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Glycopeptide antibiotic-loaded poly(vinyl alcohol)/polycaprolactone co-axial wetspun fibrous scaffolds for infection control in diabetic ulcers

Helena P. Felgueiras*

200 µm

Centro de Ciência e Tecnologia Têxtil (2C2T), Universidade do Minho, Portugal *<u>helena.felgueiras@2c2t.uminho.pt</u>

Introduction

Annually, the incidence of diabetic foot ulcers (DFUs) varies between 9.1 to 26.1 million worldwide, with numbers increasing each year. About 25% of diabetic patients develop DFUs, with near 70% of those requiring lower limb amputation. DFUs often fail to progress past the inflammatory phase due to increased bacterial colonization and recurrent infection. Over the last decades, technology breakthroughs have demonstrated the impact of bioactive 3D, fiber-based scaffolding systems in the treatment of DFUs (DOI: 10.1016/j.ijpharm.2021.120423).

Goal of this Research

In the present project, co-axial wet-spun microfibrous scaffolds are proposed as drug delivery platforms for infection control in DFUsprevalent bacteria infested environments.

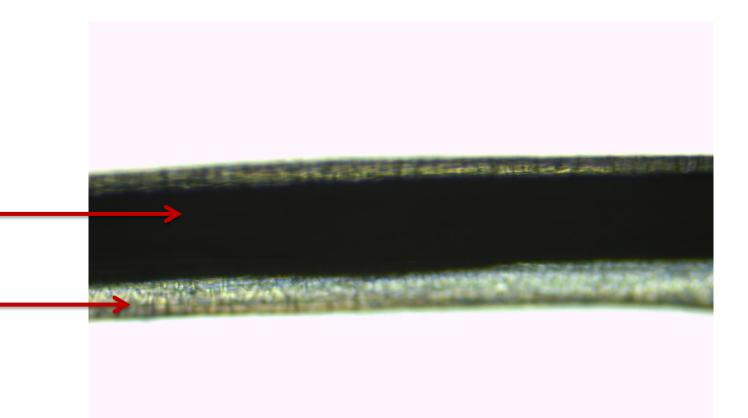
Materials and Methods

Results and Discussion

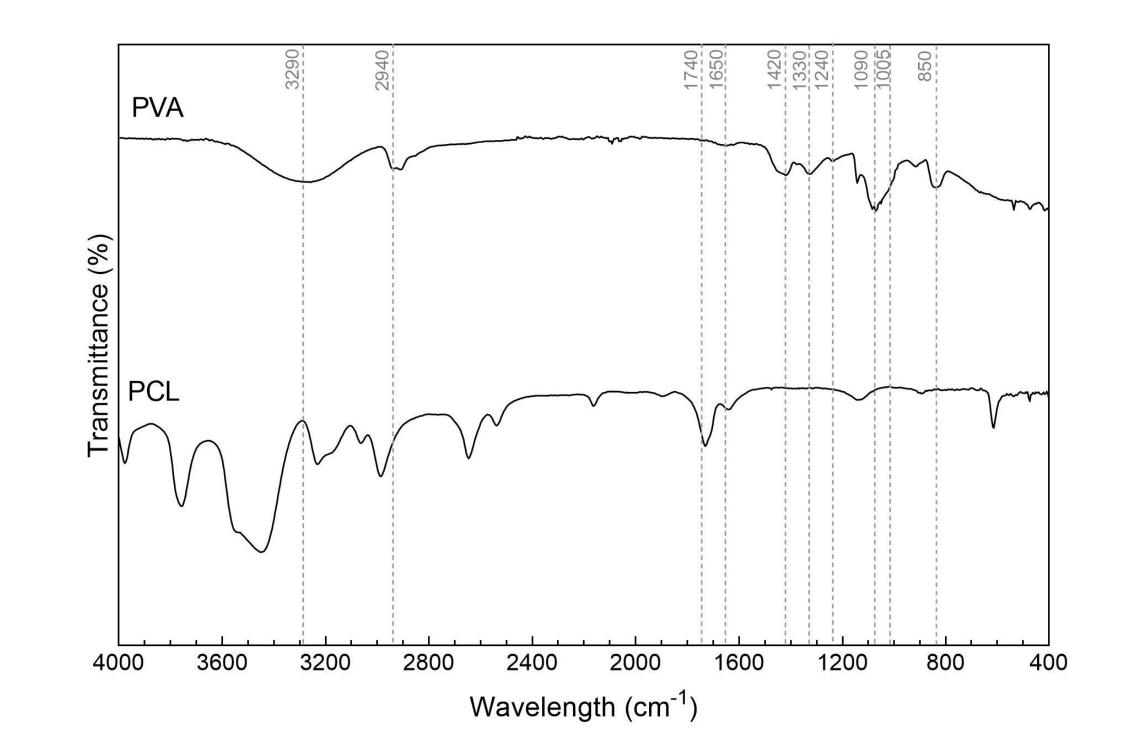
Fiber Morphology Co-axial structure

<u>Core</u>: PCL, provides mechanical resilience to the fiber

<u>Shell</u>: PVA, is biocompatible, highly absorbent and is loaded with the antibiotics, turning the scaffold antimicrobial

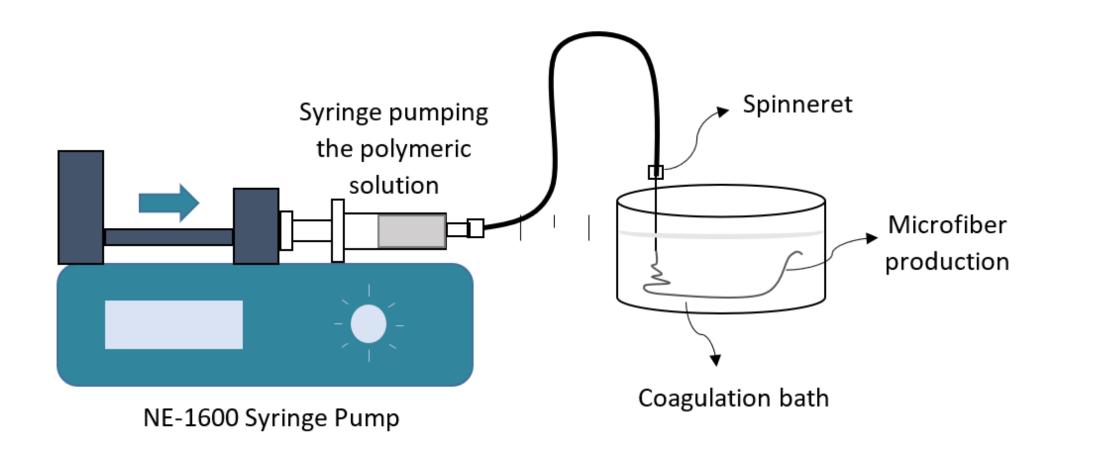


Chemical Composition of the Fibers



Wet-Spinning

Non-solvent induced phase inversion approach that allows the production of continuous polymeric microfibers.



Polymeric solution preparation

Shell: poly(vinyl alcohol) (PVA) at 10wt.% in water Core: polycaprolactone (PCL) at 10wt.% in dimethylformamide

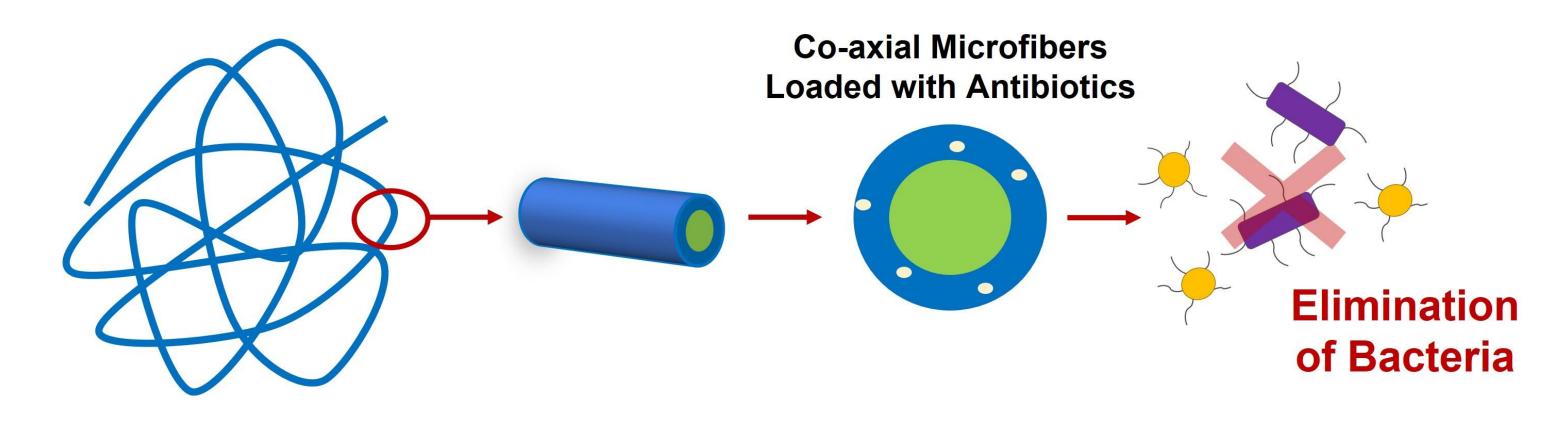
Processing conditions

Needle diameters – Core: 21 Gauge; Shell: 15 Gauge Flow Rate – 0.5 mL/h for core and 1.0 mL/h for shell Coagulation bath – $8wt.\% Na_2SO_4$ and 4wt.% NaOH

Swelling Capacity

Artificial exudates were used to attest the scaffold swelling capacity and map its degradation profile. Scaffolds could maintain >80% of their mass up to 28 days of incubation in dynamic conditions.

Antimicrobial Action



Minimum Inhibitory (MIC) and Bactericidal (MBC) Concentrations Starting Testing Concentration: 1.024 mg/mL, following EUCAST

An <i>tibiotics</i>	Staphylococcus aureus		Pseudomonas aeruginosa	
	MIC (µg/mL)	MBC (µg/mL)	MIC (µg/mL)	MBC (µg/mL)
Vancomycin	2	4	> 1024	> 1024
Ceftazidime	256	512	16	32

Conclusions: The results demonstrated the potential of PVA-PCL coaxial microfibers loaded with selected antibiotics to be constructed via wet-spinning. In the near future, their efficiency for treating infections cause by *S. aureus* and *P. aeruginosa* will be demonstrated for potential applications in diabetic foot wounds' care.

Acknowledgments

This work is financed by FEDER funds through COMPETE and by national funds through FCT via the projects POCI-01-0145-FEDER-028074 and UID/CTM/00264/2021.

