Can the antimicrobial peptide Ctx(lle²¹)-Ha-Ahx-Cys grafted onto nanochitosan sensitize extensively drug-resistant *Mycobacterium tuberculosis*?

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Introduction 1. What is *Mycobacterium tuberculosis*





DAHL, John L. Electron microscopy analysis of Mycobacterium tuberculosis cell division. FEMS microbiology letters, v. 240, n. 1, p. 15-20, 2004.

Introduction 2. Epidemiology



TB is caused by bacteria (Mycobacterium tuberculosis) and it most often affects the lungs. TB is spread through the air when people with lung TB cough, sneeze or spit. A person needs to inhale only a few germs to become infected.

Every year, 10 million people fall ill with tuberculosis (TB). Despite being a preventable and curable disease, 1.5 million people die from TB each year - making it the world's top infectious killer

TB is the leading cause of death of people with HIV and also a major contributor to antimicrobial resistance.

Most of the people who fall ill with TB live in low- and middle-income countries, but TB is present all over the world. About half of all people with TB can be found in 8 countries: Bangladesh, China, India, Indonesia, Nigeria, Pakistan, Philippines and South Africa

https://www.who.int/health-topics/tuberculosis#tab=tab_1

Tuberculosis profile: Global

Population 2020: 7 768 million

Estimates of TB burden*, 2020

Number

Total TB incidence	9 870 000 (8 880 000-10 900 000)
HIV-positive TB incidence	787 000 (701 000-879 000)
HIV-negative TB mortality	1 280 000 (1 210 000-1 360 000)
HIV-positive TB mortality	214 000 (187 000-242 000)

Universal health coverage and social pro-

TB treatment coverage (notified/estimated incidence), 2020

TB case fatality ratio (estimated mortality/estimated incidence), 202

(Rate per 100 000 population)	
127 (114-140)	
10 (9-11)	
17 (16-18)	
2.7 (2.4-3.1)	
tection*	

	59% (53-66)
20	15% (13-17)

Incidence, New and relapse TB cases notified, HIV-positive TB incidence

(Rate per 100 000 population per year)



Global Tuberculosis Report 2021

Introduction 5. treatment to drug-resistant tuberculosis

Recommendations in the 2019 update	Recommendations in the currer
Section 3: The duration of longer MDR-TB regimens	Section 3: Longer regimens for n tuberculosis
In MDR/RR-TB patients on longer regimens, a total treatment duration of 18–20 months is suggested for most patients; the duration may be modified according to the patient's response to therapy (conditional recommendation, very low certainty in the estimates of effect).	3.15 In MDR/RR-TB patients on long 18–20 months is suggested for most according to the patient's response (Conditional recommendation, very (no change to wording but combined Recommendations on the use of resistant tuberculosis)

WHO consolidated guidelines on tuberculosis

rent update

r multidrug-/ rifampicin-resistant

onger regimens, a total treatment duration of nost patients; the duration may be modified se to therapy.

ry low certainty in the estimates of effect). **bined with section above called: Section 3: of longer regimens for multidrug/ rifampicin**

Introduction 6. Chitosan



MATICA, Mariana Adina et al. Chitosan as a wound dressing starting material: Antimicrobial properties and mode of action. International journal of molecular sciences, v. 20, n. 23, p. 5889, 2019.

Introduction 7. Rifampicin





KURKELA, Juha et al. Revealing secrets of the enigmatic omega subunit of bacterial RNA polymerase. Molecular Microbiology, v. 115, n. 1, p. 1-11, 2021.

Introduction 8. Ctx(lle²¹)-Ha-Ahx-Cys





ROQUE-BORDA, Cesar Augusto et al. Conjugation of Ctx (Ile21)-Ha Antimicrobial Peptides to Chitosan Ultrathin Films by N-Acetylcysteine Improves Peptide Physicochemical Properties and Enhances Biological Activity. ACS omega, v. 7, n. 32, p. 28238-28247, 2022.

Introduction 9. Structure



ROQUE-BORDA, Cesar Augusto et al. Conjugation of Ctx (Ile21)-Ha Antimicrobial Peptides to Chitosan Ultrathin Films by N-Acetylcysteine Improves Peptide Physicochemical Properties and Enhances Biological Activity. ACS omega, v. 7, n. 32, p. 28238-28247, 2022.

Objective



Nanoparticle of chitosan



Nanoparticle of chitosan load with rifampicin



Nanoparticle of N-acetylcystein chitosan



Nanoparticle of *N*-acetylcystein chitosan load with rifampicin

Nanoparticle of *N*-acetylcystein chitosan with Ctx(IIe²¹)-Ha-Ahx-Cys

Nanoparticle of *N*-acetylcystein chitosan with Ctx(Ile²¹)-Ha-Ahx-Cys load with rifampicin







Activity against resistant *Mycobacterium* tuberculosis

Citotoxicity in macrophages and fibroblasts

Methods



Results and discussion





Results and discussion



H37Rv

< 0,977

< 0,977





Results and discussion

• Zeta potential= +30mV









Conclusion

It can be conclude that the antimicrobial peptide Ctx(Ile²¹)-Ha-Ahx-Cys grafted onto nanochitosan was able to sensiblizate an strain extremely resistance of *Mycobacterium tuberculosis* and intensity the effect of rifampicin, drug obsolete against CF169.

Acknowledgments

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