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Antibacterial Activity of Sulfonamide Derivatives against Clinical Strains of Bacteria.

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ABSTRACT

This study was performed in order to evaluate antibacterial activity of some sulfonamides derivatives against four different clinical strains of bacteria namely, *Proteus Mirabilis*, *Pseudomonas Aeruginosa*, *Escherichia Coli* and *Staphylococcus Aureus*. The zones of inhibition were performed with the disk diffusion method. Minimum inhibitory concentrations (MIC) of the compounds against the test microorganisms were determined by the dilution broth method. The result of the present study indicated that all the synthesized compounds exhibited a broad spectrum of activity against both gram-positive and gram-negative bacteria.

Keywords: Sulfonamide; Antibacterial activity; Minimum inhibitory concentrations (MIC); disc diffusion technique.

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INTRODUCTION

Sulfonamides, also known as sulfa drugs, They were the first drugs largely employed and effective chemotherapeutic agents used in the treatment of various infectious diseases, mainly because of their low cost, low toxicity and excellent activity against bacterial diseases [1]. A large number of substituted sulfonamide derivatives are used in pharmaceutical preparations as antibacterial and antifungal agents, antioxidant [2], anti-inflammatory [3], anti-rheumatic [4], anti-malarial [5] and anti-diabetic [6]. More recently, sulfonamides are used as an anticancer agent [7], antiviral HIV protease inhibitor [8] and in Alzheimer's disease [9].

Sulfonamides interferes with PABA (*p*-aminobenzoic acid) in the biosynthesis of folic acid, (also known as folate or vitamin B₉), which is a basic growth factor essential for the metabolic process of bacteria [10]. However, sulfa drugs do not have the same effect in human cells because in humans the uptake of folate is through diet. These compounds, almost exclusively employed in combination with trimethoprim which inhibits the second step of the folic acid synthesis by acting against the dihy-drofolate reductase. This approach of sequential blocking in treatment permits the inhibition of two enzymes in the same biosynthetic route and allows the dose of each drug to be reduced [11, 12].

In addition, after sulfanilamide discovery thousands of chemical variations were studied and the best therapeutic results were obtained from the compounds in which one hydrogen of the SO₂NH₂ group was replaced by heterocyclic ring [13]. Aliphatic sulfonamides have highest powerful antibacterial activity for Gram (-) bacteria than Gram (+) and antibacterial activity decreases as the length of the carbon chain increases [14]. Also, as a result of the inductive properties of the SO₂ group, Sulfonamides exhibit amphoteric behavior. This behavior has been found to play an extremely important role in the antibacterial activity. Bell and Romblin [15] found that the ionic form of the drug is more active than the neutral form, but very acidic sulfonamides have decreased activity because the SO₂ group is less electronegative than moderately acidic sulfonamides.

In our study, a promising bioactive compounds based on the sulfonamide moiety were screened for their antibacterial activities. We believe this route offer very simple procedure for testing of also newly synthesized sulfonamide derivatives according to their potential application in pharmacotherapy.

MATERIALS AND METHODS

Determination of inhibition zones:

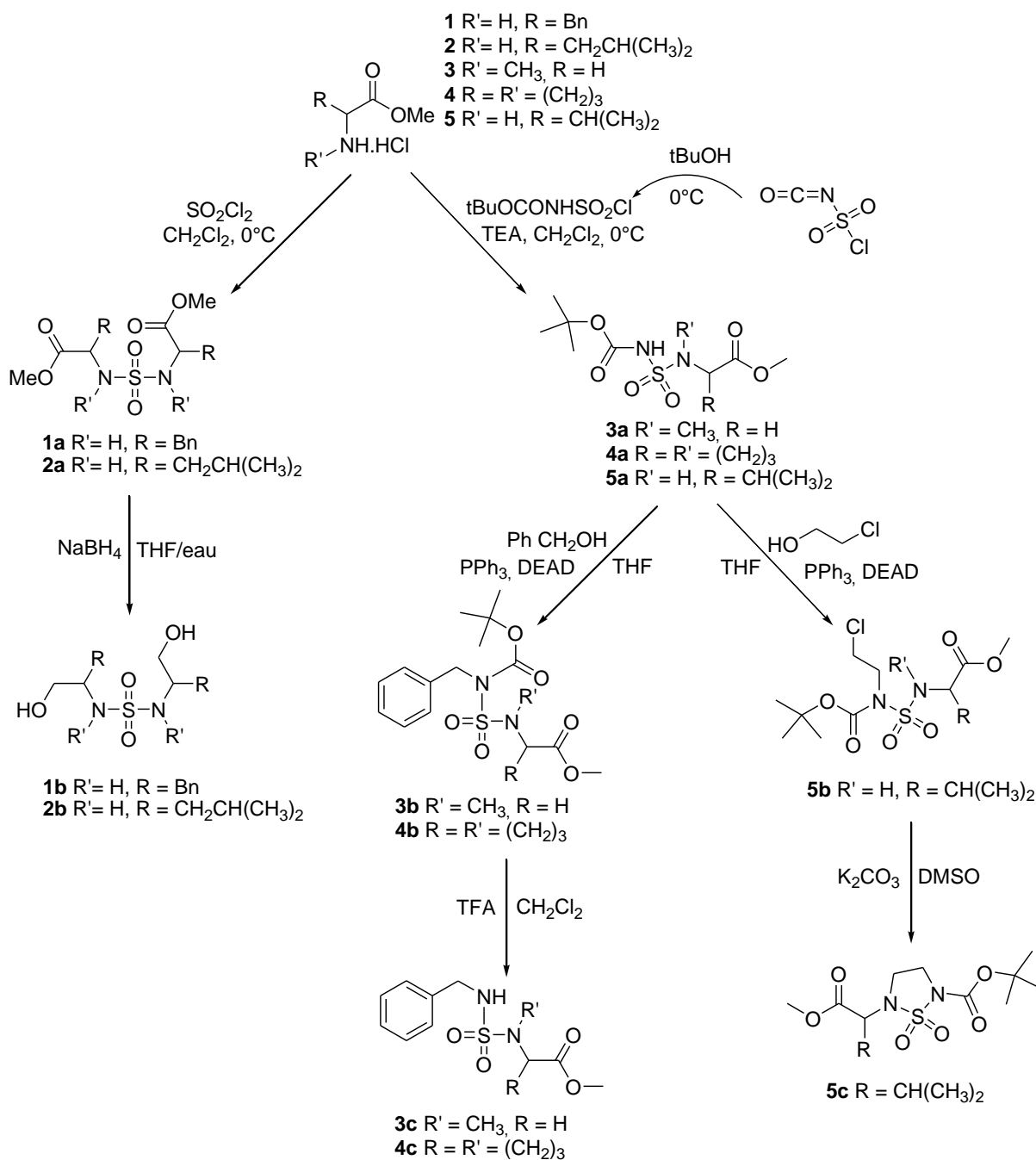
Inhibition zones of the compounds were examined by disc diffusion technique [16]. The Antibacterial screening was performed using Mueller–Hinton agar for 24 hours at 37°C. After incubation, the zone of growth inhibition around the disks was measured in millimeter (mm). All tests were performed in duplicate, and experiment was repeated three times.

Minimum Inhibitory Concentrations:

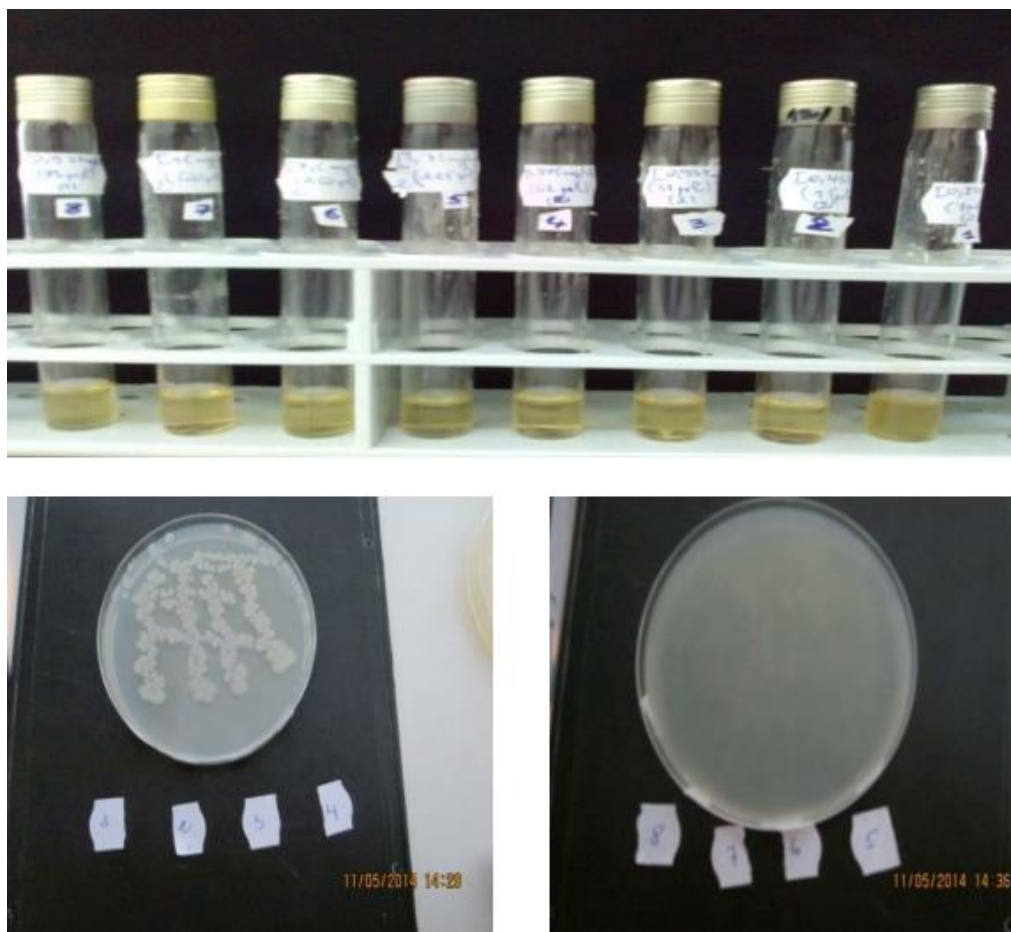
Minimum Inhibitory Concentrations (MICs) values, defined as the lowest concentration of sample which inhibits the visible growth of microorganism after overnight incubation, were also determined by the broth dilution method following the procedures recommended by the CLSI (Clinical and Laboratory Standards Institute) [16].

RESULTS AND DISCUSSION

In our previous works [17-19], we have described the synthesis of sulfonamides indicated in Scheme 1. In this study all the synthesized compounds **1a-5c** were evaluated *in vitro* for their antibacterial activity against tested gram positive and gram negative bacteria.

Scheme 1: Synthetic route for the preparation of sulfonamide derivatives 1a-5c

***In vitro* antibacterial activity:**

The *in vitro* antibacterial activity (zone of inhibition, minimum inhibitory concentration) of the synthesized sulfonamide derivatives **1a-5c** was tested against gram positive bacteria (*Staphylococcus Aureus*) and gram negative bacteria (*Pseudomonas Aeruginosa*, *Escherichia Coli* and *Proteus Mirabilis*).

Fig 1: Antibacterial activities of some tested sulfonamides


Their minimum inhibitory concentrations (MICs) and diameter of the inhibition zones (DZI) were tabulated in Table 1. All the synthesized compounds exhibited positive antibacterial activity against both gram-positive and gram-negative bacteria with MIC ranging between 4 and 512 $\mu\text{g/ml}$ Fig. 2 and the diameters of the inhibition zones vary between 13 and 20 mm Fig. 3.

As shown in Table 1, the majority of the compounds studied possessed significant antibacterial activity towards most of the selected microorganisms. The highest activities were observed for compound 3c against *Staphylococcus Aureus*, *Escherichia Coli* and *Proteus Mirabilis* with MIC values (4, 64 and 16 $\mu\text{g/ml}$, respectively). Compound 5b showed the highest activities amongst all the compounds screened for this activity against *Pseudomonas Aeruginosa* with MIC equal to 4 $\mu\text{g/ml}$ while the compounds 3b and 3c showed moderate antibacterial activity with a MIC value equal to 32 $\mu\text{g/ml}$. Compound 4b showed the weakest antibacterial activity against *Staphylococcus Aureus* with a MIC value 256 $\mu\text{g/ml}$ while compounds 1a, 4a and 3b showed only moderate activity with a MIC value 128 $\mu\text{g/ml}$. Compounds 3b and 5b showed significant activity against *Proteus Mirabilis* with greater zone of inhibition 18-20 mm Fig. 3 and MIC equal to 16 $\mu\text{g/ml}$. All the compounds showed sensitivity against *Escherichia Coli*, the inhibition zones were very important but the MIC is very high. Compound 1a showed minimum activity amongst the entire compound with height MIC equal to 512 $\mu\text{g/ml}$, the high value of MIC means that a high concentration of the compound is needed to inhibit or kill the bacteria.

CONCLUSION

In all, twelve synthesized compounds were evaluated for their antibacterial activity. The screening results revealed that all of the synthesized compounds had significant activity. The minimum inhibition concentration values indicated that the compounds 3c and 5b yielded the best results when compared to

other synthesized compounds. Such results are encouraging for synthesis of promising new from these compounds to evaluate their biological activity in the near future.

Table 1: Zones of growth inhibition and MIC values of the compounds 1a-5c

Bacterial strains		<i>Staphylococcus Aures</i>	<i>Pseudomonas Aeruginosa</i>	<i>Escherichia Coli</i>	<i>Proteus Mirabilis</i>
1a	DZI (mm)	18	13	15	15
	MIC ($\mu\text{g/ml}$)	128	256	512	256
2a	DZI (mm)	18	16	13	20
	MIC ($\mu\text{g/ml}$)	64	128	256	32
3a	DZI (mm)	16	13	13	15
	MIC ($\mu\text{g/ml}$)	64	128	256	128
4a	DZI (mm)	18	16	15	13
	MIC ($\mu\text{g/ml}$)	128	256	512	256
5a	DZI (mm)	18	13	16	20
	MIC ($\mu\text{g/ml}$)	32	128	256	64
1b	DZI (mm)	20	16	16	18
	MIC ($\mu\text{g/ml}$)	64	128	128	64
2b	DZI (mm)	20	20	18	18
	MIC ($\mu\text{g/ml}$)	16	64	128	32
3b	DZI (mm)	16	16	16	18
	MIC ($\mu\text{g/ml}$)	128	32	256	16
4b	DZI (mm)	16	15	13	18
	MIC ($\mu\text{g/ml}$)	256	128	256	256
5b	DZI (mm)	20	20	15	18
	MIC ($\mu\text{g/ml}$)	32	4	256	16
3c	DZI (mm)	18	18	20	20
	MIC ($\mu\text{g/ml}$)	4	32	64	16
4c	DZI (mm)	13	14	16	16
	MIC ($\mu\text{g/ml}$)	32	64	128	64
5c	DZI (mm)	13	15	18	18
	MIC ($\mu\text{g/ml}$)	16	128	128	64

Fig 2: The minimum inhibition concentration of compounds 1a-5c

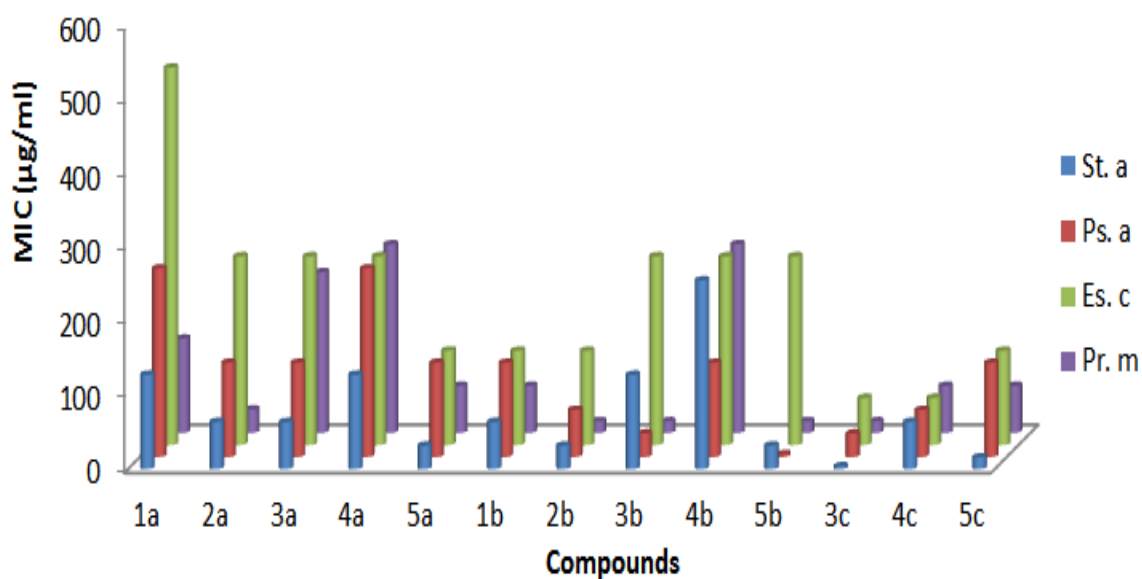
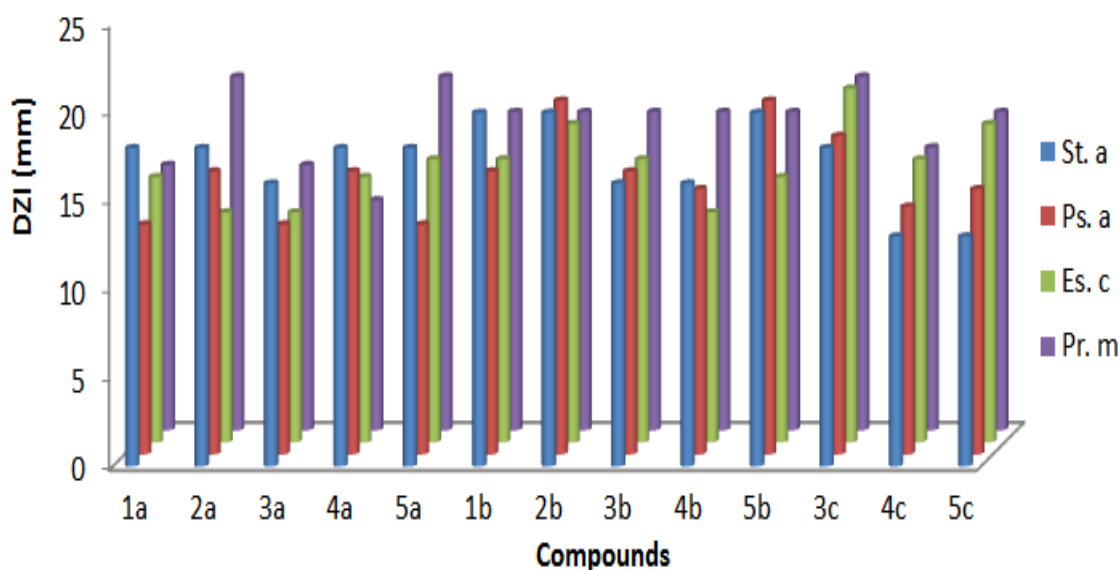


Fig 3: The inhibition zones of compounds 1a-5c



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REFERENCES

- [1] Papich MG, Riviere JE. Fluoroquinolone Antibacterial Drugs: Veterinary Pharmacology and Therapeutics. 9th Edition, Wiley-Blackwell, Iowa State University Press, USA, 2009, pp. 983-1011.
- [2] Braga MEM, Leal PF, Carvalho JE, Meireles MAA. J. Agric. Food Chem 2003; 51: 6604-6611.
- [3] Kohli K, Ali J, Ansari MJ, Raheman ZA. Indian. J. Phrarmacol 2005; 3: 141-147.
- [4] Funk JL, Oyarzo JN, Frye JB, Chen G, Lantz RC, Jolad SD, Solyom AM, Timmermann BN. J. Nat. Prod 2006; 69: 351-355.
- [5] Mishra S, Karmodiya K, Surolia N, Surolia A. Bioorg. Med. Chem 2008; 16: 2894-2902.
- [6] Arun N, Nalini N. Plant Foods Hum. Nutr 2002; 57: 41-52.
- [7] Ma T, Fuld AD, Rigas JR, Hagey AE, Gordon GB, Dmitrovsky E, Dragnev KH. Chemotherapy 2012; 58: 321.
- [8] Dekker M. In Protease Inhibitors in AIDS Therapy, Ed. Ogden R. C., Flexner C. W, New York, NY, Basel 2001.
- [9] Roush WR, Gwaltney SL, Cheng J, Scheidt KA, McKerrow JH, Hansell E. J. Am. Chem. Soc 1998; 120: 10994.
- [10] Mengelers MJB, Hougee PE, Janssen LHM, Van Miert A. J Vet Pharmacol Ther 1997; 20: 276-83.
- [11] Marinus M. Folic acid metabolism; Biochemistry and molecular pharmacology lecture notes. Patrick, G. In An Introduction to Medicinal Chemistry 2nd ed, Oxford university press, 2001, pp. 375-387.
- [12] Poe M. Science 1976; 194: 533-535.
- [13] Alsughayer A, Elassar AZA, Mustafa S, Al Sagheer F. J. Biomaterials and Nanobiotechnology 2011; 2: 144.
- [14] Ozbek N, Katircioğlu H, Karacan N, Baykal T. Bioorg. & Med Chem 2007; 15: 5105.
- [15] Bell PH, Romblin RO, Am. J. Chem. Soc 1942; 64: 2509.
- [16] Clinical and Laboratory Standards Institute. Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria That Grow Aerobically. 9th Edition, Clinical and Laboratory Standards Institute, Wayne, PA, USA, 2012 (CLSI publication M7-A9).
- [17] Bendjeddou A, Abbaz T, Regainia Z, Aouf NE. Molecules 2012; 17:1890-1899.
- [18] Bendjeddou A, Djeribi R, Regainia Z, Aouf NE. Molecules 2005; 10: 1387-1398.
- [19] Bendjeddou A, Djebbar H, Berredjem M, Hattab Z, Regainia Z, Aouf NE. Phosphorus, Sulfur and Silicon 2006; 181: 1351-1362.
- [20] Geoff Scott. Antibiotic resistance. Medicine, The Medicine Publishing Company Ltd, 2005.