

The Future of LIBS-Based Pathogen Identification

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The History of LIBS-Based Pathogen Identification

2003-2004

early days

feasibility; proof of concept

*Samuels, DeLucia, Jr., Morel, Leone,
Amoroux, Miziolek, Harmon, Hybl, Buckley*

2005-2008

advanced days

**advanced chemometrics;
single particle/bioaerosals;
double pulse; femtosecond;
use of molecules; stand-off;
man-portable**

*Baudelet, Wolf, Laloi,
Gottfried, Dixon, Hahn*

2008-2011

current days

**discrimination of
strains; microbiological
diversity to simulate
clinical specimens;
realistic tests;
chemometrics.**

*Multari, Cremers, Caceres,
Marcos-Martinez, Rehse,
Mohaidat, Diedrich*

Future Days...

2011-?

future days

testing of ever greater numbers of bacterial species; testing of clinical specimens; translation of technology to clinical medicine; commercial benchtop instruments.

Why Do I Think This?

Based on where we are now...



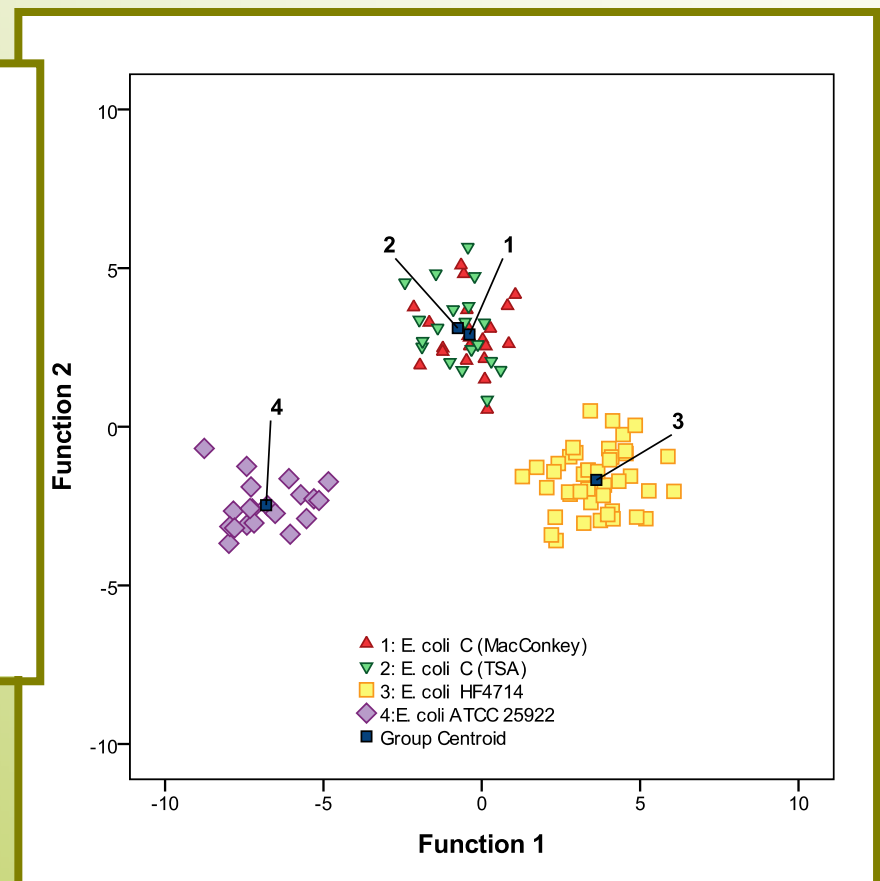
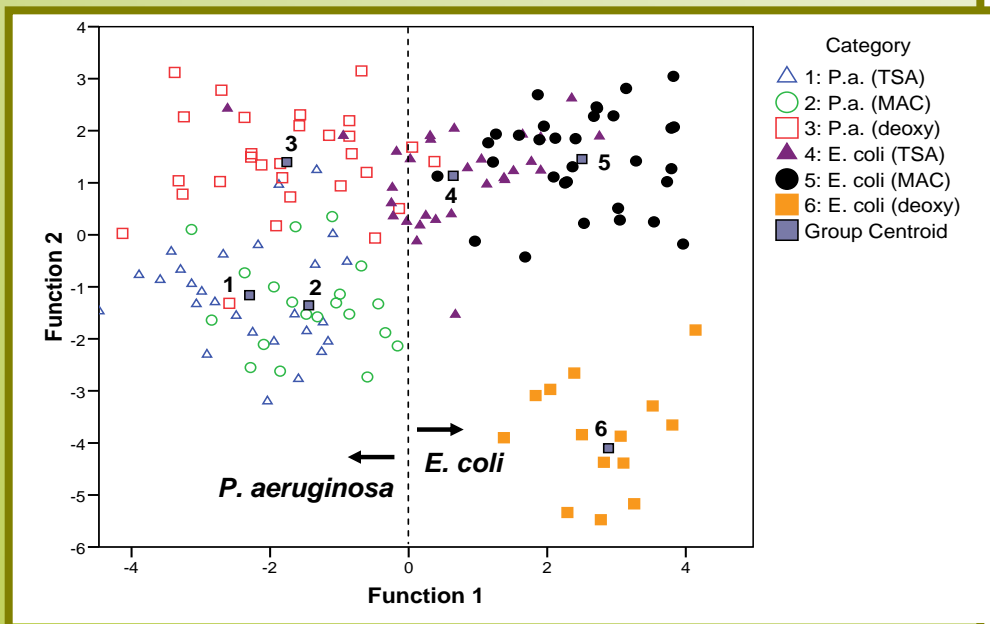
...past trajectory and current position indicate the way forward

You are not what you eat (if you are a bacterium)

growth medium tests

2011

2009



Confirmation by Caceres Group

Talanta 84 (2011) 730–737

Identification and discrimination of bacterial strains by laser induced breakdown spectroscopy and neural networks

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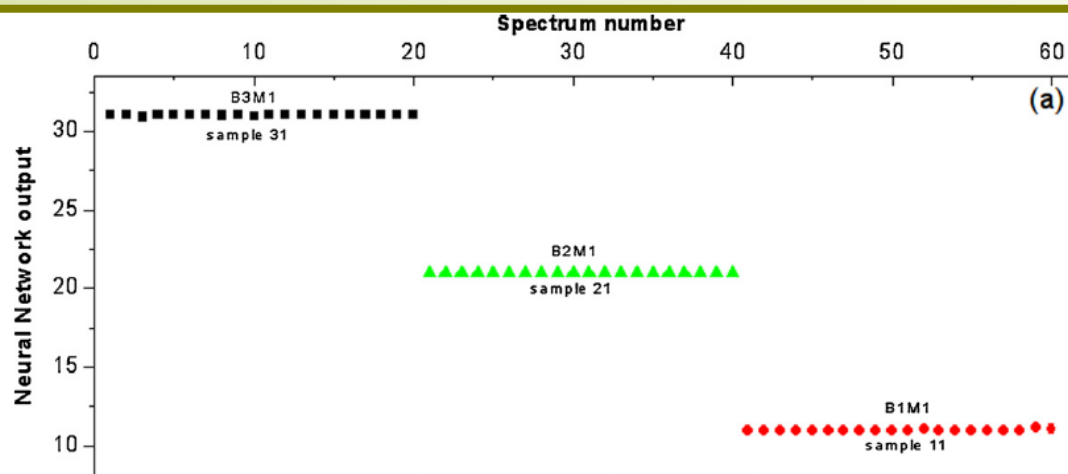
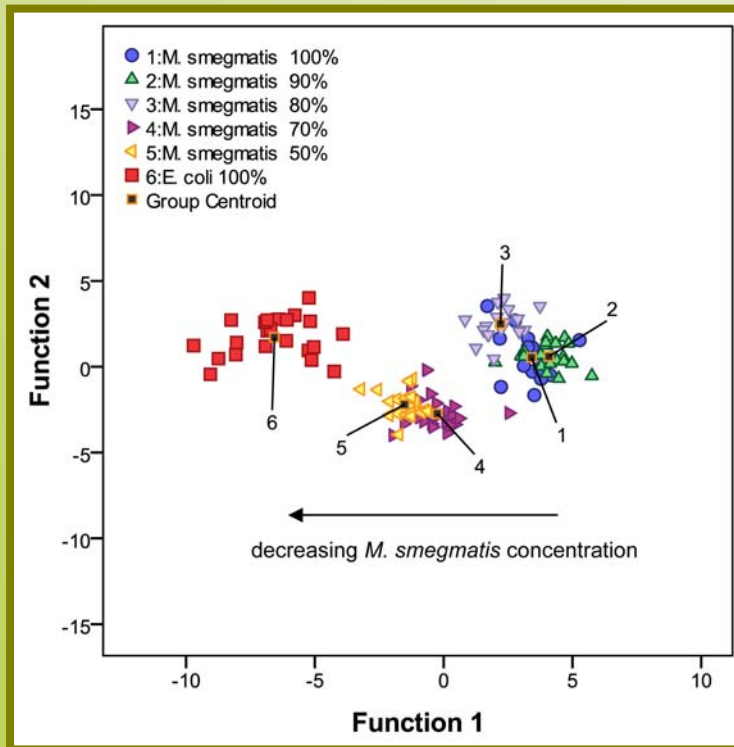


Table 1
Nomenclature used for the samples.

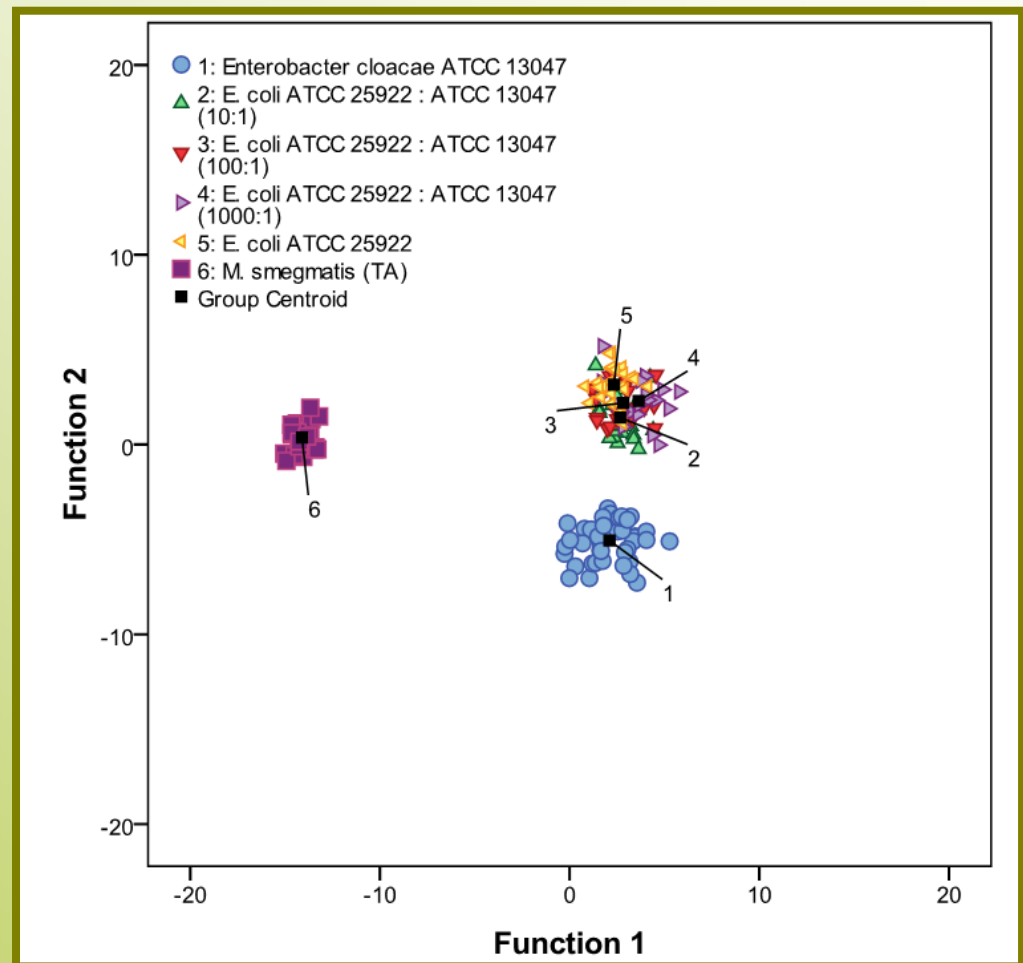
Bacterial strains	Culture media 1 LB agar	Culture media 2 MacConkey agar	Culture media 3 Brucella anaerobic agar
<i>Pseudomonas aeruginosa</i> (B1)	B1M1 (11)	B1M2 (12)	B1M3 (13)
<i>Escherichia coli</i> (B2)	B2M1 (21)	B2M2 (22)	B2M3 (23)
<i>Salmonella typhimurium</i> (B3)	B3M1 (31)	B3M2 (32)	B3M3 (33)

Contamination of samples will not degrade specificity

2010

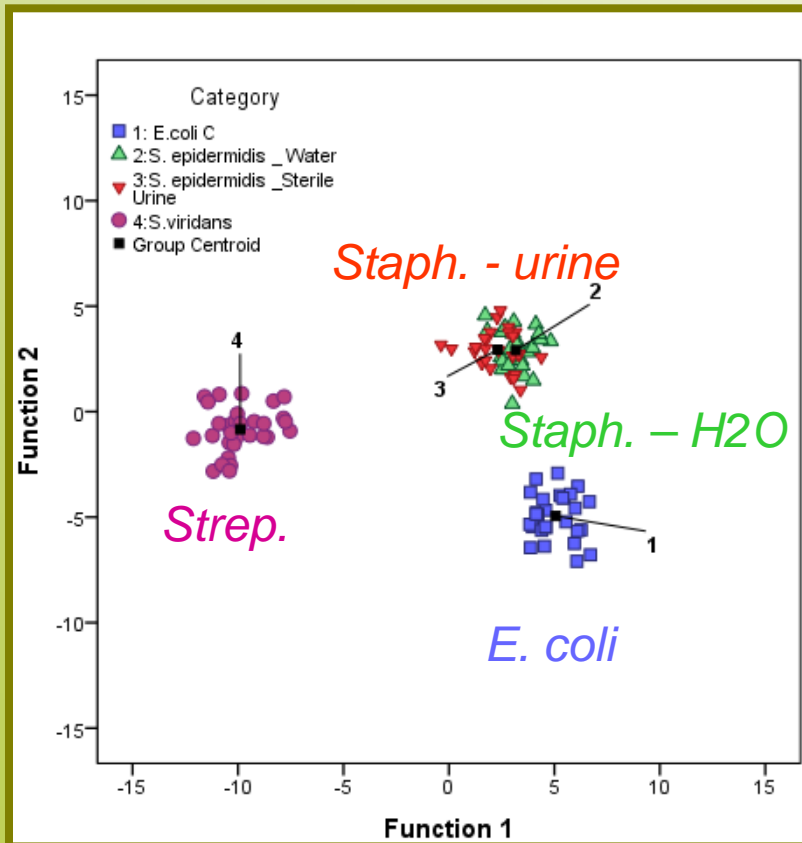


2011

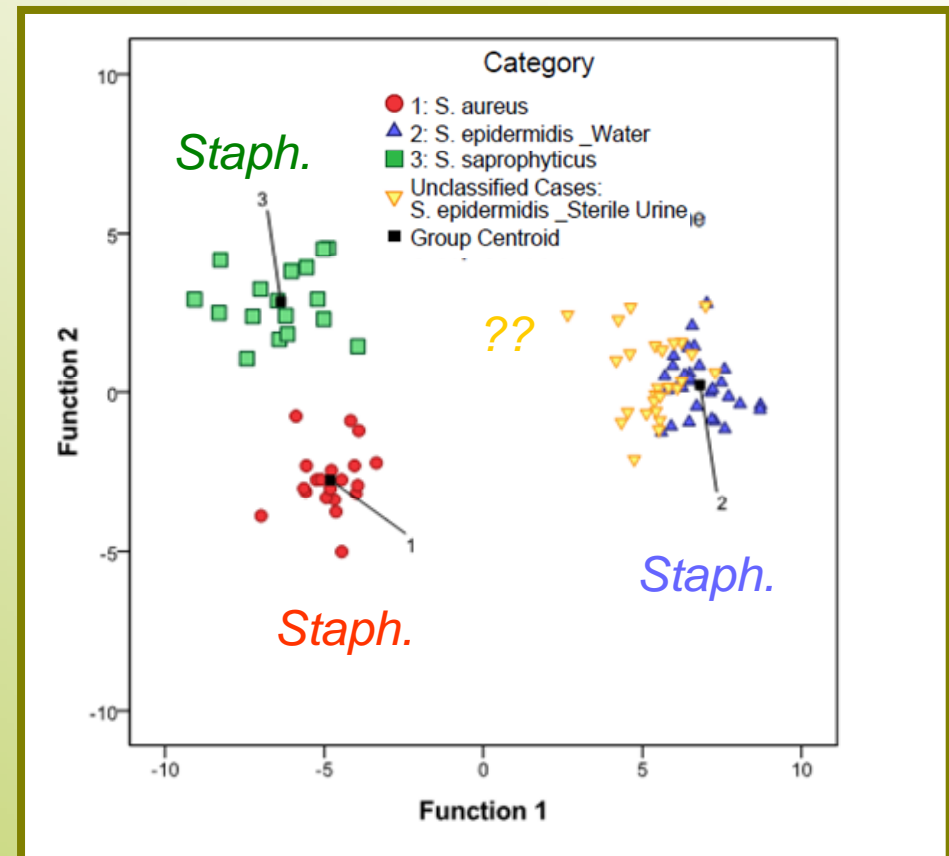


Simulated Clinical Specimens: *sterile urine*

2011



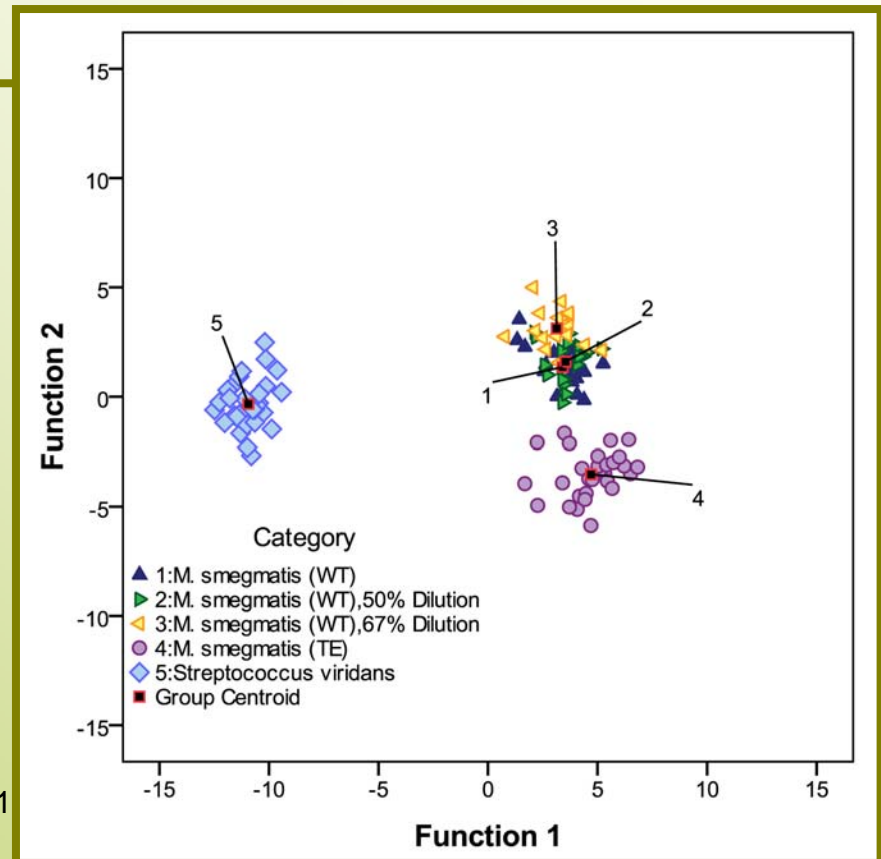
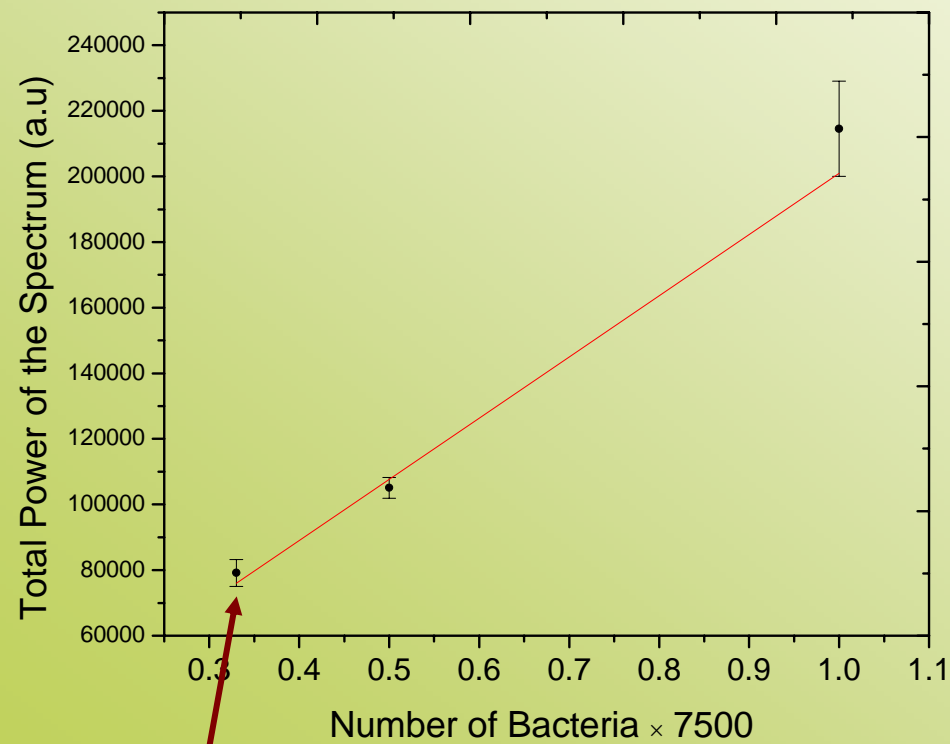
2011



Dilution

specimens of various titer

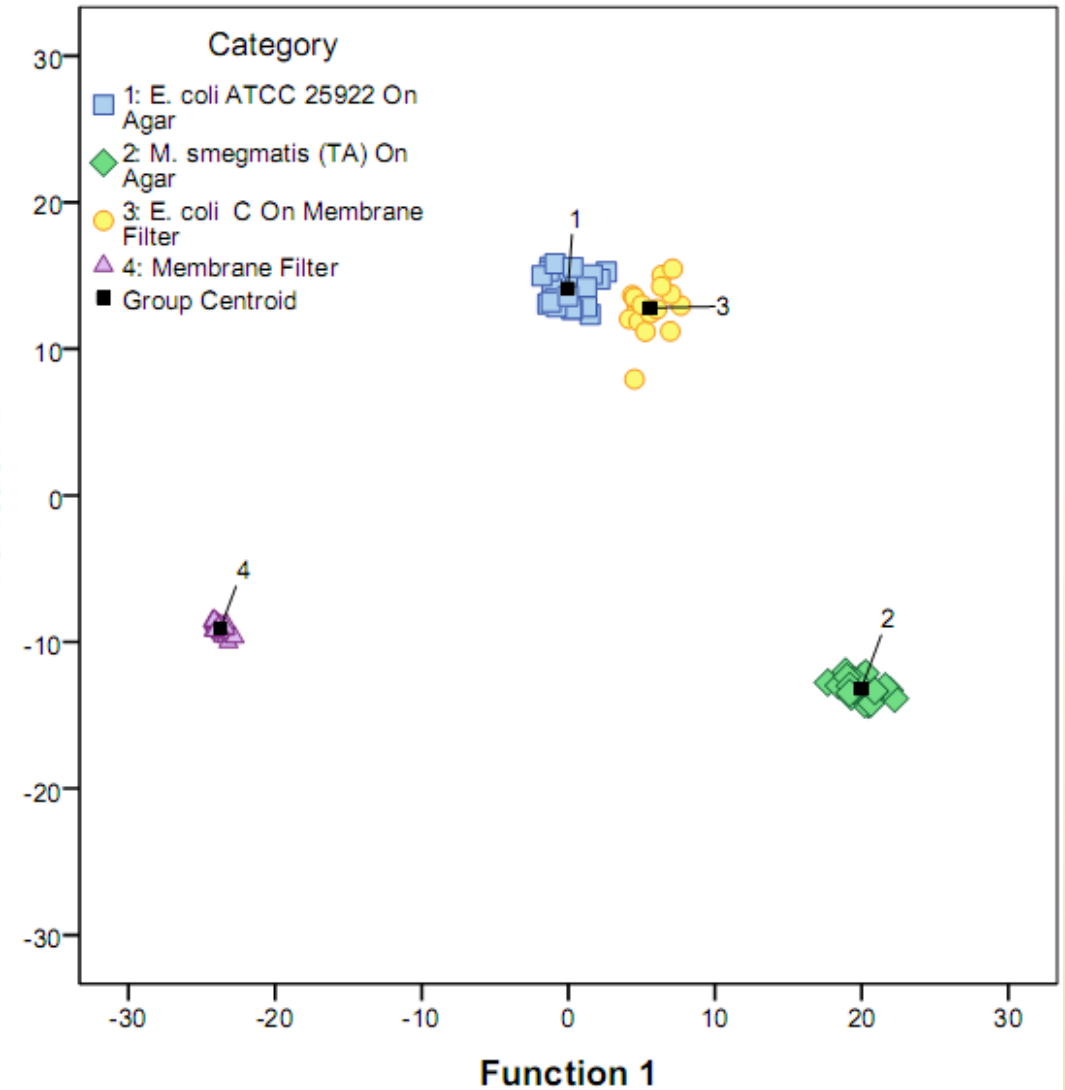
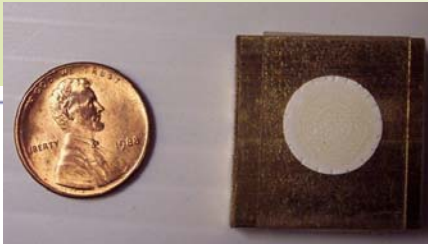
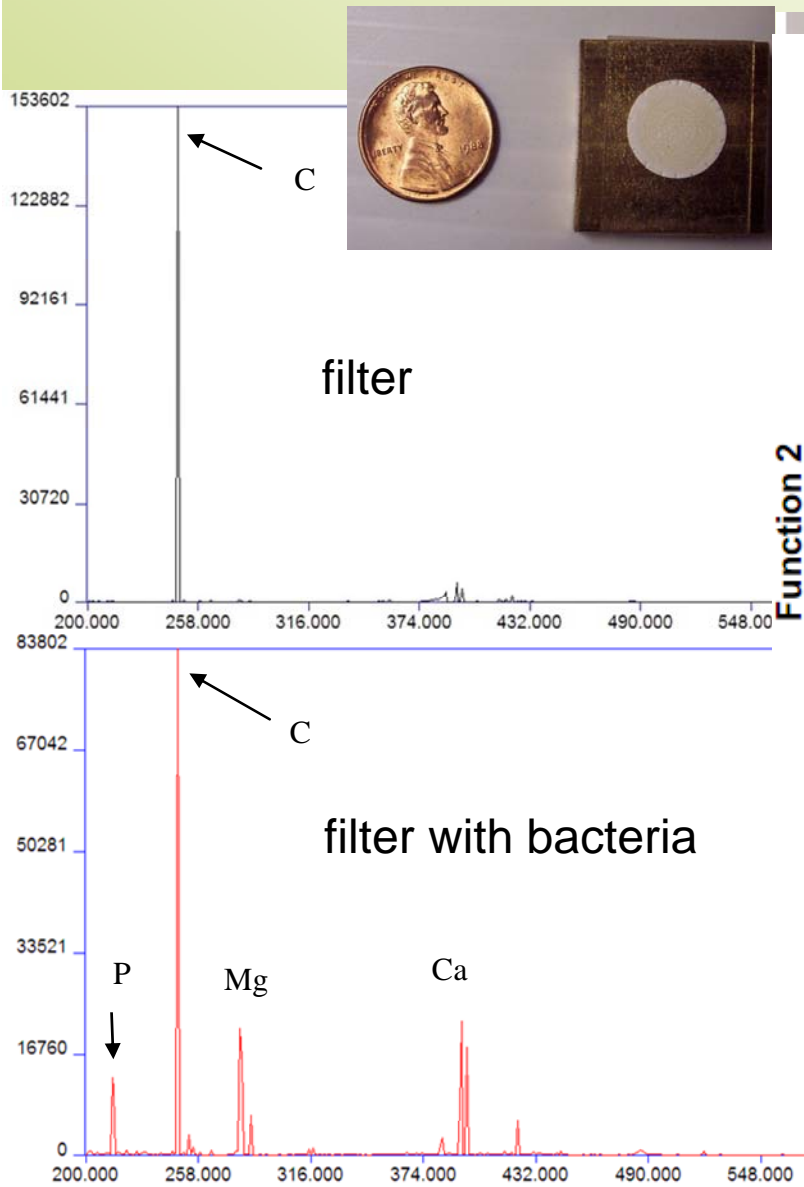
2010



5 laser sampling locations

~500 bacteria per locations

Cellulose Filter



Where Should We Go Now?

Web Images Videos **Maps** News Translate Gmail more ?

LIBS in lab

Google maps Canada

LIBS on bacteria

Did you mean: LABS on bacteria

LIBS in clinical settings

1000 km

Where I Think We Should Go

- (1) Clinical specimens that should be normally sterile and contain minimal other cellular components (i.e. urine, cerebral spinal fluid)
 - detect the presence of bacteria
 - make a rapid classification of that bacteria.

- (2) Strain classification (particularly antibiotic-resistant pathogen strains such as MRSA).

These two applications alone (MRSA infections and UTI's) are responsible for over \$2 billion of medical costs worldwide every year.

Most deaths from meningitis occur in less than a day from onset of the fever. It is most commonly caused by one of three types of bacteria: *Haemophilus influenzae*, *Neisseria meningitidis*, and *Streptococcus pneumoniae*.

Long-Term Objectives

- (1)** LIBS-based pathogen identification must be applicable to [blood samples](#).
 - The cellular components of blood?
 - More complex sample-preparation steps for bacterial separation and identification needed.
 - New sample-handling techniques needed.
 - Advances made in the application of LIBS to liquid samples should be integrated to allow the rapid testing of the bacteria in fluid media.

- (2)** In all cases, efforts should now be made to include [clinical collaborators](#).
 - Allows the testing of clinical specimens in blind tests.
 - All results initially confirmed by more traditional but rigorous microbiological (genetic and molecular microbiology) methods.

- (3)** Results published in [medical journals](#).

Motivation of Long-Term Objectives

- Only in this way will the technique gain acceptance and the required traction in the medical community.
- We've got a great story to tell; let's tell it!

Seeking Employment

My student Qassem Mohaidat has earned his Ph.D., seeking employment right now.

(contact him at mohaidat@wayne.edu) or get in touch with me.)

My new contact info:
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519-253-3000, x2656

Thank you.