Institute of Functional Materials Chemistry SSI "Institute for Single Crystals" of NAS of Ukraine,



Kharkiv, Ukraine



3,3'-BISINDOLYLMETHANE DERIVATIVES AS ANTIBIOTIC RESISTANCE DISRUPTORS

<u>Victoria Lipson</u>, Mikola Lyapunov, Olena Bezugla, Anna Lyapunova, Igor Zinchenko, Volodymir Vakula, Svitlana Dzhoraieva

Part of this work was carried out with the financial support of the National Research Foundation of Ukraine, grant No. 2022.01/0087



STATE OF THE PROBLEM

- Resistance of microorganisms to antibacterial agents in clinical practice is a global problem of modern medicine.
- > Why has this problem become particularly acute now?
- > Approaches to solve the problem of multidrug resistance
- Use of "auxiliary" agents to enhance the activity of existing drugs
- > 3,3'-BIM and its derivatives as means of increasing the effectiveness of antibacterial drugs

Rate of deaths attributable to and associated with bacterial antimicrobial resistance, 2019



Lancet 2022; 399: 629-55

BACTERIAL RESISTANCE IS A GLOBAL PROBLEM OF MODERN MEDICINE



2017 WHO PRIORITIZATION OF PATOGENES:

CRITICAL PRIORITY:

- **E** Enterococcus faecium
- **S** Staphylococcus aureus
- K Klebsiella pneumoniae
- A Acinetobacter baumanii
- **P** Pseudomonas aeruginosa
- E Enterobacter spp.

HIGH PRIORITY: Helicobacter pylori, Camphylobacter species, Salmonella species, Neisseria gonorrhoeae, Escherichia coli (NDM-1)

MEDIUM PRIORITY: Haemophilus influenzae, Shigella species, Streptococcus pneumoniae

AVAILABLE ARSENAL OF ANTIBACTERIAL AGENTS





CELLULAR TARGETS OF ANTIBACTERIALS



NEW TARGETS: enoyl-acyl carrier protein reductase (afabicin); Toll-like receptor 4.

Brown D. Nat Rev, 14, 2015

FDA-APPROVED ANTIBACTERIAL DRUGS (2014-2020)









FDA-APPROVED ANTIBACTERIAL DRUGS (2014-2020)



BASIC MECHANISMS OF BACTERIAL RESISTANCE

- 2
- The inability of the drug to diffuse through the extracellular matrix (changes in the structure of the cell wall and/or membrane).
- Enhanced gene transfer, which provides resistance to antibacterial agents (changes in the structure of targets, increased expression of enzymes capable of inactivating or modifying the molecular structure of a certain API, etc.).
- Expression of molecular pumps that carry out drug efflux outside the cell.
- Inactivation of the drug due to changes in the microenvironment.
- The presence of persistent bacteria.
- Biofilm formation.



POSSIBLE WAYS TO OVERCOME BACTERIAL RESISTANCE

 Search for new producers of active metabolites with antibacterial activity among soil, marine microorganisms and other natural sources

Soil samples can be a rich source of microbial diversity



EMBO reports 24: e56184 | 2023

IU

POSSIBLE WAYS TO OVERCOME BACTERIAL RESISTANCE

 Development of innovative technologies for the cultivation and fermentation of microorganisms in order to identify previously unknown antibiotics

iChip technology can be utilized to cultivate bacteria from the soil that could not be isolated under standard laboratory conditions before



POSSIBLE WAYS TO OVERCOME BACTERIAL RESISTANCE



- Nowel combinations of existing classes of antibiotics or coadministration them with new beta-lactamase inhibitors
- Simultaneous use of another drug or food component (resistance disruptors) that will restore sufficient antibacterial activity of the ineffective antibiotic
- Organic synthesis and screening of new compounds with the aim of discovering substances with antibacterial properties

ANTIBIOTIC RESISTANCE DISRUPTORS



Ciclipirox (LPS coat Gram (-) bacteria, (FTR1, FTR2 and FTH1))

Loperamide (inhibits H+ transport)



Berberine (TNF, IL-1β, IL-6, MCP1, iNOS and COX2))

(+) Naloxone



Curcumin (nhibits TLR2 and TLR4 signalling, induces autophagy by inhibiting the AKT–mTOR pathway)

OH Epigallocatechin-3-gallate (EGCG) (inhibition of DNA gyrase, blockade of TLR4

binding)

(+) Naltrexone (both compounds block TLR4–MD2 signalling)

Brown D. Nat Rev, 14, 2015

SELECTIVE IMPACT OF RESISTANCE DISRUPTORS ON MAJOR CLASSES OF ANTIBIOTICS



DRUG	for Gram-negative bacteria	for Gram-positive bacteria	
Carbapenems, cephalosporins and penicillins	Ciclopirox Loperamide (intravenous) Macrolides EGCG Naloxone, naltrexone, curcumin (for gut pathogens and LPS-driven endotoxic shock)	Curcumin EGCG Berberine	
Polymyxins	Loperamide	-	
Aminoglycosides	None identified	-	
Fluoroquinolones	None identified	Curcumin	
Tetracyclines	Loperamide	Curcumin	
Glycopeptides	-	Naloxone, naltrexone, curcumin (with vanco- mycin or metronidazole for the treatment of <i>Clostridium difficile</i> - associated diarrhoea)	
Macrolides	-	None identified	14

BIOFILM FORMATION, MATURATION AND DISPERSION

15

- 1. Reversible attachment of bacteria to an accessible surface
- 2. Irreversible fixation with the formation of the first layer of extracellular matrix (ECM)
- 3. The first stage of maturation (QS)
- 4. The second stage of maturation (build-up of ECM layers)
- 5. Biofilm dispersion (QQ)



Mirghani R. et al. AIMS Microbiology, 2022, 8 (3): 239–277

WAYS OF INFLUENCE ON QS



Enzyme destruction of signal molecules

Effects on transcription factors (*P. aeruginosa* + 3,3'-BIM)



EXPERT REVIEW OF ANTI-INFECTIVE THERAPY https://doi.org/10.1080/14787210.2020.1794815











Pharmaceutics 2022, 14, 967

3,3'-BISINDOLILMETHANE ALKALOIDS

Streptococcus faecium IB37

Vibrio parahemolyticus

Vibrio parahemolyticus bio249



arsindole B

Xiamen sea bacterium strain CB101



vibrindole A



1,1,3-tris(1-H-indol-3-yl)butane



tris(1H-indol-3-yl)methane

Vibrio sp.



arundine

Arundo donax

BIOSYNTHETIC PATHWAY TO FORM 3,3'-BIM FROM PLANT METABOLITES





Koper JEB et al. Food & Function, 2020, 11(15)

3,3'-BIMS OF SYNTHETIC ORIGIN AS BIOLOGICAL ACTIVE COMPOUNDS



CANNABINOID CB2 RECEPTOR AGONISTS



R





R¹ = 3,4-di-OMe, R²= Br; R¹ = 4-F, R²= 5-OMe

9

ANTI-INFLAMMATORY ACTIVITY



GPR84 RECEPTOR AGONISTS

 R^{1}



ANTIHYPERLIPIDEMIC ACTIVITY

3,3'-BIMS WITH ANTIMICROBIAL, FUNGICIDAL AND ANTI-PARASITIC ACTIVITY





R: C₆H₄-4-OH; C₆H₃-3-OMe,-4-OH; C₆H₄-4-NO₂ IC₅₀ 8.37 μM *L. donovani*



R: C₆H₃-3-Br,-4-F; C₆H₃-3,4-F₂ MIC 2.99-3.49 μM *C. neoformans*





R: 5-NO₂-furyl; 5-NO₂-thienyl; Me; Et

R: 4-NO₂; 4-NH-COMe; 2-NO₂; 3-CI; 3-NO₂ (IC₅₀ 0.22-14.81 μM/mL) *Mtb* H37Ra strain

METHODS FOR SYNTHESIS OF SUBSTITUTED BIMs





Shiri et al. 2010 Chem. Rev.; Deb et al. 2017 Org. Biomol. Chem.; Pillaiyar et al. 2018 Org. Chem. Noland et al. 2017 Tetrahedron; Liu et al. 2019 Org. Lett.; Lipson V., Vakula V., Shirobokova M. 2024 ChemSelect21

СИНТЕЗ ПОХІДНИХ 3,3'-БІМ



SYNTHESIS OF 3,3'-BIM DERIVATIVES UNDER MW ACTIVATION CONDITIONS



23

SUPRAMOLECULAR COMPLEXES BASED ON 3,3'-BIM DERIVATIVES WITH CYCLODEXTRINS





DETERMINATION OF 3,3'-BIM SOLUBILITY AND SELECTION OF THE OINTMENT BASE



SOLVENT	SOLUBILITY OF 3,3'-BIM (µg in µL)	Qualitative description of the solubility of 3,3'-BIM
DMF	100 μg in 0,1 μL	very easily soluble
DMSO	100 μg in 1 μL	easily soluble
N-methylpyrrolidone	100 μg in 1 μL	easily soluble
ethyl acetate	100 μg in 1 μL	easily soluble
diethylene glycol monoethyl ether	100 μg in 1 μL	easily soluble
chloroform	100 μg in 10 μL	moderately soluble
ethanol (96 %)	10 μg in 10 μL	slightly soluble
hexane	_	practically insoluble
water	_	practically insoluble

1% SOLUTION OF 3,3'-BIM IN A MIXTURE OF N-METHYLPYRROLIDONE -**PROPYLENE GLYCOL – MACROGOL (400) – H₂O**

1% SOLUTION OF 3,3'-BIM IN A MIXTURE OF N-METHYLPYRROLIDONE – PROPYLENE GLYCOL - MACROGOL (400) - BUTYLHYDROXYANISOLE 0.05%, **BUTYLHYDROXYTOLUENE 0.05%**

RESEARCH ON THE ANTIBACTERIAL ACTIVITY OF 3,3'-BIM







C



D







E











№10.5% solution of 3,3'-BIM in
DMSO№20.5% solution of 3,3'-BIM
in diethylene glycol
monoethyl ether№30.5% solution of 3,3'-BIM in N-
methylpyrrolidone№40.5% solution of 3,3'-BIM in
propylene glycol

G



3K 3 Pseudomonas aeruginosa



Staphylococcus aureus



3K Candida albicans



Streptococcus pyogenes



3K 3 Escherichia coli



3K 3 Klebsiella pneumoniae

ANTIBACTERIAL ACTIVITY OF 0.5% SOLUTION OF 3,3'-BIM IN N-METHYLPYRROLIDONE



ACTIVITY OF 0.5% SOLUTION OF COMPOUNDS 3a, 3b AND 3d COMPARED TO N-METHYLPYRROLIDONE (K)



 $3a R = 4-MeOC_6H_4$

3b $R = 3,5-F_2C_6H_4$

3d R = 1-Et-pyrasol-4-yl

ANTIBACTERIAL ACTIVITY OF 1% SOLUTION OF 3,3'-BIM IN THE MIXTURE OF N-METHYLPYRROLIDONE – PROPYLENE GLYCOL – MACROGOL (400) – H_2O



SENSITIVITY OF POLYRESISTANT CLINICAL STRAINS TO SOLUTIONS OF 1% 3,3'-BIM IN THE MIXTURE OF N-METHYLPYRROLIDONE – PROPYLENE GLYCOL – MACROGOL (400) – H_2O + ANTIBACTERIAL DRUG

№ 1 + 0,1 % gentamicin sulfate solution
№ 2 + 1,0 % ceftriaxone solution
№ 3 + 1,0 % dioxidine solution
№ 4 + 0,1 % ofloxacin solution
№ 5 + 0,75 % chloramphenicol solution



Pseudomonas aeruginosa



Streptococcus pyogenes

SENSITIVITY OF POLYRESISTANT CLINICAL STRAINS TO SOLUTIONS OF 1% 3,3'-BIM IN THE MIXTURE OF N-METHYLPYRROLIDONE – PROPYLENE GLYCOL – MACROGOL (400) – H₂O + ANTIBACTERIAL DRUG



№ 4 + 0,1 % ofloxacin solution

№ 5 + 0,75 % chloramphenicol solution



Escherichia coli

Klebsiella pneumoniae

Pseudomonas aeruginosa

4K

4



Staphylococcus aureus



Streptococcus pyogenes

Candida albicans

DETERMINATION OF THE EFFECT OF MIXTURES OF 3,3'-BIM WITH ANTIMICROBIAL APIS ON THE FORMATION OF BACTERIAL BIOFILMS



Bacteria strain	Decrease in optical density of daily biofilms (times) compared to optical density of control biofilms			
	Solution ofloxacin 0.1% + BIM 1%	Solution ofloxacin 0.1%	Dioxidine solution 1.0% + BIM 1%	Dioxidine solution 1.0 %
Klebsiella pneumoniae NCTC 5055 = SS B 5055	19.9	6.5	9.5	5.3
Klebsiella pneumoniae 1745	11.5	5.8	18.2	6.5
Pseudomonas aeruginosa 27853 = NCDCF-51 (7419)	16.3	6.4	9.8	6.0
Pseudomonas aeruginosa 10	5.9	4.1	4.3	2.3
Pseudomonas aeruginosa 3	8.2	4.7	8.4	4.7
Escherichia coli 25922 (F50) = NCDC F 50	10.1	6.0	11.8	5.0
Escherichia coli S:CL10TZR	8.1	4.7	12.2	4.7
Staphylococcus aureus 25923 = NCDC 25923 = F-49	9.3	6.1	7.3	5.0
Staphylococcus aureus 551	8.2	5.1	9.7	5.6

 THE DAILY Pseudomonas aeruginosa 10 BIOFILM AFTER ADDITION OF

 0.1% OFLOXACIN SOLUTION + 1% 3,3'-BIM (A) AND WITHOUT 3,3'-BIM (B)

 (за результатами лазерної скануючої конфокальної мікроскопії)





(A)

(B)

Formulations of ointments on water-soluble base for microbiological study using agar diffusion test

Components	Content (%)					
	Ointment base	Base with 1% DIM	Sample №1	Sample №2	Sample №3	Sample №4
Fluoroquinolone*	-	-	0.10	0.10	0.10	0.10
3,3'-BIM	-	1.00	-	0.10	0.50	1.00
Butylhydroxyanisole	-	0.02	-	0.02	0.02	0.02
Butylhydroxytoluene	-	0.10	-	0.10	0.10	0.10
N-methylpyrrolidone	6.82	6.82	6.82	6.82	6.82	6.82
Poloxamer 338	3.70	3.70	3.70	3.70	3.70	3.70
Macrogol 1450	20.00	20.00	20.00	20.00	20.00	20.00
Macrogol 6000	5.00	5.00	5.00	5.00	5.00	5.00
Macrogol 400	22.60	22.16	2.54	22.47	22.31	22.11
Propylene glycol	41.88	41.20	41.84	41.69	41.45	41.15

Note: * Ofloxacin, or levofloxacin, or moxifloxacin



ZONES OF GROWTH INHIBITION FOR *C. amalonaticus* 1574 WITH EXPOSURE TO 0.1% MOXIFLOXACIN OINTMENT: (a) OINTMENT WITHOUT DIM; (b) OINTMENT CONTAINING 1.0% 3,3'-BIM



(a)



(b)

Note: Wells without zones of growth inhibition were filled with ointment base



DIAMETERS (D) OF GROWTH INHIBITION ZONES OF P. aeruginosa 4791 (a), K. pneumoniae 2820 (b) AND C. amalonaticus 1574 (c) WITH EXPOSURE TO 0.1% OFLOXACIN OINTMENT WITHOUT 3,3'-BIM (1) AND WITH 3,3'-BIM AT CONCENTRATIONS: 0.1% (2), 0.5% (3), 1.0% (4)



CONCLUSIONS

- > 43 new 3,3'-BIM derivatives were synthesized
- The antibacterial activity of 16 synthesized derivatives was studied on standard strains of Escherichia coli, Pseudomonas aeruginosa, Klebsiella pneumoniae, Staphylococcus aureus, Streptococcus pyogenes, Candida albicans.
- 3,5-F₂C₆H₄-3,3'-BIM showed high antimicrobial activity against *Pseudomonas aeruginosa, Klebsiella pneumoniae, Staphylococcus aureus, Streptococcus pyogenes, Candida albicans;* 1-Et-pyrazol-4-yl-3,3'-BIM was active against *Klebsiella pneumoniae.*
- It has been shown that colloidal nonionic surfactant solution containing 0.1% ofloxacin and 1.0% 3,3'-BIM effectively prevented biofilm formation of both clinical strains and a standard strain of *P. aeruginosa.*
- Our study highlights the potential of the combined use of fluoroquinolones and 3,3'-BIM in water-soluble ointments for the local treatment of purulent wounds infected with resistant bacterial strains in the inflammatory phase

THANK YOU FOR YOUR ATTENTION

