

## Nitric Oxide-Releasing Therapy for Infected Catheter Salvaging

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A)



bloodstream infections (CRBSIs) occur in the US every year, greatly contributing to morbidity, mortality, and healthcare costs.

 Lock solutions containing high concentrations of antibiotics or antiseptics are clinically used to prevent and/or treat CRBSIs with limited success. • CRBSIs are associated with biofilm production, which is a major barrier to traditional treatments. •Nitric oxide (NO) is a potent, endogenous antimicrobial agent that can disperse biofilms, making its incorporation into lock solutions ideal.

S-nitrosoglutathione (GSNO) dissolved in PBS is used as a NO-releasing lock solution (NOreLS).





Figure 4: Medical grade tubing was infected for 72 h with media changes every 12 h before 24 h lock treatments. A) MRSA and B) MDR PA biofilm dispersal was evaluated using crystal violet staining compared to a PBS control.

## Cytocompatibility

**Scheme 1:** NO donor molecules such as GSNO release NO.

**NO Release Characterization** 



**Figure 2:** Time kill assays with **A)** methicillin-resistant *Staphylococcus* aureus (MRSA) and **B)** multidrug resistant *Pseudomonas aeruginosa* (MDR PA).

lime (n)

B **10**<sup>4</sup> 10<sup>3</sup>-10<sup>2</sup>



Figure 5: Cytocompatibility assessed via CCK-8 assay. 0.06%, 0.09%, and 0.2% correspond to 3, 4.5, and 10 mL of potentially leaked locked solution into 5 L of blood.

## Conclusions

NOreLS shows highly efficient antibacterial actions for the potential prevention and treatment of CRBSIs.

**Figure 1:** NO analysis demonstrates that all concentrations of GSNO in PBS tested release NO for at least 48 h.



**Figure 3:** Medical grade tubing was infected for 24 h prior to 2 h lock therapies. Viable A) MRSA and B) MDR PA on the tubing after treatment.

Lock Solution

- At all tested concentrations, NOreLS has been shown to have excellent cytocompatible.
- has great potential clinical NOreLS tor translation.

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