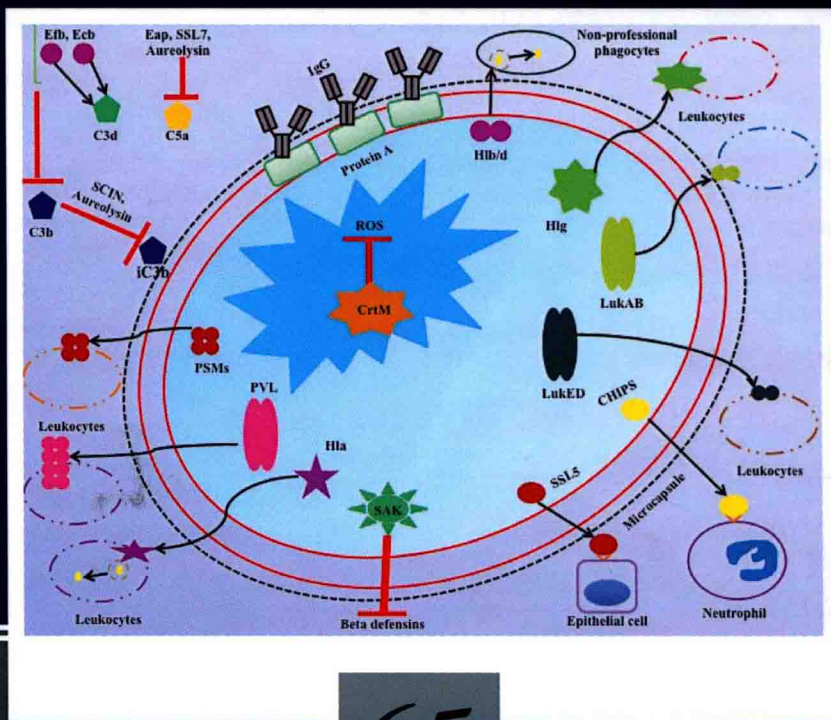


# Advances in MICROBIAL PHYSIOLOGY

## ADVANCES IN BACTERIAL PATHOGEN BIOLOGY

EDITED BY ROBERT K. POOLE



65



CONTENTS



VOLUME SIXTY FIVE

# ADVANCES IN MICROBIAL PHYSIOLOGY

## Advances in Bacterial Pathogen Biology

Edited by

**ROBERT K. POOL**

*West Riding Professor of Microbiology  
Department of Molecular Biology and Biotechnology  
The University of Sheffield  
Firth Court, Western Bank  
Sheffield, UK*



**ELSEVIER**

AMSTERDAM • BOSTON • HEIDELBERG • LONDON  
NEW YORK • OXFORD • PARIS • SAN DIEGO  
SAN FRANCISCO • SINGAPORE • SYDNEY • TOKYO

Academic Press is an imprint of Elsevier



Academic Press is an imprint of Elsevier  
525 B Street, Suite 1800, San Diego, CA 92101-4495, USA  
225 Wyman Street, Waltham, MA 02451, USA  
32 Jamestown Road, London NW1 7BY, UK  
The Boulevard, Langford Lane, Kidlington, Oxford, OX5 1GB, UK

First edition 2014

Copyright © 2014 Elsevier Ltd. All rights reserved.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or any information storage and retrieval system, without permission in writing from the publisher. Details on how to seek permission, further information about the Publisher's permissions policies and our arrangements with organizations such as the Copyright Clearance Center and the Copyright Licensing Agency, can be found at our website: [www.elsevier.com/permissions](http://www.elsevier.com/permissions).

This book and the individual contributions contained in it are protected under copyright by the Publisher (other than as may be noted herein).

#### Notices

Knowledge and best practice in this field are constantly changing. As new research and experience broaden our understanding, changes in research methods, professional practices, or medical treatment may become necessary.

Practitioners and researchers must always rely on their own experience and knowledge in evaluating and using any information, methods, compounds, or experiments described herein. In using such information or methods they should be mindful of their own safety and the safety of others, including parties for whom they have a professional responsibility.

To the fullest extent of the law, neither the Publisher nor the authors, contributors, or editors, assume any liability for any injury and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any methods, products, instructions, or ideas contained in the material herein.

ISBN: 978-0-12-800142-4

ISSN: 0065-2911

For information on all Academic Press publications  
visit our website at [store.elsevier.com](http://store.elsevier.com)

Printed in the United States of America



Working together  
to grow libraries in  
developing countries

[www.elsevier.com](http://www.elsevier.com) • [www.bookaid.org](http://www.bookaid.org)

# CONTRIBUTORS

**Jody Aberdein**

Department of Infection and Immunity, University of Sheffield Medical School and Sheffield Teaching Hospitals, Sheffield, United Kingdom

**Elaine Allan**

Department of Microbial Diseases, UCL Eastman Dental Institute, University College London, London, United Kingdom

**Sabela Balboa**

Department of Infection and Immunity, University of Sheffield, Sheffield, United Kingdom, and Departamento de Microbiología y Parasitología, Universidad de Santiago de Compostela, Santiago de Compostela, Spain

**Michael Berney**

Department of Microbiology and Immunology, Albert Einstein College of Medicine, Bronx, New York, USA

**Annelie Brauner**

Department of Microbiology, Tumor and Cell Biology, Division of Clinical Microbiology, Karolinska Institutet and Karolinska University Hospital, Stockholm, Sweden

**Jennifer S. Cavet**

Faculty of Life Sciences, University of Manchester, Manchester, United Kingdom

**Joby Cole**

Department of Infection and Immunity, University of Sheffield Medical School and Sheffield Teaching Hospitals, Sheffield, United Kingdom

**Gregory M. Cook**

Department of Microbiology and Immunology, Otago School of Medical Sciences, University of Otago, Dunedin, and Maurice Wilkins Centre for Molecular Biodiscovery, The University of Auckland, Auckland, New Zealand

**David H. Dockrell**

Department of Infection and Immunity, University of Sheffield Medical School and Sheffield Teaching Hospitals, Sheffield, United Kingdom

**C.W. Ian Douglas**

Integrated BioSciences Group, School of Clinical Dentistry, University of Sheffield, Sheffield, United Kingdom

**Thomas Farmilo**

Integrated BioSciences Group, School of Clinical Dentistry, University of Sheffield, Sheffield, United Kingdom

**Andrew M. Frey**

Integrated BioSciences Group, School of Clinical Dentistry, University of Sheffield, Sheffield, United Kingdom

**Chris Greening**

Department of Microbiology and Immunology, Otago School of Medical Sciences,  
University of Otago, Dunedin, New Zealand

**Kiel Hards**

Department of Microbiology and Immunology, Otago School of Medical Sciences,  
University of Otago, Dunedin, New Zealand

**Helen E. Jesse**

Faculty of Life Sciences, University of Manchester, Manchester, United Kingdom

**Jamil Jubrail**

Department of Infection and Immunity, University of Sheffield Medical School and Sheffield  
Teaching Hospitals, Sheffield, United Kingdom

**Rebecca Lowry**

Department of Infection and Immunity, University of Sheffield, Sheffield, United Kingdom

**Petra L uthje**

Department of Microbiology, Tumor and Cell Biology, Division of Clinical Microbiology,  
Karolinska Institutet and Karolinska University Hospital, Stockholm, Sweden

**Peter Mullany**

Department of Microbial Diseases, UCL Eastman Dental Institute, University College  
London, London, United Kingdom

**Kathryn Naylor**

Integrated BioSciences Group, School of Clinical Dentistry, University of Sheffield,  
Sheffield, United Kingdom

**Jennifer L. Parker**

Department of Infection and Immunity, University of Sheffield, Sheffield, United Kingdom

**Chatchawal Phansopa**

Integrated BioSciences Group, School of Clinical Dentistry, University of Sheffield,  
Sheffield, United Kingdom

**Adam P. Roberts**

Department of Microbial Diseases, UCL Eastman Dental Institute, University College  
London, London, United Kingdom

**Ian S. Roberts**

Faculty of Life Sciences, University of Manchester, Manchester, United Kingdom

**Jonathan G. Shaw**

Department of Infection and Immunity, University of Sheffield, Sheffield, United Kingdom

**Graham P. Stafford**

Integrated BioSciences Group, School of Clinical Dentistry, University of Sheffield,  
Sheffield, United Kingdom

# CONTENTS

Contributors

ix

<b>1. Energetics of Pathogenic Bacteria and Opportunities for Drug Development</b>	<b>1</b>
Gregory M. Cook, Chris Greening, Kiel Hards, and Michael Berney	
1. Introduction	2
2. Bacterial Energetics as a Target Space for Drug Development	2
3. Conclusions and Future Perspectives	40
Acknowledgements	43
References	44
<b>2. The Impact of Horizontal Gene Transfer on the Biology of <i>Clostridium difficile</i></b>	<b>63</b>
Adam P. Roberts, Elaine Allan, and Peter Mullany	
1. Introduction to <i>Clostridium difficile</i> and CDI	64
2. Introns	65
3. IStons	66
4. Mobilisable Transposons	67
5. Conjugative Transposons	69
6. Other Integrative MGEs in <i>C. difficile</i>	73
7. The <i>skin<sup>Cd</sup></i> Element	73
8. Bacteriophages	74
9. Transfer of the PaLoc	75
10. Conclusions	78
References	79
<b>3. Metal Ion Homeostasis in <i>Listeria monocytogenes</i> and Importance in Host–Pathogen Interactions</b>	<b>83</b>
Helen E. Jesse, Ian S. Roberts, and Jennifer S. Cavet	
1. Introduction	84
2. Overview of <i>Listeria monocytogenes</i> Disease Progression	86
3. Control of Metal Levels in Bacteria	89
4. <i>L. monocytogenes</i> and Zinc	90
5. <i>L. monocytogenes</i> and Copper	104

6. Concluding Remarks	111
References	112
<b>4. The Role of Macrophages in the Innate Immune Response to <i>Streptococcus pneumoniae</i> and <i>Staphylococcus aureus</i>: Mechanisms and Contrasts</b>	<b>125</b>
Joby Cole, Jody Aberdein, Jamil Jubrail, and David H. Dockrell	
1. Introduction	126
2. <i>S. pneumoniae</i> Virulence Factors Impede Phagocytosis and Its Consequences	129
3. <i>S. aureus</i> Virulence Factors Subvert Multiple Innate Immune Responses Including Intracellular Killing	133
4. Origins of Macrophages	138
5. The Spectrum of Macrophage Activation	140
6. Epigenetic Regulation of Macrophage Function	144
7. Mechanisms of Macrophage Phagocytosis	153
8. Phagocytosis of <i>S. pneumoniae</i> and <i>S. aureus</i>	155
9. Intracellular Localisation of Bacteria	160
10. Microbial Killing by Macrophages	162
11. Apoptosis-Associated Killing Complements Clearance of <i>S. pneumoniae</i>	165
12. Macrophage Killing of <i>S. aureus</i>	169
13. Macrophage Orchestration of the Inflammatory Response	171
14. Pattern Recognition Receptors in the Recognition of <i>S. pneumoniae</i> and <i>S. aureus</i>	174
15. Conclusion	178
Conflict of Interest	178
References	179
<b>5. <i>Aeromonas</i> Flagella and Colonisation Mechanisms</b>	<b>203</b>
Rebecca Lowry, Sabela Balboa, Jennifer L. Parker, and Jonathan G. Shaw	
1. Introduction	204
2. Flagella	206
3. Lipopolysaccharide and Capsules	223
4. Pili	228
5. Outer-Membrane Proteins and S-Layer	231
6. <i>Aeromonas</i> Colonisation and Host Response	236

7. Conclusions and Outlook	242
References	246
<b>6. Physiological Adaptations of Key Oral Bacteria</b>	<b>257</b>
C.W. Ian Douglas, Kathryn Naylor, Chatchawal Phansopa, Andrew M. Frey, Thomas Farmilo, and Graham P. Stafford	
1. Introduction	258
2. Key Oral Environmental Niches	258
3. The Major Infections of the Oral Cavity	263
4. Bacterial Adaptations in the Oral Cavity	278
5. Surface Adhesins as Colonisation Factors of Oral Bacteria	299
6. Stress Responses of Import in Colonisation and Infection by Oral Bacteria	309
7. Summary and Future Perspectives	312
Acknowledgements	313
References	313
<b>7. Virulence Factors of Uropathogenic <i>E. coli</i> and Their Interaction with the Host</b>	<b>337</b>
Petra L�uthje and Annelie Brauner	
1. Introduction	338
2. Pathogenesis of Urinary Tract Infection	339
3. Adhesins	342
4. Toxins	350
5. Iron-Acquisition Systems	353
6. Immune Evasion Mechanisms	355
7. Conclusion	358
References	359
<i>Author Index</i>	<i>373</i>
<i>Subject Index</i>	<i>431</i>



# Energetics of Pathogenic Bacteria and Opportunities for Drug Development

Gregory M. Cook<sup>\*,†,1,2</sup>, Chris Greening<sup>\*,1</sup>, Kiel Hards<sup>\*,1</sup>,  
Michael Berney<sup>‡,1</sup>

<sup>\*</sup>Department of Microbiology and Immunology, Otago School of Medical Sciences, University of Otago, Dunedin, New Zealand

<sup>†</sup>Maurice Wilkins Centre for Molecular Biodiscovery, The University of Auckland, Auckland, New Zealand

<sup>‡</sup>Department of Microbiology and Immunology, Albert Einstein College of Medicine, Bronx, New York, USA

<sup>1</sup>These authors contributed equally to this work.

<sup>2</sup>Corresponding author: e-mail address: gregory.cook@otago.ac.nz

## Contents

1. Introduction	2
2. Bacterial Energetics as a Target Space for Drug Development	2
2.1 Generation of the proton motive force: An essential property of all bacterial cells	3
2.2 Diversity and flexibility of electron transport chains in bacteria	5
2.3 Primary respiratory dehydrogenases	7
2.4 Terminal respiratory reductases	18
2.5 Generators of sodium motive force in bacterial pathogens	32
2.6 ATP homeostasis and the $F_1F_o$ -ATP synthase: A clinically approved drug target	35
3. Conclusions and Future Perspectives	40
Acknowledgements	43
References	44

## Abstract

The emergence and spread of drug-resistant pathogens and our inability to develop new antimicrobials to overcome resistance has inspired scientists to consider new targets for drug development. Cellular bioenergetics is an area showing promise for the development of new antimicrobials, particularly in the discovery of new anti-tuberculosis drugs where several new compounds have entered clinical trials. In this review, we have examined the bioenergetics of various bacterial pathogens, highlighting the versatility of electron donor and acceptor utilisation and the modularity of electron transport chain components in bacteria. In addition to re-examining classical concepts, we explore new literature that reveals the intricacies of pathogen energetics, for example, how *Salmonella enterica* and *Campylobacter jejuni* exploit host and microbiota to derive powerful electron donors and sinks; the strategies *Mycobacterium tuberculosis* and *Pseudomonas*

*aeruginosa* use to persist in lung tissues; and the importance of sodium energetics and electron bifurcation in the chemiosmotic anaerobe *Fusobacterium nucleatum*. A combination of physiological, biochemical, and pharmacological data suggests that, in addition to the clinically-approved target  $F_1F_0$ -ATP synthase, NADH dehydrogenase type II, succinate dehydrogenase, hydrogenase, cytochrome *bd* oxidase, and menaquinone biosynthesis pathways are particularly promising next-generation drug targets. The realisation of cellular energetics as a rich target space for the development of new antimicrobials will be dependent upon gaining increased understanding of the energetic processes utilised by pathogens in host environments and the ability to design bacterial-specific inhibitors of these processes.



## 1. INTRODUCTION

The majority of current antimicrobials were developed during the golden era of antimicrobial discovery. These compounds target a number of essential processes for the growth of microbial cells, including peptidoglycan biosynthesis, RNA and protein synthesis, DNA replication, and folic acid metabolism. During this period, antimicrobial use became widespread, not only in hospitals but also in agricultural environments. As quickly as new antimicrobials were developed, however, resistance followed increasing the demand for new derivatives through optimisation of existing molecular scaffolds. The burden of antimicrobial resistance was further compounded by the lack of new drugs with unique targets to overcome resistance and by the increasing cost of antimicrobial discovery and development. The number of new antibiotic approvals by the FDA continues to decline contributing to the withdrawal of pharmaceutical companies in this area (Boucher et al., 2013).

To address the emergence and spread of drug-resistant bacterial pathogens, new drug targets and drugs with a novel mode of action are urgently required to expand our antimicrobial armoury. The development of narrow spectrum agents to prevent widespread resistance developing remains a priority. A key to the development of the next generation of antimicrobials will be increased understanding of how new targets function in the physiological context of the pathogen. Deciphering the essential and non-essential roles of these targets in response to the host environment will be an important question to address.



## 2. BACTERIAL ENERGETICS AS A TARGET SPACE FOR DRUG DEVELOPMENT

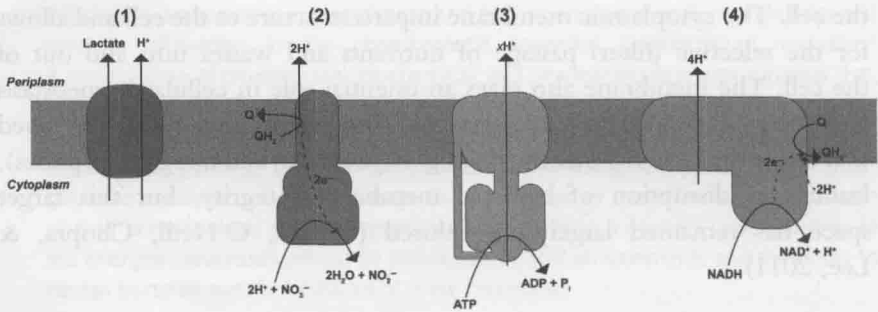
A major structural component of bacterial cells is the cytoplasmic membrane made up of a lipid bilayer that forms a continuous barrier around

the cell. The cytoplasmic membrane imparts structure to the cell and allows for the selective (filter) passage of nutrients and wastes into and out of the cell. The membrane also plays an essential role in cellular homeostasis and energy transduction. Several new antimicrobials have been developed that target the bacterial membrane (e.g. daptomycin and lipoglycopeptides), leading to disruption of bacterial membrane integrity, but this target space has remained largely unexplored (Hurdle, O'Neill, Chopra, & Lee, 2011).

## 2.1. Generation of the proton motive force: An essential property of all bacterial cells

All bacteria require a proton motive force (*pmf*) to grow and remain viable under replicating and non-replicating conditions. During respiration, energy is conserved by the generation of a *pmf* across a proton-impermeable membrane. The electron transport chain components are membrane-bound and asymmetrically arranged across the membrane to achieve net consumption of protons from the cytoplasm and net release of protons on the outside the cell. The *pmf* (electrochemical potential) consists of two gradients: an electrical potential ( $\Delta\psi$ ), due to the charge separation across the membrane (positive<sub>outside</sub>/negative<sub>inside</sub>) and a chemical transmembrane gradient of protons ( $\Delta\text{pH}$ , acidic<sub>outside</sub>/alkaline<sub>inside</sub>). At neutral pH, the *pmf* is predominantly in the form of a  $\Delta\psi$ , but as the external pH drops, the  $\Delta\text{pH}$  increases, and the  $\Delta\psi$  decreases to maintain a constant *pmf*. Dissipation of the *pmf* leads to a rapid loss of cell viability and cell death.

A variety of mechanisms are used to generate the *pmf* in bacteria (Fig. 1). In obligately aerobic bacteria, the generation of a *pmf* is mediated primarily by the proton-pumping components of the electron transport chain (Fig. 1, mechanism 4). In facultative anaerobes, when alternative electron acceptors are available (e.g. nitrate and fumarate), proton release is coupled to a terminal reductase (e.g. nitrate reductase) via a *pmf* redox-loop mechanism (Jormakka, Byrne, & Iwata, 2003b; Fig. 1, mechanism 2). Under strictly fermentative conditions, the  $F_1F_0$ -ATP synthase can operate as a reversible ATP-driven proton pump to generate the *pmf* (Dimroth & Cook, 2004; Fig. 1, mechanism 3). Furthermore, in some bacteria, end-products (e.g. lactate) efflux can generate a *pmf* (Otto, Sonnenberg, Veldkamp, & Konings, 1980; Fig. 1, mechanism 1). The flexibility of respiration in bacteria under anaerobic conditions is further highlighted by the discovery that endogenous phenazine production by *Pseudomonas aeruginosa* enhances anaerobic

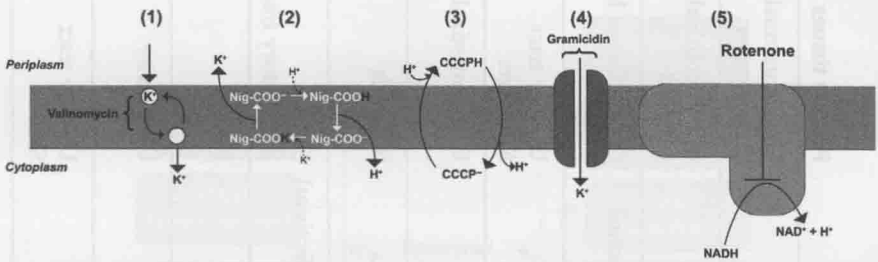


**Figure 1** Mechanisms (1–4) by which a proton motive force can be generated in bacteria. (1) Co-transport of protons driven by solute (lactate) symport into the periplasm. (2) Redox-loop separation of charge; quinol oxidation results in proton release into the periplasm by virtue of quinol site proximity to the periplasm, while electrons are transferred to reduce a terminal electron acceptor in the cytoplasm that results in neutralisation of charge. (3) Proton export driven by ATP hydrolysis, i.e., ATP synthase working in the reverse direction. (4) Proton translocation mediated by primary proton-pumping complexes. (See the color plate.)

survival through maintenance of the *pmf* (and ATP production) via a redox homeostasis mechanism (Glasser, Kern, & Newman, 2014).

There are a wide range of compounds that target the *pmf* in bacteria (Fig. 2), including agents that inhibit the major proton pumps (e.g. rotenone) (Fig. 2, mechanism 3) and those that facilitate proton transport through the cytoplasmic membrane (protonophores, e.g. carbonyl cyanide *m*-chlorophenyl hydrazine—CCCP) (Fig. 2, mechanism 5). The majority of protonophores are non-specific and functional in both prokaryotic and eukaryotic cell membranes. Individual components of the *pmf* can be collapsed using specific inhibitors. For example, the  $\Delta\psi$  can be collapsed by compounds that catalyse electrogenic cation transport across the cell membrane (e.g. valinomycin). Valinomycin is a dodecadepsipeptide that forms a macrocyclic molecule allowing for rapid  $K^+$  movement down its electrochemical gradient (Fig. 2, mechanism 1). The chemical transmembrane gradient of protons ( $\Delta\text{pH}$ ) can be collapsed by nigericin through its  $K^+/H^+$  antiporter (electroneutral) activity (Fig. 2, mechanism 2). Nigericin has similar properties to monensin, a  $Na^+/H^+$  exchanger widely used in livestock as a feed additive. Gramicidin is a channel-forming ionophore, making the membrane more permeable to ions (Fig. 2, mechanism 3).

Some bacterial pathogens generate a considerable  $\Delta\text{pH}$  in response to acidification of host tissues (e.g. *Helicobacter pylori*, *Salmonella enterica*, and *Streptococcus pneumoniae*), and collapsing the pH gradient would be an



**Figure 2** Traditional inhibitors of proton motive force generation. (1) Valinomycin is an ionophore, selective for potassium ions, which equilibrates the potassium gradient—dissipating the  $\Delta\psi$  (electrogenic). (2) Nigericin is a hydrophobic weak carboxylic acid, which can traverse the membrane as either protonated acid or neutral salt. It dissipates chemical gradients (i.e.  $\Delta\text{pH}$ ) but maintains the charge (one positive charge exchanged for one positive charge—electroneutral). (3) Carbonyl cyanide *m*-chlorophenyl hydrazine (CCCP) is an electrogenic protonophore.  $\text{CCCP}^-$  is driven to the periplasm by the  $\Delta\psi$ , while  $\text{CCCPH}$  is driven to the cytoplasm by the  $\Delta\text{pH}$ . It can equilibrate both  $\Delta\psi$  and  $\Delta\text{pH}$ . (4) Gramicidin is a channel-forming ionophore, making the membrane more permeable to ions. (5) Rotenone inhibits primary proton pumping—preventing the initial generation of a proton motive force. (See the color plate.)

effective strategy in acidic tissues to eradicate these bacteria (Hall, Karem, & Foster, 1995; Matin, Zychlinsky, Keyhan, & Sachs, 1996). The *pmf* has recently been screened as a target for methicillin-resistant *Staphylococcus aureus* using high-throughput screening to identify compounds that dissipate individual components of the *pmf*, i.e., the  $\Delta\psi$  or  $\Delta\text{pH}$  and synergistic combinations thereof (Farha, Verschoor, Bowdish, & Brown, 2013).

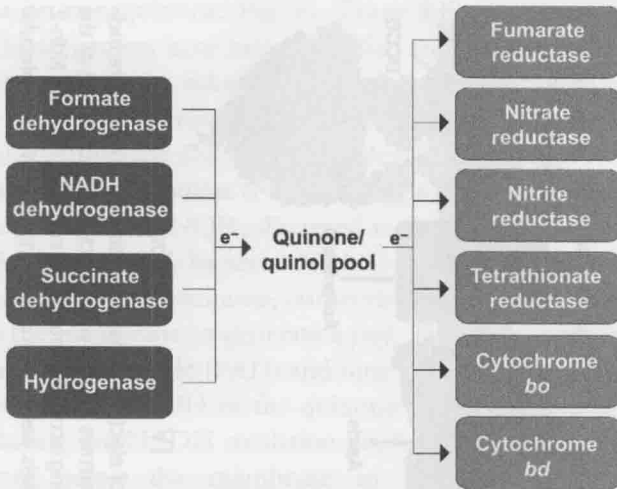
## 2.2. Diversity and flexibility of electron transport chains in bacteria

The main pathogens discussed in this review are summarised in Table 1. The electron transport chains both within and between these bacteria show a remarkable diversity with regard to both electron donor and electron acceptor utilisation, enabling growth and persistence in a wide variety of environmental niches (Fig. 3). Bacteria are able to use a range of primary dehydrogenases to deliver electrons from central metabolism into the respiratory chain to generate energy. These electrons pass through various redox carriers to the quinone/quinol pool. In bacteria, the electron transport chain is often branched with multiple routes to terminal respiratory oxidases or reductases (Fig. 3). For example, *Escherichia coli* uses a low-affinity ( $\mu\text{M}$  for oxygen) proton-pumping cytochrome *bo*<sub>3</sub> (haem-copper) oxidase

**Table 1** Classification and characteristics of the pathogens discussed in this review

<b>Organism</b>	<b>Classification</b>	<b>Metabolism</b>	<b>Major diseases</b>	<b>Primary tissues</b>
<i>Escherichia coli</i> (pathogenic strains)	$\gamma$ -Proteobacteria Enterobacteriales	Heterotroph Facultative anaerobe	Gastroenteritis Urinary tract infections	Gastrointestinal tract Urinary tract
<i>Salmonella enterica</i>	$\gamma$ -Proteobacteria Enterobacteriales	Heterotroph Facultative anaerobe	Gastroenteritis Typhoid fever	Gastrointestinal tract
<i>Pseudomonas aeruginosa</i>	$\gamma$ -Proteobacteria Pseudomonadales	Heterotroph Facultative anaerobe	Opportunistic infections (e.g. pneumonia)	Cystic fibrosis lungs
<i>Neisseria gonorrhoeae</i> <i>Neisseria meningitidis</i>	$\beta$ -Proteobacteria Neisseriales	Heterotroph Facultative aerobic	Gonorrhoea Meningitis	Urinary tract Meninges
<i>Campylobacter jejuni</i>	$\epsilon$ -Proteobacteria Campylobacteriales	Heterotroph Microaerobe	Gastroenteritis	Gastrointestinal tract
<i>Helicobacter pylori</i>	$\epsilon$ -Proteobacteria Campylobacteriales	Heterotroph Microaerobe	Stomach ulcers Stomach cancer	Stomach
<i>Staphylococcus aureus</i>	Firmicutes Bacilliales	Heterotroph Facultative anaerobe	Opportunistic infections (e.g. skin infections)	Skin Respiratory tract
<i>Mycobacterium tuberculosis</i>	Actinobacteria Actinomycetales	Heterotroph Obligate aerobic	Tuberculosis	Lungs
<i>Fusobacterium nucleatum</i>	Fusobacteria Fusobacteriales	Heterotroph Obligate anaerobe	Periodontitis Lemierre's syndrome	Oral cavity
<i>Treponema pallidum</i>	Spirochaetes Spirochaetales	Heterotroph Obligate anaerobe	Syphilis Yaws	Urinary tract Skin

It only lists those pathogens where a relatively complete overview of their energetics is provided.



**Figure 3** Generalised schematic overview of relevant electron transfer components. Complexes indicated in blue oxidise various substrates to reduce quinones. The resulting quinol molecules can be oxidised to result in reduction of various terminal electron acceptors, mediated by the complexes indicated in green. For some electron transfer pathways intermediate complexes and molecules exist, for example, complex III will generally reduce cytochrome *c*, which will serve as the electron donor for complex IV. The complexes used, types of quinones, and intermediates thereof are highly variable between genera. Only complexes relevant to this review are indicated. (See the color plate.)

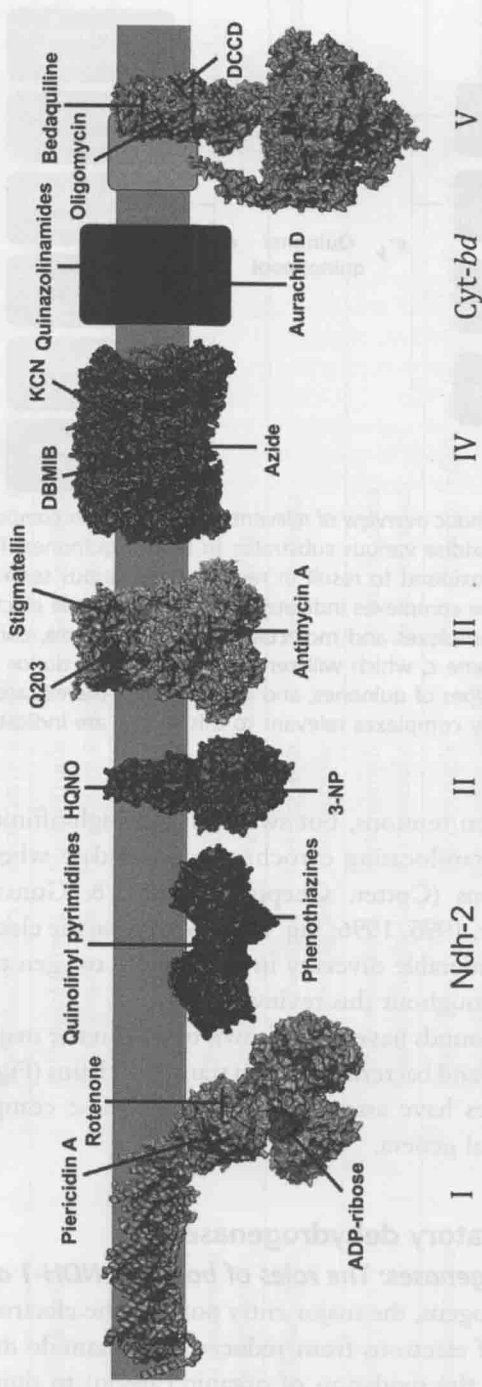
growing at high oxygen tensions, but switches to a high-affinity (nM for oxygen) non-proton-translocating cytochrome *bd* oxidase when growing at low oxygen tensions (Cotter, Chepuri, Gennis, & Gunsalus, 1990; D'Mello, Hill, & Poole, 1995, 1996; Fig. 3). In *S. enterica*, the electron transport chain shows considerable diversity in response to oxygen tension and will be highlighted throughout this review.

A number of compounds have been shown to inhibit the major components of mitochondrial and bacterial electron transport chains (Fig. 4). However, few if any studies have assessed how specific these compounds are across different bacterial genera.

## 2.3. Primary respiratory dehydrogenases

### 2.3.1 NADH dehydrogenases: The roles of bacterial NDH-1 and NDH-2

In many bacterial pathogens, the major entry point to the electron transport chain is the transfer of electrons from reduced nicotinamide dinucleotide (NADH) (reduced by the oxidation of organic carbon) to quinones (e.g.



**Figure 4** Diversity of electron transport chain inhibitors. Structural surface representations of electron transport chain components are indicated where possible. Selected inhibitors of these complexes are indicated with flathead arrows and do not reflect the binding site of the inhibitors. Crystal structures were obtained from RCSB protein data bank from the following accession numbers: complex I, 3M9S; Ndh-2, 4NWX; complex II, 2WDV; complex III, 3HTJ; complex IV, 3ASN; and complex V, 4B2Q. Models were generated using the PyMOL molecular graphics system. (See the color plate.)



ubiquinone or menaquinone; Fig. 3). Three different types of respiratory NADH dehydrogenases have been identified and characterised on the basis of reaction mechanism, subunit composition, and protein architecture (Kerscher, Droese, Zickermann, & Brandt, 2008): the proton-pumping type I NADH dehydrogenase (NDH-1, complex I), the non-proton-pumping type II NADH dehydrogenase (NDH-2; Fig. 4), and the sodium-pumping NADH dehydrogenase (NQR, discussed in Section 2.5). Homologous to mitochondrial complex I, bacterial NDH-1 is encoded by the *nuo* operon and transfers electrons to quinone, conserving energy by translocating protons across the membrane to generate a *pmf*. This multimeric enzyme uses flavin adenine dinucleotide (FAD) and nine iron-sulphur clusters to transport electrons from NADH to the quinone pool. The release of the two electrons during the NADH oxidation produces enough energy to pump four protons across the membrane to generate a *pmf* (Baradaran, Berrisford, Minhas, & Sazanov, 2013).

NDH-2 is more relevant to drug discovery. This small cytoplasmically oriented monotopic membrane protein (40–60 kDa; Fig. 4) catalyses electron transfer from NADH via the flavin cofactor to quinone (Heikal et al., 2014). NDH-2 enzymes are widespread in bacteria and, while also encoded in some eukaryotes (Melo, Bandejas, & Teixeira, 2004), have not been reported in mammalian mitochondria. This has resulted in the proposal that they may represent a potential drug target for the treatment of pathogenic bacteria (Rao, Alonso, Rand, Dick, & Pethe, 2008; Teh, Yano, & Rubin, 2007; Warman et al., 2013; Weinstein et al., 2005; Yano, Li, Weinstein, Teh, & Rubin, 2006), as well as protozoa (Biagini, Viriyavejakul, O'Neill, Bray, & Ward, 2006; Warman et al., 2013).

In many pathogens, there are copies of both types NDH-1 and NDH-2 in the genome (Melo et al., 2004). In the enteric pathogens *E. coli* and *S. enterica*, these enzymes are differentially expressed, with NDH-2 primarily being synthesised aerobically and NDH-1 being active during anaerobic respiration (Calhoun, Oden, Gennis, de Mattos, & Neijssel, 1993; Uden & Bongaerts, 1997). One potential explanation for the dominant role of NDH-2, even in the presence of NDH-1, is that lack of proton translocation may be desirable during some conditions. NADH oxidation by NDH-2 would not be impeded by a high *pmf*, as would be the case with NDH-1, which could ultimately slow metabolic flux due to back-pressure on the system; NDH-2-mediated NADH oxidation would therefore allow for a higher metabolic flux and increased carbon flow into biosynthetic pathways and ultimately higher rates of ATP synthesis, at the expense of low energetic