

Characteristics of biofilm formation by *Candida albicans*

Gordon Ramage¹, Kacy VandeWalle², Brian L. Wickes¹ & José L. López–Ribot²

¹Department of Microbiology, ²Department of Medicine, Division of Infectious Diseases, The University of Texas Health Science Center at San Antonio, San Antonio, Texas

Summary A variety of manifestations of Candida albicans infections are associated with the formation of biofilms on the surface of biomaterials. Cells in biofilms display phenotypic traits that are dramatically different from their free-floating planktonic counterparts, such as increased resistance to anti-microbial agents and protection form host defenses. Here, we describe the characteristics of C. albicans biofilm development using a 96 well microtitre plate model, microscopic observations and a colorimetric method based on the use of a modified tetrazolium salt (2,3-bis(2-methoxy-4-nitro-5-sulfo-phenyl)-2H-tetrazolium-5-carboxanilide, XTT) to monitor metabolic activities of cells within the biofilm. C. albicans biofilm formation was characterized by initial adherence of yeast cells (0-2 h) followed by germination and micro-colony formation (2-4 h), filamentation (4-6 h), monolayer development (6-8 h), proliferation (8-24 h) and maturation (24-48 h). The XTT-reduction assay showed a linear relationship between cellular density of the biofilm and metabolic activity. Serum and saliva pre-conditioning films increased the initial attachment of C. albicans, but had minimal effect on subsequent biofilm formation. Scanning electron microscopy and confocal scanning laser microscopy were used to visualize C. albicans biofilms. Mature C. albicans biofilms consisted of a dense network of yeasts cells and hyphal elements embedded within exopolymeric material. *C. albicans* biofilms displayed a complex three dimensional structure which demonstrated spatial heterogeneity and a typical architecture showing microcolonies with ramifying water channels. Antifungal susceptibility testing demonstrated the increased resistance of sessile C. albicans cells against clinically used fluconazole and amphotericin B as compared to their planktonic counterparts.

Key words Candida albicans, Biofilm, Models

Características de la formación de biopelículas por *Candida albicans*

Resumen

Diferentes manifestaciones clínicas de infecciones producidas por *Candida albicans* están asociadas con la formación de biopelículas en la superficie de los biomateriales utilizados en la práctica clínica. Las células que forman parte de estas biopelículas exhiben fenotipos diferentes en comparación con las células planctónicas crecidas en condiciones típicas de laboratorio (cultivos líquidos), tales como la elevada resistencia hacia los agentes antimicrobianos y protección contra las defensas del huésped. En el presente estudio describimos las características de la formación de biopelículas por *C. albicans* utilizando un modelo basado en placas de microtitulación de 96 pocillos, junto con observaciones microscópicas y un método colorimétrico basado en la reducción de un producto derivado del formazán (XTT) que permite la detección de la actividad metabólica de las células que forman parte de la biopelícula. La formación de biopelícilas por *C. albicans* se caracterizó por la adherencia inicial de formas (2-4 h), filamentación (4-6 h), crecimiento confluente (6-8 h), proliferación (8-24 h) y envejecimiento (24-48 h). El ensayo de reducción del XTT demostró una excelente correlación entre la densidad cellular de la biopelícula y su actividad metabólica.

Dirección para correspondencia: Dr. Jose L. López-Ribot Department of Medicine/Div. Infectious Diseases The University of Texas Health Science Center at San Antonio South Texas Centers for Biology in Medicine Texas Research Park, 15355 Lambda Drive San Antonio, TX 78245, USA Tel.: +1 210 562 5017 Fax: +1 210 562 5016 E-mail: ribot@uthscsa.edu

Aceptado para publicación el 27 de Julio de 2001

©2001 Revista Iberoamericana de Micología Apdo. 699, E-48080 Bilbao (Spain) 1130-1406/01/10.00 Euros La formación de películas de suero y saliva incrementaron la fase inicial de adherencia de *C. albicans*, pero tuvieron una influencia mínima en el subsecuente desarrollo de biopelículas. También se utilizaron técnicas de microscopía electrónica de barrido y microscopía confocal que demostraron que las biopelículas de *C. albicans* consisten en una densa red de formas levaduriformes y filamentosas encapsuladas dentro de un material extracelular. Las biopelículas de *C. albicans* exhibieron una estructura tridimensional compleja, con una elevada heterogeneidad espacial y una típica arquitectura de microcolonias con ramales de canalizaciones de agua. Por último, los ensayos de sensibilidad a fluconazol y anfotericina B demostraron la elevada resistencia de las células de *C. albicans* presentes en biopelículas hacia estos antifúngicos utilizados en el tratamiento de la candidiasis.

Palabras clave

Candida albicans, Biopelícula, Modelos

Candida albicans is a dimorphic fungus that can be either commensal or an opportunistic pathogen with the ability to cause a variety of infections, ranging from superficial to life threatening. Predisposing factors for C. albicans infections includes immunosuppressive therapy, antibiotic therapy, use of indwelling devices and intravenous catheters, HIV-infection, diabetes and old age [1,2]. Nosocomial infections due to *Candida* are becoming increasingly important. The most recent surveys have shown Candida to be the third or fourth most commonly isolated bloodstream pathogen from U.S. hospitals, now surpassing Gram-negative rods in frequency [3-6]. Importantly, yeasts (mainly C. albicans but also other Candida species such as Candida parapsilosis) are the third leading cause of catheter-related infections, with the second highest colonization to infection rate and the overall highest crude mortality [7,8].

C. albicans is capable of invading virtually every site on the body, including deep tissues and organs, superficial sites such as skin, nails and mucosa. Superficial infections, such as acute pseudomembranous infections of the oral cavity or vagina, are some of the most frequently encountered [1,2]. Furthermore, biomaterials such as stents, shunts, prostheses (voice, heart valve, knee, etc), implants (lens, breast, denture, etc.) endotracheal tubes, pacemakers, and various types of catheters to name a few, have all been shown to support colonization and biofilm formation by *Candida* [9-25].

To colonize, yeast cells must first adhere to either host cells and tissues or biomaterial surfaces that are coated with a glycoproteinaceous conditioning film [26-29]. The conditioning film is formed on the surface of biomaterials and tissue substratum immediately following implantation because biomedical devices are usually surrounded by body fluids such as urine, blood, saliva and synovial fluid [30,31]. Initial attachment of cells is closely followed by proliferation and biofilm formation [32-34]. Moreover, sessile cells in biofilms display properties that are dramatically different to their planktonic (free living) counterparts [35-38]. Two consequences of biofilm growth with profound clinical implications are the markedly enhanced resistance to antimicrobial agents and the protection from host defenses [39-46].

The study of biofilms is increasing at a rapid pace, particularly in the case of bacterial biofilm research, with all focus on fungal biofilms being somewhat neglected. *C. albicans* biofilm development and characteristics have been reported elsewhere [32,33,47-54], and they appear to share several properties with bacterial biofilms, including their structural heterogeneity, the presence of exopolymeric material and their decreased susceptibility to antimi-

crobials and biocides [34,50,55-57]. However, unlike typical bacterial biofilm development, *C. albicans* is capable of dimorphic switching from a yeast form to a filamentous form, which gives *C. albicans* biofilms unique developmental characteristics [48,53,58]. It is increasingly obvious that *C. albicans* biofilm infections are an escalating clinical problem, and with a limited arsenal of treatment therapies the future looks pessimistic unless research interests in this area are initiated. It was therefore the purpose of this study to investigate the characteristics of *C. albicans* biofilm development in respect to morphology, adherence and antifungal susceptibility.

MATERIALS AND METHODS

Organisms. C. albicans 3153A was used in the course of this study, and was stored on Sabouraud dextrose slopes (BBL, Cockeysville, Md) at -70 °C. C. albicans 3153A was propagated in yeast peptone dextrose (YPD) medium (1% w/v yeast extract, 2% w/v peptone, 2% w/v dextrose [US Biological, USA]). Batches of medium (20 ml) were inoculated from YPD agar plates containing freshly grown C. albicans, and incubated overnight in an orbital shaker at 30 °C. C. albicans 3153A grew in the budding-yeast phase under these conditions. Cells were harvested and washed in sterile phosphate buffered saline (PBS: 10 mM phosphate buffer, 2.7 mM potassium chloride, 137 mM sodium chloride, pH 7.4 [Sigma, USA]). Cells were resuspended in RPMI-1640 supplemented with L-glutamine and buffered with morpholinepropanesulfonic acid (MOPS) (Angus Buffers and Chemicals, USA) and adjusted to the desired cellular density by counting in a haematocytometer (see below).

Biofilm growth kinetics on the surface of wells of microtiter plates. C. albicans biofilms were formed on commercially available pre-sterilized, polystyrene, flatbottomed, 96-well microtitre plates (Corning Incorporated, USA). Biofilms were formed by pipetting standardised cell suspensions (100 µl of a suspension containing 10⁶ cells/ml in RPMI-1640) into selected wells of microtitre plates and incubated over a series of time intervals (2, 4, 6, 8, 24, 48 h) at 37 °C. After biofilm formation the medium was aspirated and non-adherent cells removed by thoroughly washing the biofilms three times in sterile PBS. A semi-quantitative measure of biofilm formation was calculated using an 2,3-bis(2-methoxy-4-nitro-5sulfo-phenyl)-2H-tetrazolium-5-carboxanilide (XTT) reduction assay, essentially as described before [59,60]. Briefly, XTT (Sigma) was prepared as a saturated solution at 0.5 g/l in Ringer's lactate. This solution was filter sterilized through a 0.22 µm-pore size filter, aliquoted, and

then stored at -70 °C. Prior to each assay, an aliquot of stock XTT was thawed, and menadione (Sigma, 10 mM prepared in acetone) dispensed to a final concentration of 1 μ M. A 100 μ l aliquot of XTT/menadione was then added to each pre-washed biofilm, and to control wells to measure background XTT levels. The plates were then incubated in the dark for 1 h at 37 °C and the colorimetric change (a reflection of the metabolic activity of the biofilm) was measured in a microtitre plate reader at 490nm (Bechmark Microplate Reader, BioRad, USA). Microscopic examinations of biofilms formed in microtiter plates were performed by light microscopy using an inverted microscope.

Preconditioning films with serum and saliva. Serum was collected from patients at the University Hospital, University of Texas Health Science Centre at San Antonio, who tested negatively for both HIV- and hepatitis B-infection. The serum was pooled, aliquoted and stored at -70 °C. Saliva was collected from several volunteers who chewed parafilm to stimulate their salivary glands for 1 h and collected in 50 ml Falcon tubes on ice, then centrifuged at 3,000 g. The saliva was pooled, aliquoted, and stored at -70 °C. Serum and saliva were prepared at 50% (v/v) in sterile PBS, and were individually dispensed (50 µl) into six wells of a microtiter plate. The serum and saliva solution were then incubated in the wells overnight at 4 °C. Excess serum and saliva were then aspirated, and the adsorbed conditioning film washed once in sterile PBS. C. albicans 3153A was washed in PBS and re-suspended at a concentration of 1×10^8 cells per milliliter in RPMI-1640, and dispensed (100 µl per well) into the 96-well microtiter plates and incubated for 30 min, 4 h and 24 h at 37 °C. For each time point the wells were aspirated and washed three times in sterile PBS, and adhesion measured by the XTT reduction assay and by light microscopy. Experiments were performed twice with six replicates for each condition, with similar results. The effect of serum and saliva conditioning films on C. albicans adherence and biofilm formation as compared to control wells was assessed by using the Student's t test. P < 0.05 was considered statistically significant. The analyses were performed using GraphPad Prism version 3.00 for Windows (GraphPad Software, USA).

Scanning Electron Microscopy. For scanning electron microscopy (SEM), C. albicans biofilms were formed on polymethylmethacrylate (PMMA) discs (diameter 25 mm), which were prepared by combining Dentsply® repair material/lucitone® Fas-Por™E pourable denture base liquid with Dentsply® repair material powder at the ratio of 7.5 ml monomer liquid to 10 g powder, and mixed thoroughly. The PMMA solution was then quickly poured into Teflon moulds and allowed to polymerize into rigid discs. The discs were then washed in sterile distilled H₂O to remove toxic monomer residues and sterilised with 70% v/v alcohol. Biofilms were formed on PMMA discs within 6 well cell culture plates (Corning) by dispensing standardised cell suspensions (4 ml of a suspension containing 1.0 x 10⁶ cells/ml in RPMI-1640) onto appropriate discs at 37 °C. The discs were removed at the selected time intervals (2, 4, 6, 8, 24 and 48 h) and washed as described above. The biofilms were either air-dried or placed in fixative (4% formaldehyde v/v, 1% glutaraldehyde v/v in phosphate buffered saline) overnight. The samples were rinsed in 0.1 M phosphate buffer (2 x 3 min) and then placed in 1% Zetterquist's osmium for 30 min. The samples were subsequently dehydrated in a series of ethanol washes (70% for 10 min, 95% for 10 min, 100% for 20 min), then treated (2 x 5 min) with hexamethyldisilizane (HMDS: Polysciences Inc., USA), and finally air dried in a desiccator. The specimens were coated with gold/palladium (40%/60%). After processing, samples were observed in a scanning electron microscope (Leo 435 VP) in high vacuum mode at 15kV. The images were processed for display using Photoshop software (Adobe, Mountain View, Calif.).

Confocal laser scanning microscopy (CLSM). C. albicans biofilms were formed as described above but using 15 mm diameter sterile thermanox plastic cell culture coverslips (Nunc, Denmark). After incubation at 37 °C for different periods of time they were washed with PBS and stained using the LIVE/DEAD fluorescent staining (Molecular Probes, USA). Stained biofilms were observed with an Olympus FV-500 Laser Scanning Confocal Microscope, using a 488 argon ion laser. Serial sections in the *xy* plane were obtained at 1 µm intervals along the *z* axis. Three-dimensional reconstructions of imaged biofilms were obtained by the resident software. The images were processed for display using the Adobe PhotoShop program (Adobe Systems Inc., USA).

Antifungal Susceptibility Testing. Two clinically used antifungal agents were used in this study, fluconazole (Pfizer, Inc., USA) and amphotericin B (Bristol-Myers Squibb, USA). Fluconazole was prepared at stock concentrations of 1024 µg/ml in RPMI-1640 (Angus Buffers and Chemicals) and amphotericin B was prepared in antibiotic medium 3 (Difco Laboratories). Antifungal susceptibility testing to determine minimum inhibitory concentrations (MICs) of planktonic cells was performed by using the National Committee for Clinical Laboratory Standards (NCCLS) M-27A broth microdilution method with reading of endpoints at 48 h [61]. For antifungal susceptibility testing of sessile (biofilm) cells, biofilms were formed by pipetting standardised cell suspensions (100 µl) into selected wells of the microtitre plate, as described above, which were then incubated for 48 h at 37 °C. The biofilms were then washed thoroughly three times with sterile PBS before the addition of antifungal agents in serially double diluted concentrations and incubated for a further 48 h at 37 °C. A series of antifungal free wells were also included to serve as controls. Sessile minimum inhibitory concentrations were determined at 50% inhibition (SMIC50) and at 80% inhibition (SMIC80) compared to drug-free control wells using the XTT-reduction assay described above.

RESULTS

In vitro biofilm formation by C. albicans. The kinetics of adherence and subsequent biofilm formation by C. albicans 3153A on the surface of polystyrene wells over 48 h, as determined by the colorimetric XTT-reduction assay, are illustrated in figure 1. The production of the soluble colored formazan salt from sessile cells, a direct reflection of cellular metabolic activity, increased over time with the increased sessile cellular density. The biofilms were highly metabolically active in the first 8 h, but as the biofilm matured and the complexity increased (24 to 48 h) the metabolic activity reached a plateau, but remained high probably reflecting the increased number of cells that constituted the mature biofilm. Experiments were performed in sets of eight replicates on three separate occasions, with similar results obtained in all experiments.

Light microscopy observations performed in parallel (Figure 2) demonstrated how the biofilm was emanated from small micro-colonies comprised predominantly of budding yeast cells (2-4 h). After 4 h the budding yeast cells began to filament, forming pseudo-hyphae and eventually true-hyphae. After 8 h, hyphae from neighboring



Figure 1. Kinetics of *C. albicans* biofilm formation as determined by XTT readings. The different phases of biofilm development according to both metabolic reading and microscopic observations are indicated.



Figure 2. Time-lapse microscopy of *C. albicans* biofilm formation. The different panels show the same field with photomicrographs taken at set time intervals. (To see the corresponding movie, please contact JL López-Ribot at ribot@uthscsa.edu).

micro-colonies, comprised from principally budding yeast cells, merged into an intricate network of spatially dispersed filamentous forms that intertwined to form a coherent monolayer of woven-like structures. As biofilm maturation occurred (24 and 48 h growth), the complexity of the biofilm increased into a multilayered biofilm matrix with all fungal morphologies being present in the final biofilm structure.

Effect of serum and saliva conditioning films on C. albicans adhesion and biofilm formation. The effect of serum and saliva conditioning films on C. albicans adherence and biofilm formation is shown in figure 3. When serum was provided as a conditioning film the level of C. albicans adherence was significantly elevated in comparison to that observed in untreated wells. The effect was most clearly demonstrated during early adherence at 30 min there was a 240% compared to control values adherence when compared to the control (p < 0.0001). After 4 h and 24 h there was a smaller difference observed between biofilm formation in the presence or absence of the serum pellicle (representing 138% and 123% of the corresponding values for binding to polystyrene respectively), which did not represent statistically significant differences. In contrast to serum, the effect of saliva preconditioning films was minimal. Initial adhesion at 30 min was marginally increased with only 10% increase when compared to the control, which was not statistically significant (p = 0.8332). Moreover, after 4 h and 24 h there was only a minimal effect in biofilm metabolic activity, with differences not being statistically significant.

SEM and CSLM visualization of C. albicans biofilms. Biofilm formation by C. albicans on acrylic discs was monitored by SEM (Figures 4 and 5). Despite its destructive nature, SEM observations provided useful information on the different cellular morphologies present in the biofilm structure. Initial adherence of yeast cells was followed by germ tube formation and subsequent development of hyphae (Figures 4 and 5). Mature biofilms consisted of a dense network of cells of all morphologies, deeply embedded in matrix consisting of expolymeric material, which was better preserved when the biofilms samples were air-dried (Figure 4) rather than fixed (Figure 5) prior to processing for SEM.



Figure 3. Effect of serum and saliva pre-conditioning films on the formation of *C. albicans* biofilms. Values are expressed as average percent OD readings for XTT assays as compared to control wells (considered 100%). Results are from a single experiment performed with six replicate wells. Asterisk denotes statistically significant differences. ■ Control; ■ Saliva; ■ Serum.

The non-invasive CSLM technique enabled imaging of intact biofilms and visualization of the three dimensional distribution of labelled *C. albicans* cells in the context of the complex biofilm community. Significant channeling and porosity were observed. Overall, results indicated that mature *C. albicans* biofilms displayed a typical microcolony/water channel architecure with extensive spatial heterogeneity. Figure 6 shows a three dimensional reconstruction of a 24 h old, 70 μ m thick *C. albicans* biofilm resulting from the compilation of a series of individual *xy* sections taken across the *z* axis.

167



Figure 4. SEM images of *C. albicans* biofilm formation on PMMA disks over a period of times (2, 4, 6, 8, 24 and 48 h). Biofilm samples were not fixed to maximize the preservation of exopolymeric material.



Figure 5. SEM images of mature (48h) *C. albicans* biofilms formed on PMMA. The same biofilm area is shown at different magnifications: Panel A, 100X; panel B, 500X; panel C, 1,500X and panel D, 500X. Samples were fixed prior to processing for SEM.



Figure 6. Three-dimensional reconstruction of a *C. albicans* 24h biofilm using confocal microscopy and the associated software for the compilation of *xy* optical sections taken across the *z* axis. A, view from the top; B, lateral view to show biofilm thickness (70 µm); C, rotated view to provide a global perspective of the biofilm. Note that *C. albicans* biofilms demonstrated structural heterogeneity and displayed a three dimensional architecture characterized by a presence of microcolonies with ramifying water channels. (To see the corresponding movie, showing the rotating 3D reconstruction, please contact JL López-Ribot at ribot@uthscsa.edu).

Susceptibility testing of C. albicans biofilms against clinically used antifungal agents. The in vitro activity of clinically used fluconazole and amphotericin B against pre-formed C. albicans biofilms was assessed using the modified XTT-reduction assay. Experiments revealed the increased resistance of sessile C. albicans cells compared to their planktonic counterparts (Table 1). The antifungal agents tested showed less activity against 48 h biofilms compared to planktonic MIC's, as the SMIC50s and SMIC80s were generally much greater than the concentration of antifungal required to inhibit planktonic cells. Data revealed that C. albicans biofilms were intrinsically resistant to fluconazole (MICs $>1024 \mu g/ml$), and the activity of this azole derivative against biofilms was reduced up to 250 times compared with its activity against planktonic cultures. Amphotericin B demonstrated certain activity against C. albicans biofilms, as indicated by SMIC80s (1 μ g/ml), but this concentration is generally regarded as resistance already, due to the high toxicity displayed by this drug [62]. Importantly, complete killing of cells within the biofilms was never achieved, as reflected by residual metabolic activity of biofilms at concentrations up to 16 μ g/ml.

Table 1. Antifungal susceptibility testing of *C. albicans* 3153A under planktonic (MIC) and biofilm (SMIC) growing conditions. Values are in µg/ml.

	Planktonic MIC	Biofilm SMIC50	Biofilm SMIC80
Fluconazole MIC's	4	>1024	>1024
Amphotericin B MIC	's 0.5	0.5	1.0

DISCUSSION

C. albicans is an opportunistic pathogen that has become one of the leading causes of nosocomial infections [3,5,6]. These data are partially related to the fact that this organism has a high propensity to adhere to a variety of surfaces, such as living tissue substratum and biomaterials, subsequently forming spatially organized communities of sessile cells that possess phenotypic traits that differ substantially from their planktonic counterparts. Communities of cells such as these are referred to as microbial biofilms and are typically notorious for being resistant to antimicrobials agents and immune factors [39-46]. However, these observations are on the whole limited to work performed on bacterial biofilms, with scant literature reflecting fungal biofilm research [32,47,54,55, 57,63]. An understanding of the complexities of C. albicans biofilm development and phenotypic characteristics will allow us to develop antifungal agents and treatment strategies aimed at eradicating and preventing Candida biofilms, thereby reducing the incidence of C. albicans infections.

C. albicans biofilms and their associated models have been described, e.g. a simple static biomaterial-specific disc model [48] and a perfused biofilm fermenter model [55]. The results and observations from these investigations have given an excellent insight into *C. albicans* biofilm development and some important associated characteristics. We have developed an alternative model that permits high sample throughput potential that is based on a 96-well microtiter plate system. We have previously demonstrated that this system allows the growth of multi-

ple independent biofilms, which showed no statistically significant differences to one another when assessed by an XTT metabolic reduction assay (Ramage *et al*, 2001, submitted). This model, therefore, allows us to more easily observe and assess multiple isolates and multiple experimental parameters in a reproducible manner. The XTTreduction assay described herein, developed on the basis of the study by Tellier and coworkers [60], was used to assess the metabolic activity of biofilms grown over a range of time intervals. It was clearly shown that an increasing cellular density (biofilm formation) was directly related to increased colorimetric measurements with the XTT-reduction assay, as demonstrated by figure 1. Hawser [64,65] previously indicated this relationship by comparing total viable cell counts with XTT readings.

C. albicans biofilm developmental characteristics was assessed using an inverted light microscope at 200 x magnification. Our observations were similar to those described by Baille and Douglas [47,48]. Initially, there was a period of adherence (0-2 h) and subsequent microcolony formation (2-4 h). Dimorphic switching occurred thereafter with a transition from budding-yeast forms to filamentous pseudo- and true-hyphal forms (4-6 h). Micro-colonies then became interlinked by the hyphal extensions, forming a confluent monolayer (6-8 h). The complexity of the biofilm increased with time, taking on a three-dimensional architecture with spatial heterogeneity as it matured (8-48 h). The biofilm after 24 h and 48 h consisted of a mixture of yeast cells, pseudohypahe and true hyphae. Filamentous forms were the most important factor in the three-dimensional architecture, with yeast cells located in the basal layer as also reported by Baille and Douglas [47,48]. We have assessed C. albicans mutants that are deficient in the production of hyphae and have demonstrated an inability to form three dimensional biofilms (unpublished results). Therefore, the dimorphic switching observed in this species is a pivotal factor for biofilm formation and the pathogenic potential of C. albicans [53,58].

In addition to the cell-specific factors that are integral for adhesion and biofilm formation, other features can also play important defined roles. For example, biomaterial surface physico-chemistry and surface roughness has been reported to play a role in bacterial adherence [26,66]. The effect of pre-conditioning films has also been reported to have a positive effect on initial adhesion and biofilm formation [15,52,67]. In this study we have shown that the presence of serum or salivary pellicles, which are normally found in the oral environment, increased the initial adherence of C. albicans cells to polystyrene microtiter plates. Our results indicated that biological conditioning films, particularly serum, may help provide receptor binding sites for planktonic C. albicans. Other investigators have previously shown that presence of serum and salivary pellicles can potentiate C. albicans colonization of acrylic strips and denture lining materials [49,51,52,54,63,68,69]. We have not yet assessed biomaterial surface properties in relation to biofilm developmental characteristics, this subject area has however has been adequately reviewed by Radford and coworkers [15]. C. albicans biofilm formation is a complex process dependant upon multiple variables, including proteinaceous preconditioning films during early adhesion events.

Following initial adhesion, the structural integrity and developmental characteristics of *C. albicans* biofilms was monitored using scanning electron microscopy (SEM) and confocal laser scanning microscopy (CLSM) techniques. The increased magnification and resolution power associated with the SEM technique permitted a

more detailed examination of biofilms. C. albicans biofilms mature biofilms consist of a mixture of yeast and filamentous forms embedded within exopolymeric material. The exopolymeric material was better preserved when biofilm preparations were air-dried, whereas in fixed biofilms only its remains were visible attached to the surface of the cells (compare figures 4 and 5). Hawser et al. [33] also described the production of extracellular matrix polymers by C. albicans biofilms. The non-destructive ČSLM technique (Figure 5) permitted in situ visualization of hydrated biofilms and demonstrated that C. albicans biofilms possess structural heterogeneity and display a typical micro-colony/water channel architecture similar to what has been described for bacterial biofilms [38]. This structural complexity that was observed may represent an optimal spatial arrangement for influx of nutrients, disposal of waste products and establishment of micro-niches throughout the biofilm. CSLM provides the added advantage over all other analytical techniques in that it can used to accurately measure the depths of biofilms. In this study, a mean biofilm depth of 70 µm was measured for 24 h biofilms. Detailed information of this nature can also be used for comparative studies of biofilms formed under different environmental conditions.

Currently, there is a well described method by the NCCLS (M-27A) to determine antifungal susceptibilities for yeast planktonic cultures [61]. Nevertheless, the susceptibility data generated from this approach does not account for the intrinsic resistance exhibited by sessile cells. For example, Hawser and Douglas [57] reported that a range of antifungals were between 30 and 2000 times less active against C. albicans biofilms than that of the planktonic MIC's. In agreement, here we have demonstrated the intrinsic resistance of C. albicans biofilms to fluconazole (up to 250 times), the most commonly used

antifungal agent for the treatment of OPC, and their increased resistance to clinically used amphotericin B. Although amphotericin B exhibited a certain degree of activity against biofilms as indicated by SMIC50s, the SMIC80 values already fell into the resistant range according to interpretative break points [61,62]. Moreover, even at higher concentrations (up to 512 µg/ml) sterility was never achieved. The disparity between planktonic and sessile minimum inhibitory concentrations from an identical isolate may therefore explain why antifungal treatment may be ineffective in some instances and partially explain the lack of absolute correlation between clinical (*in vivo*) and mycological (*in vitro*) resistance.

We have shown that *C. albicans* can form biofilms with relative ease and simplicity. However, macroscopic and microscopic evaluation of these biofilms by different techniques has revealed a level of complexity that could not have been mediated by random cell division. Importantly, C. albicans biofilms formed on different types of biomaterials showed similar architectural features and properties. We have shown that these communities of cells are metabolically active and encased in an extrapolymeric substance. Moreover, they resist the actions of antifungal agents at concentrations that would kill them when free-floating. The spatial heterogeneity and complexity observed in the intact biofilms would lead us to consider that cell-cell communication and highly regulated gene-expression systems are present. Our observations corroborate those by Baille and Douglas [47] and provide an excellent platform from which to initiate research in more focussed avenues, such as the use of genetic approaches to study biofilm formation and the biofilm life style of C. albicans.

> This work was supported by grant ATP 3659-0080 from the Texas Higher Education Coordinating Board (Advance Technology Program, Biomedicine). JLL-R is the recipient of a New Investigator Award in Molecular Pathogenic Mycology from the Burroughs Wellcome Fund. We thank Peggy Miller and Victoria Frohlich for assistance in SEM and CSLM experiments.

References

- Odds FC. Candida infections: an over-1.
- view. Crit Rev Microbiol 1987; 15: 1-5. Sandven P. Epidemiology of candidemia. Rev Iberoam Micol 2000; 17: 73-81. 2
- Banerjee SN, Emori TG, Culver DH, et al. 3 Secular trends in nosocomial primary blo-odstream infections in the United States, 1980-1989. National Nosocomial
- Infections Surveillance System. Am J Med 1991; 91: 86S-89S. 4. Jones RN, Marshall SA, Pfaller MA, et al. Nosocomial enterococcal blood stream infections in the SCOPE Program: antimicrobial resistance, species occurrence, molecular testing results, and laboratory testing accuracy. SCOPE Hospital Study Group. Diagn Microbiol Infect Dis 1997; 29: 95-102.
- Pfaller M, Wenzel R. Impact of the chan-5. ging epidemiology of fungal infections in the 1990s. Eur J Clin Microbiol Infect Dis 1992; 11: 287-291
- Pfaller MA, Jones RN, Messer SA, et al. National surveillance of nosocomial blood 6 stream infection due to Candida albicans: frequency of occurrence and antifungal susceptibility in the SCOPE Program. Diagn
- Microbiol Infect Dis 1998; 31: 327-332. Crump JA, Collignon PJ. Intravascular catheter-associated infections. Eur J Clin 7 Microbiol Infect Dis 2000; 19: 1-8
- 8. Raad I. Intravascular-catheter-related infections. Lancet 1998; 351: 893-898.

Ell SR Candida 'the cancer of silastic' 9

- J Laryngol Otol 1996; 110: 240-242. Cardinal E, Braunstein EM, Capello WN, *et al. Candida albicans* infection of pros-10.
- thetic joints. Orthopedics 1996; 19: 247-251. Gilbert HM, Peters ED, Lang SJ, *et al.* Successful treatment of fungal prosthetic 11. valve endocarditis: case report and
- review. Clin Infect Dis 1996; 22: 348-354. Leonhardt A, Renvert S, Dahlen G. 12 Microbial findings at failing implants. Clin Oral Implants Res 1999; 10: 339-345. Nikawa H, Yamamoto T, Hamada T.
- 13 Effect of components of resilient denturelining materials on the growth, acid pro-duction and colonization of *Candida* albicans. J Oral Rehabil 1995; 22: 817-824. 14. Otaki M, Kitamura N. Candida prosthetic
- valve endocarditis. An autopsy review. Int Surg 1993; 78: 252-253. Radford DR, Challacombe SJ, Walter JD.
- 15. Denture plaque and adherence of Candida albicans to denture-base mate-rials in vivo and in vitro. Crit Rev Oral Biol Med 1999; 10: 99-116.
- Sen BH, Safavi KE, Spangberg, LS. Colonization of *Candida albicans* on 16. cleaned human dental hard tissues. Arch Oral Biol 1997; 42: 513-520. Cruciani M, Di Perri G, Molesini M, et al.
- 17. Use of fluconazole in the treatment of Candida albicans hydrocephalus shunt infection. Eur J Clin Microbiol Infect Dis 1992; 11: 957.

- 18. Fukasawa N, Shirakura K. Candida arthri-tis after total knee arthroplasty-a case of successful treatment without prosthesis removal. Acta Orthop Scand 1997; 68: 306-307
- 19. Niazi ZB, Salzberg CA, Montecalvo M Candida albicans infection of bilateral polyurethane-coated silicone gel breast implants. Ann Plast Surg 1996; 37: 91-93. Gross M, Winkler H, Pitlik S, *et al.*
- 20. Unexpected candidemia complicating ureteroscopy and urinary stenting. Eur J Clin Microbiol Infect Dis 1998; 17: 583-
- 21. Joly V, Belmatoug N, Leperre A, et al. Pacemaker endocarditis due to Candida albicans: case report and review. Clin
- Infect Dis 1997; 25: 1359-1362. Reid G, Denstedt JD, Kang YS, *et al.* Microbial adhesion and biofilm formation 22. on ureteral stents in vitro and in vivo.
- on ureteral stents in vitro and in vivo. J Urol 1992; 148: 1592-1594. Schiano TD, Atillasoy E, Fiel MI, *et al.* Fatal fungemia resulting from an infected transjugular intrahepatic portosystemic 23. shunt stent. Am J Gastroenterol 1997; 92: 709-710.
- Penk A, Pittrow L. Role of fluconazole in the long-term suppressive therapy of fun-gal infections in patients with artificial implants. Mycoses 1999; 42: 91-96. Goldmann DA, Pier GB. Pathogenesis of
- 25. infections related to intravascular catheterization. Clin Microbiol Rev 1993; 6:176-192.

- 26. Gristina AG, Giridhar G, Gabriel BL, et al. Cell biology and molecular mechanisms in artificial device infections. Int J Artif
- Organs 1993; 16: 755-763. Gristina AG, Shibata Y, Giridhar G, *et al.* The glycocalyx, biofilm, microbes, and 27. resistant infection. Semin Arthroplasty 1994; 5: 160-170.
- 28 Tang L, Eaton JW. Inflammatory responses to biomaterials. Am J Clin Pathol 1995; 103: 466-471.
- 29. Cannon RD, Chaffin WL. Oral colonization by *Candida albicans*. Crit Rev Oral Biol Med 1999; 10: 359-383.
- Tunney MM, Bonner MC, Keane PF, et al. 30. Development of a model for assessment of biomaterial encrustation in the upper urinary tract. Biomaterials 1996; 17: 1025-1029.
- Tunney MM, Jones DS, Gorman, SP. Biofilm and biofilm-related encrustation of 31. urinary tract devices. Methods Enzymol
- 1999; 310: 558-566. Hawser SP, Douglas LJ. Biofilm formation by *Candida* species on the surface of ca-32.
- here materials in vitro. Infect Immun 1994; 62: 915-921. Hawser SP, Baillie GS, Douglas LJ. Production of extracellular matrix by *Candida albicans* biofilms. J Med 33.
- Microbiol 1998; 47: 253-256. Baillie GS, Douglas LJ. Matrix polymers of *Candida* biofilms and their possible role in 34.
- Caldwall biofilms and enables being bosterion of the posterior of the posterio 35.
- 36. Bacterial biofilms: a common cause of persistent infections. Science 1999; 284: 1318-1322. O'Toole G, Kaplan HB, Kolter R. Biofilm
- 37 formation as microbial development. Annu Rev Microbiol 2000; 54: 49-79. Watnick P. Kolter R. Biofilm. city of micro-
- 38.
- Anwar H, Dasgupta MK, Costerton JW. Testing the susceptibility of bacteria in biofilms to antibacterial agents. Antimicrob 39 Agents Chemother 1990; 34: 2043-2046. Anwar H, Strap JL, Costerton JW.
- 40 Establishment of aging biofilms: possible mechanism of bacterial resistance to anti-microbial therapy. Antimicrob Agents Chemother 1992; 36: 1347-1351. Evans DJ, Brown MR, Allison DG, *et al.* Susceptibility of bacterial biofilms to
- 41. tobramycin: role of specific growth rate and phase in the division cycle. J Antimicrob Chemother 1990; 25: 585-591.
- Evans DJ, Allison DG, Brown MR, et al. Susceptibility of *Pseudomonas aerugino-*sa and *Escherichia coli* biofilms towards 42. ciprofloxacin: effect of specific growth rate. J Antimicrob Chemother 1991; 27: 177-184.
- Gander S. Bacterial biofilms: resistance to antimicrobial agents. J Antimicrob Chemother 1996; 37: 1047-1050. Gilbert P, Das J, Foley I. Biofilm suscepti-bility to antimicrobials. Adv Dent Res 43
- 44. 1997; 11: 160-167.

- Giridhar G, Myrvik QN, Gristina AG 45. Biomaterial-induced dysfunction in the capacity of rabbit alveolar macrophages J Biomed Mater Res 1995; 29: 1179-1183. Mah TF, O'Toole GA. Mechanisms of bio-
- 46 film resistance to antimicrobial agents.
- Trends Microbiol 2001; 9: 34-39. Baillie GS, Douglas LJ. *Candida* biofilms 47 and their susceptibility to antifungal agents. Methods Enzymol 1999; 310: 644-656.
- Baillie GS, Douglas LJ. Role of dimor-phism in the development of *Candida albi*-48. cans biofilms. J Med Microbiol 1999; 48: 671-679. 49. Nikawa H, Hayashi S, Nikawa Y, *et al.*
- Interactions between denture lining material, protein pellicles and Candida albi-cans. Arch Oral Biol 1993; 38: 631-634
- Nikawa H, Yamamoto T, Hamada T, et al. 50 Cleansing efficacy of commercial denture cleansers: ability to reduce Candida albicans biofilm activity. Int J Prosthodont 1995; 8: 527-534 Nikawa H, Nishimura H, Hamada T, *et al.*
- 51 Effects of dietary sugars and, saliva and serum on *Candida* bioflim formation on acrylic surfaces. Mycopathologia 1997; 139.87-91
- Nikawa, H, Hamada T, Yamamoto T, 52. et al. Effects of salivary or serum pellicles on the Candida albicans growth and bio-film formation on soft lining materials in vitro. J Oral Rehabil 1997; 24: 594-604 Nikawa H, Nishimura H, Hamada T, et al. Relationship between thigmotropism and
- 53 *Candida* biofilm formation in vitro. Mycopathologia 1998; 144: 125-129. Nikawa H, Nishimura H, Makihira S, *et al.*
- 54. Effect of serum concentration on Candida biofilm formation on acrylic surfaces. Mycoses 2000; 43: 139-143.
- Baillie GS, Douglas, LJ. Effect of growth rate on resistance of *Candida albicans* 55. Agents Chemother 1998; 42: 1900-1905. Baillie GS, Douglas LJ. Iron-limited bio-
- 56 films of Candida albicans and their susceptibility to amphotericin B. Antimicrob Agents Chemother 1998; 42: 2146-2149.
- Hawser SP, Douglas LJ. Resistance of *Candida albicans* biofilms to antifungal agents in vitro. Antimicrob Agents
- Chemother 1995; 39: 2128-2131. Davies JM, Stacey AJ, Gilligan CA. *Candida albicans* hyphal invasion: thig-58 motropism or chemotropism? FEMS Microbiol Lett 1999; 171: 245-249. Hawser SP, Norris H, Jessup CJ, *et al.*
- Comparison of a 2,3-bis(2-methoxy-4-nitro-5-sulfophenyl)-5-[(phenylamino)car-bonyl]-2H-tetrazolium hydroxide (XTT) colorimetric method with the standardized National Committee for Clinical Laboratory Standards method of testing clinical yeast isolates for susceptibility to antifungal agents. J Clin Microbiol 1998; 36: 1450-1452.

- 60. Tellier R, Krajden M, Grigoriew GA, et al. Innovative endpoint determination system for antifungal susceptibility testing of yeasts. Antimicrob Agents Chemother 1992; 36: 1619-1625. National Committee for Clinical
- 61. Laboratory Standards. 1997. Reference method for broth dilution antifungal susmethod for broth dilution antifungal sus-ceptibility testing of yeast's: approved standard. NCCLS Document M27-A.. Wayne, PA., National Committee for Clinical Laboratory Standards, 1997. Rex JH, Pfaller MA, Galgiani JH, *et al.* Development of interpretive breakpoints for antifungal susceptibility totaling: con
- 62 for antifungal susceptibility testing: con ceptual framework and analysis of in vitro-in vivo correlation data for fluconazole, itraconazole, and Candida infec tions. Subcommittee on Antifungal Susceptibility Testing of the National Committee for Clinical Laboratory Stan dards. Clin Infect Dis 1997; 24: 235-247. Nikawa H, Nishimura H, Hamada T, et al.
- 63. Effects of modified pellicles on Candida
- biofilm formation on acrylic surfaces. Mycoses 1999; 42: 37-40. Hawser S. Comparisons of the suscepti-bilities of planktonic and adherent *Candida albicans* to antifungal agents: a 64 Candida albicans to antifungal agents: a modified XTT tetrazolium assay using synchronised C. albicans cells. J Med Vet Mycol 1996; 34: 149-152. Hawser S. Adhesion of different Candida spp. to plastic: XTT formazan determina-tions. J Med Vet Mycol 1996; 34: 407-410. Gorman SP, Mawhinney WM, Adair CG, et al. Confocal laser scanning microscopy of peritoneal catheter surfaces. J Med
- 65
- 66 of peritoneal catheter surfaces. J Med Microbiol 1993: 38: 411-417.
- Gristina AG, Hobgood CD, Webb LX, et al. Adhesive colonization of biomate-67. rials and antibiotic resistance
- Biomaterials 1987; 8: 423-426. Nikawa H, Jin C, Hamada T, *et al.* Interactions between thermal cycled resi-68. lient denture lining materials, salivary and serum pellicles and *Candida albicans* in vitro. Part II. Effects on fungal coloniza-tion. J Oral Rehabil 2000; 27: 124-130. Nikawa H, Jin C, Hamada T, *et al.* Interactions between thermal cycled resi-
- 69 lient denture lining materials, salivary and serum pellicles and *Candida albicans* in vitro. Part I. Effects on fungal growth. J Oral Rehabil 2000; 27: 41-51