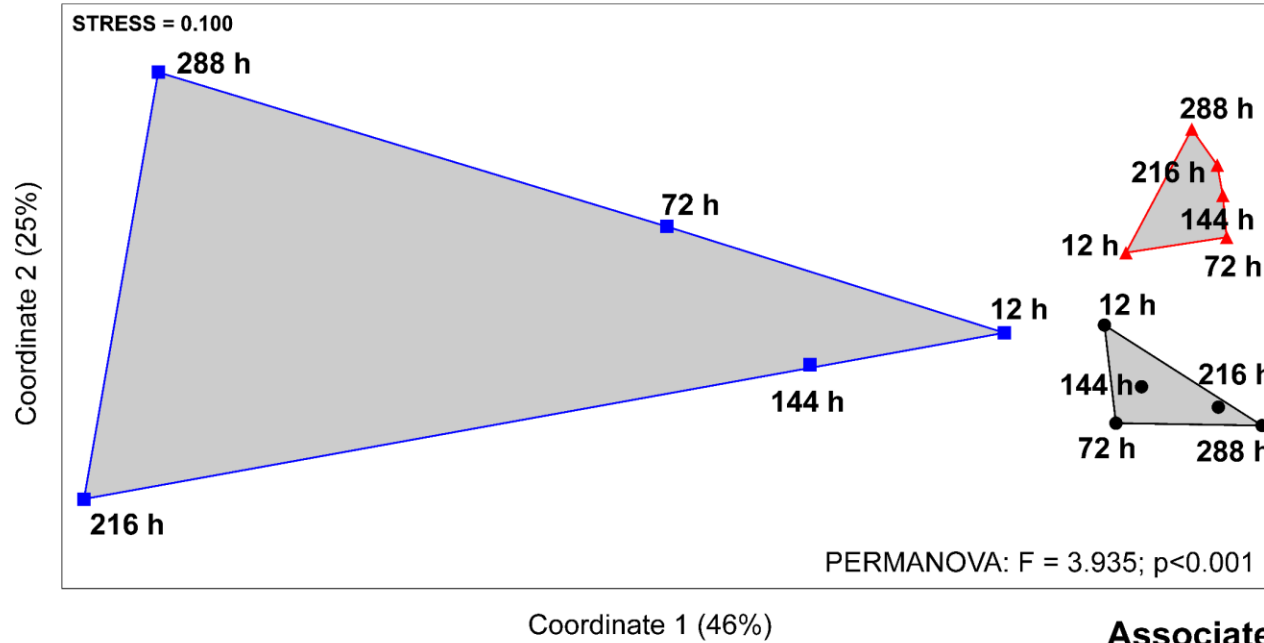
D

● Natural

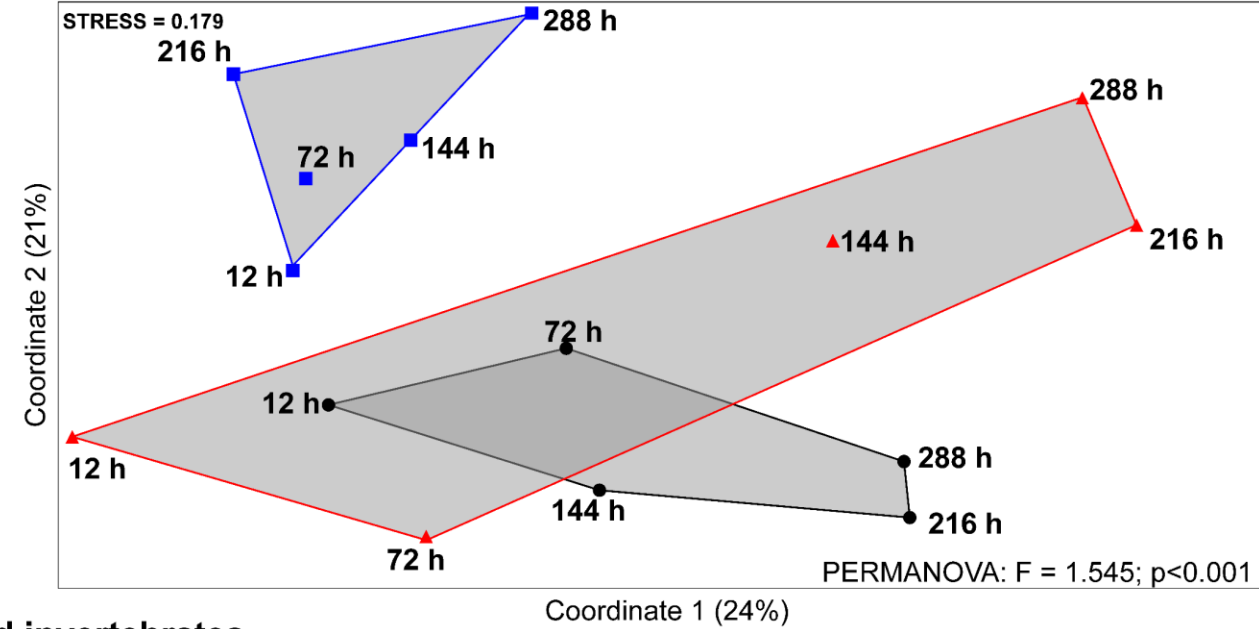
▲ Paint

■ Antimicrobials

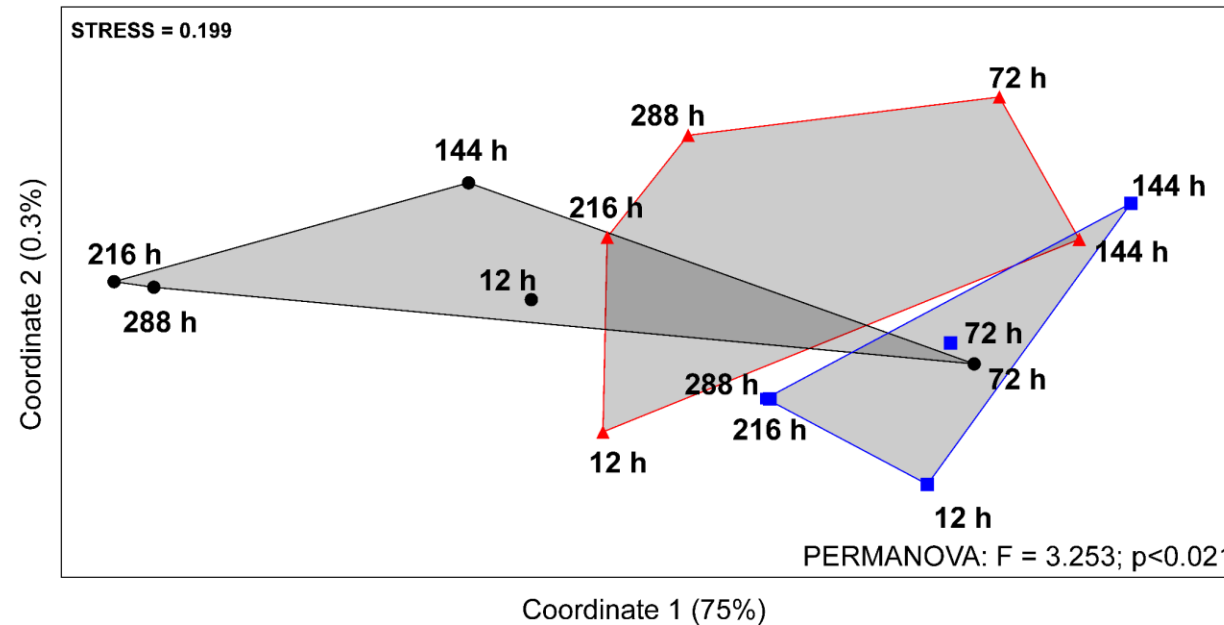
### Biofilm bacteria



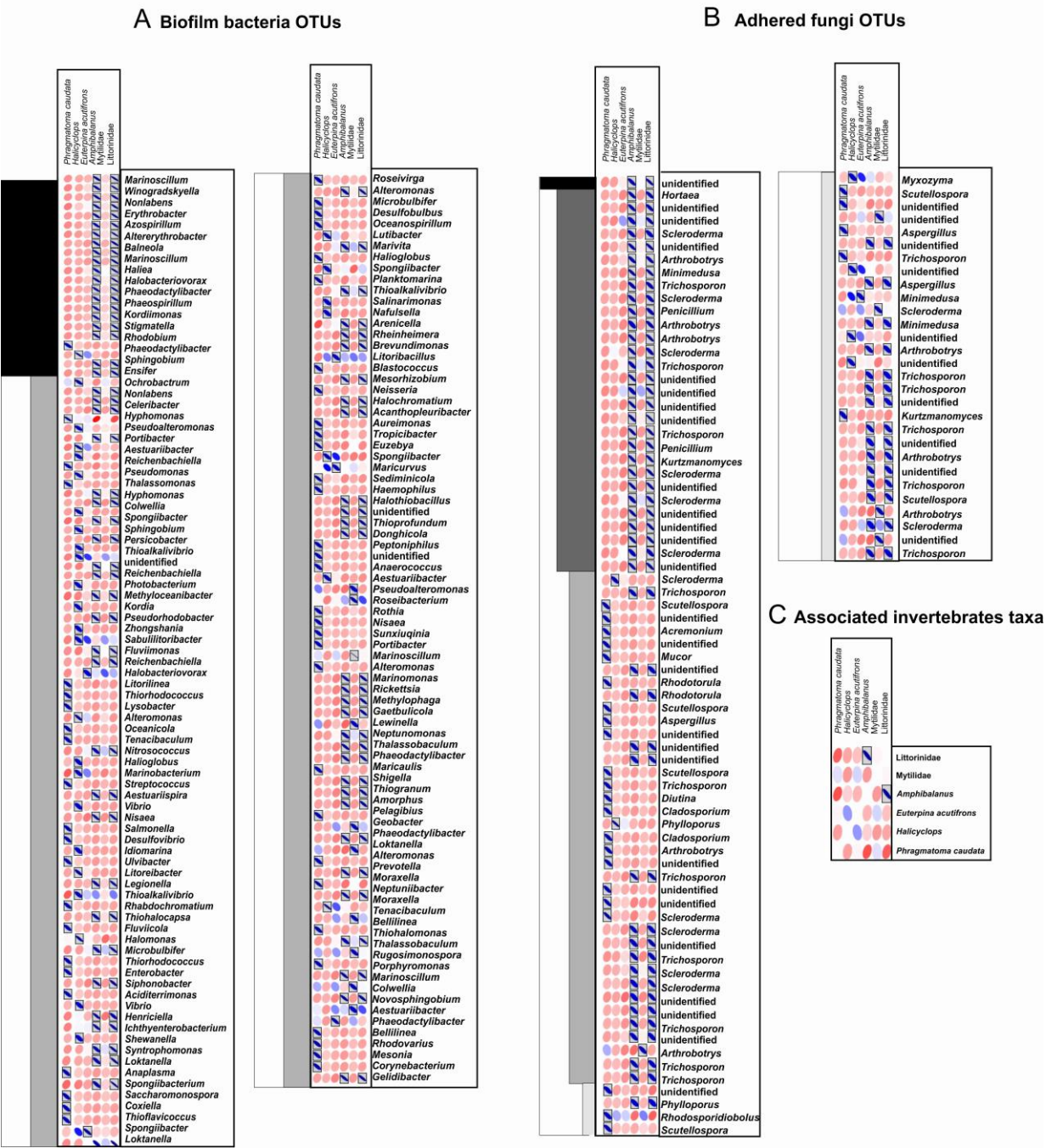
### Adhered fungi

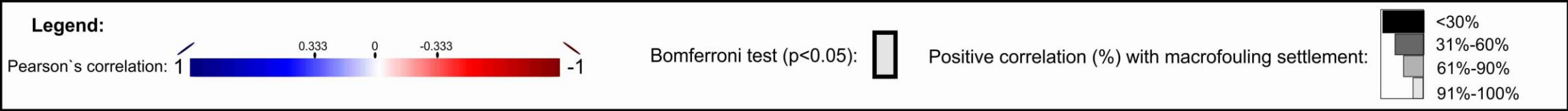


### Associated invertebrates

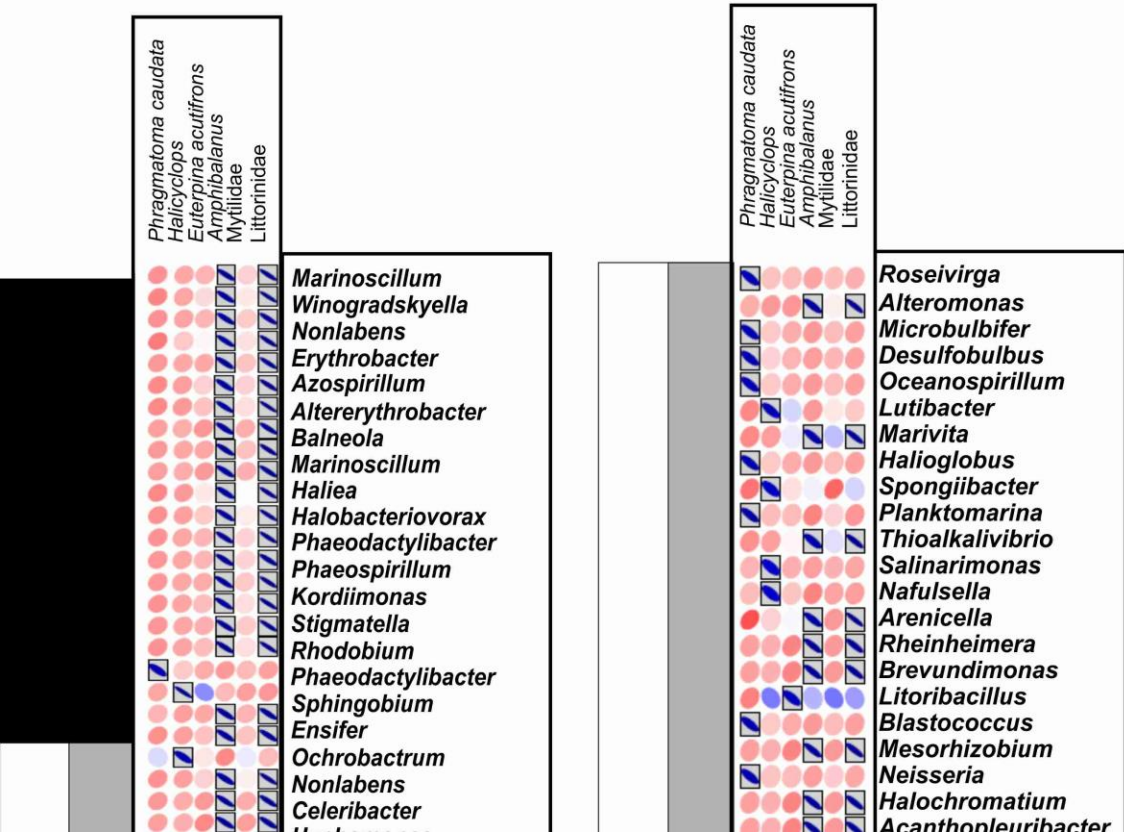




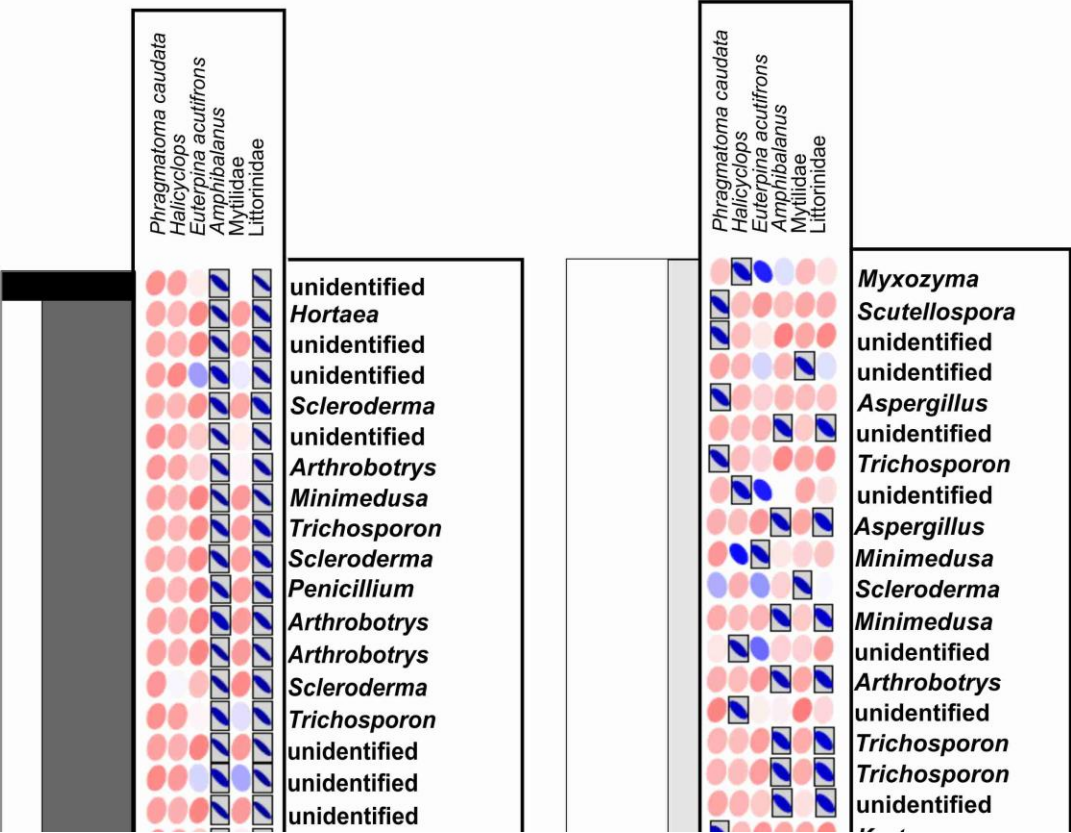




## A Biofilm bacteria OTUs

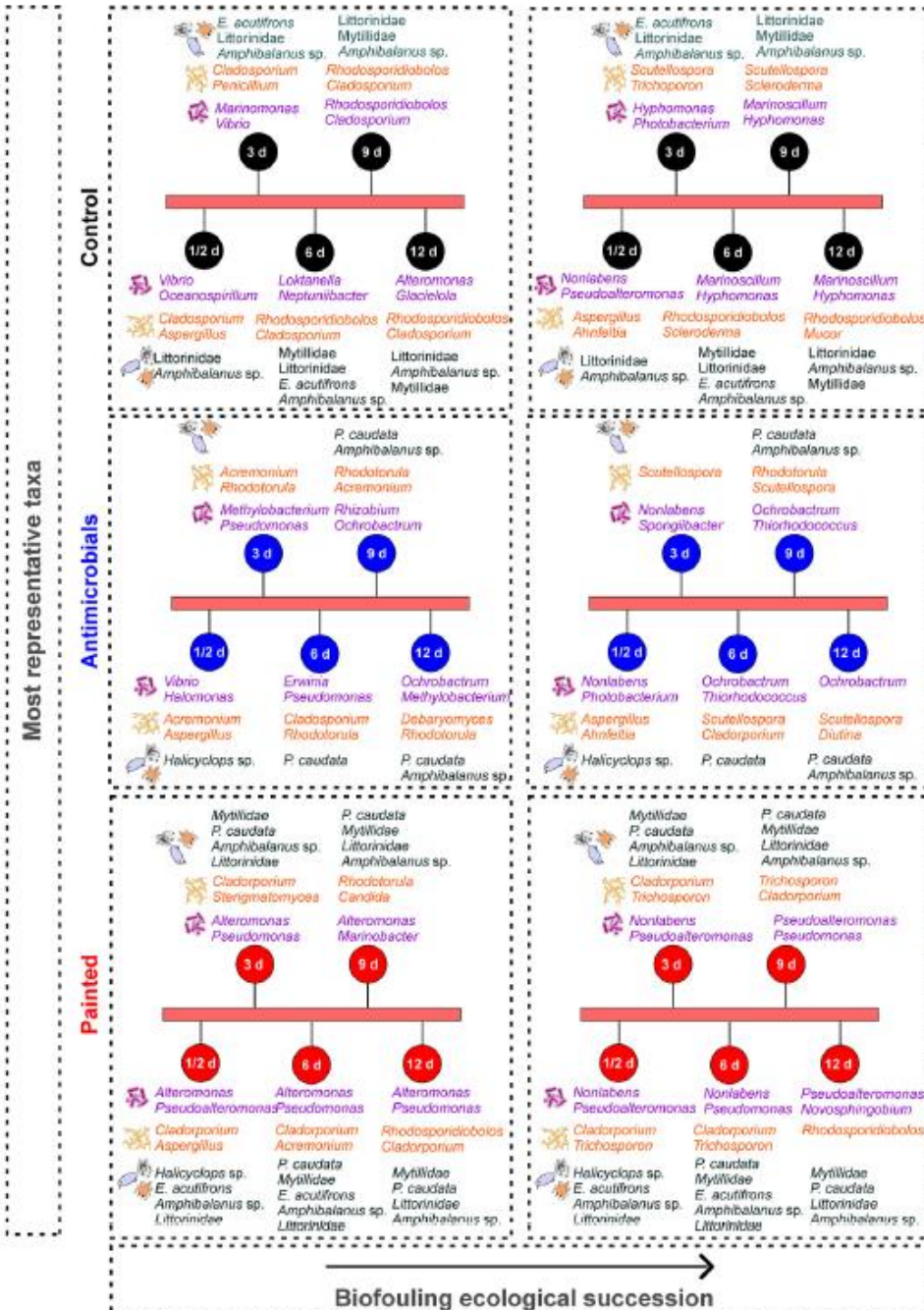


## B Adhered fungi OTUs





# Conclusões



IV. Macrofouling (fouling, sedentary, and vagile) establishment on hard substrates is strongly correlated with the composition of an existing Gram-negative heterotrophic bacterial biofilm (mainly Proteobacteria and Bacteroidetes). Each macrofouling species showed strong positive correlation with a specific biofilm bacterial composition, however other factor also affecting the biofouling community as the condition of the substrate;

V. From both ecological and economical points of view, the information provided here on the inter-kingdom interactions between micro- and macrofouling can be used to develop successful and safe control strategies to prevent biofouling development on aquatic man-made structures.











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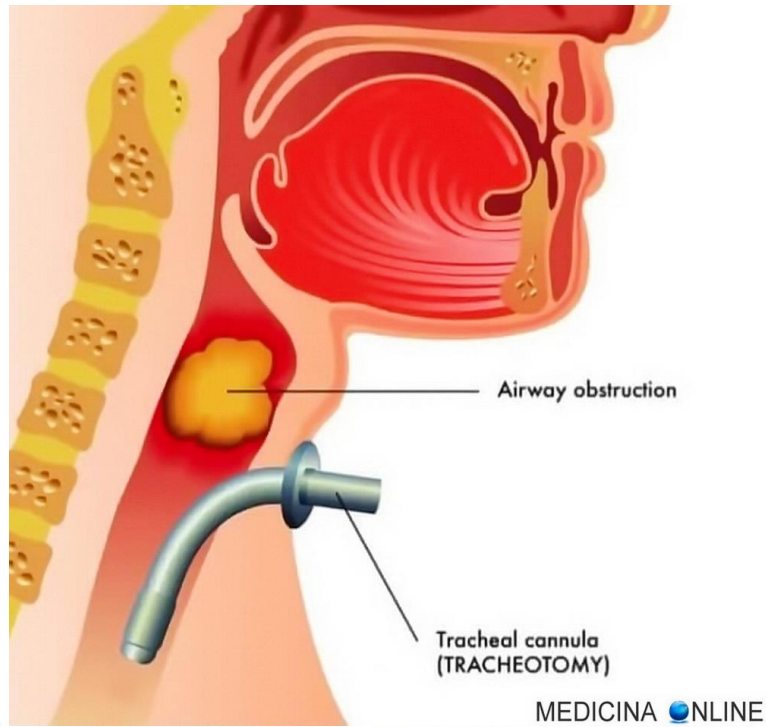
ORIGINAL ARTICLE

# High microbiome variability in pediatric tracheostomy cannulas in patients with similar clinical characteristics

Leonardo Palma Kuhl  <sup>a,b,\*</sup>, Paulo José Cauduro Marostica  <sup>b,c</sup>,  
Alexandre José Macedo  <sup>d</sup>, Gabriel Kuhl  <sup>a</sup>, Marina Siebert  <sup>e,f,g</sup>,  
Denise Manica  <sup>a,b</sup>, Leo Sekine  <sup>h</sup>, Cláudia Schweiger  <sup>a,b</sup>



# *Breve contextualização do problema e relevância do tema*



Tracheostomy is a surgical procedure that creates a shortcut for the air to reach the lungs.

It establishes a communication (or tunnel) between the cervical skin and the trachea, which is maintained pervious by a cannula.

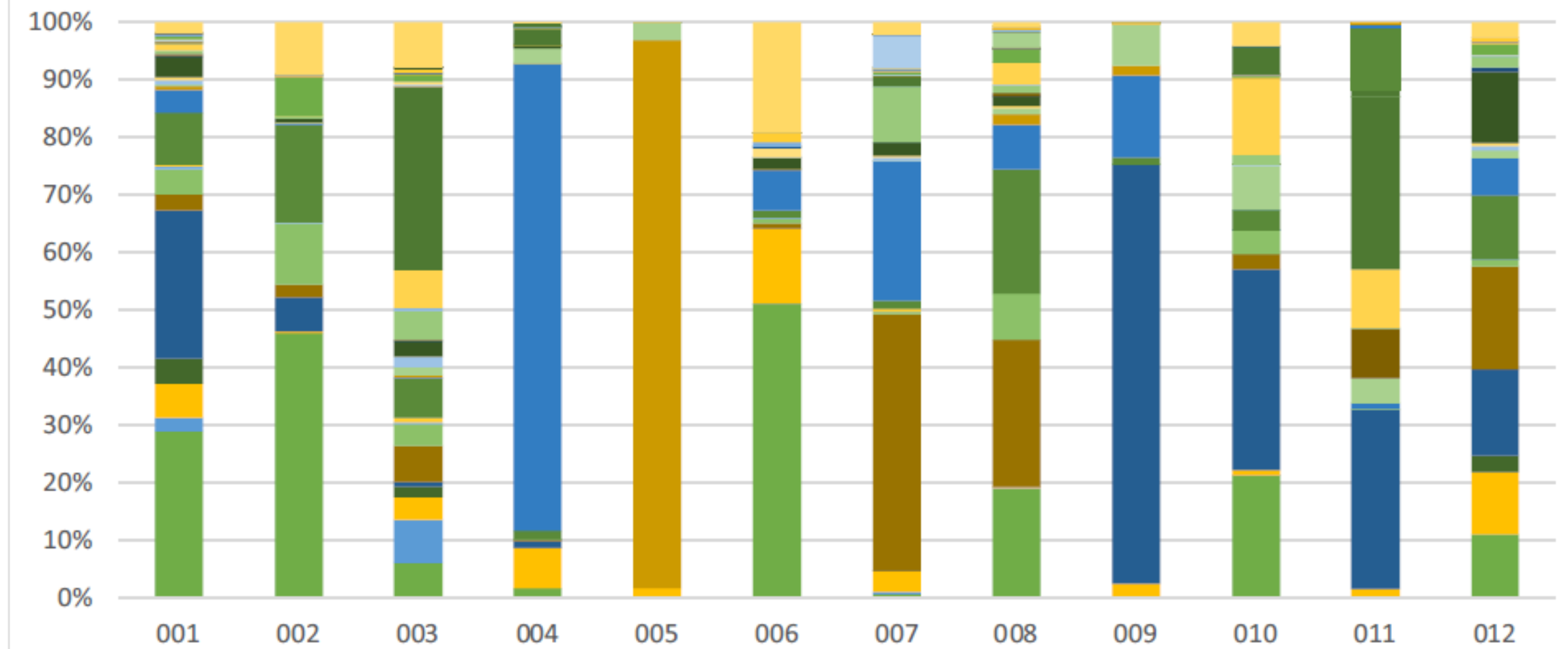
Indications for tracheostomy in children nowadays are mainly related to chronic obstruction of upper airways (e.g., laryngeal stenosis or vocal fold paralysis), management of mechanical ventilation, and treatment of bronchopulmonary aspiration.<sup>1-3</sup> Another obstructive airway pathology with potential necessity for tracheostomy is glossoptosis. Glossoptosis is defined as the posterior collapse of the base of the tongue resulting in varying degrees of respiratory obstruction. It may occur as a consequence of mandibular hypoplasia (Robin Sequence), but it also occurs in patients with neurological disorders related to hypotonia.<sup>4-6</sup>



**Table 1** Clinical characteristics of the 12 patients.

Sample	Age (years)	Time from tracheostomy (years)	Feeding route	Syndrome	Comorbidities	Recurrent LRI	Time from last cannula change (days)	Cannula size	Peristomal granuloma	ATB (day of sampling)	ATB (last 3-months)
001	8.2	8.1	Oral	Facio-auricular-vertebral	Yes	No	98	5	No	No	No
002	5.4	5.2	G-tube	None	Yes	No	98	4.5	Yes	No	Yes
003	7.7	7.5	Oral/G-tube	Richieri-Costa-Pereira	Yes	No	98	4.5	No	No	No
004	2.1	1.9	NG-tube	None	Yes	No	98	3.5	No	No	Yes
005	9.2	9	Oral	Stickler	No	No	91	4.5	No	No	No
006	2.2	2.1	Oral	None	Yes	No	91	3.5	Yes	No	No
007	4	1.4	NG-tube	None	Yes	Yes	138	4	No	No	Yes
008	7.2	3.9	Oral	None	Yes	No	80	5	No	No	No
009	11.7	8.3	Oral	Picnodisostosis	No	No	98	4	No	No	Yes
010	5.4	5.2	G-tube	Apert	Yes	No	119	4.5	No	No	Yes
011	9.1	9	Oral	Treacher-Collins	Yes	No	98	4	No	No	No
012	2.2	2.1	NG-tube	None	Yes	No	91	3.5	Yes	Yes	No

LRI, Lower Respiratory Infection; ATB, Antibiotics; G-tube, Gastrostomy; NG-tube, Nasogastric Tube.



- g\_\_Aggregatibacter
- g\_\_Pseudomonas
- g\_\_Filifactor
- g\_\_Corynebacterium
- g\_\_Actinomyces
- g\_\_Alloiococcus
- g\_\_Schwartzia
- g\_\_Propionivibrio
- g\_\_Streptococcus
- g\_\_Capnocytophaga
- g\_\_Haemophilus
- g\_\_Parvimonas
- g\_\_Porphyromonas
- g\_\_Morganella
- g\_\_Peptococcus
- g\_\_Peptostreptococcus
- g\_\_Veillonella

**Table 3** Genera proportion per sample.

001		002		003	
Genus	%	Genus	%	Genus	%
<i>Aggregatibacter</i>	29.48	<i>Aggregatibacter</i>	50.67	<i>Moraxella</i>	34.42
<i>Pseudomonas</i>	26.33	<i>Fusobacterium</i>	18.69	<i>Treponema</i>	8.30
<i>Fusobacterium</i>	9.21	<i>Capnocytophaga</i>	11.62	<i>Fusobacterium</i>	7.49
<i>Streptococcus</i>	6.07	<i>Eikenella</i>	7.33	<i>Alloiococcus</i>	7.15
<i>Capnocytophaga</i>	4.36	<i>Pseudomonas</i>	6.69	<i>Neisseria</i>	6.75
<i>Mycoplasma</i>	4.32	<i>Neisseria</i>	2.44	<i>Aggregatibacter</i>	6.42
<i>Haemophilus</i>	4.05	<i>Prevotella</i>	0.72	<i>Porphyromonas</i>	5.55
<i>Neisseria</i>	2.87	<i>Porphyromonas</i>	0.59	<i>Streptococcus</i>	4.11
<i>Prevotella</i>	2.81	<i>Haemophilus</i>	0.40	<i>Capnocytophaga</i>	4.08
<i>Treponema</i>	2.43	<i>Leptotrichia</i>	0.31	<i>Mycoplasma</i>	2.19
Others	8.07	Others	0.54	Others	13.54

Table 2 Prevalence of total reads per genus on metagenomics.

Genus	%
<i>Aggregatibacter</i>	17%
<i>Pseudomonas</i>	15.9%
<i>Haemophilus</i>	12.4%
<i>Neisseria</i>	8.8%
<i>Staphylococcus</i>	8.3%
<i>Fusobacterium</i>	6.5%
<i>Moraxella</i>	5.8%
<i>Streptococcus</i>	4.6%
<i>Alloiococcus</i>	3.0%
<i>Capnocytophaga</i>	2.9%
<i>Corynebacterium</i>	2.5%
<i>Prevotella</i>	2.5%
<i>Porphyromonas</i>	1.8%
<i>Eikenella</i>	1.2%
<i>Treponema</i>	0.9%
<i>Elizabethkingia</i>	0.9%
<i>Stenotrophomonas</i>	0.8%
<i>Mycoplasma</i>	0.8%
<i>Achromobacter</i>	0.5%
<i>Acinetobacter</i>	0.5%
Others	2.4%
Total	100%

Our study describes the use of 16s RNA metagenomics for bacterial microbiome identification present on tracheostomy cannulas of a specific group of children.

Although some bacterial genera demonstrated greater abundance (e.g., *Aggregatibacter*, *Pseudomonas*, *Haemophilus*, *Neissera*, *Staphylococcus*, *Fusobacterium* and *Moraxella*), composition of patients' individual microbiome showed high variability, even with similar clinical characteristics.

Despite the descriptive nature of this study, we hope to create foundations for more complex questions regarding microbiology interactions of these patients.

Obrigado!  
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