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Effects of Ampicillin on the Gut Microbiome of an Adult Male as Determined by 16S rRNA V4 Metagenomics Sequencing and Greengenes Bioinformatics Suite

Kingsley Anukam1,2,3*

¹Uzobiogene Genomics, London, ON, Canada. *Uzobiogene Genomics, London, ON, Canada. ² Department of Medical Laboratory Science, Faculty of Health Sciences, Nnamdi Azikiwe University, Awka, Anambra State, Nigeria. ³ Department of Medical Laboratory Science, University of Benin, Nigeria.*

Author's contribution

The sole author designed, analyzed and interpreted and prepared the manuscript.

Article Information

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Original Research Article

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ABSTRACT

Aims: To determine the effects of ampicillin on the relative abundance of the gut microbiota using Next Generation Sequencing (NGS) metagenomics platform and to predict metabolic functions with bioinformatics suite.

Methods: The subject who has taken no antibiotics for the past six months provided fecal sample on day 0 (pre-antibiotics), day 10 (antibiotics) to treat sour throat infection and after 90 days (postantibiotics). DNA was extracted, metagenomics library prepared and 16S rRNA V4 region was amplified using custom bar-coded primers before sequencing with IlluminaMiseq program. Sequence reads were analyzed with IlluminaBasespace algorithm and greengenes bioinformatics suites. Metabolic functional prediction was accomplished using the Phylogenetic Investigation of Communities by Reconstruction of Unobserved States (PICRUSt) algorithm.

**Corresponding author: E-mail: kingsley.anukam@uniben.edu, kanukam@gmail.com;*

Results: Pre-antibiotics sequence reads were classified into 20 phyla, 35 Class, 71 Order, 147 Family, 275 Genera, and 401 Species-level categories. Ampicillin significantly influenced the gut microbiota as the sequence reads were reduced to 8 phyla, 15 Class, 24 Order, 41 Family, 72 Genera, and 98 Species-level categories. Post-antibiotics sample (90 days after antibiotic treatment) generated sequence reads classified into 17 phyla, 28 Class, 60 Order, 120 Family, 221 Genera, and 313 Species-level categories. **Conclusion:** Ampicillin reduced the diversity of the core bacterial phylogenetic taxa with a corresponding increase in *Firmicutes-Bacteroidetes* ratio from 2.4:1 (pre-antibiotics) to 6.5:1 (antibiotics). A high proportion of *Veillonella* species were observed during ampicillin intake. Some bacterial metabolic functions such as carbohydrate (Ascorbate and aldarate), amino acid (D-Arginine and D-ornithine) and vitamin (pantothenate and CoA biosynthesis) metabolisms were stimulated by ampicillin in the subject.

Keywords: Ampicillin; gut; microbiome; metabolic functions; metagenomics; greengenes.

1. INTRODUCTION

Introducing antibiotics in medical practice in the 1930s advanced survival of humans from infectious diseases. However, it has also led to extinct of copious numbers of "beneficial" microbes from the environment. The human gut microbial community is in a continuous metabolic state from *in-utero* life to even after the end of life. Microbial kinetics are involved in the production of enzymes, vitamins, and various compounds that play significant roles in food metabolism and regulation of the immune system [1]. For more than half a century, scientists have estimated that microbes in the human gut are up to 10^{14} with over 1000 different species encoding over 3 million genes and an approximate biomass of 2 kg [2]. The previous assumption that the human microbiota out-number the human cells in the ratio of 10:1 has been challenged, by proposing that the proportion of microbial cells to human cells might be 1.3:1 [3]. The relative abundance and diversity of the gut microbiota is influenced by multiple factors such as nutrition, environmental exposures, geographic location, and host genetics. It results in microbial community variations among individuals and niches [4].

Unwarranted and inappropriate use of antibiotics for treatment of infections is one of the leading processes that lead to perturbations of the human microbiome [5] and emergence of antibiotic-resistant microbes [6]. In the so-called developed countries of the Western hemisphere, antibiotics are prescribed before and after surgery to prevent infections [7]. In countries undergoing developmental transition, antibiotics are available over-the-counter often due to lack of governmental legislative control, thus leading to self-medication and irrational use [8,9].

Several authors have investigated the impact of other antibiotics on the gastrointestinal tract microbiota [10,11]. Ampicillin is a beta-lactam antibiotic used as a broad-spectrum. The effects on the relative abundance of the gut microbiota and bacterial metabolic functions are not studied with the NGS metagenomics platform in Africa, nay Nigeria. In this study, the first objective is to determine the impact of ampicillin on the relative abundance and diversity of faecal microbiota of an adult Nigerian male. Second objective is to use metagenomic bioinformatics to predict the influence of ampicillin on the microbiome metabolic functionality in the gut of the subject.

2. MATERIALS AND METHODS

2.1 Ethics declaration

A written consent was obtained from the subject with absolute adherence to the Helsinki protocol. The subject enrolled in the study to know the effect of consuming a broad-spectrum antibiotic on the gut microbiome.

2.2 Gut Sampling

Gut microbiota were sampled non-invasively using the gut sample collection kit provided by uBiome® . The subject who has taken no antibiotics for the past six months provided fecal sample on day 0 (Pre-antibiotics). Second sample was collected on the last (10^{th}) day (Antibiotics) after consumption of 10-days course of antibiotics (Ampicillin-500 mg x2 daily) to treat sour throat infection. Third sample was collected after 90 days (Post-antibiotics). The subject took none other antibiotics before the 90 days duration. The three samples were collected at the targeted time points following the instructions provided by uBiome® .

2.3 DNA Extractionand Sequencing

Metagenomic DNA was extracted using the PowerSoil-htp DNA isolation kit (MoBio Laboratories Ltd, Carlsbad, CA), following uBiome extraction protocols, which involves both chemical and physical lysis of the cells. Extracted DNA was amplified using custom bar-coded primers (515F and 806R primers as previously described [12] prior to sequencing and sequenced with paired-end 150 bp reads on an IlluminaMiSeq program.

The primers have attached to them barcodes, indexes and other sequences needed for pairend sequencing in the Illumina protocol. The paired-end sequencing was performed in an IlluminaMiseq sequencer that has a flow cell with four lanes. This means that each sample was read in four different lanes (L001 to L004), and each produced forward (R1) and reverse (R2) reads.

2.4 Data Analysis

The 8 reads were imported into BaseSpace sequence bioinformatics hub, which is a cloudbased genomics environment for next-generation sequencing (NGS) data management and analysis.

2.5 Fast QC Check

The paired end sequence raw reads were checked for quality using the FastQC version 0.11.3. [13]. Four analytical quality parameters of the reads were selected which includes per base sequence quality, per sequence quality scores, per sequence GC content, and sequence length distribution. Microbial diversity in all the samples points were determined by using the inverse Simpson's Diversity Index. Simpson's diversity index (D) is a mathematical measure that characterizes species diversity in a community. The proportion of species relative to the total number of species is calculated and squared. The squared proportions for all the species are summed, and the reciprocal is taken. Scores range from 0 to 10, with 10 being the most diverse.

Quantitative Insights into Microbial Ecology (QIIME) pipelines [14] was used for 16S rRNA recognition. Operational Taxonomy Unit (OTU) clustering and Microbial taxonomy to species level was generated using the Greengene database (gg_13_5_species_32bp.database).

2.6 Functional Prediction

Analysis of the 16S rRNAamplicons was accomplished using the Phylogenetic Investigation of Communities by Reconstruction of Unobserved States (PICRUSt) tool version 0.9.1 [15]. This is based on the data derived from the KEGG pathway database, which predicts functional capabilities by multiplying each normalized OTU abundance by the predicted functional characteristic.

3. RESULTS

The eight reads for each sample produced on average 13,489,184 base pair count per read containing 89,587 sequences ranging from 32 bp to 151 bp and averaging 150bp in length (std. deviation from average length 5.580). All of the sequence reads have unique identities. Table 1 shows the classification statistics presenting the total sequence reads for the three sample points and the taxonomic level categories. The 16S rRNAmetagenomics report showed that in general the sequence reads generated for preantibiotics, antibiotics and post-antibiotics samples as represented in Table 1 and Fig. 1. are classified by taxonomic level categories. Specifically, in pre-antibiotics sample, 99.56% of the total sequence reads were assigned to bacterial domain, while 0.44% (1,514 reads) remained unclassified at kingdom level and only 1 sequence read was assigned to archaea domain. Pre-antibiotics resulting sequence reads were classified into 20 phyla, 35 Class, 71 Order, 147 Family, 275 Genera, and 401 Species-level categories (Table 1).

Sample collected after 10 days consumption of ampicillin antibiotics generated sequence reads of which 78.01% were unclassified at Kingdom level, and only 21.99% were assigned to bacterial domain. The sequence reads were classified into 8 phyla, 15 Class, 24 Order, 41 Family, 72 Genera, and 98 Species-level categories.

Post-antibiotics sample (90 days after antibiotic treatment) generated 184,445 sequence reads representing 85.38% classified as bacteria, while
31,572 sequence reads (14.62%) were 31,572 sequence reads (14.62%) unclassified at Kingdom level. The sequence reads were classified into 17 phyla, 28 Class, 60 Order, 120 Family, 221 Genera, and 313 Species-level categories.

Table 1. Classification statistics showing the total sequence reads and categories of taxonomic levels identified

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In terms of relative abundance dominance at phylum level, pre-antibiotic sample was dominated by Firmicutes (55.48%), followed by
Bacteroidetes (26.15%), Actinobacteria (26.15%), Actinobacteria (14.05%), Proteobacteria (3.23%), Unclassified at phylum level (0.90%), Spirochaetes (0.07%), Fusobacteria (0.06%), Tenericutes (0.03%), Chloroflexi (0.022%), Chlorobi (0.004%), Cyanobacteria (0.004%), Thermi (0.002%) Acidobacteria (0.001%), Chrysiogenetes (0.001%), Deferribacteres (0.001%), and Verrucomicrobia (0.001%). The following phyla; Crenarchaeota, Nitrospirae, Thermodesulfobacteria and Thermotogae had Thermodesulfobacteria and Thermotogae
only one sequence read respectively (Fig. 1). ^{el}, pre-antibiotic sample was
Firmicutes (55.48%), followed by
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oteobacteria (3.23%), Unclassified
el (0.90%), Spirochaetes (0.07%),
(0.06%), Tenericutes (0.03%),
(0.022%), Chlorobi (0.004%),
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Antibiotic sample was dominated by reads that are unclassified at phylum level (78.20%),

Firmicutes (16.95%), *Bacteroidetes* (2.48%), *Actinobacteria* (2.15%), *Proteobacteria* (0.15%), *Spirochaetes* (0.07%), *Tenericutes* and *Thermi* had only one sequence read individually.

had only one sequence read individually.
Post-antibiotics sample had relative abundance in the following order; *Firmicutes* (49.39%), Bacteroidetes (25.21%), Unclassified at phylum level (15.09%), *Proteobacteria Actinobacteria* (1.38%), *Spirochaetes Spirochaetes* (0.08%), *Fusobacteria* (0.01%), *Cyanobacteria* (0.01%), *Chloroflexi* (0.004%), *Chlorobi Tenericutes* (0.004%), *Verrucomicrobia* (0.004%), *Acidobacteria Chrysiogenetes* (0.001%), (0.001%), *Deferribacteres* and are represented by one sequence read separately. (8.81%), (0.004%) (0.001%), *Synergistetes Chlamydiae*

Fig. 1. Relative abundance of the phyla taxa represented as 100% stacked bar Relative

Fig. 2. Venn diagram showing the genera that are common and sh shared at the sampled time points

Fig. 3. Venn diagram representing the species that are shared and common during the pre ampicillin, ampicillin and post post-ampicillin administration

At the genera taxonomic level, 86 (27.6%) are exclusively present in pre-antibiotics, 1 (0.3%) in exclusively present in pre-antibiotics, 1 (0.3%) in
antibiotics and 35 (11.2%) in post-antibiotics. Interestingly, 63 (20.2%) genera were common in all the sample points (Fig. 2).

Among the common genera are common *Faecalibacterium, Blautia, Bifidobacterium, Bacteroides, Dorea, Coprococcus, Lachnospira, Oscillospira, Ruminococcus, Johnsonella, Anaerofilum, Clostridium, Sutterella, Odoribacter, Serratia, Roseburia,, Collinsella, Coprobacillus, Pedobacter, Phascolarctobacterium, Peptostreptococcus, Mogibacterium, Streptococcus, Dysgonomonas, Slackia, Oribacterium, Porphyromonas, Turicibacter, Actinomyces, Lactobacillus, Alkalibacterium, Adlercreutzia, Pseudobutyrivibrio, Leptospira, Legionella, Peptococcus, Selenomonas, Veillonella, Pediococcus, Anaerostipes, Peptoniphilus, Acidaminococcus, Lachnobacterium, Macrococcus, Alkaliphilus, Sedimentibacter, Caloramator, Mycoplasma, Bacillus, Streptomyces, Roseomonas, Desulfotomaculum, Moorella, Sporotomaculum, Cohnella, Actinobacillus, Negativicoccus, Propionispora, Helicobacter, Methylonatrum, Stenotrophomonas, Brachyspira Thiorhodococcus*. At the species taxonomic level, 82 (16.9%) were common in all the sample points as shown in Fig. 3. Oscillospira, Ruminococcus, Johnsonella,
Anaerofilum, Clostridium, Sutterella, Odoribacter,
Serratia, Roseburia,, Collinsella, Coprobacillus,
Pedobacter, Phascolarctobacterium,
Peptostreptococcus, Ioysgonomonas, Slackia,
O *stercoris* (6.41%) and *Faecalibacterium prausnitzii* (3.51%), *Blautia coccoides* (2.86%), *Bacteroides vulgatus* (2.81%), *Bacteroides thetaiotaomicron* (2.76%) and *Bacteroides fragilis* (2.70%) predominated pre-antibiotics (Fig. 4), (2.70%) predominated pre-antibiotics (Fig. 4),
while antibiotics event was dominated by *Veillonella atypica* (4.32%), *Bacteroides vulgatus* (1.04%), *Phascolarctobacterium* (1.04%), *Bifidobacterium gallicum Bacteroides stercoris* (0.75%), (0.75%), *Coprococcus eutactus* (0.53%), and *Lachnospira pectinoschiza* (0.51%). Bifidobacterium gallicum (7.55%), Bacteoides *rium faecium gallicum* (0.76%),

rel, 86 (27.6%) are *Bifidobacterium* gallicum (7.55%),
tibiototics, 1 (0.3%) in stercoris (6.41%) and Faeco-
in post-antibiotics. prausnitzii (3.51%), Blautia coccoics
ra were common in *Bacteroides* vulgatus (2.81%),
the The species that dominated in post-antibiotics include *Bacteroides stercoris Faecalibacterium prausnitzii Bacteroides vulgatus* (6.35%), *parainfluenzae* (3.41%), *pectinoschiza* (2,71%), *Bacteroides* (2.13%), and *Roseburia faecis* (1.46%). In post postantibiotics, *Akkermansia muciniphila* (0.003%) belonging to the phylum Verrucomicrobia, reported to have clinical relevance was identified. Fig. 5 shows the taxonomic level highlighting the impact of the ampicillin on *Bifidobacterium* species. For example **Bifidobacterium** species were pre-antibiotics, showing *Bifidobacterium gallicum* as the most abundant. (8.46%), (6.69%), *Haemophilus Lachnospira dorei* ing to the phylum Verrucomicrobia,
idito have clinical relevance was identified.
shows the taxonomic level highlighting twenty-three identified

Fig. 4. Stacked bar chart (100%) showing core species that occurred with high relative Stacked bar chart (100%) abundance

Fig. 5. Stacked bar chart (100%) at the species taxonomic level highlighting the impact of the Stacked bar highlighting ampicillin on *Bifidobacterium* **species**

Fig. 6. Stacked bar chart (100%) presenting effects of ampicillin on bar of ampicillin *Bacteroides* **species**

The antibiotic episode reduced the *Bifidobacterium* species to 15 with 97.09% decrease in total abundance. Post-antibiotics (90 days after antibiotics) show a marginal recovery with 96.59% decrease from pre-antibiotics period with a corresponding over abundance of *Bifidobacterium animalis* during antibiotic event. The antibiotic episode reduced the
Bifidobacterium species to 15 with 97.09%
decrease in total abundance. Post-antibiotics (90
days after antibiotics) show a marginal recovery
with 96.59% decrease from pre-antibiotics peri

In the same vein, Fig. 6. presents effects of ampicillin on *Bacteroides* species showing *Bacteroides stercoris* as the most abundant with 97.5% decrease of the total abundance from the Bacteroides stercoris as the most abundant with
97.5% decrease of the total abundance from the
pre-antibiotics to 31.15% after 90 days postantibiotics.

Interestingly, 6 species (*Bacteroides coprophilus, Bacteroides clarus, Bacteroides Bacteroides intestinalis, Bacteroidesoleiciplenus* and *Bacteroides coprocola*) that were not identified pre-antibiotics and antibiotics period were found 90 days post-antibiotics administration. *clarus, Bacteroides fluxus,* des coprocola) that were not
antibiotics and antibiotics period
90 days post-antibiotics Fig. 7. shows the effect of ampicillin on *Clostridium* species. A total of 23 species were identified pre-antibiotics with *alkalicellulosi* as the most abundant species. the effect of ampicillin on
ties. A total of 23 species were
antibiotics with *Clostridium*

Clostridium species were drastically reduced
(99.75% decrease) to only two species (99.75% decrease) to only two species (*Clostridiumalkalicellulosi* and *thermosuccinogenes*) during the course of the thermosuccinogenes) during the course of the
antibiotic. After 90 days post-antibiotics, fourteen species re-emerged, still with a decrease of 90.12% from pre-antibiotics. *Clostridium*

Fig. 8. presents the impact of ampicillin on *Streptococcus* species. A total of 19 species were identified pre-antibiotics with Streptococcus *vestibularis* as the most abundant species. *Streptococcus* species were severely reduced vestibularis as the most abundant species.
Streptococcus species were severely reduced
(97.29% decrease) to only four species (*Streptococcus vestibularis*, *tigurinus*, *Streptococcus australis* Streptococcus sanguinis) during the course of the antibiotic. emerged, still with a decrease of

pre-antibiotics.

sents the impact of ampicillin on

us species. A total of 19 species

ed pre-antibiotics with *Streptococcus Streptococcus* and

Fig. 7. Stacked bar chart (100%) showing the effect of ampicillin on 7. bar effect *Clostridium* **species**

Fig. 8. Stacked bar chart (100%) presenting the impact of ampicillin on Stacked chart the impact *Streptococcus* **species**

After 90 days post-antibiotics, thirteen species re-emerged (with *Streptococcus sanguinis* as the most abundant) still with a decrease of 59.14% from pre-antibiotics. most abundant) still with a decrease of 59.14%
from pre-antibiotics.
InverseSimpson's Diversity Index (SDI): Pre-

antibiotics had Simpson's diversity index of 8.05, while antibiotics period produced an index of 7.76 and post-antibiotics had 7.53.

3.1 Functional Predictions

PICRUSt was used to predict the functional capabilities of the microbial community's metagenome from the 16S rRNA libraries by associating the OTU to a given function present in the Kyoto Encyclopedia of Genes and Genomes (KEGG) database. Carbohydrates metabolisms in the gut microbiome were affected by ampicillin intake showing 14.14% increase.

High proportions of ascorbate and aldarate metabolism, inositol phosphate, butanoate, and propionate metabolisms were prominent. Post carbohydrate metabolism (11.42%) as shown in Fig. 9. There was a 13.64% increase in the carbohydrate metabolism (11.42%) as shown in
Fig. 9. There was a 13.64% increase in the
amino acid metabolism from pre-antibiotics to antibiotics period with high proportion occurring in D-Arginine and D-ornithine, Lysine antibiotics period with high proportion occurring
in B-Arginine and D-ornithine, Lysine
degradation, valine/leucine/isoleucine and beta-Alanine metabolism. In contrast, Cyanoaminoacid metabolism, Glycine/serine/threonine decreased marginally during antibiotics episode (Fig. 10.). antibiotics showed a marginal reduction of

After 90 days post-antibiotics, thirteen species antibiotics showed a marginal
most abundant) still with a decrease of 59.14% Fig. 9. There was a 13.64% in
more-antibiotics.
from pre-antibiotics.
More pre-antibiotics and e Ampicillin affected secondary metabolite degradation, by increasing caprolactam, benzoate, and styrene degradation, while it decreased atrazine and bisphenol degradation (Fig. 11). On average, there was a marked decrease of Lipid metabolisms mostly affecting steroid biosynthesis, alpha-linolenic acid metabolism, with a corresponding increase in arachidonic acid metabolism (Fig. 12 12.). Ampicillin increased vitamin metabolism particularly pantothenate and CoA metabolism as shown in Fig. 13. Alanine metabolism. In contrast,
Cyanoaminoacid metabolism,
Glycine/serine/threonine decreased marginally
during antibiotics episode (Fig. 10.).
Ampicillin affected secondary metabolite
degradation, by increasing caprolact

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Fig. 10. Clustered bar chart showing the effect on amino acid metabolisms the effect

Fig. 11. Clustered bar chart on secondary metabolite degradation

In the secondary metabolite biosynthesis, Flavone and flavonol were markedly decreased (Fig. 14.), while bacterial abilities such as Lysozome decreased marginally.

4. DISCUSSION

The contributions of antibiotics in changing the landscape of modern humans to survive various bacterial diseases are germane. However, the control of infectious diseases with antibiotics has caused significant damage to the human body and to the environment. This study has shown that the broad-spectrum antibiotics, ampicillin caused a remarkable decrease in the relative abundance and diversity of the microbiome with a substantial decrease in the sequence reads. Ampicillin is a beta-lactam antibiotics that the enzyme transpeptidase. Other studies have reported that ampicillin led to a decrease in bacterial diversity and a greater prevalence of *Enterobacter spp*. [16]. The microbiome of this Flavone and flavonol were markedly decreased
(Fig. 14.), while bacterial abilities such as
Lysozome decreased marginally.
4. DISCUSSION
The contributions of antibiotics in changing the
landscape of modern humans to survi

secondary metabolite biosynthesis, case study before antibiotics administration had
amond flavonol were markedly decreased higher diversity with *Firmicutes-Bacteroidetes*
decreased marginally.
the core bacterial phylogene higher diversity with *Firmicutes Firmicutes-Bacteroidetes* ratio of 2.4:1. Ampicillin reduced the diversity of the core bacterial phylogenetic taxa from 20 to 8 and reduced species from 401 to 98 as shown in Table 1. with a corresponding increase in *Firmicutes-Bacteroidetes* ratio of 6.5:1. Previous studies have reported that antibiotics reduced the number of different microbes with corresponding
pathological consequences of decreased pathological consequences ecological stability and increased susceptibility to ecological stability and increased susceptibility to
infections [17]. At the phylum taxonomic level, ampicillin caused *Firmicutes* to increase by 45% while *Bacteroidetes* decreased by 46% and *Actinobacteria* by 88%. This study revealed that at the genera and species taxonomical level, *Veillonella atypica* increased by over a 1000 *Veillonella denticariosi*, *Veillonella dispar* and *Veillonella montpellierensis*, increased by over a 100-fold during antibiotic administration, thus contrasting universal view on the effects of broad spectrum antibiotics on the gut microbiome. in reduced the diversity of
ogenetic taxa from 20 to 8
rom 401 to 98 as shown in
orresponding increase in
tes ratio of 6.5:1. Previous
that antibiotics reduced the ealed that
ical level,
1000-fold. fold during antibiotic administration, thus
rasting universal view on the effects of broad
:trum antibiotics on the gut microbiome.

Fig. 12. Clustered bar Fig. Clustered chart on lipid metabolisms

Although not surprising, previous studies have shown that beta-lactams antibiotics increased shown that beta-lactams antibiotics increased
microbial load by a two-fold [18] and high-calorie diet shifts the microbial ecology toward *Firmicutes* at the expense of *Bacteroidetes* , thus increasing the energy harvesting capacity of the microbiota [19]. Another study showed that antibiotic exposure during infancy was found to increase the risk of overweight in preadolescence for boys [20]. *Proteobacter Proteobacteria*, *Fusobacteria*, *Acidobacteria Verrucomicrobia* were wiped out by ampicillin leading to decrease in the microbial diversities. However, oral exposure of ampicillin to the adult male caused an obvious alteration even after 90 days, which led to only 85% recovery of the bacteriome at the phylum taxonomic level. In another study, oral amoxicillin exposure caused marked shifts in microbiome composition that lasted 30 days on average and were observed for over 60 days [21]. In comparison, Raymond et al., [22] reported a decrease in the of , and to decrease in the microbial diversities.

r, oral exposure of ampicillin to the adult

used an obvious alteration even after 90

hich led to only 85% recovery of the

me at the phylum taxonomic level. In

study, oral amox abundance of several bacterial families abundance of several bacterial families
after the antibiotic course, but the microbiota recovered to its initial state after 90 days. Another study showed a reduction in bacterial diversity for up to 4 and 12 months after exposure [23]. Another study showed a reduction in bacterial
diversity for up to 4 and 12 months after
exposure [23].
Besides reducing the diversity of the gut
microbiome, ampicillin led to the selection of

Besides reducing the diversity of the gut some species particularly *Bifidobacterium animalis, Bifidobacterium* $Tepidimonsthermarum$. *gubbeenense and Lactobacillus acidophilus,* that were absent in the pre-antibiotics compositions. Other studies have shown that some antibiotics can increase microbial resistance genes through selection of strains with drug resistance reservoirs [24]. In terms of relative abundance, *Veillonella atypica* was highly selected in the antibiotic episode typified by over 85% increase from the pre-antibiotic exposure as shown in Fig. 4. *thermophilum Microbacterium* it in the pre-antibiotics compositions.
es have shown that some antibiotics
ce microbial resistance genes through
of strains with drug resistance
24]. In terms of relative abundance,
atypica was highly selected in the
biso

Fig. 13. Clustered bar chart on vitamin metabolisms

Reduction of *Bifidobacterium* species taxa from 23 to 15 is in concordance with the study of Reduction of *Bifidobacterium* species taxa from
23 to 15 is in concordance with the study of
Newton et al. [25], showing the bacteriostatic effect of ampicillin on *Bifidobacterium* species. In the study, growth rate was dependent on several metabolic activities that were affected by metabolic activities that were affected by
antibiotic addition, including fermentation product formation and enzyme synthesis. The ecological and physiological roles of *Bifidobacteria* in the gut [26], especially in the biosynthesis of vitamin K, biotin, folate and thiamine are documented [27]. This study has revealed that even after 90 days of oral ampicillin administration, less than half of the species were recovered. The study reflects the general impact of irrational use of antibiotics and the corresponding potential consequences of increasing colonization by pathogenic species. study has

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The effect of ampicillin on *Bacteroides* in this case study corroborated previous study whereby

of *Biflidobacterium* species taxa from ampicillin resulted in substantial reductions in since ampicoloriding the the study of *Bacteroides* [25]. The role of *Bacteroides* in complex polysaccharides that picillin on *Bifl Bacteroides* [25]. The role of *Bacteroides* in breaking down complex polysaccharides that would otherwise be inaccessible to most other gut-adapted bacteria has been elucidated in several studies [28]. A recent study found species of *Bacteroides* to be connected in the ecological network of the gastrointestinal intestinal (GI) track microbiota [29]. Reduction of *Bacteroidetes* taxa abundances in previous studies has been associated with obesity, showing a fundamental role for these bacteria in maintaining a healthy gut microbiota [30,31]. Similar effects were observed on *Clostridium* species with extensive reduction of most species and their absolute counts. Earlier study found that ampicillin caused counts of *C. perfringens* to drop 10-fold [25]. This study showed a 100% drop 10-fold [25]. This study showed a 100%
decrease and did not rebound after 90 days post antibiotics administration. ampicillin resulted in substantial reductions in aking down complex polysaccharides that
Id otherwise be inaccessible to most other
adapted bacteria has been elucidated in
eral studies [28]. A recent study found
cies of *Bacteroides* to be connected in the
logical networ

Fig. 14. Shows clustered bar chart on secondary metabolite biosynthesis and bacterial abilities bar

It is widely believed that antibiotics are meant to obliterate pathogenic bacteria in a particular niche and possibly reduce metabolic functions to the barest minimum. However, this study has shown that some bacterial metabolic functions such as carbohydrate (Ascorbate and aldarate), amino acid (D-Arginine and D-ornithine) and vitamin (pantothenate and CoA biosynthesis) metabolisms are stimulated by ampicillin administration as observed in Fig. 9, Fig Fig. 11). Previous studies have demonstrated that ampicillin increased bacterial expression of genes involved in tRNA biosynthesis, translation, vitamin biosynthesis, stress response and antibiotic resistance [32]. Even as ampicillin stimulated biosynthesis of some vitamins, it depleted vitamin-producing bacteria such as *Bifidobacteria* associated with vitamin K It is widely believed that antibiotics are meant to obliterate pathogenic bacteria in a particular niche and possibly reduce metabolic functions to the barest minimum. However, this study has shown that some bacterial meta dely believed that antibiotics are meant to biosynthesis. A previous study showed that some
the pathogenic bacteria in a particular broad-spectrum beta-lactarms with an N-
end possibly reduce metabolic functions to methylt

broad-spectrum beta-lactams with an Nmethylthiotetrazole moiety could lead to depletion of vitamin-producing bacteria and cause vitamin K deficiency [33].

5. CONCLUSIONS

It is not in doubt that antibiotics contributed to the advances of modern medicine, however, the effects on the micro-ecology of the gut microbiome is now becoming more relevant than ever before. The impact of ampicillin on the gut microbiota of the subject and bacterial metabolic functions reduced the diversity of *Bifidobacteria*, Bacteroides and Clostridium species. In addition, ampicillin led to proliferation of *Veillonella* species in the subject. With the variability From the ecology could lead to

in K deficiency [33].
 SIONS

ubt that antibiotics contributed to the

modern medicine, however, the

the micro-ecology of the gut

s now becoming more relevant than

The impact of ampicil

observed in individual responses to antibiotic administration, the time is now ripe to ponder on the potential introduction of "smart" monitoring of bacterial responses to therapeutics with NGS and "smart" probiotics, to cushion the effects of ampicillin on the gut microbiome.

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COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES

1. Zhernakova A, Kurilshikov A, Bonder MJ, Tigchelaar EF, Schirmer M, Vatanen T, et al. Population-based metagenomics analysis reveals markers for gut microbiome composition and diversity. Science. 2016;352(6285):565- 569.

DOI: 10.1126/science.aad3369

2. Qin J, Li R, Raes J, Arumugam M, Burgdorf KS, Manichanh C et al. A human gut microbial gene catalogue established by metagenomic sequencing: commentary. Inflammatory Bowel Disease Monitor. 2010;11:28.

DOI: 10.1038/nature08821

3. Abbott A. Scientists bust myth that our bodies have more bacteria than human cells. Nature; 2016.

DOI: 10.1038/nature.2016.19136

- 4. Huttenhower C, Gevers D, Knight R, Abubucker S, Badger JH, Chinwalla AT et al. Structure, function and diversity of the healthy human microbiome. Nature. 2012;486:207–214.
	- DOI: 10.1038/nature11234
- 5. Modi SR, Collins JJ, Relman DA. Antibiotics and the gut microbiota. Journal of Clinical Investigation. 2014;124:4212– 4218. Available:http://dx.doi.org/10.1172/JCI7233 3
- 6. Cantas L, Shah SQA, Cavaco LM, Manaia CM, Walsh F, Popowska M. A brief multidisciplinary review on antimicrobial

resistance in medicine and its linkage to the global environmental microbiota. Frontiers in Microbiology. 2013;4:96. Available:http://dx.doi.org/10.3389/fmicb.2 013.00096

7. Keenan JR, Veitz-Keenan A. Antibiotic prophylaxis for dental implant placement?
Evidence-Based Dentistry. 2015;16: Evidence-Based Dentistry. 2015;16: 52–53.

> Available:http://dx.doi.org/10.1038/sj.ebd.6 401097

8. Widayati A, Suryawati S, de Crespigny C, Hiller JE. Self medication with antibiotics in Yogyakarta City Indonesia: A cross sectional population-based survey. BMC Research Notes. 2011;4:491.

> Available:http://dx.doi.org/10.1186/1756- 0500-4-491.

9. Ekwochi U, Chinawa JM, Obi I, Obu HA, Agwu S. Use and/or misuse of antibiotics in management of diarrhea among children in Enugu, Southeast Nigeria. Journal
of Tropical Pediatrics. 2013;59(4): of Tropical Pediatrics. 314-316.

DOI: 10.1093/tropej/fmt016.

10. Dethlefsen L, Huse S, Sogin ML, Relman DA. The pervasive effects of an antibiotic on the human gut microbiota, as revealed by deep 16S rRNA sequencing. PLoS Biology. 2008;6:280.

> Available:http://dx.doi.org/10.1371/journal. pbio.0060280

- 11. Rashid M, Zaura E, Buijs MJ, Keijser BJF, Crielaard W, Nord CE et al. Determining the long-term effect of antibiotic administration on the human normal intestinal microbiota using culture and pyrosequencing methods. Clinical Infectious Diseases. 2015;60:77–84. Available:http://dx.doi.org/10.1093/cid/civ1 37
- 12. Caporaso JG, Lauber CL, Walters WA,
Berg-Lyons D, Lozupone CA, Berg-Lyons D, Lozupone CA, TurnbaughPJ,et al. Global patterns of 16S rRNA diversity at a depth of millions of sequences per sample. Proceedings of the National Academy of Sciences. USA. 2011;108(1):4516–22.
- 13. Andrews S. FastQC: A quality control tool for high throughput sequence data. 2010. Available:http://www.bioinformatics.babrah am.ac.uk/projects/fastqc/ 2010 (Accessed 5 November 2017)
- 14. Caporaso JG, Kuczynski J, Stombaugh J, Bittinger K, Bushman FD, Costello EK et

Anukam; JAMB, 7(4): 1-18, 2017; Article no.JAMB.38867

al. QIIME allows analysis of highthroughput community sequencing data. Nature Methods. 2010;7(5):335– 336.

- 15. Langille MGI, Zaneveld J, Caporaso JG, Mcdonald D, Knights D, Reyes JA, et al. Predictive functional profiling of microbial communities using 16S rRNA marker gene sequences. Nature Biotechnology. 2013; 31:814–21.
- 16. Greenwood C, Morrow AL, Lagomarcino AJ, Altaye M, Taft DH, Yu Z, et al. Early empiric antibiotic use in preterm infants is associated with lower bacterial diversity and higher relative abundance of *Enterobacter*. Journal of Pediatrics. 2014;165:23–9.

DOI: 10.1016/j.jpeds.2014.01.010

- 17. Chang JY, Antonopoulos DA, Kalra A, Tonelli A, Khalife WT, Schmidt TM, et al. Decreased diversity of the fecal microbiome in recurrent *Clostridium difficile*-associated diarrhea. Journal of Infectious Diseases. 2008;197:435–8. DOI: 10.1086/525047.
- 18. Panda S, El khader I, Casellas F, Lo´ pezVivancos J, Garcı´aCors M, et al. Short-term effect of antibiotics on human gut microbiota. PLoS ONE. 2014;9(4): 95476.

DOI: 10.1371/journal.pone.0095476.

19. Jumpertz R, Le DS, Turnbaugh PJ, Trinidad C, Bogardus C, Gordon JI, et al. Energy-balance studies reveal associations between gut microbes, caloric load, and nutrient absorption in humans. American Journal Clinical Nutrition. 2011;94:58–65.

DOI: 10.3945/ajcn.110.010132.

20. Azad MB, Bridgman SL, Becker AB, Kozyrskyj AL. Infant antibiotic exposure and the development of childhood overweight and central adiposity. International Journal of Obesity (Lond). 2014;38:1290–8.

DOI: 10.1038/ijo.2014.119.

21. De La Cochetiere MF, Durand T, Lepage P, Bourreille A, Galmiche JP, Dore J. Resilience of the dominant human fecal microbiota upon short-course antibiotic challenge. Journal of Clinical Microbiology. 2005;43:5588–92.

DOI: 10.1128/jcm.43.11.5588-5592.2005

22. Raymond F, Ouameur AA, Déraspe M, Iqbal N, Gingras H, Dridi B, et al. The initial state of the human gut microbiome determines its reshaping by antibiotics. ISME Journal. 2016;10(3):707–720. DOI: 10.1038/ismej.2015.148.

- 23. Zaura E, Brandt BW, Teixeira de Mattos MJ, Buijs MJ, Caspers MPM, Rashid M, et al. Same exposure but two radically different responses Resilience of the salivary microbiome versus long-term microbial shifts in feces. mBIO. 2015;6:01693-15.
- 24. Jernberg C, Lofmark S, Edlund C, Jansson JK. Long-term ecological impacts of antibiotic administration on the human intestinal microbiota. ISME Journal. 2007;1:56–66.

DOI: 10.1038/ismej.2007.3

25. Newton DF, Macfarlane S, Macfarlane GT. Effects of antibiotics on bacterial species composition and metabolic activities in chemostats containing defined populations of human gut microorganisms. Antimicrobial Agents and Chemotherapy. 2013;57(5):2016-25.

DOI: 10.1128/AAC.00079-13.

- 26. Gibson GR, Wang X. Regulatory effects of *Bifidobacteria* on the growth of other colonic bacteria. Journal of Applied Bacteriology. 1994;77:412–420.
- 27. Nicholson JK, Holmes E, Kinross J, Burcelin R, Gibson G, Jia W, Pettersson S. Host-gut microbiota metabolic interactions. Science. 2012;336:1262–1267.

DOI: 10.1126/science.1223813

- 28. Lee SM, Donaldson GP, Mikulski Z, Boyajian S, Ley K, Mazmanian SK. Bacterial colonization factors control specificity and stability of the gut microbiota. Nature. 2013;501(7467): 426–9.
- 29. Fisher CK, Mehta P. Identifying keystone species in the human gut microbiome from metagenomic time series using sparse linear regression. PLoS One. 2014; 9(7):102451.
- 30. Ley RE, Turnbaugh PJ, Klein S, Gordon JI. Microbial ecology—human gut microbes associated with obesity. Nature. 2006;444 (7122):1022–3.
- 31. Trosvik P, Muinck EJ. Ecology of bacteria in the human gastrointestinal tract identification of keystone and foundation taxa. Microbiome. 2015;3:44. DOI: 10.1186/s40168-015-0107-4.

Anukam; JAMB, 7(4): 1-18, 2017; Article no.JAMB.38867

- 32. Maurice CF, Haiser HJ, Turnbaugh PJ. Xenobiotics shape the physiology and gene expression of the active human gut microbiome. Cell. 2013;152:39–50. DOI: 10.1016/j.cell.2012.10.052.
- 33. Shevchuk YM, Pharm D, Conly JM. Antibiotic-associated hypo-
prothrombinemia. Infectious Diseases prothrombinemia. Newsletter. 1992;11:43–6. DOI: 10.1016/0278-2316(92)90002-U

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