

Abstract

The emergence of carbapenem-resistant *Escherichia coli* (*E. coli*) has become a significant public health concern, complicating the treatment of infections caused by multidrug-resistant strains. Meropenem-vaborbactam, a novel combination of a carbapenem and a β -lactamase inhibitor, has shown promise in overcoming resistance mechanisms in carbapenem-resistant Enterobacteriaceae. This present study investigates the antimicrobial activity of meropenem-vaborbactam against carbapenem-resistant *E. coli* and employs polymerase chain reaction (PCR) to identify the presence of resistance genes. Clinical isolates of carbapenem-resistant *E. coli* were collected from Jinnah hospital, Lahore. Urine samples had the highest frequency (37.05%) followed by Blood samples (22.33%), wound swabs (13.19%) and other types. Out of the total samples, 197 samples were of carbapenem-resistant *E. coli* confirmed through biochemical tests like catalase, oxidase, TSI, Citrate etc. and through cultures on different media like MacConkey agar, blood agar, CLED agar and chocolate agar. The antimicrobial efficacy of carbapenem antibiotics and meropenem-vaborbactam were evaluated through susceptibility testing (Disc-diffusion method) and minimum inhibitory concentration (MIC) was determined through VITEK-2. PCR assays were conducted to identify carbapenemase genes, such as (*bla*KPC, *bla*NDM, *bla*OXA-48, and *bla*IMP). The results confirmed the presence of carbapenemase genes (e.g., KPC, NDM, IMP and OXA-48) in the majority of the isolates. Among the carbapenem-resistant strains of *E. coli*, the OXA-48 gene was the most commonly detected, particularly showing resistance to Meropenem Vaborbactam.

The synergistic effect of vaborbactam in restoring meropenem activity was analyzed, and results were compared with other carbapenem-based treatments. Limited activity is shown by meropenem vaborbactam against carbapenem-resistant *Escherichia coli*, with a susceptibility rate of only 24.5%. It still constitutes an important treatment option in relation to such multidrug-resistant (MDR) organisms. Although effectiveness is rather compromised, the possibility of investigating further combination therapies for improving treatment approaches toward these infections is possible. Exploring new drug combinations could help overcome the limitations of

meropenem-vaborbactam and lead to better outcomes for patients suffering from infections caused by carbapenem-resistant bacteria.