Boosting Antibiotic Activity Against *Staphylococcus Aureus* Methicillin Resistant And Susceptible Strains By Photodynamic Inactivation

ECA 2023 The 3rd International Electronic Conference on Antibiotics Rise of Antibiotic Resistance: Mechanisms Involved and Solutions to Tackle it

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Wound Infections: Persistent Challenge of Antibiotic Resistance



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Wound Infections: Persistent Challenge of Antibiotic Resistance



Breaking Resistance's Barrier: Antibiotic/Phytochemical Combinations



Introduction

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Breaking Resistance's Barrier: Antibiotic/Phytochemical Combinations



Breaking Resistance's Barrier: Antibiotic/Phytochemical Combinations



Breaking Resistance's Barrier: Antimicrobial Photodynamic Inactivation



Antimicrobial Photodynamic Inactivation (aPDI) is a promising strategy to treat AWIs.

Localized and non-selective effect, reducing the ability to acquire resistance.

the presence of oxygen, Requires a non-toxic photosensitizer (e.g. some phytochemicals) and light.

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Breaking Resistance's Barrier: Antimicrobial Photodynamic Inactivation

Induction of cell cytotoxicity through the production of reactive oxygen species (ROS).

Transition from a low energy level (ground state) to a high energy level (excited state).

Irreversible damage to cellular structures, which can lead to cell death.



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Evaluate, for the first time, the synergy between phytochemical-antibiotic combinations and photodynamic activation to overcome antibiotic resistance and, consequently, increase the success of inactivating *Staphylococcus aureus* AWIs.

Antibiotic-berberine (Ber) combinatorial effect

Photodynamic activation of Ber-Antibiotic combinations (BAc) to inactivate *S. aureus* strains

Ber Blue Light Photoactivation

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Materials and Methods



- Minimum Inhibitory Concentration (MIC)
- Minimum Bactericidal Concentration (MBC)
- Disc Diffusion Test (DDT)



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S. aureus CECT 976 (methicillin-susceptible-MSSA) *S. aureus* MJMC568-B (methicillin-resistant-MRSA)



Materials and Methods



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LED parameters optimization: 420 nm, 30 mW/cm², during 5, 10, and 15 min (9, 18, and 27 J/cm²)

Culturability assessment (colony forming units per milliliter (CFU/mL))

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Compound	MSSA			MRSA		
	MIC	MBC	CA Classification	MIC	MBC	CA Classification
Ber	100	1000	-	800	800	-
Gen	1	2	Indifferent	>1024	>1024	Potentiation
Mup	8	8	Potentiation	16	512	Additive
Tob	4	4	Additive	64	256	Potentiation

Table 1. MIC, MBC (µg/mL) Ber and selected antibiotics, as well as the classification for the combinatorial application (CA) of different BAc MSSA and MRSA strains.

 $Potentiation (+++): (IZD_{a+p} - IZD_a) \geq 6 mm; Additive (++): 6 mm > (IZD_{a+p} - IZD_a) \geq 4 mm; Indifferent (+): 4 mm > (IZD_{a+p} - IZD_a) > -6 mm; Negative (-): (IZD_{a+p} - IZD_a) \geq -6 mm; Negative (-): (IZD_{a+p} - IZD_a) = -6 mm; Negative (-): (IZD_{a+p} - IZD_a) = -6 mm; N$

The MIC and MBC values for MRSA were higher than those determined for MSSA.

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Ber-Mup for MSSA, Ber-Gen and Ber-Tob for MRSA with synergistic effect.

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Results and Discussion - Ber Antimicrobial Photodynamic Activity



Figure 1. Antimicrobial photodynamic activity of Ber against MSSA and MRSA in terms of culturability (CFU/mL) after 5, 10 and 15 min (9, 18 and 27 J/cm²) blue light irradiation (420 nm, 30 mW/cm²). Bacterial cells were incubated in the dark at 37 °C and 150 rpm for 30 min prior to irradiation. No irradiation was applied to the control groups. Data are presented as mean \pm standard derivations (SDs)., P < 0.05 is given for two independent experiments with at least three replicates. *a* stands for ****; *b* stands for ***; *d* stands for **; *d* stands for *; *ns* stands for non-statistical difference. Statistical analyses were performed between irradiated and non-irradiated bacterial cells and between 5, 10 and 15 min of irradiation.

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The photodynamic activation of Ber resulted in an increase of its antimicrobial activity, decreasing its MBC in 80 and 8 times for MSSA and MRSA strains, respectively.

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Results and Discussion - Ber Antimicrobial Photodynamic Activity



Figure 1. Antimicrobial photodynamic activity of Ber against MSSA and MRSA in terms of culturability (CFU/mL) after 5, 10 and 15 min (9, 18 and 27 J/cm²) blue light irradiation (420 nm, 30 mW/cm²). Bacterial cells were incubated in the dark at 37 °C and 150 rpm for 30 min prior to irradiation. No irradiation was applied to the control groups. Data are presented as mean \pm standard derivations (SDs), P < 0.05 is given for two independent experiments with at least three replicates. *a* stands for ****; *b* stands for ***; *c* stands for **; *d* stands for *; *ns* stands for non-statistical difference. Statistical analyses were performed between irradiated and non-irradiated bacterial cells and between 5, 10 and 15 min of irradiation.

The irradiation time of 10 min was chosen because no significant difference was observed with the application of 27 J/cm² compared to 18 J/cm². In addition, higher doses of light are associated with toxicity to human cells, therefore lower irradiation times are preferred.

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Results and Discussion – BAc Antimicrobial Photodynamic Activation



Figure 2. Antimicrobial photodynamic activation of BAc against MSSA (A) and MRSA (B) in terms of culturability (CFU/mL) after 10 min of blue light irradiation (420 nm, 30 mW/cm², 18 J/cm²). Data are presented as mean \pm SDs, P < 0.05 is given for two independent experiments with at least three replicates. a stands for ****; b stands for ****; c stands for **; d stands for **, a stands for ** is stands for non-statistical difference. Statistical analyses were performed between irradiated and non-irradiated bacterial cells and between between 30 min and 6 h of incubation.

- All photoactivated BAc inactivated culturability completely after 6 h incubation.
- 6 h incubation has shown a key role in increasing the antibiotic activity.



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Concluding Remarks









Ber has potent photodynamic capabilities against MSSA and MRSA strains.

Photoactivated Ber ability to restore the antibacterial activity of less effective antibiotics.

The results demonstrate the great potential of photoactivated BAc to treat efficiently AWIs and possible prevent the development of CWIs.

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Thank you for your attention!



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