

Antimicrobial and Cytotoxicity Evaluations of Hydrogen peroxide-Towards Clinical Application of Antimicrobial Biomaterials for Wound Dressings

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Introduction: Chronic wound infections and emerging drug resistance are serious problems in the present world causing a considerable morbidity and a high healthcare costs. For this purpose, investigation on novel antimicrobial strategies is of great interest. Use of honey from ancient times is reputed for its wound-healing and antibacterial properties. It has been reported that the major antibacterial factor in honey is the release of hydrogen peroxide (H₂O₂) produced by glucose oxidase. This approach can be exploited to prepare novel polymer-based antimicrobial biomaterials for wound healing purposes. In this study, the inhibitory effect of H₂O₂ on the growth of numerous bacteria of clinical significance was investigated. To determine the “safe” antimicrobial concentration of H₂O₂, cytocompatibility analysis was also performed for H₂O₂ induced cellular cytotoxicity.

Methods: The effect of externally added H₂O₂ was performed by exposing L929 fibroblasts to various H₂O₂ concentrations. At different time points after exposure with H₂O₂, cell viability was assessed by measuring cell metabolic activity, cell membrane integrity and cell morphology. Antimicrobial efficacy was evaluated against a wide range of gram-positive and gram-negative bacteria that are involved in chronic wounds namely *S. aureus*, *S. epidermidis*, *S. lugdunensis*, *E. faecalis*, *E. coli*, *P. aeruginosa*, *K. pneumoniae*, and *A. baumannii*. Antimicrobial tests were performed using broth microdilution method for the determination of Minimum Inhibitory Concentration (MIC) and Minimum Bactericidal Concentration (MBC). MIC is the lowest concentration of antimicrobial agent that inhibits bacterial growth, while the MBC is the lowest level of antimicrobial agent that kills the bacteria (by reducing the viability of the initial bacterial inoculum by ≥99.9%).

Figure 1: Evaluation of cytotoxic effects of H₂O₂ on L929 fibroblasts

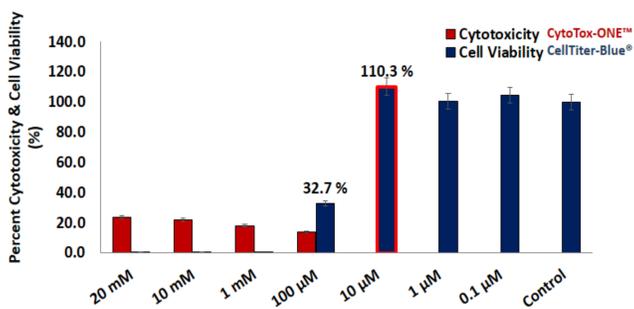


Figure 1: Cell viability data shows that:

- H₂O₂ did not favor cell viability at 20 mM, 10 mM, and 1 mM concentrations in our experimental set-up (L929 cell culture).
- H₂O₂ concentration of 10 μM did not alter cell viability with respect to control conditions (cells only) and further that H₂O₂ might be stimulating cell growth at the concentration of 10 μM.^{1,2}
- Cytotoxic effect started decreasing below 100 μM H₂O₂ concentration and was no more relevant at further lower concentrations (10, 1, 0.1 μM). H₂O₂ concentration of 10 μM did not affect cell behavior.

Figure 3: Antimicrobial activity of H₂O₂ against different clinically significant bacterial species

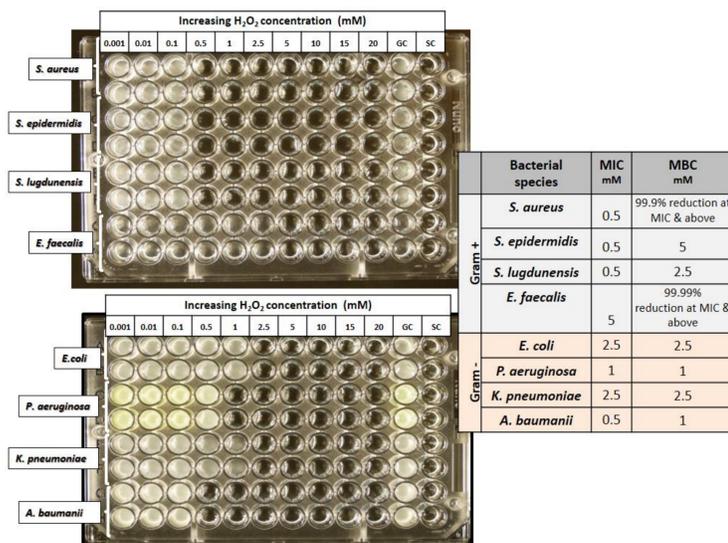


Figure 2: Evaluation of cytotoxic effects of H₂O₂ on L929 fibroblasts over time

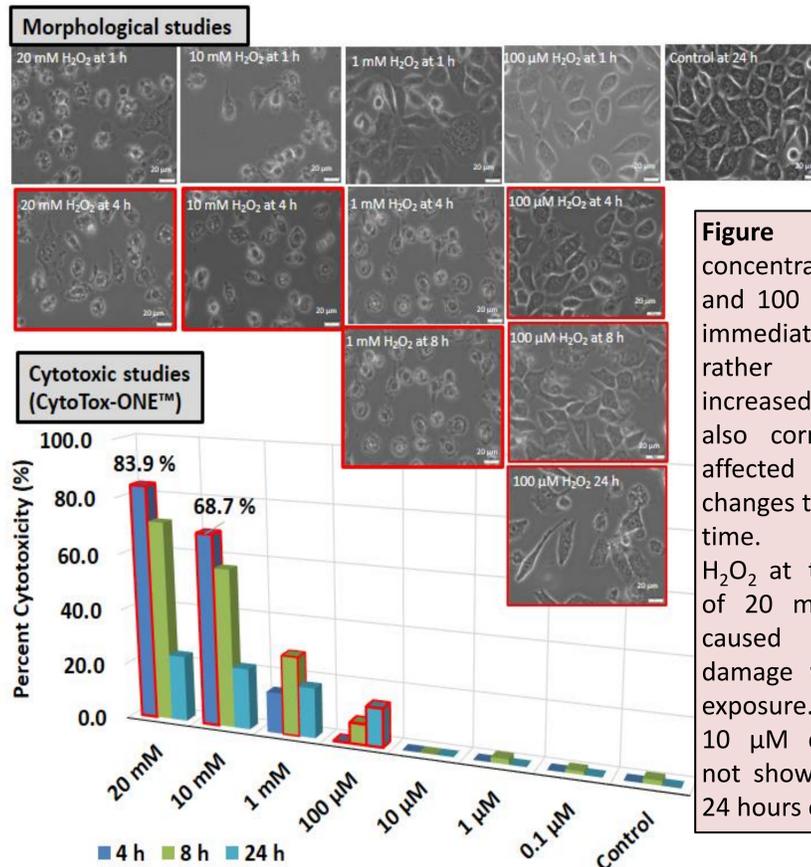


Figure 2: H₂O₂ concentrations of 1 mM and 100 μM did not show immediate cytotoxic effect, rather cytotoxic effect increased with time. This also correlated with the affected morphological changes that appeared over time. H₂O₂ at the concentration of 20 mM and 10 mM, caused cell membrane damage within 4 hour of exposure. 10 μM concentration did not show cytotoxicity until 24 hours of exposure.

Figure 4: MIC of H₂O₂ against different bacterial species

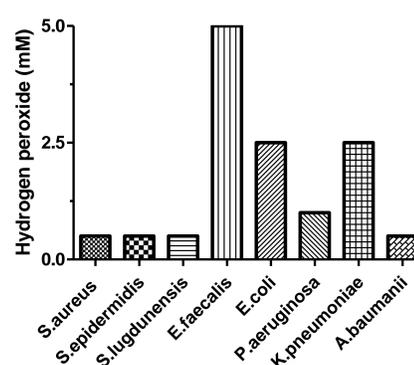
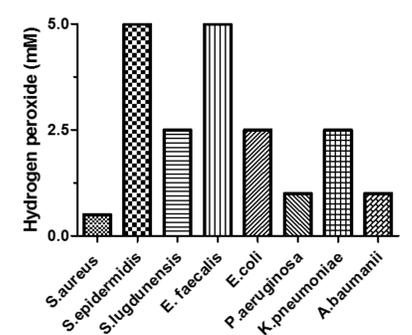


Figure 5: MBC of H₂O₂ against different bacterial species



Results & Conclusion: Results (Figure 3, 4 and 5) showed different MIC and MBC values of H₂O₂ for different bacterial species indicating their differences in susceptibility to treatment. There was no clear preference between Gram positive and Gram negative bacteria. Among the tested bacteria, *S. aureus* showed 99.9% bacterial reduction at the concentration of 0.5 mM, while *E. faecalis* showed the highest MIC value of 5 mM. H₂O₂ was found most effective against *S. aureus* (one of the most pathogenic bacteria) and less effective against *E. faecalis*. *Acinetobacter baumannii* being one of the most pathogenic bacteria involved in serious skin wound infections also showed the same MIC value (0.5 mM) as *S. aureus*. Cytotoxicity results (figure 1 and 2) showed two distinct patterns in our experimental set-up: the highest concentrations rapidly induced cell death characterized by morphological evidence and plasma membrane damage as compared to the concentrations of 1 mM and 100 μM where the cytotoxic effect only gradually increased with time. Results showed that 10 μM concentration did not show cytotoxicity. This data also indicated the concentration dependent distinct pathways of H₂O₂-induced cytotoxicity. Also, we speculated that the cytotoxic effects would differ depending on “at once” H₂O₂ exposure or exposure to “gradually” produced H₂O₂ by glucose oxidase and glucose entrapped into a matrix. Different H₂O₂ administration influences the ability of the cells to eliminate and detoxify H₂O₂ and needs further investigation.