

1 ***In vitro* and *in vivo* efficacy of amphotericin B combined with**
2 **posaconazole against experimental disseminated sporotrichosis**

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34 **ABSTRACT**

35 We evaluated the combination of posaconazole with amphotericin B *in vitro* and in a
36 murine model of systemic infections by *Sporothrix brasiliensis* and *S. schenckii sensu*
37 *stricto*. *In vitro* data demonstrated a synergistic effect and although posaconazole alone
38 was effective against sporotrichosis, efficacy in terms of survival and burden reduction
39 was increased in the combination. This combination could be an option against
40 disseminated sporotrichosis, especially when itraconazole or amphotericin B at optimal
41 doses are contraindicated.

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43 Disseminated infection is the most severe manifestation of sporotrichosis, occurring
44 mainly in immunocompromised patients although has also been reported in
45 immunocompetent people (16, 17). The *Sporothrix schenckii* complex encompasses
46 four species able to cause sporotrichosis in humans (14, 19). Treatment of the
47 disseminated infection is carried out with amphotericin B and maintenance with
48 itraconazole showing variable outcomes (3, 9, 13). Posaconazole has shown low MICs
49 against *Sporothrix* spp. (15) and although only one study has explored its clinical role,
50 its safety and efficacy in animal models indicates that this compound could be a good
51 alternative for the treatment of disseminated sporotrichosis (3, 6). Seeking to enhance
52 the treatment against sporotrichosis, posaconazole was evaluated in combination with
53 amphotericin B against murine systemic infections by *S. brasiliensis* and *S. schenckii*
54 *sensu stricto*.

55 Two strains of *S. brasiliensis* (FMR 8319 and FMR 8326) and two of *S.*
56 *schenckii sensu stricto* (FMR 8606 and FMR 8609) in the mould phase were included in
57 the study. MICs of amphotericin B (Sigma–Aldrich Co., St. Louis, Missouri, USA) and
58 posaconazole (Schering-Plough, Kenilworth, New Jersey, USA.) were determined from
59 7-day-old cultures by following the CLSI guidelines (4) and activity of the drug
60 combination was tested using the checkerboard method. The fractional inhibitory
61 concentration index (FICI) was calculated and combination was defined as synergistic
62 at $FICI \leq 0.5$, indifferent at $0.5 < FICI \leq 4.0$, and antagonist at $FICI > 4.0$ (5). Tests
63 were carried out in duplicate

64 For the *in vivo* study, the inocula were prepared from the filamentous growth by
65 flooding the surface of the cultures with saline solution and scraping the sporulating
66 mycelium. The resulting conidial suspension was transferred to potato dextrose broth
67 and incubated in an orbital shaker at 150 rpm at 30°C for 5 days. Cultures were then

68 filtered through sterile gauze and centrifuged at 325 x g. The conidia suspension was
69 adjusted to the desired concentrations by hemocytometer counting (6). Four-week-old
70 OF-1 male mice (Charles River, Criffa S.A., Barcelona, Spain) with a mean weight of
71 30 g were infected intravenously (i.v.) via the lateral tail vein with 2×10^7 CFU in 0.2
72 ml of sterile saline. Six groups of 15 animals/group, 10 for survival and 5 for tissue
73 burden studies, were established for each strain. Treatment groups received
74 amphotericin B (Xalabarder Pharmacy, Barcelona, Spain) at 0.3 mg/kg given i.v. or
75 posaconazole (Noxafil; Schering-Plough Ltd., Hertfordshire, United Kingdom) at 2.5 or
76 5 mg/kg twice a day (BID) by gavage. Combined treatments consisted on posaconazole
77 at 2.5 or 5 mg/kg BID together with amphotericin B at 0.3 mg/kg. Additionally, mice
78 infected with *S. brasiliensis* (FMR 8319) received posaconazole at 10 mg/kg alone or
79 combined with amphotericin B 0.3 mg/kg. All treatments began 1 day after infection
80 and lasted for 18 days with control groups receiving no treatment. When control mice
81 started to die at 12 days post infection, five mice from each group were euthanatized
82 and the liver and the spleen, which are the most affected organs in experimental
83 systemic sporotrichosis (1), were mechanically homogenized and placed on PDA for
84 CFU/g of tissue calculation. All animal care procedures were carried out in duplicate
85 and supervised and approved by the Universitat Rovira i Virgili Animal Welfare and
86 Ethics Committee.

87 Statistical analysis was done using Graph Pad Prism 5 for Windows (GraphPad
88 Software Inc., La Jolla, CA). The mean survival time was estimated by the Kaplan-
89 Meier method and compared among groups by using the log rank test. The colony
90 counts from tissue burden studies were analyzed using the Mann-WhitneyU test (*P*
91 values of ≤ 0.05 , statistically significant).

92 The *in vitro* combination of posaconazole with amphotericin B was synergistic
93 for all the isolates ($\text{FICI} \leq 0.5$ for *S. brasiliensis* and ≤ 0.28 for *S. schenckii*) (Table 1).
94 All the isolates caused systemic infection with 100% death in control animals with no
95 significant differences between species or between strains of the same species ($p \geq 0.09$,
96 in multiple comparisons). Treatments consisting of amphotericin B 0.3 mg/ml
97 prolonged the survival of animals in comparison to their respective controls ($p \leq 0.043$).
98 However, all animals receiving posaconazole alone at any concentration or in
99 combination with amphotericin B 0.3 mg/kg survived through the experimental period
100 (Figure 1).

101 Tissue burden studies correlated with survival studies i.e., amphotericin B reduced
102 burden significantly but posaconazole alone or combined at any dose did so more
103 efficiently (Figure 2). Posaconazole administered at 5 mg/kg was more effective in
104 reducing burdens than at 2.5 mg/kg in all cases ($p \leq 0.0001$). The efficacy of
105 posaconazole was better when combined with amphotericin B, with posaconazole at 5
106 mg/kg plus amphotericin B being the treatment that showed the highest burden
107 reduction ($p \leq 0.03$ in comparison to the other treated and untreated groups).
108 Interestingly, the data obtained demonstrated an equivalent efficacy in fungal reduction
109 between posaconazole 5 mg/kg alone and posaconazole 2.5 mg/kg plus amphotericin B
110 against *S. schenckii* and a trend to equivalence against *S. brasiliensis*.

111 The combination posaconazole 10 mg/kg plus amphotericin B against *S.*
112 *brasiliensis*, strain FMR 8319, did not further improve the efficacy over the
113 monotherapy with posaconazole 10 mg/kg or over 5 mg/kg even when combined with
114 amphotericin B ($p \geq 0.061$).

115 FICI values were lower against *S. schenckii* than against *S. brasiliensis* and the
116 combination was more effective against the strains of the former species than against *S.*

117 *brasiliensis* correlating the FICI with the animal outcome. There are several reported
118 cases of systemic sporotrichosis having a fatal outcome despite having used the
119 recommended treatments (8, 10, 18) which makes it desirable to explore new
120 therapeutic options. Among them, voriconazole and terbinafine might be an option. The
121 first has shown efficacy against *S. schenckii* but not against *S. brasiliensis* (7) and
122 terbinafine has not been evaluated against systemic infections by *Sporothrix* although it
123 has demonstrated activity *in vitro* (2, 11). Posaconazole has also demonstrated efficacy
124 against systemic sporotrichosis, but in the present study, we show that such efficacy can
125 be enhanced in combination with amphotericin B at low doses. Amphotericin B plus
126 itraconazole at high doses has proven efficacy in the experimental disseminated
127 infection by *S. brasiliensis* (12), although this combination failed in a clinical case due
128 to toxic effects. Therapy was then changed to amphotericin B in combination with
129 posaconazole resulting in a dramatic clinical improvement (3). The combination
130 between posaconazole and suboptimal doses of amphotericin B deserves attention as
131 alternative especially in those patients suffering disseminated sporotrichosis who do not
132 respond to the treatment or when itraconazole or high doses of amphotericin B are
133 contraindicated.

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Table 1. *In vitro* interaction of amphotericin B (AMB) and posaconazole (PSC) against *S. brasiliensis* and *S. schenckii*.

Species	Strain	MIC (mg/L) AMB / PSC		FICI	Effect
		Alone	In combination		
<i>S. brasiliensis</i>	8326	4 / 2	1 / 0.03	0.265	Synergism
	8319	4 / 0.5	1 / 0.125	0.50	Synergism
<i>S. schenckii</i>	8606	4 / 1	1 / 0.03	0.28	Synergism
	8609	4 / 2	1 / 0.03	0.265	Synergism

Figure 1. Effect of posaconazole and amphotericin B on survival of mice infected intravenously with 2×10^7 CFU/animal of *S. brasiliensis* and *S. schenckii*. Posaconazole was administered at 2.5 and 5 mg/kg (PSC 2.5 and PSC 5) and amphotericin B at 0.3 mg/kg (AMB 0.3), both alone and in combination. Significant ($p < 0.05$) in comparison to ^a Control, ^b AMB 0.3.

Figure 2. Effect of posaconazole and amphotericin B on fungal loads in spleen and liver of mice 12 days after intravenous infection with 2×10^7 CFU/animal of *S. brasiliensis* and *S. schenckii*. Posaconazole was administered at 2.5 and 5 mg/kg (PSC 2.5 and PSC 5) and amphotericin B at 0.3 mg/kg (AMB 0.3), both alone and in combination. In one strain (FMR 8319), posaconazole was also administered at 10 mg/kg (PSC 10) alone and combined with AMB 0.3. Horizontal bars represent the median. Significant ($p < 0.05$) in comparison to ^a Control, ^b AMB 0.3, ^c PSC 2.5, ^d PSC 2.5+AMB 0.3, ^e PSC 5.

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