DELAYED DIABETIC WOUND HEALING: A FOCUS ON BACTERIAL PROTEASES IN CHRONIC WOUND AND FOOT ULCER

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ABSTRACT

Background: The infectious bacteria produce proteolytic enzymes which help them to invade, establish infection and to survive the host defence mechanism delaying the wound healing.

Objectives: Protease secreting potential of bacterial flora; specifically the bacterial isolates of diabetic ulcer foot patients are studied here.

Methods: The predominant bacteria in foot ulcer were identified and bacterial enzymes caseinase, gelatinase, alkaline protease, hyaluronidase, proteinase K and collagenase were analysed.

Results: Out of the 78 strains isolated S. aureus was the most predominant organism. Among the bacterial isolates, the presence of different types of proteolytic activities was observed as follows: proteinase K (87.2%), collagenase (80.8%), hyaluronidase (78.2%), caseinase (60.3%), alkaline protease (53.8%) and gelatinase (25.6%).

Conclusions: Bacterial wound flora were found capable to produce and secrete proteolytic enzymes and it can be worsen the proper wound healing.

Key Words: Caseinase, Alkaline protease, Hyaluronidase, Proteinase K, Collagenase

INTRODUCTION

One of the major complications of diabetes mellitus is diabetic foot ulcer and 85% of amputation cases are due to diabetic foot ulcers1. Increased incidence of infections in the wound further adds to the complications. Sores, ulcers or blisters in the lower leg, discoloration of feet, fever and skin redness are few signs of infection that require hospitalization. Diabetes slows down the normal functioning of wound healing processes leading to vascular and neuropathic disorders2. The peripheral neuropathy associated with diabetes cause the degradation of cell epithelium3, helping the microbes to overcome the cell barrier of the host. Bacterial infection, along with local tissue hypoxia, ischemia, continuing trauma and altered cellular and systemic stress response causes wounds to heal slowly; transforming them into chronic wounds4. The colonisation of bacteria in wounds hinders the wound healing process.

These pathogenic bacteria cause disease by mechanism of colonization, production of invasins and toxins and ability to bypass or overcome host defence mechanisms. Bacteria produce proteolytic enzymes like hyaluronidase5, collagenase6, gelatinase7, caseinase8, alkaline protease9 etc which locally damages host cells and help in spread of the pathogen. These enzymes have a very important role in worsening of wound healing. Because bacterial proteases can cause the destruction of collagen10, cell membranes, muscle fibres and increases capillary permeability for the establishment of the infected bacteria. They hydrolyses the protein and peptide11 thus causing degradation of cell membranes and disrupting various biological functions. The host body also possess different type of proteolytic enzymes comes for proper infiltration of phagocytes through tissues to infected area12. The number of diabetic people in the world is estimated to jump to 592 million in 2035 when compared to 382 million in 201313. Hence present study focuses on the prevalence of
tissue damaging enzymes of bacterial isolates from diabetic ulcer foot and its role in delayed wound healing.

**MATERIALS AND METHODS**

**Study population**
The pus samples were collected from the wounds of 55 diabetic foot ulcer patients of Medical Trust Hospital and Diabetes Care Center, Kulanada, Pandalam, Kerala, with their informed consent and institutional ethical committee’s permission. All the specimens were handled and transported immediately and aseptically to the microbiology laboratory for further testing.

**Identification of organisms**
The bacteria were isolated by streaking on nutrient agar plates and incubating at 37°C for 24 hr. The individual bacterial colonies were isolated and the identification was done based on standard medical microbiology laboratory procedures.

**Qualitative tests for tissue degrading bacterial enzymes**
The tissue degrading enzymatic potentials of bacteria were analyzed qualitatively. The enzymes studied were proteinase K, collagenase, hyaluronidase, caseinase, alkaline protease, and gelatinase. A collagen containing media (collagen + tyrode solution) was prepared and wells in the medium were inoculated with the test sample for collagenase test. For caseinase test casein agar plates were streaked with the test sample for caseinase test. For collagenase test collagenase test casein agar plates were streaked with the test sample for collagenase test. For caseinase test casein agar plates were streaked with the test sample for caseinase test.

**Quantitative tests for tissue degrading bacterial enzymes**
The bacterial isolates were quantitatively analyzed for the enzymes such as proteinase K, collagenase, hyaluronidase, caseinase, alkaline protease, and gelatinase. Isolated organisms were inoculated separately in 10 ml of broth at 37°C for 24 hrs. The culture was then centrifuged and the pellet and supernatant were collected separately. The supernatant was directly used for intracellular enzyme assay. One unit of proteinase K was defined as 1 µM of tyrosine liberated at culturing condition in wound also deliver very good environment for the anaerobic organisms. Even though the diabetic ulcer foot is multifactorial condition, one of the important reasons for non-healing wound is the tissue destruction.

**RESULTS**
For the present study, 55 diabetic foot patients were selected those who have chronic infections. They were suffering from different grades of foot ulcer and coming under Wagner grade 2 to 5. A total of 78 strains of organisms were isolated from wound and identified biochemically.

The gram positive isolates were *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Corynebacterium sp.*, *Bacillus sp.*, *Streptococcus pyogenes*, *Lactobacillus sp.* The gram negative isolates were *Escherichia coli*, *Proteus mirabilis*, *Proteus vulgaris*, *Enterobacter aerogenes*, *Klebsiella pneumonia*, *Pseudomonas aeruginosa* and *Salmonella typhi*. The representation of bacterial isolates from the diabetic foot ulcers under this study is shown in pie chart (Figure 1).

**Qualitative analysis of tissue degrading proteases**
The proteolytic enzymes such as proteinase K, collagenase, hyaluronidase, caseinase, alkaline protease, and gelatinase were studied here to screen the proteolytic action of bacterial flora found in diabetic ulcer foot. From the qualitative analysis, it was observed that 100% of total isolates were positive for at least 2 different proteases under consideration (Figure 2) but secretory capability varies with different genus and species.

**Quantitative analysis of tissue degrading proteases**
Both production and secretion of proteases were analyzed by screening the intracellular and extracellular enzymes respectively. Table 1 and 2 depict the level of extracellular and intracellular enzymes respectively. Table 1 and 2 depict the level of extracellular and intracellular enzymes respectively.

**DISCUSSION**
Increased infection susceptibility is seen in patients with diabetes mellitus, rather than non-diabetic person. The increased hyperglycemic condition leads to advanced glycation of proteins and lipids and gets deposited in the blood capillaries. This leads to the decreased flow of blood and oxygen perfusion to the site of wound. The decreased oxygen condition in wound also deliver very good environment for the anaerobic organisms. Even though the diabetic ulcer foot is multifactorial condition, one of the important reasons for non-healing wound is the tissue destruction. This tissue...
destruction is caused by the increased activity of the bacterial proteases. For the present study, 55 diabetic foot patients were selected those who have chronic infections. They were suffering from different grades of foot ulcer and coming under Wagner grade 2 to 5. A total of 78 strains of bacteria were isolated from wound and identified biochemically.

The most predominant organisms isolated were *S. aureus* and it accounted for 24% of the total bacterial isolates. Our previous study of bacterial isolates form diabetic foot ulcer patients admitted in hospital of Malabar region also gave a similar result of *S. aureus* as the most predominant isolate from the wound. The predominance of *S. aureus* in the wound isolates were reported in many other studies. This indicates the predominance of *S. aureus* irrespective of the locality.

The degree of occurrence of other gram positive isolates other than *S. aureus* was *S. epidermidis > Corynebacterium sp. > Bacillus sp. > S.pyogenes > Lactobacillus sp.* The order of occurrence of other gram negative isolates was *P. mirabilis > E.aerogenes > K.pneumonia > P.aeruginosa > S.pyogenes > E.coli > Pr.vulgaris.* Hena and Growther also reported the presence of *S. aureus, Pr.vulgaris, S.aureus, C.koseri, E.coli, K.pneumonia* and *P.aeruginosa* in septic complications of infected diabetic foot patients from Coimbatore. The representation of bacterial isolates from the diabetic foot ulcer isolates under this study is shown in pie chart (Figure 1).

The wound micro-flora are capable to grow on the surface of the wound with the help of their proteolytic enzymes and other invasins like exotoxins and endotoxins. These invasins help in the spreading of the pathogen and cause considerable tissue damage. In this study, only some important invasins such as collagenase, caseinase, gelatinase, hyaluronidase, alkaline protease and proteinase K were considered. They all come under the category of proteolytic enzymes. These protease enzymes can cause the destruction of extracellular matrix in chronic wounds and act as toxins or virulence factor of the infecting bacteria.

Out of the total isolates, 8.97% of isolates showed activity for all the 6 enzymes taken under consideration. About 82.05% of isolates gave good activity for 50% of enzymes in our study. Among the bacterial isolates, the presence of different types of proteolytic activities was observed as follows: proteinase K (87.2%), collagenase (80.8%), hyaluronidase (78.2%), caseinase (60.3%), alkaline protease (53.8%) and gelatinase (25.6%). Both production and secretion of proteases were estimated here by screening the intracellular and extracellular enzymes respectively and both are important for the growth and survival of the microbes in the host tissue. The extracellular (secretory) proteases can cause extensive tissue damage, blood stream diffusion, spreading and coagulation of blood. They also help bacteria in degradation of proteins producing small peptides and amino acids which are further transported and utilized by the organism for the growth and development. Intracellular proteases help in the cellular and metabolic processes and helps in the cell to cell interaction of the organism. Depending upon the secretory potential of isolates, they showed the presence of extracellular or intracellular proteolytic activity. A group of proteolytic isolates having only extracellular activity exhibited high enzyme secretion. Another set of isolates exhibited lower extracellular activity while a third group exhibited only intracellular activity. The reason for lower or no extracellular activity can be attributed to the lack of specific substrate stimulation in *in vitro* condition. Regardless of the site of activity all isolates were found to be potential protease producers.

### Prevalence of secretory proteases in ulcer foot

#### a) Bacterial proteinase K

All of proteinase K positive bacteria were found capable to produce extracellular proteinase K except *Pr.vulgaris*. Among them, *S. aureus* showed the highest secretory potential with mean activity of 25.208±0.410 unit/ml/min. As a predominant micro-flora of ulcer foot, their proteinase K activity can further worsen the impaired wound healing in the infected area. *P. mirabilis* showed activity of 17.433±0.312 unit/ml/min followed by *Corynebacterium* sp. isolates. *S.pyogenes, S.pyogenes* and *K.pneumonia* were having nearly same extracellular activity. Even though the *S.epidermidis* infection have the prevalence next to *S.aureus*, the proteinase K extracellular activity was lesser (14.171±0.986 unit/ml/min), but their abundance in ulcer foot can affect the protease action on tissues. *Lactobacillus* sp. and *E.coli* possessed almost same extracellular activity of 3.20 unit/ml/min. While the *Bacillus* sp. possess 8.640±0.707 unit/ml/min of extracellular activity, they have comparatively higher intracellular activity of 5.464±0.701 unit/ml/min. *P.aeruginosa* gave the lowest extracellular activity of 0.400±0.190 unit/ml/min. *Pr.vulgaris* was found negative for intracellular production of the enzyme and thereby no extracellular secretion too. According to Wandersman’s findings, the secretion of this enzyme help the each bacteria to establish infections in wound by cleaving the internal peptide bonds of proteins in normal non-diabetic condition. It also have the capability to digest the native keratin. Hence the proteinase K secretory capabilities of almost all bacterial flora can worsen the tissue damage in diabetic ulcer foot.

#### b) Bacterial collagenase

Generally, collagenase can breakdown the peptide bonds of the collagen protein, the fibrous protein of extracellular connective tissue. Unlike human collagenase, bacterial collagenases have a broader substrate specificity. For instance, they can hydrolyze the native collagen in its triple helical conformation, both water-insoluble native collagens and water-soluble denatured collagens and also the gelatin along with collagen as a substrate. *Lactobacillus* sp., *P.mirabilis* and *P.aeruginosa* were found devoid of this activity.
enzyme. *K. pneumonia, S.epidermidis*, Corynebacterium sp. and *Bacillus* sp. showed high secretory potential of this enzyme. The intracellular enzyme activity was found nil in *Bacillus* sp., *E. aerogenes*, *S.pyogenes*.

Maximum extracellular collagenase activity of 0.675±0.191 unit/ml/min was shown by *K. pneumonia, S.epidermidis* and *Corynebacterium* sp. gave a lesser extracellular collagenase activity of 0.506±0.146 unit/ml/min and 0.489±0.123 unit/ml/min respectively. *S.epidermidis* was capable of producing intracellular collagenase also. The next better enzyme production was shown by *Bacillus* sp. *E.coli*, *E.aerogenes* and *Pr.vulgaris* gave similar activity of range 0.378 unit/ml/min to 0.391 unit/ml/min. *S.typhi* gave the least extracellular collagenase activity of 0.102±0.036 unit/ml/min. Most of the collagenase produced was released to extracellular environment destroying the matrix leading to delayed wound healing process and causing tissue destruction. Intracellular collagenase activity was shown by *K. pneumonia, S. aureus, E.coli, Prvulgaris, S.epidermidis* and *S.typhi*. Maximum intracellular collagenase activity of 0.301±0.0143 unit/ml/min was shown by *S.epidermidis*. The high rate of collagenase secretion in majority of isolates of the study reveals its capability to cause uncontrolled proteolytic tissue destruction and act as a pathogenic factor in non-healing wounds.

c) Bacterial hyaluronidase

All the isolates gave extracellular hyaluronidase activity. Most of the bacteria were capable of releasing the enzyme into the extracellular environment. The highest mean extracellular activity of 0.180±0.012 unit was shown by *Prvulgaris*. They gave no intracellular activity, this might be because, the organism is capable of releasing the enzyme produced to the outside environment and thus the hyaluronidase enzyme is completely released. Lesser extracellular enzyme activity was given by *Lactobacillus* sp. and *E.coli* of 0.157±0.354 unit and 0.140±0.030 unit respectively. *S. typhi* and *S.aureus* gave similar extracellular enzyme activity of 0.110±0.003 unit and 0.124±0.007 unit respectively. Further similar enzyme activity was given by *Prmirabilis, Corynebacterium* sp., *S.pyogenes* and *S.epidermidis*. Least extracellular hyaluronidase activity of 0.087±0.007 unit was given by *E.aerogenes*. The intracellular enzyme activity was not given by the all organism under consideration. *Prvulgaris, Prmirabilis, Paeruginosa, Bacillus* sp., *K.pneumonia and E.aerogenes* did not show any intracellular enzyme activity. *S.pyogenes* gave the highest intracellular activity of 0.146±0.024 unit and *Corynebacterium* sp. gave the lowest intracellular activity of 0.086±0.009 unit. This enzyme increases the permeability of the extracellular matrix (ECM) by hydrolysing the ECM component, the hyaluronan. Starr and Engleberg also reported hyaluronidase positive *S.aureus and S.pyogenes* in cellulitis in patients of United States. Some streptococcal species produces a hyaluronic acid (HA) capsule preventing phagocytosis and facilitating the adherence to the mucosal surface. This enzyme can act as virulence factor, disrupting the polysaccharides in the cell membrane and thus increasing cell wall permeability so as to promote bacterial spread.

d) Bacterial caseinase

As an important factor for virulence of bacteria isolated from wound infection, caseinase activity was also studied here. Bacterial flora of ulcer foot except *Lactobacillus, Prvulgaris* and *Prmirabilis* showed the presence of both extracellular and intracellular caseinase. The highest caseinase activity of 0.173±0.108 unit/ml/min was seen in the cell free supernatant. *K.pneumonia and S.epidermidis* gave the highest extracellular caseinase activity thus they can impart high proteolytic activity. *S.pyogenes* showed lesser caseinase activity than that of *S.aureus*. Further lesser extracellular caseinase activity of 0.130±0.006 unit/ml/min was shown by *Bacillus* sp. All these organisms were also capable to produce intracellular caseinase activity also. *E.coli* gave a lesser extracellular enzyme activity of 0.093±0.031 unit/ml/min but they gave an equivalent intracellular activity of 0.086±0.005 unit/ml/min. *E.aerogenes* exhibited the highest intracellular caseinase activity of 0.097±0.010 unit/ml/min followed by *E.coli*. But *E.aerogenes* showed lesser ability to release enzyme in contrast to other isolates. Similarly, the presence of caseinase was detected in many hospital clinical isolates like *S.maltophilia* from respiratory tract secretions, *Paeruginosa* in corneal ulceration during bacterial keratitis and also in some *Enterococcus fecaalis* strains. This proteolytic activity was found to be related to the pathogenesis of the bacterium and the development of nosocomial infections. Besides this enzyme is essential for the activity of haemolysin too. Therefore, the prevalence of caseinase producers in diabetic ulcer foot might have influence in delayed ulcer foot management.

e) Bacterial Alkaline protease

Alkaline protease were shown to be secreted during infection and they affect the wound healing by increasing the pH at the wound site. Normally the wound healing occurs more readily in an acidic environment of pH 4–6. This protease enzyme elevates the pH of the wound, thus affecting many factors like oxygen release angiogenesis, protease activity bacterial toxicity etc leading the wound to remain unhealed. Alkaline protease cleaves the peptide bonds of protein and are stable at a higher pH. They are found in all living organism and are needed for the normal cell growth and differentiation. This enzyme is extensively produced by bacteria and other microorganisms. Alkaline protease activity was not observed by all the organisms taken up for the study. Organisms like *Bacillus sp., K.pneumonia, S.aureus* and *S.pyogenes* gave very less alkaline protease activity. Considerable alkaline protease activity was shown only by *Corynebacterium* sp. and *S.pyogenes*. *Corynebacterium* sp. gave a maximum intracellular enzyme activity of 1.44 unit/ml/min in the sonicated cell pellet. They were unable to release the enzyme to the environment. An extracellular activity of 0.859±0.521 unit/ml/min was given by *S.pyogenes*.
Alkaline proteases also have proteolytic activity on proteins involved in host defence mechanisms like complement activation via the classical and lectin pathways and they penetrate the body barriers and damage the host cells. They also protect the organism from the immune system of the host. Hence, bacterial alkaline protease can cause impaired wound healing in diabetic ulcer foot but, alkaline protease positive organisms was found significantly less in our study. Though the enzyme activity was less, its impact can cause severe consequences on already debilitated condition of diabetic ulcer foot.

f) Bacterial gelatinase

Generally gelatinase is capable of hydrolyzing collagen, casein, hemoglobin and other peptides in this study, bacterial gelatinase was detected both extracellularly and intracellularly. Even though they were positive for the enzyme production, the activities of secretory gelatinase were lower than that of intracellular enzyme except in Paeruginosa, S.pyogenes and S. typhi possessed high intracellular activity of 23.180±0.689 unit/ml/min and 22.992±0.799 unit/ml/min respectively. Bacillus sp., Corynebacterium sp. and E.aerogenes showed comparatively lesser activity within the narrow range of 21.602±0.577 unit/ml/min to 20.779±0.403 unit/ml/min. While staphylococcal species (S.aureus and S.epidermidis) were having similar intracellular activity of 18.9 unit/ml/min; the Proteus species (P.mirabilis and P.vulgaris) possessed different levels i.e., 19.630±0.019 unit/ml/min and 16.235±0.721 unit/ml/min respectively. P.vulgaris, E.coli also showed similar intracellular activity. K.pneumonia and Lactobacillus sp. showed intracellular activity around 13.714 unit/ml/min. Paeruginosa was the lowest gelatinase producer in this study. Although there were contradictory reports on the positive and negative influence of human gelatinase (MMP-2 and MMP-9) in normal wound healing process, the microbial gelatinase have a negative effect on the wound healing process. They degrade the gelatin in the connective tissue and help the microorganism to further spread its infection into the tissue. Unlike other study enzymes, only 25.66% of total isolates were found as gelatinase positive. However, isolates were potential to produce gelatinase. Hence they might have role in worsening of ulcer foot in diabetic patients.

CONCLUSION

We can conclude that the bacterial infection is very common in diabetic ulcer foot. This bacterial infection has increased the burden of foot ulceration. Bacterial infection in ulcer foot may further lead to septicemia and can result in the death of the patient. The release of proteolytic enzymes by bacteria together with the matrix metalloproteases of the host tissue causes the tissue disruption in the wound and leads to delayed wound healing. The purpose of the study was to find out the influence of different proteolytic enzymes of bacteriological origin on tissue damage and impaired wound healing process. The results of the study reveal us that the bacterial proteolytic enzymes damage the cells and tissue of the host and increase the delay of the healing process. The knowledge of the organism and its biochemical parameters helps us to provide a better treatment for the diabetic ulcer foot problem and the other poorly healing wounds.

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REFERENCE


51. Garcia DdO, Timenetsky J, Martinez MB, Francisco W, Sinto SI, Yanaguita RM. Proteases (caseinase and elastase), hemolysins, adhesion and susceptibility to antimicrobials of Steno-

Table 1: Extracellular protease enzymes in various bacterial isolates of ulcer foot.

<table>
<thead>
<tr>
<th>Bacteria</th>
<th>Proteinase K (unit/mg/min)</th>
<th>Collagenase (unit/ml/min)</th>
<th>Hyaluronidase (mg HA digested)</th>
<th>Caseinase (unit/ml/min)</th>
<th>Alkaline protease (unit/ml/min)</th>
<th>Gelatinase (unit/ml/min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacillus sp.</td>
<td>8.064±0.707</td>
<td>0.445±0.084</td>
<td>0.100±0.007</td>
<td>0.130±0.006</td>
<td>0.017±0.007</td>
<td>4.960±0.618</td>
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<td>Corynebacterium sp.</td>
<td>16.095±0.235</td>
<td>0.489±0.123</td>
<td>0.101±0.005</td>
<td>0.108±0.020</td>
<td>0.009±0.002</td>
<td>5.085±0.569</td>
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<td>E. coli</td>
<td>3.200±0.012</td>
<td>0.378±0.043</td>
<td>0.140±0.030</td>
<td>0.093±0.031</td>
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<td>0.605±0.202</td>
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<td>E. aerogenes</td>
<td>1.067±0.200</td>
<td>0.391±0.121</td>
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<td>0.037±0.002</td>
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<td>2.824±0.883</td>
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<td>K. pneumonia</td>
<td>15.289±0.671</td>
<td>0.675±0.191</td>
<td>0.104±0.003</td>
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<td>3.200±0.376</td>
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<td>0.941±0.173</td>
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<td>Pr. mirabilis</td>
<td>17.433±0.312</td>
<td>0.103±0.011</td>
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<td>0.013±0.005</td>
<td>6.992±0.307</td>
<td>0.538±0.002</td>
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<td>Pr. vulgaris</td>
<td>-</td>
<td>0.369±0.004</td>
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<td>-</td>
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<td>8.471±0.027</td>
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<td>P. aeruginosa</td>
<td>0.400±0.190</td>
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<td>0.094±0.004</td>
<td>0.108±0.088</td>
<td>-</td>
<td>8.471±0.027</td>
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<tr>
<td>S. aureus</td>
<td>25.208±0.410</td>
<td>0.333±0.047</td>
<td>0.124±0.007</td>
<td>0.143±0.024</td>
<td>0.015±0.003</td>
<td>6.135±0.212</td>
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<td>S. epidermidis</td>
<td>14.017±0.986</td>
<td>0.506±0.146</td>
<td>0.105±0.004</td>
<td>0.168±0.044</td>
<td>0.859±0.521</td>
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<td>S. pyogenes</td>
<td>16.080±0.332</td>
<td>0.316±0.049</td>
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<td>S. pyogenes</td>
<td>15.400±0.867</td>
<td>0.102±0.036</td>
<td>0.110±0.003</td>
<td>0.069±0.032</td>
<td>-</td>
<td>9.076±0.236</td>
</tr>
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Table 2: Intracellular protease enzymes in various bacterial isolates of ulcer foot.

<table>
<thead>
<tr>
<th>Organism</th>
<th>Proteinase K (unit/mg/min)</th>
<th>Collagenase (unit/ml/min)</th>
<th>Hyaluronidase (mg HA digested)</th>
<th>Caseinase (unit/ml/min)</th>
<th>Alkaline protease (unit/ml/min)</th>
<th>Gelatinase (unit/ml/min)</th>
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<tbody>
<tr>
<td>Bacillus sp.</td>
<td>5.464± 0.701</td>
<td>-</td>
<td>0.032± 0.006</td>
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<td>21.602± 0.577</td>
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<td>Corynebacterium sp.</td>
<td>1.508± 0.673</td>
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<td>0.086± 0.009</td>
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<td>20.779± 0.403</td>
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<td>E. coli</td>
<td>0.413± 0.155</td>
<td>0.039± 0.016</td>
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<td>0.086± 0.005</td>
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<td>E. aerogenes</td>
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<td>-</td>
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<td>20.639± 0.908</td>
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<td>K. pneumonia</td>
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<td>0.014± 0.002</td>
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<td>0.125± 0.190</td>
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<td>13.0714± 0.564</td>
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<td>Pr. mirabilis</td>
<td>1.546± 0.109</td>
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<td>Pr. vulgaris</td>
<td>0.928± 0.056</td>
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<td>19.630± 0.019</td>
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<td>P. aeruginosa</td>
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<td>0.024± 0.010</td>
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<td>6.319± 0.274</td>
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<td>S. aureus</td>
<td>1.392± 0.408</td>
<td>0.111± 0.053</td>
<td>0.143± 0.011</td>
<td>0.051± 0.008</td>
<td>0.014± 0.003</td>
<td>18.923± 0.548</td>
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<td>S. epidermidis</td>
<td>2.893± 0.534</td>
<td>0.301± 0.014</td>
<td>0.111± 0.010</td>
<td>0.062± 0.010</td>
<td>0.019± 0.010</td>
<td>18.992± 0.158</td>
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<td>S. pyogenes</td>
<td>2.285± 0.908</td>
<td>-</td>
<td>0.146± 0.024</td>
<td>0.064± 0.010</td>
<td>0.007± 0.001</td>
<td>23.180± 0.689</td>
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<tr>
<td>S. typhi</td>
<td>3.069± 0.044</td>
<td>0.070± 0.087</td>
<td>0.120± 0.003</td>
<td>0.038± 0.021</td>
<td>0.007± 0.003</td>
<td>22.992± 0.799</td>
</tr>
</tbody>
</table>

Figure 1: Prevalence of bacterial isolates in Diabetic foot ulcers.

Figure 2: Profile of different proteolytic enzymes in the bacterial isolates.