



ACINETOBACTER QUORUM SENSING CONTRIBUTES TO INFLAMMATION-INDUCED INHIBITION OF ORTHOPAEDIC IMPLANT OSSEOINTEGRATION

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Abstract

Implant infection impairs osseointegration of orthopaedic implants by inducing inflammation. *Acinetobacter* spp. are increasingly prevalent multi-drug resistant bacteria that can cause osteomyelitis. *Acinetobacter* spp. can also cause inflammation and thereby inhibit osseointegration in mice. The purpose of the present study was to investigate the role of quorum sensing in this context. Therefore, wild-type bacteria were compared with an isogenic *abaI* mutant defective in quorum sensing in a murine osseointegration model. The *abaI* quorum-sensing mutant affected significantly less osseointegration and interleukin (IL) 1 β levels, without detectably altering other pro-inflammatory cytokines. Wild-type bacteria had fewer effects on IL1 receptor (IL1R)^{-/-} mice. These results indicated that quorum sensing in *Acinetobacter* spp. contributed to IL1 β induction and the resultant inhibition of osseointegration in mice. Moreover, targeting the Gram-negative acyl-homoserine lactone quorum sensing may be particularly effective for patients with *Acinetobacter* spp. infections.

Keywords: *Acinetobacter*, implant infection, osseointegration, osteolysis, quorum sensing.

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List of Abbreviations			
		ANOVA	analysis of variance
		ASTM	American Society for Testing and Materials
<i>A. baumannii</i>	<i>Acinetobacter baumannii</i>	c-fms	colony-stimulating factor-1 receptor
<i>A. nosocomialis</i>	<i>Acinetobacter nosocomialis</i>	CCL2	C-C motif chemokine ligand 2
<i>abaI</i>	acyl-homoserine-lactone synthase		
	AbAI		

CFU	colony-forming unit
ELISA	enzyme-linked immunosorbent assay
FDA	Food and Drug Administration
FLI	fluorescence imaging
IL	interleukin
IL1R	IL1 receptor
MHB	Muller-Hinton broth
PBS	phosphate-buffered saline
RANKL	receptor activator of nuclear factor kappa-B ligand
ROI	region of interest
TNF	tumour necrosis factor

Introduction

The Gram-negative *Acinetobacter calcoaceticus*-*A. baumannii* complex is a relatively common cause of osteomyelitis and delayed healing of orthopaedic injuries (Davis *et al.*, 2005; Johnson *et al.*, 2007; Yun *et al.*, 2008). For example, *Acinetobacter* spp. were identified in 50-70 % of osteomyelitis cases in American soldiers wounded in Afghanistan or Iraq (Davis *et al.*, 2005; Johnson *et al.*, 2007; Yun *et al.*, 2008). Those osteomyelitis cases required multiple surgical debridements of necrotic bone and led to delayed fracture healing. Extended courses of antibiotics were administered and were likely responsible for the low frequency of recurrent infection with *Acinetobacter* spp. (Davis *et al.*, 2005; Johnson *et al.*, 2007; Yun *et al.*, 2008). *Acinetobacter* spp. can persist in healthcare environments (Weber *et al.*, 2010) and also frequently acquires multi-drug resistance, further complicating clinical outcomes (Davis *et al.*, 2005; Fily *et al.*, 2019; Munoz-Price and Weinstein, 2008; Perez *et al.*, 2011; Tan and Moenster, 2019; Weber *et al.*, 2010). Consistent with inflammatory responses induced by *Acinetobacter* spp. in soft tissues and the bloodstream (Doi *et al.*, 2015; Dou *et al.*, 2017; Feng *et al.*, 2014; Lin *et al.*, 2012; Mortensen and Skaar, 2012), *Acinetobacter* spp. also cause inflammation and thereby inhibit osteointegration in mice (Choe *et al.*, 2022).

Bacterial implant infection is a devastating complication for orthopaedic patients that induces inflammation and osteolysis and thereby inhibits osteogenesis and osseointegration, causing loosening of previously well-fixed implants (Campoccia *et al.*, 2006). A difficulty in treatment of implant infection is associated with formation of a biofilm. Bacterial biofilms reduce clearance of implant infections by antibiotics and the host immune system (Arnold *et al.*, 2014; Costerton *et al.*, 2007; Lazar *et al.*, 2021). Bacterial density within biofilms is controlled by quorum sensing mediated by autoinducers that regulate bacterial gene expression (Bhargava *et al.*, 2010). Quorum sensing in *Acinetobacter* spp. also regulates virulence, motility, antimicrobial tolerance and modulation of the host immune system (Bhuiyan *et al.*, 2016; Clemmer *et al.*, 2011; Dou *et al.*, 2017; Glucksam-Galnoy *et al.*, 2013; Sun *et al.*, 2021; Tang

et al., 2020). Similar to most other Gram-negative bacteria, the primary quorum sensing mediators in *Acinetobacter* spp. are acyl-homoserine lactones, produced by an autoinducer synthase encoded by the *abaI* gene (Anbazhagan *et al.*, 2012; Bhargava *et al.*, 2010; Gonzalez *et al.*, 2009; Niu *et al.*, 2008). The receptor for the acyl-homoserine lactones in *Acinetobacter* spp. is encoded by *abaR* (Bhargava *et al.*, 2010). Recent RNA-sequencing analysis showed that the *abaI/abaR* quorum-sensing system can regulate expression of numerous genes in *Acinetobacter* spp., including genes that are important for virulence, biofilm formation, antibiotic resistance, energy metabolism, degradation of branched-chain amino acids and lipid metabolism (Sun *et al.*, 2021).

The present study used a previously described murine model to assess effects of implant infection on osseointegration (Choe *et al.*, 2015; 2022) in wild-type mice or mice null for IL1R. *A. nosocomialis* strain M2 was used, which was previously known as *A. baumannii* strain M2 and was originally isolated from a hip infection (Carruthers *et al.*, 2013). To address the role of quorum sensing, a strain M2 mutant was used that lacks quorum sensing and has modestly reduced biofilm formation due to a transposon insertion (*abaI::EZTn5<kan>*) into *abaI* (Niu *et al.*, 2008). Findings revealed that *Acinetobacter* spp. quorum sensing contributes to inflammation and impaired osseointegration in mice.

Material and Methods

Preparation of implants with adherent bacteria

Titanium alloy screw-shaped implants (Ti-6Al-4V, 3.2 mm length, 1.0 mm diameter, Antrin Miniature Specialties Inc, Fallbrook, CA, USA) were rigorously cleaned following five cycles of alternating treatments in alkali ethanol (0.1 mol/L NaOH and 95 % ethanol at 32 °C) and 25 % nitric acid (Bonsignore *et al.*, 2011). Wild-type *A. nosocomialis* strain M2 was compared with *abaI* isogenic mutant (Niu *et al.*, 2008) to determine effects of quorum sensing. 1 d before each implant surgery, a single colony of wild-type or *abaI* mutant *A. nosocomialis* strain M2 was inoculated into 5 mL of MHB medium (Fisher Scientific) and incubated at 37 °C overnight in a bacterial shaker. Overnight suspensions were diluted 100-fold in MHB medium and incubated at 37 °C until early log phase was reached ($A_{600}/0.1$ cm light path = 0.05; Nanodrop 1000; Fisher Scientific). Those low-concentration bacterial suspensions ($1-3 \times 10^9$ CFUs/mL) were centrifuged (1,500 \times g, 5 min) and resuspended in 1/30 volume of MHB broth to obtain high concentration suspensions ($3-9 \times 10^{10}$ CFUs/mL). Rigorously cleaned implants were incubated with high concentration bacterial suspensions for 24 h at 37 °C with gentle shaking to obtain the *A. nosocomialis* strain M2 dose previously found to routinely provide chronic localised implant infections without any signs of systemic sepsis (Choe *et al.*, 2022). Implants with

adherent bacteria were rinsed 3-times in PBS (Pro200H, Pro Scientific, Oxford, CT, USA) (pH 7.4) and immediately implanted into mice as described below. Additional implants were simultaneously prepared to measure the adherent CFUs following sonication in PBS with 0.3 % Tween-80 for 10 min (50 W, 43,000 Hz) and vortexing for 5 min (Bernthal *et al.*, 2010; Pribaz *et al.*, 2011). Adherent wild-type and *abaI* (Niu *et al.*, 2008) isogenic mutant *A. nosocomialis* CFUs were $0.3\text{-}1 \times 10^7$ CFUs/implant, without any statistical difference among different bacterial groups.

Animal surgery

Wild-type C57BL/6J and IL1R^{-/-} mice were purchased from Jackson Laboratory (Bar Harbor, Maine) and MAFIA mice (Burnett *et al.*, 2004; Chinnery *et al.*, 2009) were a gift from Dr Eric Pearlman (CWRU Department of Ophthalmology, Cleveland, OH, USA). All experiments with IL1R^{-/-} mice included wild-type control mice matched for genetic background (C57BL/6J), age (6-8 weeks old) and sex. Mice were maintained in the CWRU Animal Resource Center and all procedures were approved by the CWRU Institutional Animal Care and Use Committee. Mice were randomised among groups, anaesthetised and treated with analgesics (0.5 mg/kg local marcaine and 1.0 mg/kg systemic slow-release buprenorphine) according to a previously established protocol (Choe *et al.*, 2015; 2022). Briefly, a unicortical pilot hole was made manually (0.75 mm

pilot hole drill, KLS Martin, Jacksonville, FL, USA) at the anterior medial aspect of the femoral diaphysis and the implants were manually screwed into the pilot hole. The femur fractured during implantation in one of the 169 mice used for the study. That mouse was euthanised immediately and excluded from the analysis. The remaining 168 mice tolerated the surgery well, could ambulate immediately and were included in the study.

FLI

In MAFIA mice, a monocyte/macrophage-specific c-fms promoter drives expression of both enhanced green fluorescent protein and a modified version of fas that can induce apoptosis in response to the small molecule inducer AP20187 (Burnett *et al.*, 2004; Chinnery *et al.*, 2009). Since FLI signals are severely attenuated by overlying tissues, the femora, implants and surrounding soft tissues were exposed for *ex vivo* imaging by dissection and opening the soft tissue. FLI signals were defined by automatic spectral segmentation and quantified in automatically selected ROIs encompassing femora and surrounding soft tissues using a Maestro Imaging System (Perkin Elmer) in the CWRU Center for Imaging Research.

Histomorphometry

Dissected femora were prepared for histomorphology assessment as described previously (Bonsignore *et al.*, 2011). Briefly, femora were fixed in formalin for

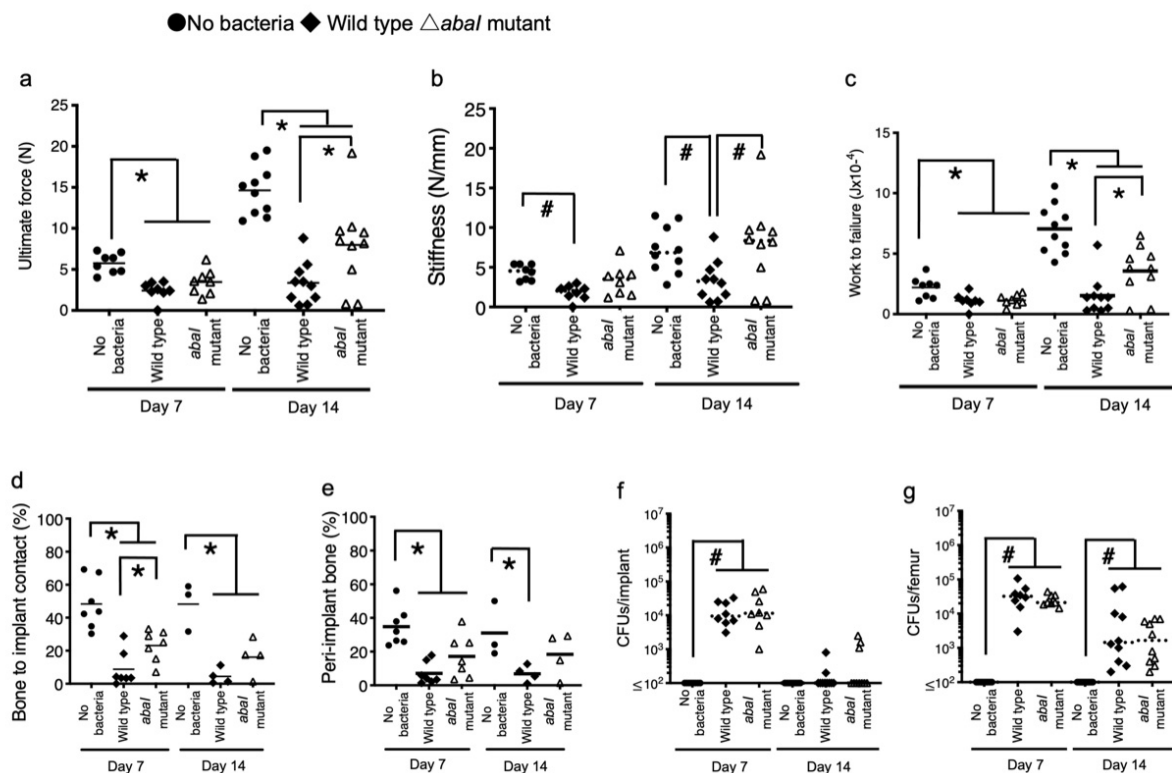


Fig. 1. *abaI* mutation reduced the effect of *Acinetobacter* on osseointegration. (a-c) Biomechanical and (d-e) histomorphometric measures of osseointegration and CFUs on (f) implants and (g) in surrounding femora of control groups without bacteria and of isogenic *A. nosocomialis* strain M2 wild-type and *abaI* mutant groups were measured in C57BL/6J mice. Solid horizontal bars show means for parametric analysis (* $p < 0.05$). Dashed bars show medians for non-parametric analysis (# $p < 0.05$).

24 h and dehydrated in 70 % ethanol. Undecalcified ground cross-sections (100 μm) were stained with Sanderson's Rapid Bone Stain (Surgipath Medical Industries, Richmond, IL, USA). Bone-to-implant contact and peri-implant bone were measured using ImageJ analysis software (National Institutes of Health). The percentage of direct bone-to-implant contact was calculated in a ROI extending from the periosteal surface of the cortex to the tip of the last implant thread. The percentage of peri-implant bone was calculated in a ROI between the implant threads. The bottom edge of the implant was excluded from all calculations (Bonsignore *et al.*, 2011).

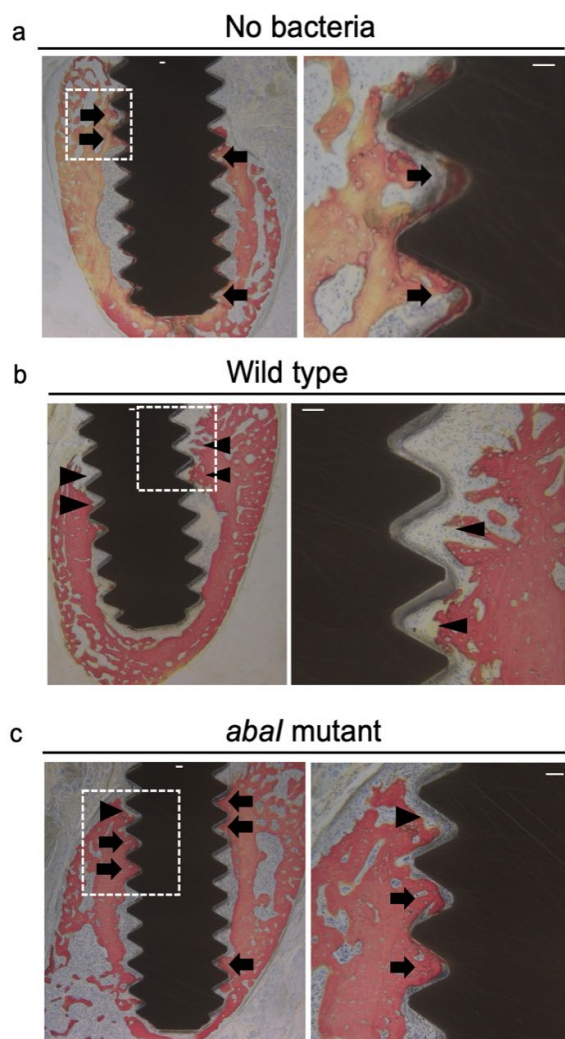


Fig. 2. Histology of osseointegration. (a-c) Representative histological images of mice with median histomorphometry results in control group without bacteria and in isogenic *A. nosocomialis* strain M2 wild-type and *abaI* mutant groups at day 14 after implantation. Osseointegration is indicated by contact between bone (stained pink) and implants (dark brown or black) without interposing cells (blue) and by bone formation (stained pink) between threads of the implants (dark brown or black). Osteolysis is indicated by arrow heads and new bone formation is indicated by arrows. All scale bars: 100 μm .

Biomechanical testing

Pull-out testing was performed immediately after euthanasia as previously described (Bonsignore *et al.*, 2011), except a Test Resources 100R Series Single Column Frame (Test Resources, Shakopee, MN, USA) with a 100R Controller was used. Briefly, femora were placed under wire loops embedded in poly-methyl methacrylate and the implant was gripped by a custom-designed jig, which was then attached to the Test Resources Frame. Force was measured through a 4.5 kg capacity load cell and testing was performed at a displacement rate of 1 mm/min. Ultimate force, average stiffness and work to failure were determined from load *versus* displacement curves according to ASTM standards, F543-07. To reduce pre-loading variability, calculations of work began when force equalled 0.3 N.

CFU counting

CFUs on implants and in surrounding femora were quantified after pull-out testing (Choe *et al.*, 2015; 2022). Implants were sonicated for 10 min (50 W, 43,000 Hz) in PBS with 0.3 % Tween-80 followed by vortexing for 5 min (Bernthal *et al.*, 2010; Pribaz *et al.*, 2011). Femora were homogenised in PBS (Bernthal *et al.*, 2010). CFUs in sonicates and homogenates were counted on MHB broth agar plates.

Evaluation of pro-inflammatory cytokines and chemokine

Femur homogenates were centrifuged (9,000 $\times g$, 10 min) and supernatants were stored at -20°C . The concentrations of $\text{TNF}\alpha$, $\text{IL1}\alpha$, $\text{IL1}\beta$, IL6 , RANKL and CCL2 were measured using ELISA DuoSet mini-kits (catalogue numbers DY410, DY400, DY401, DY406, DY462 and DY479, R&D Systems). Biomechanical testing, CFU counting and cytokine measurements were all done on the same mice.

Statistical analysis

All statistical analyses were performed using Prism 7 software (GraphPad Software). Statistical significance was determined by Student's *t*-test or one-way ANOVA followed by Bonferroni *post-hoc* test in experiments with multiple groups. Non-parametric Mann-Whitney tests or Kruskal-Wallis analysis of variance followed by Student-Newman-Keuls *post-hoc* tests were applied to data sets that were not normally distributed or were not of equal variance. Tests were reported as significant for $p < 0.05$.

Results

Effect of *Acinetobacter* on osseointegration

No signs of systemic infection were observed in any mice. Osseointegration increased in groups without bacteria between 7 and 14 d post-implantation (circles in Fig. 1a-c, Fig. 2a). In contrast, all three biomechanical (diamonds in Fig. 1a-c) and both histomorphometric (diamonds in Fig. 1d,e, Fig. 2b)

measures of osseointegration were reduced by wild-type *A. nosocomialis* strain M2 at both time points.

Effect of *abaI*-deficiency on osseointegration in *Acinetobacter* infection

To determine mechanisms responsible for effects of *A. nosocomialis* strain M2, an *abaI*-deficient isogenic mutant was used that lacks quorum sensing (Niu *et al.*, 2008). The *abaI* quorum-sensing mutant (upward triangles in Fig. 1a–e, Fig. 2c) had less effect than the wild-type strain. For example, the wild-type and *abaI* mutant strains were significantly different regarding all three biomechanical measures of osseointegration at day 14 (Fig. 1a–c) and with regard to both histomorphometric measures at day 7 (Fig. 1d,e). Importantly, effects of the *abaI* mutation were not due to different bacterial growth since neither mutant altered the number of bacteria on implants or in surrounding bones (Fig. 1f,g).

Difference in induction of cytokines between wild-type *Acinetobacter* and mutants

Although *A. nosocomialis* strain M2 infection led to increased macrophage recruitment to the site of infection, the *abaI* mutation did not alter macrophage recruitment (Fig. 3a). CCL2, TNF α , IL6, IL1 α and IL1 β were measured in femora surrounding implants

as examples of local inflammatory cytokines. CCL2 and TNF α were not induced at either day 7 or day 14 following implantation (Fig. 3b,c). IL6 and IL1 α were increased equivalently by wild-type *A. nosocomialis* strain M2 and the *abaI* mutant strain (Fig. 3d–f). In contrast, the IL1 β level closely tracked with impaired osseointegration as the *abaI* mutant (upward triangles) had significantly less effect on IL1 β at day 7 (Fig. 3f), on bone to implant contact at day 7 (Fig. 1d) and on all three biomechanical measures of osseointegration at day 14 (Fig. 1a–c).

Effect of IL1R on cytokine expression and impaired osseointegration in implant infection with *Acinetobacter*

To test the functional role of IL1 β , effects of *A. nosocomialis* strain M2 in wild-type and IL1R^{-/-} mice were compared (Glaccum *et al.*, 1997). Consistent with an important role for IL1 β , wild-type *A. nosocomialis* strain M2 had less effect on ultimate force in IL1R^{-/-} mice (diamonds in Fig. 4a) and there was a trend towards less effect on work to failure ($p = 0.07$, diamonds in Fig. 4b), while stiffness was not affected by IL1R deletion (diamonds Fig. 4c). Similarly, levels of CCL2, IL6 and RANKL were reduced in IL1R^{-/-} mice at day 14 (diamonds in Fig. 4d–f). Importantly, the IL1R deletion did not alter osseointegration or

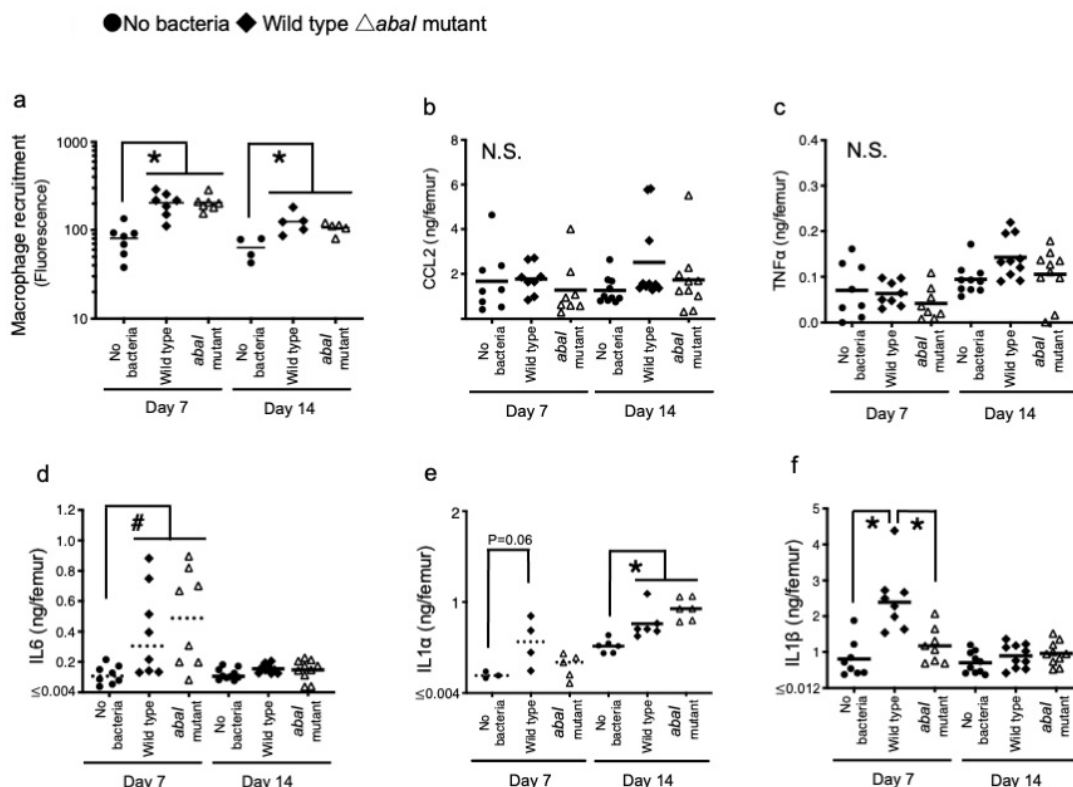


Fig. 3. *abaI* mutation reduced the effects of *Acinetobacter* on IL1 β production. (a) Macrophage recruitment was measured in MAFIA mice. Levels of (b) CCL2, (c) TNF α , (d) IL6, (e) IL1 α and (f) IL1 β in control groups without bacteria as well as in isogenic *A. nosocomialis* strain M2 wild-type and *abaI* mutant groups were measured in C57BL/6J mice. Assay ranges were (b) 58.6 pg–7.5 ng/femur for CCL2, (c) 15.6 pg–2 ng/femur for TNF α , (d) 15.6 pg–2 ng/femur for IL6, (e) 16.4 pg–2.1 ng/femur for IL1 α , and (f) 78 pg–10 ng/femur for IL1 β . Solid horizontal bars show means for parametric analysis (* $p < 0.05$). Dashed bars show medians for non-parametric analysis (# $p < 0.05$). N.S: no significant difference.

cytokine production in the absence of bacteria or in the presence of the *abal* mutant strain (circles and upward triangles in Fig. 4a-f). The effects of IL1R deletion were not due to differential bacterial growth since deletion did not affect the number of wild-type bacteria or the *abal* mutant on implants or in surrounding bones (Fig. 4g,h).

Discussion

The present study showed that the quorum-sensing system of *Acinetobacter* spp. infections on implants contributed to macrophage recruitment, production of inflammatory cytokines, osteolysis and impaired osseointegration. These effects are likely due, in part, to regulation by quorum sensing of genes that are important for virulence (Sun *et al.*, 2021; Tang *et al.*, 2020). Also, the effects of *Acinetobacter* spp. quorum sensing were due, in part, to increased induction of IL1 β . Those results were consistent with findings

that IL1 β contributes to inflammatory osteolysis induced by *Staphylococcus aureus* in mice (Berthel *et al.*, 2011; Putnam *et al.*, 2019; Wang *et al.*, 2020) and that single nucleotide polymorphisms in IL1 β and IL1R associate with human osteomyelitis (Alves De Souza *et al.*, 2017; Osman *et al.*, 2016). A limitation of the study was that it was not determined whether the impaired osseointegration was due to reduced osteogenesis, increased osteolysis or both (Choe *et al.*, 2022). The study was also restricted to 14 d following bacterial inoculation and it is, therefore, unknown whether the infection, inflammation or impaired osseointegration would resolve at later time points. Also, it was not determined which virulence factors acted downstream of the quorum-sensing system to regulate IL1 β production and osseointegration or which mammalian cells were the direct targets of those virulence factors. It is likely that multiple virulence factors contribute as hundreds of gene are regulated by the quorum-sensing system in *Acinetobacter* spp. (Sun *et al.*, 2021). Virulence factors

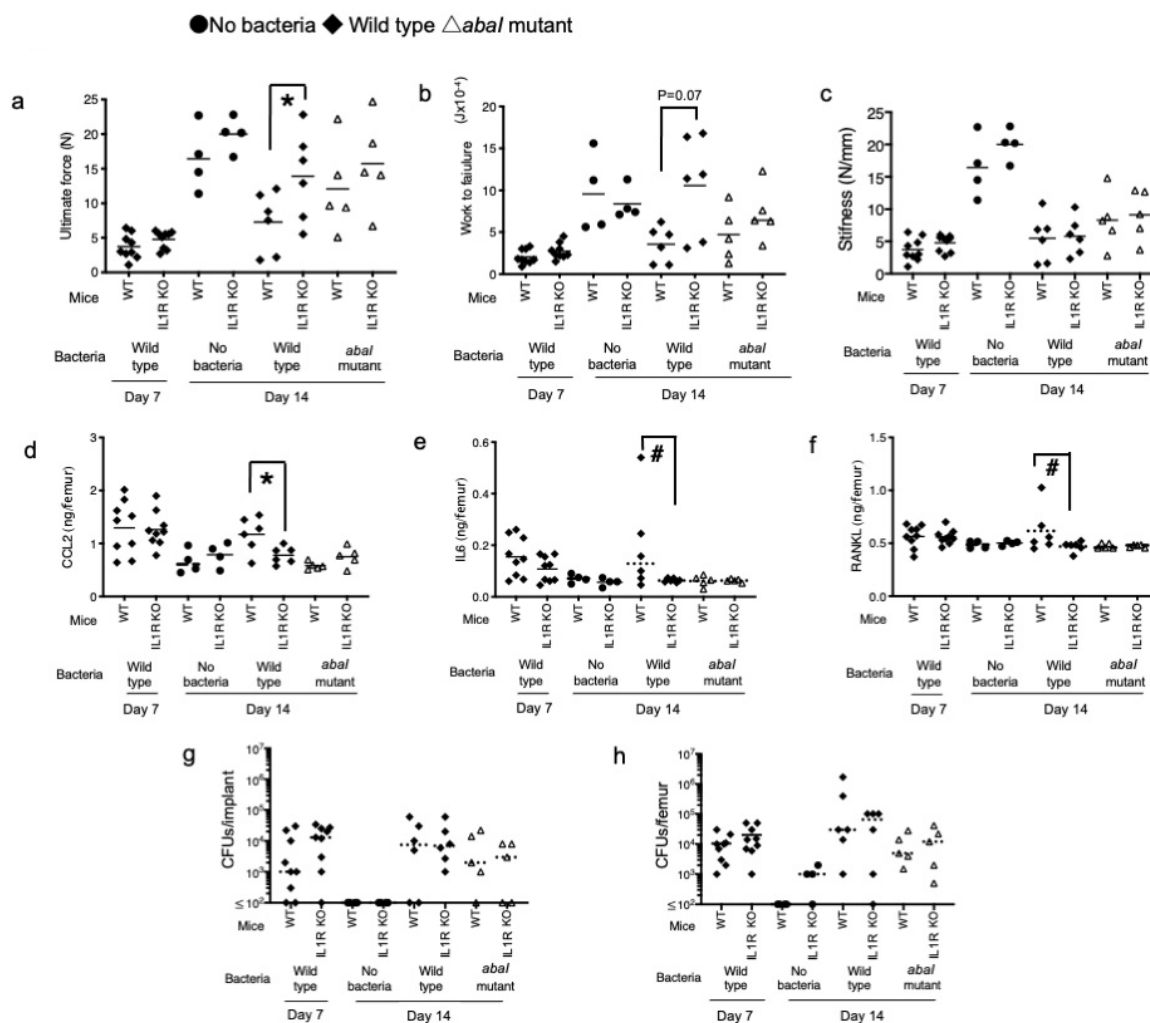


Fig.4. IL-1R mediated the effects of *Acinetobacter* on osseointegration. (a-c) Biomechanical measures of osseointegration, (d-f) levels of CCL2, IL6 and RANKL, (g,h) bacterial burden in control groups without bacteria as well as in isogenic *A. nosocomialis* strain M2 wild-type and *abal* mutant groups were compared in IL1R1^{-/-} and their wild-type control mice. Assay ranges were (d) 19.5 pg-2,5 ng/femur for CCL2, (e) 15.6 pg-2 ng/femur for IL6 and (f) 31 pg-4 ng/femur for RANKL. Solid horizontal bars show means for parametric analysis (* $p < 0.05$). Dashed bars show medians for non-parametric analysis (# $p < 0.05$).

that might be involved include the acyl-homoserine lactones themselves acting through mammalian T2R receptors, pathogen-associated molecular patterns that activate mammalian pattern recognition receptors and multiple others (Carey and Lee, 2019; Glucksam-Galnoy *et al.*, 2013; Lin *et al.*, 2012; Bhuiyan *et al.*, 2016; Kale *et al.*, 2017; Morris *et al.*, 2019).

Acinetobacter spp. quorum sensing, similarly to most other Gram-negative bacteria, is mediated by acyl-homoserine lactones (Anbazhagan *et al.*, 2012; Bhargava *et al.*, 2010; Niu *et al.*, 2008). Novel approaches targeting the Gram-negative quorum-sensing system or the T2R mammalian receptors for acyl-homoserine lactones (Carey and Lee, 2019) may, therefore, be particularly effective for *Acinetobacter* spp. infections (Bhargava *et al.*, 2010; Bjarnsholt and Givskov, 2007; Costerton *et al.*, 2007; Lazar *et al.*, 2021). The potential utility of these quorum-quenching approaches is further enhanced by recent reports that acyl-homoserine lactones induce antibiotic resistance in *Acinetobacter* spp. (Dou *et al.*, 2017). Examples of these approaches include developing antagonistic acyl-homoserine lactones (Stacy *et al.*, 2012), engineering thermostable lactonases that can degrade a broad range of acyl-homoserine lactones (Chow *et al.*, 2014) and repurposing drugs that are FDA-approved for other indications (Seleem *et al.*, 2020). The results regarding quorum sensing in the Gram-negative *Acinetobacter* spp. were reminiscent of the extensive literature reviewed by Urish and Cassat (2020) showing that the peptide-based quorum-sensing systems of Gram-positive bacteria also contribute to inflammatory osteolysis.

Importantly, the observed effects of the gene deletions, either in the *A. nosocomialis* strain M2 or in the mice, were not due to differential bacterial growth since none of them altered the number of bacteria on retrieved implants or in surrounding bone. A limitation of the study was use of a transposon mutant without determining whether the effects were reversed in a complemented strain of bacteria. However, it is unlikely that the *abaI* transposon has a polar effect on expression of downstream genes as *abaI* is the last gene in an operon and there are no genes downstream in the same orientation.

In the present study, *A. nosocomialis* strain M2 caused inflammatory osteolysis around implants in addition to impaired osseointegration. This finding would not have been predicted based on the report that *Acinetobacter* spp. increases osteogenesis in mice without detectably inducing osteolysis (Crane *et al.*, 2009). This discrepancy could be due to testing different amounts (Vidlak and Kielian, 2016) or different strains of *Acinetobacter* spp. For example, it is unknown whether the strain used in the previous report (Crane *et al.*, 2009) possesses a quorum-sensing system.

In conclusion, results showed that novel approaches targeting the quorum-sensing system of Gram-negative bacteria may be particularly effective for *Acinetobacter* spp. infections. The

murine model will also be useful for future studies to clarify the mechanism of implant failure due to *Acinetobacter* spp. and to assess novel diagnostic tools or therapeutic agents.

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Contributions are as follow. HC, OA, PR, ZL, RB, EG designed the experiments. HC, BH, KH, EG conducted the experiments. HC, OA, PR, ZL, RB, EG wrote the manuscript.

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Discussion with Reviewer

Reviewer: In this model, the inoculated bacteria do not establish a long-term infection as evidenced by low or zero CFU at day 14 on the implant. Therefore, any effects of infection are only in the early post-operative phase. Does this suggest that *Acinetobacter* is not a true bone pathogen but rather induces inflammation in contaminated wounds that may extend to bone, without actually inducing osteomyelitis?

Authors: We agree that the CFUs are lower on day 14 than on day 7, especially on the implants (Fig. 1f). However, Fig. 1g shows substantial CFUs on day 14 in the femora of the groups with either wild-type or *abaI* mutant bacteria. The study was restricted to

14 d after bacterial inoculation and it is, therefore, unknown whether the infection, inflammation or impaired osseointegration would resolve at later time points. *Acinetobacter* is frequently considered to cause osteomyelitis in human patients (Davis *et al.*,

2005; Fily *et al.*, 2019; Johnson *et al.*, 2007; Tan *et al.*, 2019; Yun *et al.*, 2008).

Editor's note: The Scientific Editor responsible for this paper was Fintan Moriarty.