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Clinical Insights into Bacterial Biofilm Formation in Chronic Infections: Therapeutic Strategies and Implications

Greub Morres*

Department of Microbiology, University of Lausanne, Lausanne, Switzerland

Introduction

Bacterial biofilms represent a significant challenge in the management of chronic infections, contributing to persistent and recalcitrant infections that are difficult to treat with conventional antibiotic therapies. Biofilms are aggregates of bacterial cells encased in a self-produced extracellular matrix that adheres to surfaces, such as tissues, medical devices, and prosthetics. In the clinical context, biofilm formation is associated with a variety of chronic and device-related infections, including those in the lungs (e.g., Pseudomonas aeruginosa in cystic fibrosis), urinary tract infections (e.g., Escherichia coli), endocarditis (e.g., Staphylococcus aureus), and chronic wounds (e.g., Staphylococcus epidermidis). The ability of biofilm-forming bacteria to evade the host immune system and resist antibiotic treatment makes biofilm-associated infections particularly difficult to eradicate. Bacterial biofilms, though microscopic in nature, wield a colossal impact on human health, particularly in the realm of chronic infections. These resilient communities of bacteria adhere to surfaces and encase themselves in a protective matrix, posing significant challenges to conventional treatment approaches. Understanding the dynamics of biofilm formation and devising effective therapeutic strategies are imperative in combating chronic infections. Bacterial biofilms represent an ingenious survival strategy adopted by various microbial species. The process begins with the reversible attachment of planktonic bacteria to a surface, followed by irreversible adhesion and proliferation. As the community matures, Extracellular Polymeric Substances (EPS) are synthesized, providing structural integrity and protection against external stressors, including antibiotics and the host immune system. The three-dimensional architecture of biofilms creates microenvironments with heterogeneous nutrient and oxygen gradients, fostering the development of diverse bacterial phenotypes. This heterogeneity, coupled with the presence of persister cells—dormant variants resistant to antimicrobial agents—renders biofilms remarkably resilient [1,2].

Description

The biofilm matrix also serves as a shield against the host immune system. Polymorphonuclear leukocytes (PMNs) and other immune cells are less effective at penetrating the biofilm and clearing the bacteria. Furthermore, bacteria within biofilms may release virulence factors that suppress the immune response or promote chronic inflammation. One of the key features of bacterial biofilms is their inherent resistance to antibiotics. Bacteria within a biofilm are protected from antimicrobial agents due to the physical barrier of the EPS matrix, which limits the penetration of antibiotics. Additionally, bacteria within biofilms can enter a dormant or slow-growing state, making them less susceptible to antibiotics that target actively dividing cells. Biofilm formation is a complex process through which microbial communities adhere to surfaces and develop into structured multicellular aggregates encased within a self-produced Extracellular Matrix (ECM). This process occurs in various environments, including natural habitats such as soil, aquatic systems and medical settings like indwelling medical devices and human tissues. Understanding the stages and mechanisms of biofilm formation is crucial for combating biofilm-related infections and addressing challenges in diverse fields ranging from healthcare to industrial biotechnology. The initial stage involves reversible attachment of planktonic (free-floating) microbial cells to a surface. This process is mediated by physical forces such as van der Waals interactions, electrostatic forces and hydrophobic interactions, as well as specific molecular interactions between microbial surface structures (e.g., pili, adhesins) and surface receptors. Following attachment, some microbial cells undergo irreversible adhesion, firmly anchoring them to the surface. This step involves the expression of adhesion molecules and the synthesis of adhesive extracellular polymers that strengthen the attachment to the substrate. Attached cells begin to proliferate and form microcolonies, initiating the development of three-dimensional structures. During this phase, quorum sensing—a cell-to-cell communication mechanism mediated by signaling molecules—plays a crucial role in coordinating gene expression and regulating biofilm development.

As the biofilm matures, microbial cells continue to multiply and the ECM undergoes extensive remodeling. The ECM, primarily composed of polysaccharides, proteins, extracellular DNA (eDNA) and lipids, provides structural support, protection against environmental stressors and facilitates nutrient and waste exchange within the biofilm community. In response to environmental cues or physiological triggers, biofilm-associated cells can detach from the biofilm and disseminate to colonize new surfaces or initiate planktonic growth [3,4]. Dispersal mechanisms include the active release of cells, enzymatic degradation of the ECM and programmed cell death (apoptosis). Chronic infections resulting from biofilm formation afflict millions worldwide, manifesting in various clinical scenarios. Examples include chronic wounds, recurrent urinary tract infections, prosthetic device-associated infections and cystic fibrosis-associated lung infections.

Biofilm-related infections often exhibit recalcitrance to antibiotic therapy, leading to prolonged illness, increased healthcare costs and heightened morbidity and mortality rates. The ability of biofilms to evade host immune responses further exacerbates the clinical severity of chronic infections. The EPS matrix acts as a physical barrier, hindering the penetration of immune effectors such as antibodies and phagocytes. Additionally, biofilm-associated bacteria can modulate host immune signaling pathways, dampening the inflammatory response and promoting immune tolerance. Addressing biofilm-associated chronic infections necessitates a multifaceted approach that targets both the microbial community and the host environment. Several promising therapeutic strategies have emerged, aiming to disrupt biofilm formation, enhance antimicrobial efficacy and bolster host immune responses. Agents capable of disrupting the EPS matrix or inhibiting bacterial adhesion represent potential therapeutic avenues. Enzymes such as dispersin B and DNase have demonstrated efficacy in biofilm degradation, facilitating the dispersal of bacterial aggregates and enhancing susceptibility to antimicrobial agents. Combating biofilm-related infections often requires tailored antimicrobial regimens that account for the unique challenges posed by biofilm-associated bacteria. Combination therapies incorporating antibiotics, antimicrobial peptides, or bacteriophages can target different

***Address for Correspondence:** Greub Morres, Department of Microbiology, University of Lausanne, Lausanne, Switzerland, E-mail: greubmorresgms@gmail.com*

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bacterial phenotypes and circumvent resistance mechanisms. Augmenting host immune responses holds promise as an adjunctive therapy for biofilm-related infections. Immunomodulatory agents that enhance phagocytosis, cytokine production and neutrophil recruitment may overcome immune evasion strategies employed by biofilm-associated bacteria [5].

Conclusion

By elucidating the mechanisms underlying biofilm formation and persistence, researchers have identified promising therapeutic strategies to mitigate the impact of biofilm-related infections. A multidisciplinary approach integrating antimicrobial therapy, biofilm disruption strategies and host immune modulation holds the key to effectively managing chronic infections and improving patient outcomes in the era of antibiotic resistance. The development of innovative technologies, such as nanomaterial-based drug delivery systems and biofilm-targeted antimicrobial coatings, offers novel approaches to combat biofilm-related infections. These technologies aim to enhance drug penetration, prolong antimicrobial activity and prevent biofilm formation on medical devices and implant surfaces. Bacterial biofilm formation represents a formidable obstacle in the treatment of chronic infections, posing significant clinical and therapeutic challenges.

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Conflict of Interest

None.

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