

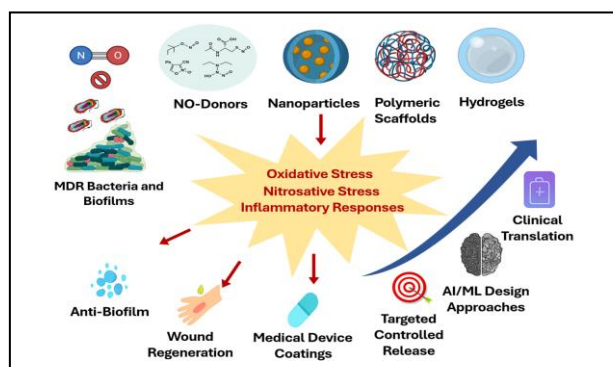
Nitric Oxide in Antibacterial Therapy: Advances in Delivery Systems and Future Prospects

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Abstract



Nitric oxide is a crucial gasotransmitter with a diverse range of physiological functions, notably including its significant antimicrobial properties. This review succinctly summarizes its antibacterial mechanisms and current advancements in NO delivery systems pertinent to infection-associated biomedical applications. Furthermore, it explores the challenges associated with NO delivery, emphasizing how computational and machine learning-based approaches can aid in overcoming these limitations by optimizing design and predicting efficacy.

Keywords: Nitric Oxide (NO), Antibacterial Therapy, NO Delivery Systems, Biomedical Applications

1. Introduction

The escalating challenge of antimicrobial resistance (AMR) represents a profound global public health crisis, projected to cause over 10 million deaths annually by 2050, surpassing mortality rates from diseases like malaria, HIV, and tuberculosis combined.¹ Multidrug-resistant (MDR) bacteria like carbapenem-resistant *Pseudomonas aeruginosa*, methicillin-resistant *Staphylococcus aureus* and vancomycin-resistant *Enterococcus* are the major contributors to fatal healthcare-associated infections worldwide.² A significant compounding factor is the formation of bacterial biofilms, particularly on biomedical devices, which drastically increases resistance to conventional antibiotics and necessitates up to 1000 times higher dosages for treatment.³ At present, the development of innovative antibacterial strategies that can circumvent traditional resistance mechanisms is a pressing demand.

Nitric oxide (NO) was recognized as the "Molecule of the Year" by *Science* in 1992 for its diverse physiological functions as a gasotransmitter, including vasodilation, neurotransmission, and immune regulation.⁴ Besides these roles, NO possesses potent, broad-spectrum antimicrobial activity against a wide range of pathogens comprising MDR bacteria, fungi, and viruses.⁵⁻⁹ Its antibacterial efficacy stems

from inducing severe oxidative and nitrosative stress within bacterial cells, culminating in critical cellular damage such as DNA lesions, protein modifications, and lipid peroxidation-mediated membrane disruption.⁵ The multifaceted modes of action make bacterial resistance development unlikely, providing NO with the critical advantage of circumventing typical drug resistance mechanisms, a persistent problem with other antibacterial agents.¹⁰ Crucially, NO also inhibits bacterial biofilm formation and disperses established biofilms by modulating cyclic di-GMP signaling in bacteria, enhancing bacterial susceptibility to host immune responses and other antibacterials.¹¹⁻¹⁴ These unique properties position exogenous NO as a promising therapeutic candidate against MDR infections in the ongoing efforts to tackle antimicrobial resistance (AMR).

Despite its immense therapeutic potential, NO's inherent high reactivity, gaseous nature, and extremely short biological half-life have historically limited its direct clinical application.^{15,16} Significant advancements, however, have led to the development of sophisticated NO delivery systems designed to enable controlled, sustained, and targeted release of the molecule at infection sites.^{15,17-26} These systems are engineered to respond to specific triggers such as light, pH changes, or enzymatic activity present at infection sites.²⁷⁻³¹

This mini review discusses the antibacterial properties of NO, the latest developments in various NO-releasing platforms and their diverse biomedical applications in persistent infections, medical device coatings, and wound healing. Current challenges and prospects are addressed, emphasizing the potential role of computational and artificial intelligence (AI)-based machine learning (ML) approaches in overcoming the limitations.^{32–36} ML-based approaches can aid in designing platforms with optimized NO release, stability, precise targeted delivery, and predict integration into combination therapies for clinical translation.^{36–42}

2. NO Biosynthesis and Its Role as an Antibacterial Agent

This section discusses the pathways of endogenous NO production in humans and bacteria and elaborates on the molecular mechanisms behind its broad-spectrum antibacterial activity.

2.1. Pathways for NO Biosynthesis

NO is endogenously produced in the human body for regulating vital physiological processes such as cardiovascular control, neurotransmission, host immune response, and the maintenance of cellular homeostasis.⁵ Intriguingly, some bacteria also reportedly produce NO for modulating their metabolic processes.⁴³ Further, we discuss the major pathways of endogenous NO production in mammals and bacteria.

2.1.1. Endogenous NO production in Humans

The primary source of endogenous NO in humans is enzymatic, involving the conversion of L-arginine by the Nitric Oxide Synthase (NOS) family of enzymes (Figure 1A).⁵ These are homodimeric oxidoreductase enzymes that cleave L-arginine, producing NO and L-citrulline, and require cofactors such as NADPH and oxygen. The availability of intracellular L-arginine is a rate-limiting step in NOS-dependent NO release.⁵ Three main isoforms of NOS regulate human NO production. **Constitutive NOS (cNOS)** includes **neuronal NOS (nNOS or NOS1)**, involved in neurotransmission, and **endothelial NOS (eNOS or NOS3)**, which is crucial for regulating physiological processes like vasodilation and angiogenesis. These isoforms typically produce NO at low, basal concentrations.¹⁵ Primarily, **Inducible NOS (iNOS or NOS2)** is expressed in immune cells, including macrophages and neutrophils, and in a subset of non-immune cells. This expression is typically induced in response to inflammatory stimuli, including bacterial lipopolysaccharides and certain cytokines. iNOS produces significantly higher concentrations of NO over a longer duration compared to constitutive NOS, playing a vital role in host defense against pathogens and in inflammatory responses.¹⁵

2.1.2. Bacterial NO generation

Interestingly, bacteria themselves can also produce NO through various mechanisms. Some bacteria possess their

own nitric oxide synthases (**bNOSs**) that can generate NO from L-arginine.⁴³ However, these bNOSs typically lack an essential reductase domain, meaning that for NO generation, they often require the assistance of eukaryotic reductases *in vivo*.²⁴ Additionally, bacteria can produce NO through NOS-independent pathways. A notable example is during denitrification, an anaerobic respiration process in bacteria, where nitrate undergoes stepwise reduction, producing NO as an intermediate product.⁴⁴ Bacteria such as *Pseudomonas aeruginosa* and *P. stutzeri* are notable opportunistic pathogens that survive through denitrification in hypoxic environments, effectively decomposing NO as part of this process, aiding their survival.⁴⁴ Nitrite reduction to NO by **nitrite reductases (NIR)** is another pathway, particularly observed in denitrifying bacteria such as *Pseudomonas thiobacillus* (Figure 1A).²⁵ Species like *Legionella pneumophila*, *Nitrosomonas europaea*, and *Neisseria gonorrhoeae* are also noted in contexts related to NO-based dispersal in biofilms, suggesting their production of and interaction with NO.⁴⁵

2.2. NO as an Antibacterial Agent

The endogenous production of NO, often compromised in chronic infections, can be mimicked. Exogenous production of NO can be achieved via various NO donors directly or by incorporating them into smart nanomaterials or polymeric delivery systems for controlled and sustained antibacterial activity.²¹ NO and its derivatives exert potent antibacterial effects, and their efficacy is often dependent on the NO concentration, with low levels (<1 μM) involved in signal transduction and high levels (>1 μM) associated with cytotoxicity. Typically, low concentrations (pM– μM) can affect the formation or dispersal of biofilms, while concentrations higher than 1 μM are bactericidal.²⁵ Exogenous NO demonstrates broad-spectrum activity against various pathogens, including Gram-negative bacteria such as *P. aeruginosa*, *E. coli*, *Klebsiella pneumoniae*, *Burkholderia cepacia*, *Serratia marcescens*, *Vibrio cholerae*, *Fusobacterium nucleatum*, and *Burkholderia multivorans*. It is also effective against Gram-positive bacteria like *Staphylococcus aureus*, methicillin-resistant *Staphylococcus aureus* (MRSA), *Staphylococcus epidermidis*, *Listeria monocytogenes*, *Bacillus licheniformis*, *Bacillus subtilis*, and *Group B Streptococcus*, and even *Mycobacterium abscessus* and *Streptococcus pneumoniae*.^{5,15,23,25} The activity can be dose-dependent and varies with bacterial species, with Gram-negative bacteria often being more susceptible due to their thinner peptidoglycan layer compared to Gram-positive bacteria's thicker peptidoglycan layer.⁵ Studies with *S. pneumoniae* showed varying effects of NO depending on the infection model. Also, mucoid and non-mucoid strains of *P. aeruginosa* showed different susceptibilities to NO-releasing chitosan under varying aerobic and anaerobic conditions.⁴⁶ This underscores the complexity of NO's interaction with different bacterial species and their environments and needs to be explored in detail.

2.2.1. Mechanisms of Action and Propensity for Resistance Development

NO exerts its antibacterial effects primarily through its capacity to generate reactive nitrogen and oxygen species (RNS and ROS), which consequently induce cellular stress and damage to vital bacterial components. (Figure 1B). Alternatively, NO also exerts indirect effects on microbes via host immune response modulation.⁵ At bactericidal concentrations, NO reacts with oxygen or reactive oxygen intermediates like superoxide (O_2^-), forming highly oxidizing species such as peroxynitrite ($ONOO^-$) and dinitrogen trioxide (N_2O_3).^{5,47} These reactive products lead to oxidative and nitrosative stress, causing significant damage to bacterial membrane, DNA, lipids and proteins.⁴⁸ NO and its congeners, particularly N_2O_3 , can deaminate DNA bases and cause oxidative damage to DNA, leading to abasic sites and strand breaks.⁵ Studies with *S. typhimurium* have shown mutagenicity consistent with a DNA deaminating mechanism upon exposure to NO donor compounds.⁵ Importantly, NO has also been found to inhibit DNA alkyl transferases involved in DNA repair by reacting with their sulfhydryl groups, thereby exacerbating DNA damage.¹⁵ Peroxynitrite, in particular, can initiate lipid peroxidation in bacterial membranes, leading to membrane destruction and compromised cell integrity.⁴⁷ Elevated levels of NO and O_2^- within lipid membranes enhance the generation of nitrosative and oxidative species like N_2O_3 and NO_2 , contributing to the membrane destruction and compromised cell integrity.⁴⁸ NO interacts with proteins through heme groups, iron-sulfur clusters, reactive thiols, and aromatic amino acid residues.⁵ Nitrosative species like S-nitrosothiols and N_2O_3 nitrosate thiols on both cell surface and intracellular proteins, altering vital protein functions, leading to their inactivation.¹⁵ The modification of surface thiols is reported to be responsible for S-nitrosothiol-mediated *Bacillus cereus* spore outgrowth inhibition.⁵ It has been reported that peroxynitrite and NO_2 can also nonspecifically cause oxidation of proteins at various cellular sites. This includes the inhibition of key metalloproteins in bacterial respiratory reactions and the destruction of adhesion proteins, particularly in prokaryotic cells that are highly sensitive to NO due to their reliance on iron-sulfur clusters.¹⁵ NO and RNS degrade these clusters, releasing iron. This free iron then catalyzes the formation of more free radicals, which in turn damage DNA and cell membranes.¹⁵

A significant advantage provided by NO's multiple and diverse antimicrobial pathways is its ability to bypass typical antibiotic resistance mechanisms. They make it unlikely for bacteria to develop resistance, as observed in studies where no significant increase in the minimum inhibitory concentration was found for *S. aureus*, MRSA, *S. epidermidis*, *E. coli*, and *P. aeruginosa*.¹⁰ However, studies have shown that bacteria have developed certain mechanisms to resist NO toxicity. *P. aeruginosa* and *Salmonella enterica* detoxify NO by employing enzymes like nitric oxide reductase (NOR) and flavohemoglobin, which

convert NO into less harmful compounds such as nitrous oxide or nitrate.^{44,49} Enterohemorrhagic *E. coli* also relies on NOR for survival within macrophages.⁴⁴ Additionally, Gram-positive bacteria such as *Staphylococcus aureus* can produce their own NO via bNOS, which aids in resisting immune responses and enhances antibiotic tolerance.^{50–52} This endogenous NO production in species like *S. aureus* can significantly increase their ability to survive antibiotic treatments.⁵⁰ These diverse strategies underscore the complex interplay between bacterial defense and NO-based antibacterials, highlighting the need for developing innovative NO donor systems capable of circumventing these sophisticated defense mechanisms.

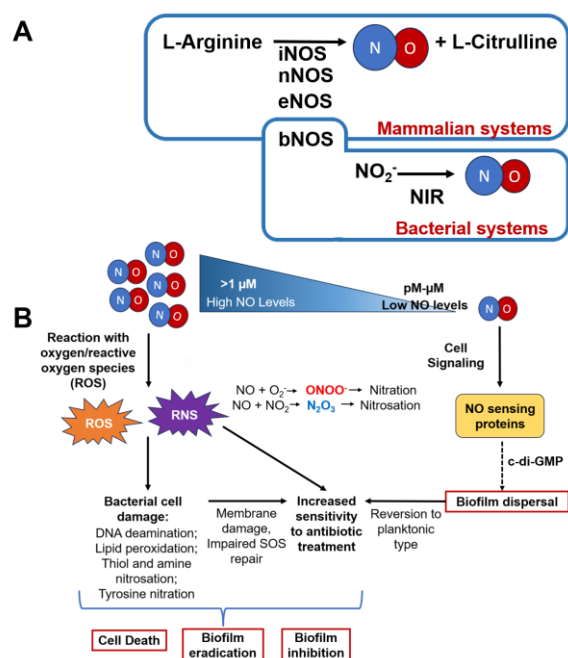


Figure 1. A. Schematic of endogenous nitric oxide (NO) production in mammalian and bacterial systems; B. Proposed antibacterial mechanisms of NO against planktonic bacteria and biofilms. Adapted with permission under Creative Commons Attribution License (CC-BY) from ref.²⁵ Copyright 2022, The Authors. Published by MDPI, Basel, Switzerland.

2.2.2. Biofilm Inhibition and Dispersion

NO plays a crucial role in regulating bacterial biofilms by acting as an important inhibitor and dispersant.^{11,12} The biofilm life cycle, including attachment, colonization, maturation, and dispersal, is governed by the intracellular levels of second messenger cyclic-diguanylate-guanosine monophosphate (c-di-GMP).^{53,54} Elevated intracellular levels of c-di-GMP promote biofilm formation, whereas lower concentrations induce bacteria to adopt a free-living planktonic mode of existence.⁵⁴ NO mediates biofilm dispersal by reducing intracellular c-di-GMP concentrations, thereby triggering the synthesis and release of hydrolytic enzymes that degrade the biofilm matrix.^{11,55} The impact of

NO on biofilm inhibition and dispersal has been observed across a range of various Gram-negative bacteria, such as *S. marcescens*, *V. cholerae*, *E. coli*, *F. nucleatum*, *P. aeruginosa* and *L. monocytogenes*. Biofilms of Gram-positive bacteria like *B. licheniformis* and *S. epidermidis*, as well as clinical and MDR isolates and even mixed species biofilms from water distribution and treatment systems have been reported to be inhibited by NO.^{13,25,56,57} Low levels of exogenous NO, such as $0.025\text{--}0.50 \times 10^{-9}$ M, have been demonstrated to disperse mature *P. aeruginosa* biofilms over a period of 24 hours, initiating bacterial detachment while preserving the viability of planktonic bacteria. This dispersal makes bacteria more susceptible to antimicrobial treatments, as demonstrated by the increased efficacy of chlorine disinfection against multi-species biofilms pretreated with NO.⁵⁸ Additionally, sustained release of NO via nanoparticles has shown considerable promise in the prevention and disruption of *S. aureus* adhesion and biofilm formation inhibition in a preclinical rat model of central venous catheter.⁵⁹ NO can also modulate bacterial communication pathways such as quorum sensing, thereby contributing to its anti-biofilm properties.⁶⁰

3. Advancements in NO Delivery Systems for Antibacterial Applications

The inherent reactivity and short half-life of NO necessitate advanced delivery strategies to harness its therapeutic potential effectively.^{15,16} There is a persistent requirement for systems capable of spatiotemporally regulating NO concentrations in intended applications, particularly for exploring its utility in translational clinical research. These systems aim to provide controlled, sustained, and targeted release of NO to overcome its gaseous nature and high reactivity in biological environments.^{18,25,61–64}

3.1. NO Donors

NO donors can generate and release exogenous NO, and their design focuses on tuning the release rate and kinetics to match desired therapeutic applications.^{21,65} These donors are crucial for leveraging NO's therapeutic potential, particularly in antibacterial applications. NO donors can be broadly classified based on their chemical nature and mechanisms of NO release. The most studied and utilized types include N-Diazeniumdiolates (NONOate), S-Nitrosothiols (RSNOs), Furoxans, Metal Nitrosyl Complexes and Organic Nitrates (Figure 2).²¹

3.1.1. N-Diazeniumdiolates (NONOates)

NONOates are a well-studied class of NO donors recognized for their capacity to spontaneously release NO.¹⁷ Under physiological conditions, a single NONOate molecule can spontaneously release two molecules of NO. This spontaneous release makes them valuable for mimicking transient, low-level NO release. In antibacterial therapy, NONOates have shown efficacy against various pathogens. Diethylenetriamine (DETA) NONOate and spermine NONOate have demonstrated time- and concentration-

dependent antibacterial activity against *B. pseudomallei*.^{66,67} DETA NONOate has also been utilized against uropathogenic *E. coli*.^{66,68} To effectively control their spontaneous NO release and achieve therapeutic concentrations, NONOates are frequently incorporated into various delivery systems, such as polyamidoamine (PAMAM) conjugates, pluronic F68-branched polyethyleneimine-NONOate (F68-BPEI-NONOate), β -cyclodextrin derivatives, alginates, and polymeric nanoparticles.^{69–76} These systems help in modulating the NO release kinetics to provide sustained low concentrations for biofilm dispersal or higher concentrations for bactericidal effects.⁴⁵

3.1.2. S-Nitrosothiols (RSNOs)

S-Nitrosothiols (RSNOs) represent naturally occurring NO reservoirs and carriers within biological systems, generally exhibiting greater stability than NONOates. They release a single molecule of NO under specific conditions, including exposure to UV light, elevated temperatures, certain metal ions, acids, or enzymatic activity.¹⁹ This conditional release mechanism offers a way to control NO concentrations. The conversion of RSNOs to NO is a primary mechanism for their antimicrobial effects, particularly through inducing DNA damage at cytotoxic NO concentrations.¹⁵ A novel bifocal antimicrobial agent, SNAPicillin, was developed using SNAP (S-nitroso-N-acetylpenicillamine), an RSNO donor, to initially release NO gas to disperse biofilm matrices. This was followed by the combined action of NO and ampicillin, showing enhanced lethality against *P. aeruginosa* and MRSA biofilms.⁷⁷ Studies on RSNO donors like S-nitrosoglutathione (GSNO), S-nitrosocysteine (CySNO), S-nitroso-N-acetylcysteine (SNAC), and (2-(2-S-nitroso propionamide) acetic acid (GAS) against *E. coli* and *S. aureus* have shown potent antibacterial activity.^{25,78} RSNOs can also be integrated into medical-grade polymeric devices for prolonged and controlled NO release, enabling the maintenance of effective antibacterial concentrations over time.^{79,80}

3.1.3. Furoxans (1,2,5-oxadiazole N-oxides)

This class of NO donors is characterized by its requirement for a thiol attack to initiate the release of NO. This mechanism allows for a degree of control over NO release, potentially enabling the achievement of a specific antibacterial concentration.²⁵ Certain furoxan compounds have demonstrated notable antibacterial capabilities. Specifically, 3-[[2-(dimethylamino)ethyl]oxy]-4-phenylfuroxan and 3-nitro-4-phenylfuroxan have proven effective in eliminating *P. aeruginosa* biofilms as well as exhibiting strong bactericidal activity against it.^{81,82}

3.1.4. Metal Nitrosyl Complexes

These complexes contain at least one NO functional group directly bonded to a central metal atom. NO release from these complexes can be triggered by light or single-electron reduction, providing another avenue for controlled delivery and concentration.^{25,31} Sodium nitroprusside (SNP) is a

prominent example within this category, shown to disperse *P. aeruginosa* biofilms, with studies indicating that 250 μM SNP after 24 hours can achieve 63.5% dispersal.⁶⁵ However, a significant limitation of SNPs is the cytotoxicity arising from the dissociation of cyanide during its administration, which necessitates careful monitoring and minimal dosing to avoid harmful high concentrations.⁴⁵

3.1.5. Organic Nitrates

Organic nitrates are nitrite esters featuring the nitrooxide functional group ($-\text{ONO}_2$). Nitroglycerin (glyceryl nitrate, GTN) is a historic example. While isosorbide mononitrate (ISMN) has functioned as an effective NO donor in nanoparticle and gel-based delivery systems against *S. aureus*, its clinical safety in this application requires further research.^{83,84} The challenge with organic nitrates is often in achieving sustained, non-toxic NO concentrations.^{25,66}

3.1.6. Other NO Donors

Beyond the primary classes of NO donors, various other compounds and strategies are being explored for their NO-generating capabilities in antibacterial therapy. These include **nitroaromatic compounds**, such as specifically designed nitrobenzene derivatives, which release NO via metabolic processes and have shown promising antibacterial effects.^{85,86} Another class includes **Inorganic nitrites**, such as NaNO_2 , which serve as specific NO donors, particularly in hypoxic or acidic conditions, with nitrite being reduced to NO.^{23,66,87} In addition, **L-arginine-based approaches** leverage the natural precursor for NO production, with exogenous L-arginine enhancing NO synthesis.^{87,88} Innovative approaches also include **NO-donating antimicrobial peptides**, where peptides are functionalized with NO-donor moieties or delivery systems for controlled release that can be utilized to enhance bactericidal activity and biofilm dispersion.^{89,90} Photolabile NO donors such as **N-Nitrosamines** are also an emerging notable class offering precise spatial and temporal control over NO release upon photoirradiation.⁹¹ Furthermore, **electrochemical methods** offer a controlled way to generate and deliver NO, especially for localized applications on medical devices. These methods typically involve the electrochemical reduction of nitrite ions, often catalyzed by metal complexes such as copper-ligand complexes or iron sulfide nanoclusters, by applying a specific voltage to release gaseous NO.⁹²⁻⁹⁵

While the primary focus of this review remains on discussing the role of NO and its donors in antibacterial therapy, it is important to mention that our laboratory has also contributed to understanding NO's broader therapeutic potential through innovative chemical scaffolds for NO release.^{17,96} This includes studies on peptide-based self-assembling soft structures for releasing intracellular NO and promoting neurite outgrowth, as well as for NO-induced differentiation of neuroblastoma cells.^{97,98} Furthermore, we have also investigated the anti-proliferative effects of purine-based ligands with sustained nitric oxide release in the HepG2 cancer cell line.⁹⁹ These diverse NO-releasing scaffolds,

although initially developed for neuroprotection or anti-cancer applications, could potentially be modified through altered NO release kinetics or surface functionalization to target bacterial cells and biofilms for antibacterial therapies.

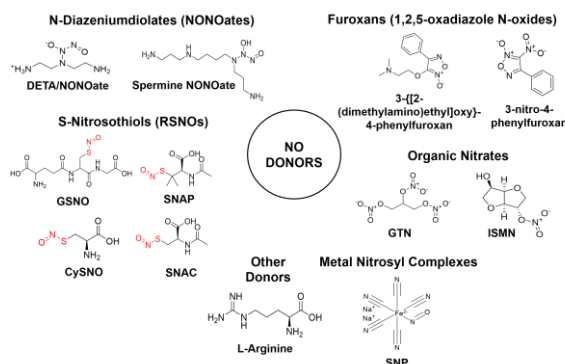


Figure 2. Major classes of NO donors used in antibacterial studies.¹⁰⁰ (DETA) NONOate: Diethylenetriamine N-diazeniumdiolates; GSNO: S-nitrosoglutathione; SNAP: S-nitroso-N-acetylpenicillamine; CySNO: S-nitrosocysteine; SNAC: S-nitroso-N-acetylcysteine; GTN: Glyceryl Nitrate (Nitroglycerin); ISMN: Isosorbide mononitrate; SNP: Sodium nitroprusside.

3.2. Stimuli-Responsive Release (pH, light, enzymes, ROS)

To achieve precise control and localized delivery, NO donors are often designed to be stimuli-responsive, releasing NO in response to specific physiological or external triggers such as pH, light, intracellular enzymes and ROS, temperature and metal ions (Figure 3A).¹⁰¹ Many infection sites, such as areas of inflammation or bacterial growth, exhibit lower pH.¹⁰¹ NO donors have been engineered to release NO preferentially in these acidic conditions, enabling targeted delivery.^{29,102} A study by Choi *et al.* reported a pH-jump reagent 2-nitrobenzaldehyde (o-NBA), encapsulated within mesoporous silica nanoparticles (MSNs) and further coated with NONOates and calcium phosphate (pH@MSN-CaP-NO), for targeted NO delivery. The composite led to corneal wound healing, activated by light exposure at 365 nm. (Figure 3B).¹⁰³ Researchers have also developed small-molecule photosensitized NO donors triggered by various wavelengths, including visible light (e.g., 390 nm, 405 nm, 500 nm) and near-infrared light (e.g., 800 nm, 980 nm), which can penetrate deeper into tissues than UV light.^{27,104-106} Manganese-nitrosyl sol-gel coatings have been shown to release NO upon visible and NIR light exposure, leading to significant reduction of *S. aureus*, *E. coli*, and *A. baumannii* bacterial loads.¹⁰⁷ Some NO delivery systems leverage specific enzymatic activity to trigger NO release.^{30,86,108-110} Bacterial nitroreductase, an enzyme almost exclusively present in bacteria, activated nitroaromatic-protected diazeniumdiolate prodrugs, leading to site-specific NO release and bacterial killing.⁸⁶ Systems designed to release NO in the presence of elevated ROS, often found in inflammatory and infectious environments, have allowed for targeted NO generation.¹¹¹ The catalytic release of NO from S-nitrosothiols has also been observed with various metallic

ions, notably Cu^{2+} , Au^{3+} , Pd^{2+} , Pt^{2+} , V^{3+} , In , Hf^{4+} , Fe^{2+} , Sn^{2+} , and Zr^{4+} . Copper ions stand out as the most thoroughly examined catalysts, driving the breakdown of RSNOs to generate NO .^{35,78,112} While substantial progress has been made in leveraging various triggers, the future of these intelligent systems in antibacterial applications is poised for further refinement, with computational and artificial intelligence-based machine learning approaches expected to play a crucial role.

3.3. NO Delivery Systems for Controlled Release

Various materials serve as scaffolds or encapsulants for NO donors, enabling controlled release kinetics and targeted delivery to maximize NO's therapeutic efficacy upon exposure to different stimuli. Major delivery systems that have been utilized in biomedical applications pertinent to infections include nanoparticle-based systems, polymeric materials and hydrogels (Table 1).^{15,18,26,64,113}

3.3.1. Nanoparticle-Based Systems

Nanoparticles are widely investigated for NO delivery due to their ability to encapsulate NO donors, protect them from premature degradation, and facilitate targeted and localized sustained release of NO under various stimuli and triggers in multicomponent delivery systems. These can improve bioavailability, reduce systemic toxicity to host tissues, and enhance penetration into bacterial biofilms.^{63,83,102,105,114–119}

3.3.1.1. Polymeric Nanoparticles

These biodegradable and biocompatible nanoparticles, often made from polymers like polyglycolic acid (PGA), polylactic acid (PLA), poly(lactic-co-glycolic acid) (PLGA) and chitosan, can encapsulate NO donors for sustained release.^{71,83,116,119–123}

Nanoparticles formulated with PLGA loaded with ISMN have demonstrated potent antibacterial effects against *S. aureus* biofilms.^{63,83} Liu *et al.* reported co-assembled NO-releasing nanoparticles combined with Pluronic F127 exhibiting potent antimicrobial efficacy against MRSA strains.^{124,125} Furthermore, NO-releasing nanoparticles incorporated into a chitosan hydrogel-glass composite have been reported with augmented antimicrobial activity, preventing biofilm formation on medical catheters.⁵⁹ Nonoate-loaded chitosan oligosaccharides (COS-EA/NO) have also been reported to exhibit bactericidal activity against *S. aureus* and *P. aeruginosa* strains.¹²⁶ Polyethylenimine (PEI) NONOates doped PLGA nanoparticles have been designed for extended NO release over 4 days to effectively bind to and diffuse into MRSA biofilms.¹²² Dendrimers, a class of synthetic polymers, have been modified with NO donors to effectively deliver NO in high concentrations and control its release kinetics.^{127,128} Some bifunctional dendrimers co-deliver NO and ursodeoxycholic acid for anti-inflammatory synergy.¹²⁹ Another dual-action approach involved NONOate-functionalized PAMAM dendrimer and low molecular weight chitosan (CS) conjugates, enabling simultaneous, controlled delivery of methicillin and NO (CS-PAMAM-MET/NONOate), leading to significant bacterial killing and improved wound

healing against Gram-positive, Gram-negative, and MRSA infections.¹³⁰

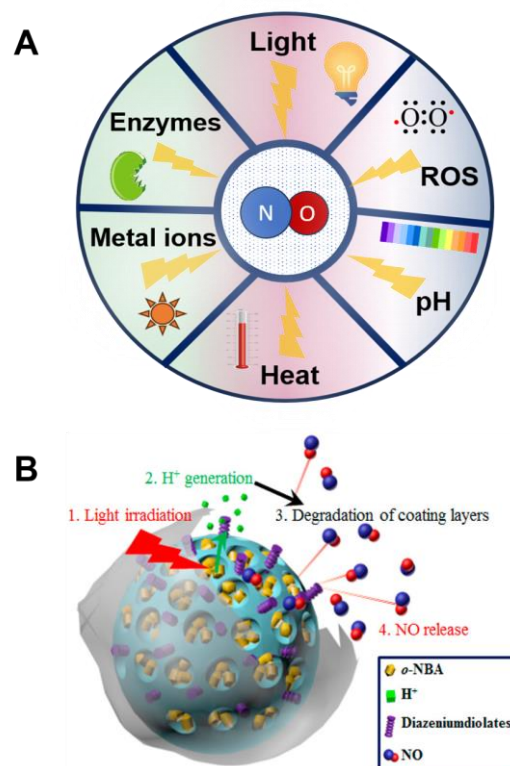


Figure 3. A. Various physiological and external stimuli utilized for NO release; B. Schematic of pH@MSN-CaP-NO mediated smart NO release. Reprinted with permission from ref.¹⁰³ Copyright 2016. American Chemical Society.

3.3.1.2. Inorganic Nanoparticles

Mesoporous silica nanoparticles (MSNs) are frequently used due to their large surface area and porous structure, allowing efficient loading and release of NO donors in a controlled manner.^{63,131,132} Studies indicate that silica nanoparticles releasing NO exhibit superior antibacterial efficacy against *P. aeruginosa* in comparison to small-molecule NO donors, while concurrently minimizing cytotoxicity towards healthy cells.¹³¹ These nanoparticles have additionally shown effective control and killing of *P. aeruginosa*, *E. coli*, *S. aureus*, *S. epidermidis*, and *C. albicans* biofilms.^{22,63} Furthermore, metallic nanoparticles, such as gold and silver, have distinct optical and electronic characteristics that aid in NO delivery and can be combined with MSNs for multifunctional applications.⁶³ Gold Core@Shell MSNs combined photothermal therapy with NO release have been reported to significantly reduce *S. aureus* biofilm integrity in literature.^{114,133}

3.3.1.3. Lipid-Based Systems

Liposomes, with their lipid bilayer structure, can encapsulate NO donors, prevent rapid decomposition and allowing for

prolonged NO release. They offer good biocompatibility and can be modified for targeted delivery.⁶³ Cholesterol moieties can enhance donor affinity and facilitate liposome transport. Liposomal encapsulation of NO precursors like ISMN has been shown to substantially increase their anti-biofilm effects against *S. aureus*, positioning them as a potential agent for topical clinical administration.¹³⁴ Solid lipid nanoparticles also serve as a more robust and regulated release platform for NO compared to conventional liposomes.^{63,115}

3.3.2. Polymeric Materials and Coatings

Integrating NO donors directly into polymeric materials or developing NO-releasing coatings for surfaces is a key strategy for preventing infections, particularly on medical devices.^{19,24,135–137} NO-releasing polymeric coatings are applied to catheters, stents, and other implants to prevent adhesion and consequent bacterial biofilm formation.^{24,135,138} These materials can continuously release NO at the surface, creating an antimicrobial environment. SNAP has been extensively incorporated into biomedical-grade polymers, showing potential for long-term applications.^{139,140} Elast-Eon E2A polymer catheters doped with SNAP showed a significant reduction in thrombosis and bacterial adhesion during implantation for 7 days in sheep veins.^{141,142} Silicone Foley urinary catheters infused with NO-releasing materials have been developed for the prevention of catheter-associated urinary tract infections (CUTIs).^{77,143} CarboSil 2080A, releasing NO with an SP60D60 top-coated polymer, reduced *S. aureus* cell count by 96% compared to control.^{144,145} Advanced NO-releasing catheter models using diblock copolymer brushes made with uniform high-density precision have been reported to reduce >99.99% biofilm of various Gram-positive and Gram-negative bacteria, even outperforming commercial silver catheters.¹⁴⁶ Polymeric films and electrospun fibers incorporated with NO donors have served as active wound dressings and in other surface applications.^{18,24,139,147–151} Electrospun polyurethane fibers doped with silica particles releasing NO have demonstrated sustained NO release for up to two weeks, allowing release for a longer duration compared to fibers doped directly with NO donors.¹⁵²

3.3.3. Hydrogels and Topical Formulations

Hydrogels, as biocompatible, soft, and water-swollen polymer networks, are excellent candidates for localized and topical NO delivery.^{26,153,154} Hydrogels can encapsulate NO donors and release NO in a controlled manner, making them suitable for treating skin infections, chronic wounds, and other localized conditions where direct application is feasible.^{153,155} Their tunable structures allow for flexible control over NO release, as has been reported by altering the weight content of polyethylene glycol (PEG).²⁶ NO-releasing ointments have been shown to improve healing activity in skin-wounded animal models, promoting re-epithelialization, granulation formation, collagen deposition, and angiogenesis in the early phases of wound healing.^{26,156} An L-Arg- and H₂O₂-encapsulated hydrogel has been reported to continuously generate NO, mediating chemotaxis of macrophages and

fibroblasts to the site of wound and promoting synthesis of collagen, thereby accelerating wound closure and dermal regeneration.¹⁵⁷ Studies have also shown that NO released from NO-containing graphene oxide nanocarriers embedded in hydrogels can accelerate the scarless repair of burned skin by inhibiting microorganisms and promoting pro-vascularization activities.^{118,158} NO-loaded metal-organic frameworks have also demonstrated potential for skin repair, increasing wound closure in vitro.^{112,159,160} Cream formulations containing GSNO have also demonstrated significant killing against *S. epidermidis*, *S. aureus*, and *P. aeruginosa*.^{45,66}

3.4. Gaseous NO Delivery

While most current research focuses on donor-based systems, direct administration of gaseous NO has specific clinical applications, primarily for pulmonary conditions.^{20,95,161,162} Inhaled NO is an FDA-approved treatment for pulmonary hypertension.¹⁶¹ It has also shown promise in limited clinical studies for its antimicrobial activity against non-tuberculous mycobacterial lung disease.¹⁶³ Studies have demonstrated that exogenous gaseous NO has a significant effect on the *P. aeruginosa* viability in rat lungs and eradicates MDR *S. aureus* and *E. coli* strains *in vitro* with intermittent exposure over 4 hours (160–200 ppm for 30 min).¹⁶⁴ Clinical findings indicate that high-dose inhaled nitric oxide is a promising therapeutic option, particularly in cases involving highly resistant bacterial strains.¹⁰⁰ However, direct delivery of gaseous NO to deep-seated or localized infection sites is therapeutically challenging due to its short half-life and potential toxicity at high concentrations if uncontrolled.¹⁰⁰ Thus, it is imperative to explore novel strategies for inhaled NO therapy to improve patient outcomes.

Table 1. Recent advanced NO delivery platforms for infection-associated biomedical applications

Donor class	NO Delivery System	Stimulus	Applications	Ref
N-Diazenium diolates (NONOates)	PLGA-PEI/NONOate nanoparticles	—	MRSA biofilm eradication in diabetic wound infection	122
	Cinnamaldehyde-derived T ² A ² (Cin-T ² A ²) with diethylenetriamine (DETA)-NONOate	—	Bactericidal against MDR <i>S. Staphylococci</i> and its biofilm	165
	PVP and EC nanofibers loaded with Proline (PROLI), dipropylene triamine (DPTA), and DETA NONOates	—	Growth inhibition of <i>S. aureus</i> and <i>P. aeruginosa</i>	166
	Diethylamine (DEA)	—	<i>E. coli</i> infection	167

	NONOate		treatment, proof of concept to pursue as hand sanitizers	
	Chitosan (CS)-Poly(amidoamine) (PAMAM)-MET/NONOate	—	MRSA infection treatment via biofilm penetration	130
	pH@MSN-CaP-NO ₂ , pH-jump reagent 2-nitrobenzaldehyde loaded into MSNs coated with NONOates and calcium phosphate	Light irradiation at 365 nm and pH 5.0	Targeted NO delivery for corneal wound healing	103
	NO-releasing polymer coatings of PET and SE immobilized with aminosilane precursors tethered with NONOates	—	Reduction of <i>P. aeruginosa</i> adhesion and biofilm formation	168
	Dendritic Fe ₃ O ₄ @Poly(dopamine) PDA@PAMAM@NONOate nanocomposite	808 nm NIR light	Synergistic Photothermal Therapy against <i>E. coli</i> and <i>S. aureus</i>	128
S-Nitrosothiols (RSNOs)	SNAP coupled to ampicillin	—	Antibiotic potentiation of ampicillin against biofilm formation	169
	SNAP-Se polymer composites	Selenium (Se)	Growth reduction of adhered <i>S. aureus</i> and <i>E. coli</i> cells	170
	Elast-eon E2As polymer coatings doped with SNAP	—	Reduction of bacterial adhesion and thrombus after 7 days of intravascular implantation in sheep	141
	CuS/NO hydrogel	1065 nm Near-Infrared light, Copper ions	Photothermal therapy involving infection elimination and wound repair	171
	GSNO-doped nanofibrous scaffolds made of zein (ZN)	—	Biodegradable fibers killing adhered <i>S. aureus</i> and <i>E. coli</i>	172

	and silk fibroin (SF)			
	Chitosan (CS)/GSNO film	—	Antibacterial activity against <i>S. aureus</i> and <i>P. aeruginosa</i> with accelerated healing and epithelialization in a rat wound model	173
	GSNO-doped Tryptophan-poly(ester urea) (PEUs)/PCL electrospun composite mat	—	<i>S. aureus</i> biofilm inhibition and wound healing	174
Furoxans	3-nitro-4-phenylfuroxan	Thiol-mediated activation	Pseudomonas as biofilm inhibition activity	82
	FuNPs combined with Polymyxin B	Thiol-mediated activation	Activity against <i>A. baumannii</i> , <i>P. aeruginosa</i> , <i>K. pneumoniae</i> , and <i>E. coli</i> strains	175
	FOTyr-AMP	Thiol-mediated activation	Dual antibiofilm efficacy against <i>E. coli</i> and <i>S. aureus</i>	89
	Nitrofuroxan quinoline	Thiol-mediated activation	—	176
Metal Nitrosyl Complexes	Ti (Titanium)-PDA@SNP-OGP (osteogenic growth peptide)	808 nm NIR light	Photothermal therapy eradicating MRSA biofilms and enhancing osteointegration in Ti bone implants <i>in vivo</i>	177
	A tannic acid-thioctic acid (TATA) based supramolecular hydrogel (MPCST) with SNP and CeO ₂ loaded on MoS ₂ nanoflakes coated with PDA	808 nm	PTT resulting in antibacterial and healing activity in oral ulcers	178
	SNP@PCN@Gel hydrogels in carboxymethyl chitosan	660 nm light	PTT, PDT, chemodynamic, gas and ion therapy to promote healing in <i>S.</i>	179

	(CMCS) polymer matrix		<i>aureus</i> infected wounds.	
Inorganic Nitrite (NaNO ₂)	NO-TS (thiolated starch) nanoparticles with gelatin	—	Antibacterial activity against <i>E. coli</i>	180
L-Arginine	CAT/bArg/G SNO hydrogel	Nitric Oxide Synthase activation	Anti- <i>S. aureus</i> and <i>E. coli</i> activity and promotes chronic wound healing	181
	L-Arg/GOx@CuBDC (MOFs) composite	Enzymatic activation by Glucose oxidase (GOx)	Biocompatible, potent activity against <i>E. coli</i> and <i>S. aureus</i>	182
	L-Arg- Gold nanoparticles loaded (AG)-DMSN dendritic mesoporous nanoparticles	Enzymatic activation by GOx	Non-toxic, selective elimination of <i>S. aureus</i> biofilms in vivo	183
	Platelet rich fibrin A-PRF/CS/PEG sponge layer and L-Arg/chitosan nanofiber	—	Antibacterial activity against <i>E. coli</i> and <i>S. aureus</i> , wound healing and skin tissue regeneration	184
	BH + POM@L-Arg bilayer hydrogel	Peroxide microenvironment	Antibacterial, anti-inflammatory and diabetic wound healing activity	185
	CMCS-HA hydrogel incorporating PDA, porphyrin and L-Arg	660 nm and 808 nm, ROS	PTT, PDT and gas therapy resulting in activity against <i>S. aureus</i> and MRSA, also promotes wound healing	186
	GOA@HG cryogel loaded with glucose oxidase and L-Arg	Glucose oxidase mediated activation	Infected diabetic wound dressing	187
N-Nitrosamines	Palladium (II) tetraphenyltetrabenzoporphyrin (PdTPBP) incorporated coumarin-based delivery micelles (CuON(NO ₂ -R) loaded	630 nm Red Light	Photoresponsive antibiotic combination treatment for <i>P. aeruginosa</i> biofilm dispersal and wound abscess.	188

	with N-Nitrosamine and Ciprofloxacin			
Gaseous NO	Delivery via inhalation	Direct administration	Lung infections	162

Abbreviations: PLGA: Poly(lactic-co-glycolic acid), PEI: Polyethyleneimine; T²A²: Two tailed antimicrobial amphiphiles, PVP: Polyvinylpyrrolidone, EC: Ethyl Cellulose, MET: Methicillin, MSN: Mesoporous Silica Nanoparticles, CaP: Calcium phosphate, PET: Poly(ethylene terephthalate), SE: Silicone elastomer, SNAP: S-Nitroso-N-acetylpenicillamine, CuS: Copper Sulfide, FuNPs: Furoxan-based nanoparticles, PCL: Polycaprolactone, FOTyr-AMP: Antimicrobial peptide conjugated 4-(4-(l-alanine methyl ester-3-yl)-phenoxy)-3-(phenylsulfonyl)-1,2,5-oxadiazole-2-oxide (FOTyr), PDA: Poly(dopamine), SNP: Sodium Nitroprusside, PAMAM: Polyamidoamine, MoS₂: Molybdenum sulfide, PCN: Polymeric Carbon Nitride, CAT: adhesive hydrogels prepared using adenine- and thymine-modified chitosan (CSA and CST), GSNO: S-nitrosoglutathione, CuBDC: Copper metal organic framework, PEG: Polyethylene glycol, BH + POM@L-Arg: Bilayer hydrogel containing Polyvinyl alcohol (PVA), hydroxypropyl methyl cellulose and chitosan loaded with L-Arginine modified polyoxometalate nanoclusters, CMCS: Carboxymethyl chitosan, HA: Hyaluronic acid, GOA@HG: Glucose oxidase (GO) and L Arginine (A) incorporated into HA aldehyde methacryloyl (H) and gelatin methacryloyl (G) cryogels.

3.5. Synergistic Therapies

3.5.1. Antibiotic Potentiation

NO can act synergistically with other therapeutic modalities, significantly enhancing their antibacterial efficacy and potentially reducing the dosage of conventional treatments required.^{71,106,189} NO can increase bacterial susceptibility to antibiotics by disrupting protective biofilm structures, interfering with bacterial stress responses, and enhancing antibiotic penetration into bacterial cells (Figure 4A).¹⁹⁰ Studies have confirmed that combinations of NO with various antibiotics, like tobramycin, ciprofloxacin and colistin, are often synergistic or additive, with no antagonism observed against multiple MDR bacteria.²⁵ NO, combined with tobramycin and colistin enhanced the susceptibility of *S. aureus* and *P. aeruginosa*, while NO-donating fluoroquinolone/oxime hybrids were found to be more potent than their parent compounds.⁴² The combined use of nitroxide carboxy-TEMPO (4-carboxy 2,2,6,6-tetramethylpiperidine 1-oxy) with fluoroquinolone ciprofloxacin demonstrated synergistic effect toward Gram-negative bacterial biofilms, reducing them by over 93%.¹⁹¹ Polymeric nanoparticles co-delivering NO and gentamicin have shown synergistic effects, with NO exhibiting biofilm dispersal into a planktonic state and gentamicin killing the dispersed bacteria more effectively under photoinduction.¹⁰⁶

3.5.2. Combination with Physical Therapies

NO therapy, when combined with photothermal (PTT) and photodynamic (PDT) studies, presents a powerful strategy for treating diverse bacterial infections. Multiple studies have reported the synergistic approach effectively combats drug-resistant strains by enhancing antimicrobial effects and improving the efficacy of light-based therapies.

In PDT, NO can react with ROS generated by photosensitizers (e.g., singlet oxygen) to produce more reactive and oxidative peroxynitrite (ONOO⁻), thereby enhancing the killing effect.²⁰¹ In PTT, NO can enhance the photothermal effect, allowing for effective bacterial killing at lower temperatures, which can protect healthy tissues.⁸⁷ Several studies highlight its effectiveness against specific pathogens. MDR Gram-negative bacteria and their biofilms have been targeted through platforms that integrate single near-infrared laser (NIR)-triggered PTT with NO release.^{23,28,66,138} *P. aeruginosa* infections were eradicated using red-light responsive NO donor micelles, often in conjunction with PTT utilizing photosensitizers and photothermal agents.^{188,202} MRSA biofilms have been shown to be susceptible to combined PDT destruction by NO and NIR-stimulated NO-releasing nanocages.^{200,201,203} *S. aureus* biofilms were eradicated by nanoplateforms combining NO with PDT and low-temperature PTT. An integrated phototherapeutic nanoplateform, termed AI-MPDA, was developed by Zhang et al. for effective *S. aureus* biofilm eradication. This platform is composed of mesoporous polydopamine functionalized with L-arginine on its surface and subsequently loaded with indocyanine green (ICG) via π - π stacking. Upon near-infrared exposure, the AI-MPDA generates heat and ROS, initiating a cascade catalytic release of NO from the L-Arg (Figure 4B). This system leverages NO-enhanced PDT alongside low-temperature PTT (PTT, ≤ 45 °C). In an abscess model, this comprehensive phototherapy platform achieved nearly 100% biofilm removal, leading to rapid recovery of infected wounds and a significant reduction in bacterial colonization.²⁸ Hence, synergistic PDT/gas/PTT therapy using NO holds significant promise for the future treatment of bacterial infections.⁸⁷ This combined therapeutic strategy leverages NO's antimicrobial properties and the precision of light-activated treatments to overcome bacterial resistance, making it a crucial area of research. Future investigations should aim to fine-tune NO release kinetics and light irradiation parameters to enhance biofilm eradication while preserving surrounding tissue integrity.^{204,205}

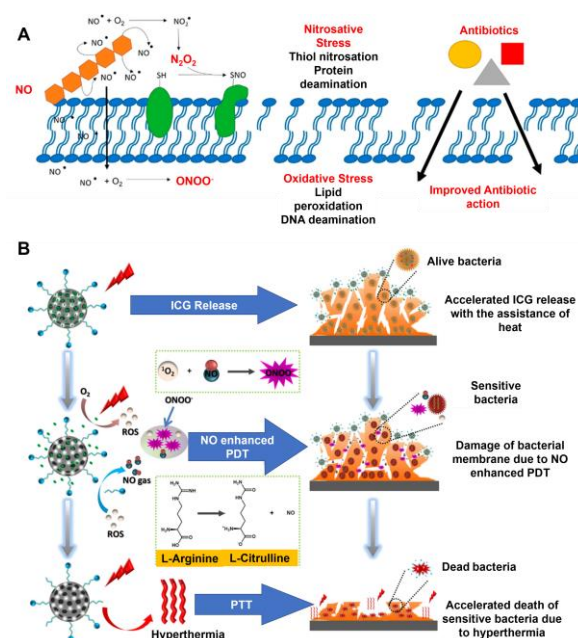


Figure 4. A. Schematic of mechanisms of antibiotic potentiation by NO. Adapted with permission from ref.¹⁹⁰ Copyright 2021. American Chemical Society; B. Schematic illustration of an integrated phototherapeutic nanoplateform, termed AI-MPDA conjugated with indocyanine green dye (ICG) for ROS production and L-Arginine for NO release for *S. aureus* biofilm eradication. Adapted with permission from ref.²⁸ Copyright 2020. American Chemical Society.

4. Challenges and Future Prospects

Despite significant advancements, the clinical translation and widespread adoption of NO-based antibacterial therapies still face several challenges that require ongoing research and innovation

4.1. Improving Stability and Shelf-Life of NO Delivery Systems

The inherent instability and highly reactive nature of NO, with a short half-life of only a few seconds to minutes, pose significant challenges for developing practical and storable NO delivery systems.^{15,61} NO donors can degrade prematurely during storage, handling, or before reaching the target site, leading to reduced therapeutic efficacy.⁴³ This is particularly true for small-molecule NO donors, which are prone to spontaneous decay under physiological factors, often resulting in quick and uncontrolled release.⁴³ NONOate compounds are reported to have a half-life of just a few minutes at 25°C, making their incorporation into drug delivery systems complex.²⁵ The hydrophilic nature and lability of the S-NO bond in RSNOs also add to the complexity of incorporating them into formulations, limiting their use with certain delivery systems.²⁵ Future research must focus on designing more stable NO donor molecules and advanced encapsulation strategies to extend the half-life and improve the shelf-life of NO-releasing materials. Macromolecular NO donors, such as those conjugated to polymeric scaffolds, show promise in improving stability, biodistribution, and

circulation time.⁷³ Novel materials and functionalization techniques are needed to protect NO donors from degradation under various storage and physiological conditions.²⁰⁶

4.2. Strategies for Targeted Delivery to Infection Sites

Achieving precise and localized delivery of NO to specific infection sites is extremely important to maximize therapeutic efficacy while reducing potential off-target systemic toxicity.²⁵ NO's short half-life means its effective range from the production site is limited to about 100-200 μm , making highly targeted and selective delivery essential.¹⁵ Non-specific NO release can lead to reduced efficacy and potential adverse effects on healthy host cells and tissues, as high concentrations of NO can be cytotoxic.³² Traditional NO delivery often results in a rapid burst of NO followed by a progressive decay, which is not ideal for sustained antibacterial action. Research is moving towards developing "smart" delivery systems that can respond to specific biomarkers or environmental cues prevalent in infected tissues, such as changes in pH, redox potential, or the presence of bacterial enzymes.²⁰⁷ Enzymatic prodrug systems where NO production is controlled by specific enzymes or substrates can finely tune delivery rates.^{208,209}

4.3. Emerging Approaches: Computational tools and Machine Learning in NO-based Therapeutics and Delivery Systems

The integration of advanced computational tools and machine learning approaches offers powerful new avenues for accelerating the design, optimization, and understanding of NO delivery systems.³⁷

4.3.1. Modeling Antimicrobial Mechanisms

Computational approaches can be used to understand the mechanisms underlying the antimicrobial action of NO.^{34,35,38} To comprehensively assess these mechanisms, multiscale simulations should be employed, pairing molecular dynamics (MD) simulations to capture NO's molecular-level damage with cellular-scale models that reflect its systemic impact on microbes. This combined approach would help predict how NO and reactive derivatives like peroxynitrite induce nitrosative and oxidative stress on bacterial membranes, proteins, and DNA. Additionally, computational modeling of biofilms is essential: simulations could elucidate how NO compromises the extracellular polymeric substance (EPS) and disrupts quorum-sensing communication, thereby destabilizing biofilm structure and enhancing susceptibility to treatment. This includes predicting anti-biofilm activity of various molecules and training strain-specific models for targeted treatments.³⁹

4.3.2. Designing and Optimizing NO-Releasing Systems

Computational studies can be used to engineer better NO-releasing systems. A major challenge is controlling the release of NO, which has a very short half-life. Quantitative models can predict the rate and duration of NO release from different delivery systems, such as nanoparticles or

hydrogels, helping us adjust their design.³² Using computational methods like molecular docking and SAR modeling allows scientists to forecast how effective and specific certain compounds will be against various microbes.⁴² Also, machine learning (ML) can be a powerful tool.³⁷ ML approaches can derive enhanced broad-spectrum antimicrobial peptides by relating descriptors to activity.³⁹ By training ML algorithms on existing data, we can predict the properties of new NO donors and rapidly identify the most promising compounds for synthesis.²¹⁰ A recent *Cell* study demonstrated the power of AI-driven molecular generation in antibiotic discovery by combining fragment-guided and unconstrained generative strategies to explore vast chemical space. It filtered millions of candidates for synthesizability and activity and validated promising leads both *in vitro* and *in vivo*.⁴⁰ This framework provides a useful guide for applying the generative deep learning technique to compounds that release NO. Unconstrained generation allows for the discovery of new scaffolds, while established NO-donor motifs can be used as guiding components. The development of structurally distinct NO-based treatments with potentially novel mechanisms of action against resistant microbes could be accelerated by implementing predictive filters for NO-release kinetics, antimicrobial activity, and safety, as well as by using an iterative cycle of generation, prediction, synthesis, and experimental validation. Likewise, the deep learning-guided discovery of antibiotic structural classes was made possible by a recent study by Wong F. et al., which showed that ML models in drug development can be explained and offer insights into the chemical substructures underlying selective antibiotic activity.⁴¹ These methodologies could be directly applied to research on NO-releasing moieties, where a comprehensive collection of compounds that produce or release NO, along with the associated cellular toxicity profiles and antimicrobial properties, could be used to train an AI model (Figure 5). Researchers could forecast and create novel compounds with improved antibacterial properties by employing explainable AI to help the model identify the precise chemical characteristics or structural configurations responsible for the most efficient and selective NO delivery.

Furthermore, computational fluid dynamics (CFD) and MD can simulate how NO-releasing nanoparticles interact with biological fluids and penetrate complex tissues, informing the design of systems for targeted delivery to infected sites.³⁸ To improve NO delivery systems, there is a need to enhance their effectiveness and reduce side effects. Computational modeling can aid in designing nanoparticles, hydrogels, and other drug delivery platforms that ensure controlled and targeted release of NO. For example, technologies such as NO-releasing porous silicon nanoparticles and polymer-based systems are promising areas for exploration to enhance antimicrobial efficacy.^{18,62} A crucial aspect of developing NO-releasing antimicrobials is ensuring their safety and biocompatibility. Computational models can predict the cytotoxicity and pharmacokinetic profiles of NO

donors, assisting in the design of compounds with minimal adverse effects on mammalian cells.

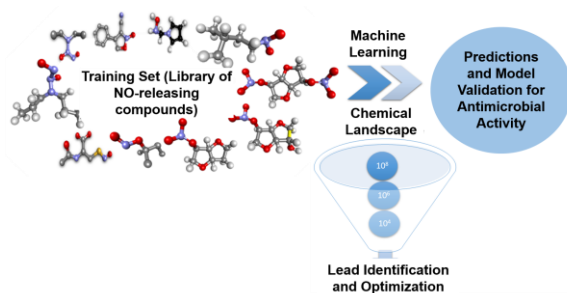


Figure 5. Schematic diagram of how Machine learning can effectively provide predictions and model validation for antimicrobial activity using a library of NO-releasing compounds as a training set to predict novel NO-releasing compounds.

5. Conclusion and Outlook

NO stands as a powerful and versatile tool in the ongoing battle against antibiotic resistance. Its broad-spectrum antibacterial activity, potent anti-biofilm capabilities, and multiple mechanisms of action offer a robust alternative to conventional antibiotics. Significant advancements in the development of sophisticated NO delivery systems, including various nanoparticles, polymeric materials, and hydrogels, have addressed the challenges of NO's inherent instability, enabling controlled, sustained, and targeted release. These innovations have opened diverse biomedical applications, particularly in combating persistent biofilm infections, promoting wound healing, and preventing infections on medical devices.

While challenges remain concerning the long-term stability, precise targeted delivery, and clinical translation of NO-based therapies, the outlook is highly promising. Emerging strategies, such as stimulus-responsive systems and the integration of computational and machine learning approaches, are poised to revolutionize the design and optimization of NO delivery. Continued innovation in material science, nanomedicine, and computational biology will be crucial for overcoming these hurdles. By facilitating the successful clinical translation of NO-based antibacterial therapies, we can significantly contribute to a new era of antimicrobial drugs, thereby safeguarding global public health against the ever-growing threat of drug-resistant pathogens.

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