

**Research Article**

## RHODOTORULA SPECIES AS AN EMERGING OPPORTUNISTIC PATHOGEN

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### ABSTRACT

Rhodotorula species, part of the Basidiomycota phylum, is a typical ecological yeast that is found in air, soil, lakes, sea water, and natural product juice. colonize plants, people, and different vertebrates. The class Rhodotorula incorporates eight species, of which Rhodotorula mucilaginosa, Rhodotorula glutinis, and Rhodotorula minuta are human pathogens. It produces pink to red colonies and possess unicellular blastoconidia that lacks pseudohyphae and hyphae. Rhodotorula spp. have been perceived as arising yeast pathogen in humans over the most recent twenty years. While no instances of Rhodotorula disease were accounted for in the clinical writing before 1985, the cases expanded after that time, no doubt in light of the more extensive utilization of serious medicines and focal venous catheters.

### KEYWORDS

Venous catheters; Meningitis; Rhodotorula glutinis, Endophthalmitis, vasodilators.

### INTRODUCTION

Recently considered non-pathogenic, Rhodotorula species have arisen as opportunistic microorganisms

with the capacity to colonize and infect humans [1]. Recent studies exhibited that the rate of fungemia

brought about by Rhodotorula was somewhere in the range of 0.5% and 2.3% in the USA and Europe respectively [2,3]. Most instances of disease with Rhodotorula fungemia are related with catheters in patients with haematologic malignancies [4]. Taking into account that Rhodotorula is an omnipresent and saprophytic parasite, the isolation of Rhodotorula from nonsterile human samples, particularly from the mucous films, has frequently been of clinical importance [5]. Localised infections without fungemia including endophthalmitis, onychomycosis, meningitis, prosthetic joint diseases, and peritonitis (generally connected with nonstop peritoneal dialysis) have been accounted for in immunocompromised and immunocompetent patient [6,7]. The primary report of fungemia was brought about by Rhodotorula in 1960 [8]. In this way, a rising number of cases have been documented, particularly over the most recent twenty years. Nonetheless, this increment might be a distribution predisposition after acknowledgment of Rhodotorula as a microbe [9]. One more conceivable clarification is the extension of new treatment modalities connected with basic consideration medication and transplantation [10,11].

### Rhodotorula species as human pathogens

Though Rhodotorula species are widespread in the surrounding environment but is seldom connected to human sicknesses [12]. No instances of Rhodotorula disease had been recorded before 1985 but since then incidence rate representing somewhere in the range of 0.5 and 2.3 percent of all fungemia cases [13]. Rhodotorula genus incorporates Rhodotorula glutinis, Rhodotorula minuta, and Rhodotorula mucilaginosa (also known as Rhodotorula rubra) as human pathogens [14,15]. These yeasts can prompt confined invasions in both immunocompromised and immunocompetent hosts, as well as fungemia in

immunocompromised patients [16]. Rhodotorula mucilaginosa is the most widely recognized pathogen for Rhodotorula associated eye diseases such as Keratitis, Endophthalmitis etc [17,18]. In addition, diseases such as Meningitis, peritonitis, onychomycosis, mouth ulcers, dermatitis, endocarditis, and lymphadenitis brought about by Rhodotorula [19,20]. Utilization of focal venous catheters around 1985 elevated the risk of Rhodotorula infections [21]. Another Rhodotorula species is Rhodotorula minuta and is responsible for causing endophthalmitis and prosthetic joint infections [22]. On the other hand, Meningitis and keratitis have been connected to Rhodotorula glutinis [23].

### Rhodotorula species as a source of drugs

Rhodotorula species produces numerous drugs which are as follows:

- Rhodotorula glutinis produces cephalosporane derivatives and chitin and Rhodotorula rubra can be utilized to decrease substituted thiazolidines stereo selectively [24,25].
- In addition, Rhodotorula is known to produce 2-halogeno-3-hydroxy-3-phenylpropionic acid ester which are useful as coronary vasodilators [26].
- Both Rhodotorula rubra and Rhodotorula mucilaginosa make transhydroxy sulphone intermediate [27]
- Rhodotorula minuta is a magnificent lactose galacto-oligosaccharide producer [28]
- Rhodotorulic acid and itaconic acid is also produced by Rhodotorula species [29].
- Rhodotorula rubra microbial culture, treated p-hydroxy acetophenone with Eschenmoser's salt and carbonate resin followed by Pichia angusta yeast to accomplish synthesis of drug salmeterol xinafoate [30].it is used for the

- treatment of asthma and hepatic impairments [31].
- Carotenoid production in sugarcane juice by Rhodotorula rubra [32].

## CONCLUSION

Rhodotorula species are universal saprophytic yeasts that can be recuperated from numerous ecological sources. Rhodotorula species have arisen as human pathogens causing fungemia, skin, visual, meningeal, prosthetic joint, and peritoneal infections.

## REFERENCES

1. Wirth, F., & Goldani, L. Z. (2012). Epidemiology of Rhodotorula: an emerging pathogen. *Interdisciplinary perspectives on infectious diseases*, 2012.
2. Tuon, F. F., & Costa, S. F. (2008). Rhodotorula infection. A systematic review of 128 cases from literature. *Rev Iberoam Micol*, 25(3), 135-40.
3. Zaas, A. K., Boyce, M., Schell, W., Lodge, B. A., Miller, J. L., & Perfect, J. R. (2003). Risk of fungemia due to Rhodotorula and antifungal susceptibility testing of Rhodotorula isolates. *Journal of Clinical Microbiology*, 41(11), 5233-5235.
4. Lunardi, L. W., Aquino, V. R., Zimmerman, R. A., & Goldani, L. Z. (2006). Epidemiology and outcome of Rhodotorula fungemia in a tertiary care hospital. *Clinical Infectious Diseases*, 43(6), e60-e63.
5. Wirth, F., & Goldani, L. Z. (2012). Epidemiology of Rhodotorula: an emerging pathogen. *Interdisciplinary perspectives on infectious diseases*, 2012.
6. García-Suárez, J., Gómez-Herruz, P., Cuadros, J. A., & Burgaleta, C. (2011). Epidemiology and outcome of Rhodotorula infection in haematological patients. *Mycoses*, 54(4), 318-324.
7. Ioannou, P., Vamvoukaki, R., & Samonis, G. (2019). Rhodotorula species infections in humans: A systematic review. *Mycoses*, 62(2), 90-100.
8. Potenza, L., Chitasombat, M. N., Klimko, N., Bettelli, F., Dragonetti, G., Del Principe, M. I., ... & Pagano, L. (2019). Rhodotorula infection in haematological patient: risk factors and outcome. *Mycoses*, 62(3), 223-229.
9. Rusthoven, J. J., Feld, R., & Tuffnell, P. G. (1984). Systemic infection by Rhodotorula spp. in the immunocompromised host. *Journal of infection*, 8(3), 241-246.
10. Spiliopoulou, A., Anastassiou, E. D., & Christofidou, M. (2012). Rhodotorula fungemia of an intensive care unit patient and review of published cases. *Mycopathologia*, 174(4), 301-309.
11. Duboc De Almeida, G. M., Figueiredo Costa, S., Melhem, M., Motta, A. L., Walderez Szessz, M., Miyashita, F., ... & Burattini, M. N. (2008). Rhodotorula spp. isolated from blood cultures: clinical and microbiological aspects. *Sabouraudia*, 46(6), 547-556.
12. Seifi, Z., Mahmoudabadi, A. Z., & Hydrinia, S. (2013). Isolation, identification and susceptibility profile of Rhodotorula species isolated from two educational hospitals in Ahvaz. *Jundishapur Journal of Microbiology*, 6(6), 1l.
13. MANTADAKIS, M. A. E., & GALANAKIS, E. (2003). Rhodotorula species fungemia: a threat to the immunocompromised host. *Clin. Lab*, 49, 49-55.

14. Zaas, A. K., Boyce, M., Schell, W., Lodge, B. A., Miller, J. L., & Perfect, J. R. (2003). Risk of fungemia due to Rhodotorula and antifungal susceptibility testing of Rhodotorula isolates. *Journal of Clinical Microbiology*, 41(11), 5233-5235.
15. Diekema, D. J., Petroelje, B., Messer, S. A., Hollis, R. J., & Pfaller, M. A. (2005). Activities of available and investigational antifungal agents against Rhodotorula species. *Journal of clinical microbiology*, 43(1), 476-478.
16. El-Tahawy, A. T., & Khalaf, R. M. (1999). Rhodotorula rubra fungemia in an immunocompromised patient. *Annals of Saudi medicine*, 19(6), 533-535.
17. Rajmane, V. S., Rajmane, S. T., & Ghatole, M. P. (2011). Rhodotorula species infection in traumatic keratitis—a case report. *Diagnostic microbiology and infectious disease*, 71(4), 428-429.
18. Merkur, A. B., & Hodge, W. G. (2002). Rhodotorula rubra endophthalmitis in an HIV positive patient. *British Journal of Ophthalmology*, 86(12), 1444-1445.
19. Miceli, M. H., Díaz, J. A., & Lee, S. A. (2011). Emerging opportunistic yeast infections. *The Lancet infectious diseases*, 11(2), 142-151.
20. Baradkar, V. P., & Kumar, S. (2008). Meningitis caused by Rhodotorula mucilaginosa in human immunodeficiency virus seropositive patient. *Annals of Indian Academy of Neurology*, 11(4), 245.
21. Tuon, F. F., Duboc de Almeida, G. M., & Costa, S. F. (2007). Central venous catheter-associated fungemia due to Rhodotorula spp.—a systematic review. *Sabouraudia*, 45(5), 441-447.
22. Simon, M. S., Somersan, S., Singh, H. K., Hartman, B., Wickes, B. L., Jenkins, S. G., ... &
23. Schuetz, A. N. (2014). Endocarditis caused by Rhodotorula infection. *Journal of clinical microbiology*, 52(1), 374-378.
24. Menon, S., Gupta, H. R., Sequeira, R., Chavan, S., Gholape, D., Amandeep, S., ... & Chowdhary, A. S. (2014). Rhodotorula glutinis meningitis: a case report and review of literature. *Mycoses*, 57(7), 447-451.
25. Lin, L., & Xu, J. (2020). Fungal pigments and their roles associated with human health. *Journal of Fungi*, 6(4), 280.
26. Crich, D., Li, W., & Li, H. (2004). Direct Chemical Synthesis of the  $\beta$ -Mannans: Linear and Block Syntheses of the Alternating  $\beta$ -(1→3)- $\beta$ -(1→4)-Mannan Common to Rhodotorula glutinis, Rhodotorula mucilaginosa, and Leptospira biflexa. *Journal of the American Chemical Society*, 126(46), 15081-15086.
27. Tulloch, A. P., & Spencer, J. F. T. (1964). Extracellular glycolipids of Rhodotorula species: the isolation and synthesis of 3-d-hydroxypalmitic and 3-d-hydroxystearic acids. *Canadian Journal of Chemistry*, 42(4), 830-835.
28. Kot, A. M., Błażejak, S., Gientka, I., Kieliszek, M., & Bryś, J. (2018). Torulene and torularhodin: “new” fungal carotenoids for industry?. *Microbial Cell Factories*, 17(1), 1-14.
29. Onishi, N., & Tanaka, T. (1996). Purification and properties of a galacto-and gluco-oligosaccharide-producing  $\beta$ -glycosidase from Rhodotorula minuta IFO879. *Journal of fermentation and bioengineering*, 82(5), 439-443.
30. P de Carvalho, M., & Abraham, W. R. (2012). Antimicrobial and biofilm inhibiting diketopiperazines. *Current medicinal chemistry*, 19(21), 3564-3577.
- Anwar, M. M., El-Haggar, R. S., & Zagħary, W. A. (2015). Salmeterol xinafoate. *Profiles of Drug*

Substances, Excipients and Related Methodology, 40, 321-369.

31. Cazzola, M., Testi, R., & Matera, M. G. (2002). Clinical pharmacokinetics of salmeterol. Clinical pharmacokinetics, 41(1), 19-30.
32. Bonadio, M. D. P., Freita, L. A. D., & Mutton, M. J. R. (2018). Carotenoid production in sugarcane juice and synthetic media supplemented with nutrients by Rhodotorula rubra loz. brazilian journal of microbiology, 49, 872-878.

