

## Screening, Cloning and Expression of Active Streptokinase from an Iranian Isolate of *S.equisimilis* Group C in *E. coli*

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### ARTICLE INFO

**Article type:**  
Original article

**Article history:**  
Received: Mar 9, 2012  
Accepted: Aug 6, 2012

**Keywords:**  
Gene expression  
Recombinant streptokinase  
Streptococcus

### ABSTRACT

**Introduction:** Streptokinase (SK) is a fibrinolytic protein secreted by  $\beta$ -hemolytic streptococci ( $\beta$ HS) groups A, C and G. Due to its importance as a thrombolytic drug, national screening programs in different countries for isolation of  $\beta$ HS and especially SK-producing group C (GCS) strains have been conducted. Herein, we provide data of the first screening study on  $\beta$ HS isolates in Iran for the aim of recombinant SK (rSK) production from a local strain.

**Materials and methods:** 252 streptococcal samples were collected and characterized using microbial/biochemical assays. The GCS strains were serologically confirmed. Activity of GCS supernatant cultures was determined by caseinolytic assay in comparison with the standard strain GCS9542. The SK gene of the highest producer strain was selected for production of rSK in *E.coli* system. The rSKs activities were determined using chromogenic assay.

**Results:**  $\beta$ HS were detected in 75 of the collected specimens (29.4%) including groups A (25.8%), C (3.6%) and G (0.4%). Analyses by SDS-PAGE and Western blotting indicated the proper expression of 47 kDa rSK proteins in *E. coli* for SK genes which were cloned from both the selected (GCS87-) and standard (GCS9542-) strains with the yields of 0.53 and 0.59 mg/ml (of the purified protein), respectively. The calculated activity for rSK 87 was around 90% of rSK9542 activity (0.18x10<sup>5</sup> IU/mg v/s 0.21x10<sup>5</sup> IU/mg).

**Conclusion:** Results of the present study for the first time provided the possibility of producing rSK from a local and native source with comparable yields and activities similar to the standard strain.

### ► Please cite this paper as:

Keramati M, Roohvand F, Aslani MM, khatami Sh, Aghasadeghi MR, Sadat M, Memarnejadian A, Motevalli F. Screening, Cloning and Expression of Active Streptokinase from an Iranian Isolate of *S.equisimilis* group C in *E. coli*. Iran J Basic Med Sci; 2013; 16: 620-7.

## Introduction

Pathologic blood clots (in the form of thrombus) can result in vascular blockage which can induce serious consequences including death (1). In a healthy haemostatic system, formation of blood clots is suppressed through conversion of zymogen plasminogen (Plg) to plasmin

(the serine protease that degrades fibrin) (2). However, in pathological conditions, clinical intervention through application of plasminogen activators (also known as “thrombolytic or fibrinolytic agents”) to relieve the vein from thrombosis is required. Currently, routine thrombolytic agents in clinical applications are recombinant

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