**A process and a potential diagnostic kit for Drug-resistant *Mycobacterium tuberculosis* complex bacteria**

D N Magana-Arachchia, R Wanigatungea, S Maheswarana,

E M U A Ekanayakea and D Madegedarac

*National Institute of Fundamental Studies, Kandy, Sri Lankaa {*[*cellbio@ifs.ac.lk*](mailto:cellbio@ifs.ac.lk)*}; Respiratory Unit, Teaching Hospital, Kandy, Sri Lanka*

TB is the ninth leading cause of death worldwide and the leading cause from a single infectious agent. The six month drug regimen intended to completely eradicate the pathogen is threatened by drug-resistance. In 2016, there were 600000 new cases with resistance to rifampin (RIF), the most effective first-line drug, with 490 000 having multidrug-resistant TB (MDR-TB) i.e. resistance to the two main first line anti-TB drugs; RIF and Isoniazid (INH).

In this study, the objective was to develop a simple multiplex diagnostic assay to rapidly detect RIF and INH sensitivity or resistance simultaneously in *Mycobacterium tuberculosis*complexes present in a biological sample.

Patients with acid fast bacilli (AFB) positive sputum visiting the Chest Clinic, Kandy were recruited (n=250) with a control group of other patients confirmed to be of AFB negative sputum (n=25). Specimens were processed and cultured on Lowenstein-Jensen medium and incubated at 37 0C for 8 weeks. RIF and INH resistance was determined by drug susceptibility testing (DST). Multiplex PCR with self-designed primers (*inhA + rpoB*, *katG + rpoB*) was carried out using H37Rv as a standard strain. The multiplex PCR process was validated using another 100 DNA samples directly extracted from sputum clinical samples. Denaturing gradient gel electrophoresis (DGGE) was performed on amplicons of multiplex PCR. The procedure included loading 10 µl of PCR product onto an 8% acrylamide gel in 1× TAE buffer. DGGE were carried outwith 20-90% gradient gels at 60 0C for 10 hrs at 120V. Silver stained and photographed gels were analyzed with gene tool software.

Following incubation, 161 of 176 isolates were identified as MTB complex by molecular techniques. DST revealed RIF mono-resistant (n=32) and MDR MTB strains (n=6). Results of Multiplex PCR and DGGE analysis correlated with DST results. The assay was validated further as four RIF mono-resistant and one MDR strain were identified.

The multiplex PCR process with DGGE is a rapid method that can be utilized to detect drug-resistance of MTB unlike slower conventional methods.

The process and the primer sets have been patented.