Staphylococcus Agar Nº 110

Selective medium for the isolation of pathogenic staphylococci.

Practical information

| Aplications | Categories | |
|---------------------|-----------------------------------|--|
| Selective isolation | Coagulase-positive staphylococcus | |
| Industry: Clinical | | |

Principles and uses

Staphylococcus Agar N^o 110 is a selective medium used to isolate pathogenic staphylococci from clinical and non-clinical samples based on mannitol fermentation, pigment formation and gelatinase activity.

Staphylococci are responsible for many cases of pneumonia, meningitis, furunculosis, urethritis, vaginitis, etc. This medium is also used for isolating staphylococci which contaminate a wide variety of foods and produce food poisoning.

Casein peptone provides nitrogen, vitamins, minerals and amino acids essential for growth. Yeast extract is a source of vitamins, particularly the B-group. Lactose and D-mannitol are the fermentable carbohydrates as energy sources; Dipotassium phosphate is the buffer; Sodium chloride supplies essential electrolytes for transport and osmotic balance and, in high concentration, inhibits most bacteria except staphylococci. Gelatin is included to test liquefaction. Bacteriological agar is the solidifying agent.

Pathogenic staphylococci (coagulase-positive staphylococci) resist the high NaCl concentration and form golden yellow colonial pigments.

Mannitol fermentation, producing acid, is detected by adding a few drops of Bromothymol blue to a plate and looking for a yellow halo around the colonies.

Staphylococci liquefy gelatin, producing clearing zones around the colonies. One plate can be filled with 5 ml of a saturated solution of ammonium sulfate, or with a drop of 20% sulfosalicylic acid and incubated for 12 minutes to observe the hydrolysis of the gelatin: a clearing around the colony constitutes a positive hydrolysis (Stone's Reaction).

Formula in g/L

| Bacteriological agar | 15 Casein peptone | 10 |
|-----------------------|-------------------|-----|
| Dipotassium phosphate | 5 D-mannitol | 10 |
| Gelatin | 30 Lactose | 2 |
| Sodium chloride | 75 Yeast extract | 2,5 |

Preparation

Suspend 149,5 grams of the medium in one liter of distilled water. Mix well and dissolve by heating with frequent agitation. Boil for one minute until complete dissolution. Sterilize in autoclave at 121 °C for 15 minutes. Cool to 45-50 °C, mix well and dispense into plates.

Instructions for use

For clinical diagnosis, the type pf sample is bacteria isolated from any clinical sample.

- Inoculate on the surface making parallel striae with the handle or swab.

- Incubate in aerobic conditions at 35±2 °C for 18-48 hours.

- Reading and interpretation of the results.

Appareance

Quality control

Solubility

Color of the dehydrated medium

Color of the prepared medium

Final pH (25°C)

Cat. 1032

🎸 Condalab

| w/o rests | Fine powder | Beige | Amber, slightly opalescent | | 7,0±0,2 |
|---------------------------------------|----------------------------|---------------------------------------|-----------------------------------|---------|---------|
| Microbiolo | ogical test | | | | |
| cubation cor | nditions: (35±2 ºC / 18-48 | 3 h). | | | |
| Microrganisms | | Specification Characteristic reaction | | eaction | |
| Staphylococcus epidermidis ATCC 12228 | | Good growth | No pigment production | | |
| Escherichia coli ATCC 25922 | | Total inhibition | | | |
| Staphylococcus aureus ATCC 25923 | | Good growth | Pigment production | | |
| Staphylococcus aureus ATCC 6538 | | Good growth | Pigment production | | |
| Bacillus subtilis ATCC 6633 | | Good growth | Good growth No pigment production | | |
| | | | | | 7 |

Storage

Temp. Min.:2 °C Temp. Max.:25 °C

Bibliography

Chapman J. Bact. 51:409, 1946. Chapman J. Bact. 63:147. 1952.

Mac Faddin, J.F. 1985 Media for isolation cultivation identification maintenance of medical bacteria, vol. 1 p. 722-726. Willians & Wilkins, Baltimore, MD. Association of Off icial Analytical Chemists 1995. Bacteriological analytical manual, 8th ed. AOAC Internationel, Cait hersburg, MD.