



Responsive nanoplatform for persistent luminescence “turn-on” imaging and “on-demand” synergistic therapy of bacterial infection



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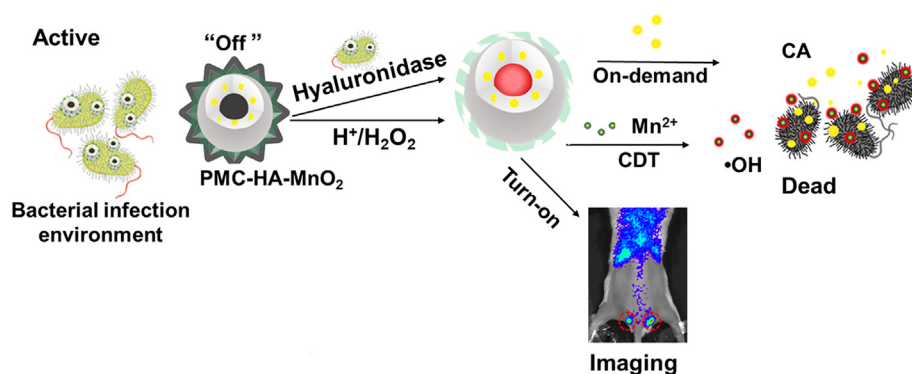
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GRAPHICAL ABSTRACT



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ABSTRACT

Multifunctional nanotheranostic platforms are emerging for the treatment of bacterial infections. Uncontrollable drug release and poor response in target location leads to inefficient therapy and failure to offer timely antibacterial monitoring. Here, we report a multifunctional nanoplatform that can be triggered by the bacterial microenvironment for effective bacterial killing and high-sensitive persistent luminescence (PL) “turn-on” imaging. Hyaluronic acid (HA) is grafted on the surface of mesoporous silica-coated persistent luminescence nanoparticles (PLNPs@MSN) loaded with cinnamaldehyde (CA). Further in situ growth of MnO₂ shells gives PLNPs@MSN@CA-HA-MnO₂ (PMC-HA-MnO₂). MnO₂ shell of PMC-HA-MnO₂ can be reduced to Mn²⁺ by the H₂O₂ in the bacterial microenvironment to trigger persistent luminescence (PL) “turn-on” imaging along with chemodynamic therapy (CDT). Meanwhile, HA can response to bacterially secreted hyaluronidase to make the packaged CA release controllable and “on-demand”. Consequently, PMC-HA-MnO₂ enables effective response to bacterial-infected region, ensuring high-sensitive “turn-on” imaging, synergistic CDT, accurate targeting and “on-demand” CA release to give great antibacterial effect. This nanoplatform has great potential for the diagnosis and treatment of multidrug-resistant bacterial infection with high specificity and efficiency.

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1. Introduction

Pathogenic bacterial infection, especially complex infections caused by antibiotic-resistant bacteria has aroused increasing concerns due to the great harm to human health [1,2]. Currently, the most widely accepted treatment for bacterial infection is antibiotics. However, the overuse of antibiotics leads to an increase in bacterial resistance. For example, methicillin-resistant *Staphylococcus aureus* (MRSA), the main cause of skin and soft tissue intractable infection, is produced due to inappropriate antibiotic treatment. MRSA can weaken the therapeutic effect of antibiotics, and causes a high mortality [3–7]. It is regrettable that the development of new antibiotics has been restricted over the past decades, while new multidrug-resistant (MDR) bacteria are emerging at a much faster rate than new antibiotics [8,9]. Therefore, it is in urgent to develop alternative therapeutic strategies or effective antimicrobial agents with low drug resistance for MDR bacteria treatment.

Phytochemicals, extracted from plants, emerge as effective alternatives to conventional synthetic antibiotics for addressing the shortages of antibiotics. Essential oils (EOs), as “green” bactericides, are well known to exhibit excellent biocompatibility, biological and broad spectra antimicrobial activity [10]. Compared with traditional synthetic antibiotics, the antimicrobial mechanism of EOs is complex, and thus bacteria are not easy to develop drug resistance. EOs are safe and non-toxic to vertebrates within the range of antibacterial concentration and can be easily biodegraded and metabolized. Importantly, EOs have a wide range of sources and are easily acquired, providing a large inventory for new antibacterial agents [11–14]. However, EOs also have their own shortcomings in bacteriostasis, such as poor solubility in aqueous solution and non-selectivity for infection, which decreases the therapeutic effect and seriously hinders their widespread application [15,16]. Therefore, it is still a challenge to establish an effective delivery system to ensure the most effective use of EOs. Nanoparticle-based drug delivery systems are expected to be one of the methods to solve this problem and give full play to the antibacterial effect of EOs.

Manganese is one of the most commonly metal elements in disease treatment for its good biosafety and rich quantity of valence states [17–19]. Manganese dioxide (MnO_2) is highly favored for its catalase-like ability as it can convert endogenous detrimental peroxide (H_2O_2) into salutary oxygen (O_2), and the released manganese ions (Mn^{2+}) can achieve chemodynamic therapy (CDT) by exerting Fenton-like activity to generate $\bullet\text{OH}$ from H_2O_2 in weak acidic environment [20–25]. Such Mn^{2+} -mediated CDT further extends the potential of Mn^{2+} as a nanotheranostic agent. MnO_2 is also a good light quenching agent with wide absorption from ultraviolet to visible region. Therefore, MnO_2 is a good candidate to serve as fluorescence nano-quencher, nanotheranostic agent and H_2O_2 recognizer in weak acidic environment.

Nowadays, intelligent nanoprobe enabling imaging and “on-demand” drug delivery have received great attention owing to the excellent ability to visualize lesions and accurately target to the site of bacterial infection with low side effects. In recent years, optical materials like lanthanide fluorescent nanoparticles and quantum dots have been used for diagnosis and therapy [26–29]. But, conventional fluorescent nanoprobe require in situ excitation which often causes tissue damage. Especially, “always on” imaging leads to background interference to the targeted position, making it difficult to accurately determine the targeted position in the early stage. Near-infrared (NIR)-emitting persistent luminescence nanoparticles (PLNPs) are promising optical materials in biomedical imaging and long-term *in vivo* tracing due to the merits of deep

tissue penetration without in situ excitation and repetitive activation with red LED light [30–32].

Here, we show the design and preparation of a bacterial microenvironment-responsive and hyaluronidase-activated “on-demand” delivery antibacterial nanoplateform for *in vivo* persistent luminescence (PL) “turn-on” imaging and drug-CDT synergistic therapy of bacterial infection. In this nanoplateform, cinnamaldehyde (CA) with broad bactericidal ability is used as an alternative to antibiotics [33]. Mesoporous silica (MSN)-coated PLNPs (PLNPs@MSN) with long PL and plenty of pores serves as ideal visualized nanocarrier for CA [34]. Hyaluronic acid (HA), which can be hydrolyzed by the overexpressed hyaluronidase (Hyal) produced by bacteria at the infection site [35–37], is used as a capping agent for CA and the “on-demand” releasing gatekeeper. HA is grafted to the surface of PLNPs@MSN loaded with CA to obtain PLNPs@MSN@CA-HA (PMC-HA). MnO_2 shells are grown on PMC-HA to serve as fluorescence nano-quencher, nanotheranostic agent and H_2O_2 recognizer in weak acidic environment. Thus, a bacterial microenvironment-responsive nanoplateform (PMC-HA- MnO_2) is developed. The MnO_2 shell and HA capping are the two switches which can be opened specifically by highly expressed H_2O_2 and Hyal in the bacterial infection microenvironment, ensuring “turn-on” PL imaging, “on-demand” release of CA and full utilization of CDT. The as-prepared multifunctional nanoplateform exhibits great potential for visualized treatment of MDR bacterial infection.

2. Experimental section

2.1. Synthesis of PLNPs@MSN-NH₂

NIR-emitting $\text{Zn}_{1.2}\text{Ga}_{1.6}\text{Ge}_{0.2}\text{O}_4:\text{Cr}^{3+}$ PLNPs was synthesized by a hydrothermal method combined with further calcination [38]. PLNPs@MSN was prepared according to Zhang et al [32] with minor modification (Supporting Information). PLNPs@MSN were further aminated as follows. The obtained PLNPs@MSN (100 mg) were dispersed in NaOH solution (5 mmol L^{-1} , 100 mL) and vigorously stirred overnight to obtain hydroxyl-PLNPs@MSN (PLNPs@MSN-OH). Then, PLNPs@MSN-OH (100 mg) was dispersed in ethanol (100 mL) with sonication and 3-amino propyl triethoxysilane (APTES) (400 μL) was dropwise added under vigorous stirring. The reaction mixture was incubated at 60°C for 12 h. The resulting PLNPs@MSN-NH₂ was collected via centrifugation, washed with ethanol and dried under vacuum.

2.2. CA loading and HA capping of PLNPs@MSN

PLNPs@MSN-NH₂ (20 mg) and CA (20 mg) were dispersed in ethanol (10 mL) for 24 h stirring. The CA-loaded nanoparticles PLNPs@MSN@CA was separated via centrifugation for further HA capping. HA (30 mg) was dissolved in a small amount of water firstly and then activated by NHS (120 mg) and EDC (60 mg) in PBS (pH 6.0, 30 mL). The solution pH was adjusted to 8.0 with NaOH solution (1 mol L^{-1}) after surface activation for 1 h. Then, the obtained PLNPs@MSN@CA was added. After reaction for 12 h, the resulting PLNPs@MSN@CA-HA (PMC-HA) was collected by centrifugation and washed with ultrapure water to remove the untreated HA.

2.3. Preparation of PLNP@MSN@CA-HA- MnO_2 (PMC-HA- MnO_2)

Poly allylamine hydrochloride (15 kDa, 37.5 mg mL^{-1}) was added into the PMC-HA solution (1 mg mL^{-1} as PLNPs@MSN). After stirring for 4 h, the nanoparticles were acquired by centrifugation and then redisperse in pure water. Then, KMnO_4 aqueous solutions (5 mmol L^{-1} , 300 μL) added dropwise into the above suspension

under magnetic stirring until the solution turned brown. The final PMC-HA-MnO₂ nanoparticles were centrifuged at 8000 rpm for 10 min and washed with pure water for three times. The obtained PMC-HA-MnO₂ nanoparticles were then dispersed in PBS (pH 5.5, 10 mmol L⁻¹) and were stored at 4 °C for further use.

2.4. Bacterial culture and antibacterial experiments

S. aureus, *E. coli* and MRSA were incubated in 5 mL Luria Bertani broth medium with shaking (200 rpm) at 37 °C for 12 h. 1 mL bacteria solution ($\sim 10^9$ CFU mL⁻¹) was mixed with PMC-HA-MnO₂ solution (30, 60, 100, 200, 300, 400, 500 μ g mL⁻¹, as PLNPs@MSN) in the presence of 0.2 mmol L⁻¹ H₂O₂ at pH 5.5 for 12 h. The turbidity of bacteria suspensions (OD, 600 nm) was recorded on a multifunctional microplate reader.

To further prove the bactericidal effect of PMC-HA-MnO₂, bacteria solution ($\sim 10^9$ CFU mL⁻¹) was incubated with six groups (PBS, PBS + H₂O₂, PLNPs@MSN-MnO₂, PLNPs@MSN-MnO₂ + H₂O₂, PMC-HA, PMC-HA-MnO₂ + H₂O₂; PLNPs@MSN-MnO₂, PMC-HA and PMC-HA-MnO₂, 300 μ g mL⁻¹ as PLNPs@MSN; pH 5.5; H₂O₂, 0.2 mmol L⁻¹) for 12 h. After incubation, the turbidity of bacteria suspensions (OD, 600 nm) was recorded on a multifunctional microplate reader.

The conventional plate counting method was adopted to assess the colonies after the treatment of the above six groups visually. Bacteria suspensions (100 μ L) from the above six groups after incubation were smeared into LB agar plate and cultivated at 37 °C for 24 h.

2.5. Murine infection model

Female Balb/c mice (4–5 weeks) were purchased from Changzhou Cavens Laboratory Animal Co. Ltd (Changzhou, China). The mice were fed with a standard laboratory diet and water. All experiments were conformed to the Jiangnan University of Use and Care of Laboratory Animals, and performed ethically and humanely. The MRSA-infected mouse model was built to evaluate PL “turn-on” imaging and antibacterial effect of PMC-HA-MnO₂ *in vivo*. The subcutaneous abscesses models were established by a subcutaneous injection of MRSA PBS buffer (150 μ L, about 10⁸ CFU mL⁻¹) at the back of each mouse after anesthetization.

2.6. *In vivo* PL “turn-on” imaging of MRSA-infected subcutaneous abscesses

The anesthetized subcutaneous abscess mice were treated with PLNPs@MSN, PMC-HA and PMC-HA-MnO₂ (200 μ L, 2 mg mL⁻¹ as PLNPs@MSN) by intravenous injection, respectively. The PL distribution of the implanted PMC-HA-MnO₂ were collected on IVIS spectrum imaging system at the specified time points (5 min, 4 h, 6 h, 12 h, day 2, day 4, day 6, day 8 and day 10) under bioluminescence mode with an open filter (60 s of acquisition). The PL distribution of PLNPs@MSN and PMC-HA were monitored for comparison. The PLNPs@MSN, PMC-HA and PMC-HA-MnO₂ were irradiated by a 254 nm UV lamp for 5 min before injection. The re-excited imaging was obtained by irradiating mice with 650 nm LED light (5000 lm) for 2 min before collecting signals.

2.7. *In vivo* antibacterial therapy

After 24 h MRSA infection, the mice were treated with antibacterial therapy. The infected mice (n = 15) were randomly divided into three groups (five mice for each group): (I) PBS, (II) PMC-HA, (III) PMC-HA-MnO₂. The healthy mice without any treatment (n = 5) were set as the control group. PMC-HA and PMC-HA-MnO₂ (200 μ L, 2 mg mL⁻¹ as PLNPs@MSN) were intravenously

injected into the mice of group II and group III. The body weight of mice was measured every day. For histological analysis, all mice were sacrificed after treatment for 10 days. The wound skin tissues and major organs (heart, liver, lung, kidney, and spleen) were harvested for H&E staining.

3. Results and discussion

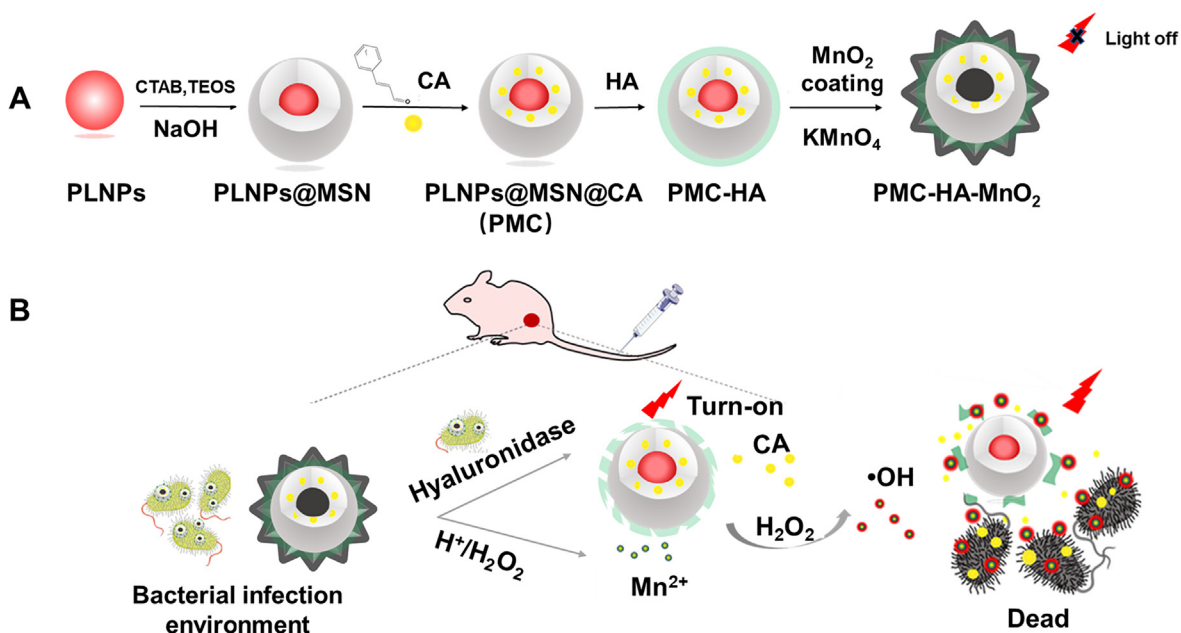
3.1. Design and characterization of the PMC-HA-MnO₂

Scheme 1A illustrates the design and fabrication of the multifunctional nanoplatfrom PMC-HA-MnO₂. Zn_{1.2}Ga_{1.6}Ge_{0.2}O₄:Cl³⁺ PLNPs was prepared as the core because of its long afterglow lifetime and reactivatable NIR-persistent luminescence [39]. MSN was coated on the surface of PLNPs to load and carry CA. PMC-HA was prepared by capping HA on the surface of PLNPs@MSN@CA via amide reaction to avoid CA leaking during treatment and to ensure effective treatment without harm to normal cells. Afterwards, KMnO₄ was *in situ* reduced to form MnO₂ shell on the surface of PMC-HA in the presence of cationic polyelectrolyte poly allylamine hydrochloride [40,41]. Here, MnO₂ not only acts as the fluorescence nano-quencher, but also the nanotheranostic agent and H₂O₂ recognizer in weak acidic environment. As such, the multifunctional nanoplatfrom PMC-HA-MnO₂ with no PL was prepared.

Scheme 1B shows the multifunctional nanoplatfrom PMC-HA-MnO₂ for bacterial microenvironment-responsive “turn-on” imaging and hyaluronidase-activated “on-demand” CA release combined with CDT. PMC-HA-MnO₂ would be accumulated in the acidic bacterial infection abscesses due to the protonation of the amino group. The MnO₂ shell is broken up because of the acidic environment and the overproduction H₂O₂ in the bacteria infection microenvironment [42,43]. As a result, the PL of PLNPs is turned on, and the produced Mn²⁺ serves as a Fenton-like initiator for CDT. Meanwhile, HA is decomposed by Hyal secreting from bacteria, and the encapsulated CA is released on demand to directly kill bacteria. The infected site is illuminated by the restored PL to monitor the process of treatment. Thus, the multifunctional nanoplatfrom not only enables the bacteria microenvironment triggered PL “turn-on” imaging, but also drug-CDT synergistic therapy of bacteria.

The as-prepared PLNPs was well dispersed with the mean particle diameter of 16.2 \pm 2.5 nm (based on 100 randomly selected nanoparticles) (Fig. 1A and B), and the crystal lattice characteristic peaks of ZnGa₂O₄ (JCPDS 38-1240) and Zn₂GeO₄ (JCPDS 25-1018) (Fig. 1C). The PLNPs in aqueous solution exhibited a NIR luminescence peak at 698 nm (Fig. S1A). The PLNPs gave the quantum yield of 33.4%, and showed good long PL performance (Fig. S1B). The PL signal attenuated quickly in a short period, then gradually levelled off and became stable for a long time. In addition, the PLNPs could be repeatedly excited by a red LED lamp to recover PL, allowing long-term autofluorescence-free bioimaging *in vivo*. The modification of MSN and HA made only a slight decline of the PL of PLNPs@MSN and PMC-HA, respectively. In contrast, the coating of MnO₂ shell had the PL of PMC-HA-MnO₂ almost completely quenched (Fig. S1C). Thus, the PL of PMC-HA-MnO₂ remained “off” in normal physiological environments. MnO₂ shell could be decomposed by H₂O₂ in the acidic environment, but acidic environment or H₂O₂ alone could not break down MnO₂ (Fig. S1D). This property made PMC-HA-MnO₂ selective to bacterial infection microenvironment.

The as-prepared PLNPs@MSN exhibited mesoporous core-shell structure with an average diameter of 100 \pm 2.1 nm (Fig. 1D), showed the characteristic peaks of PLNPs along with a new wide peak near 23° for MSN (Fig. 1E). The coated MSN also had the characteristic peak near 3.18° in low angle XRD pattern, further proving



Scheme 1. (A) Illustration for the preparation of PMC-HA-MnO₂. (B) Schematic of PMC-HA-MnO₂ for bacterial microenvironment-responsive PL “turn-on” imaging and hyaluronidase-activated “on-demand” CA release combined with CDT.

a well-ordered porous structure similar to MCM-41 of the hexagonal arrangements (Fig. 1F, Inset). Besides, the PLNPs@MSN offered the surface area ($291 \text{ m}^2 \text{ g}^{-1}$) and the pore volume (0.665 cc g^{-1}) with a well-defined pore size (3.2 nm) (Fig. 1F), which provided abundant sites for efficient CA loading.

PMC-HA-MnO₂ particles were still about 100 nm in diameter with well-defined spherical morphology and coarse surface (Fig. 1G). After the decomposition of MnO₂ on PMC-HA-MnO₂, the PMC-HA particles regained a smooth surface (Fig. 1G, Inset). Most of Zn, Ga and Ge were in the core while Si and O in the whole nanostructures, indicating the coating of MSN. The element Mn was mainly in the outer layer, indicating the successful preparation of MnO₂ shell (Fig. S2). X-ray photoelectron spectroscopy (XPS) spectra (Fig. 1H) and the absorption spectra (Fig. S3A) proved the successful preparation of PMC-HA-MnO₂. Two peaks at 653.2 eV and 641.6 eV in XPS high-resolution scans spectrum accorded with the Mn(IV)2p_{1/2} and Mn(IV)2p_{3/2} spin orbit peaks of MnO₂ (Fig. 1I), further verifying the conversion of KMnO₄ into MnO₂. Two distinct peaks at 380 nm and 285 nm in the absorption spectra of PMC-HA-MnO₂ proved the MnO₂ coating and CA loading, respectively (Fig. S3B) [44]. The loading efficiency of CA was determined to be 33.1% by UV-vis spectroscopy (Fig. S4).

PMC-HA-MnO₂ gave no PL because of the quenching effect of MnO₂ shell (Fig. 1J). It exhibited a weak negative charge (-6.4 mV) at pH 7.4 and a positive charge (+12.3 mV) at pH 5.5 (Fig. 1K). Thus, PMC-HA-MnO₂ could bind to negatively charged bacteria cell wall at the site of acidic bacterial-infection abscesses. The hydrodynamic diameter increased from 106 nm for PLNPs to 396 nm for PMC-HA-MnO₂ because of the introduction of HA and MnO₂ (Fig. S1E). Time-dependent analysis of the PL emission spectra shows that PMC-HA was relatively stable at pH 5.5 or in the presence of $0.2 \text{ mmol L}^{-1} \text{ H}_2\text{O}_2$ for 120 h (Fig. S1F). The Fourier transform infrared (FTIR) spectroscopic peaks around 1,407 and $1,637 \text{ cm}^{-1}$ in PMC-HA and PMC-HA-MnO₂ (Fig. 1L) were attributed to the stretching vibration of C–N and amide C=O groups, respectively, showing the successful conjugation of HA [45].

3.2. H₂O₂-responsive property of PMC-HA-MnO₂

The responsivity of the developed PMC-HA-MnO₂ to H₂O₂ was demonstrated by the addition of different concentrations of H₂O₂ into PMC-HA-MnO₂ solution in pH 5.5. PMC-HA-MnO₂ itself showed no PL as a result of MnO₂ quenching effect (Fig. 2A). However, the presence of H₂O₂ made the PL of the PMC-HA-MnO₂ recovered (Fig. 2B) and the absorption characteristic peak of MnO₂ decrease (Fig. 2C), suggesting the decomposition of the MnO₂ shell because of the reduction of MnO₂ shell by H₂O₂. The influence of reaction time on the PL recovery of PMC-HA-MnO₂ was studied with $0.2 \text{ mmol L}^{-1} \text{ H}_2\text{O}_2$ at pH 5.5 (Fig. 2D). The PL intensity increased quickly with reaction time and reached a plateau after 12 min. The restored PL of PMC-HA-MnO₂ with different concentrations of H₂O₂ was recorded on the IVIS imaging system (Fig. S5A). The NIR PL of PMC-HA-MnO₂ treated by H₂O₂ could be reactivated under red LED light excitation with little loss (Fig. S5B). The above results show that PMC-HA-MnO₂ could be triggered quickly by H₂O₂ in acid environment to realize the PL “turn-on” imaging.

3.3. Hyal-activated release

The responsive performance of PMC-HA-MnO₂ for CA release was investigated *in vitro* with Hyal as a stimulator. CA release from PMC-HA-MnO₂ was monitored up to 24 h. The released CA reached the maximum (approximately 42%) in acetate buffer containing Hyal (pH 5.0), but only about 10% in PBS (pH 7.4), acetate buffer without Hyal or with deactivated Hyal (Fig. 3A). In contrast, the released CA from the PMC-HA-MnO₂ incubated with the three kinds of bacteria in acetate buffer was 33.3% for *Staphylococcus aureus* (*S. aureus*), 24.9% for *Escherichia coli* (*E. coli*) and 25.6% for MRSA (Fig. S6). These results demonstrate that CA release from the PMC-HA-MnO₂ can be triggered by the artificially added Hyal or bacterially secreted Hyal. Furthermore, we evaluated the trigger behavior for CA release. As expected, CA release from PMC-HA-MnO₂ increased dramatically once Hyal was added to the system after 3 h (Fig. 3B), indicating that CA release was an enzyme stimulative process. The above results demonstrate that PMC-HA-

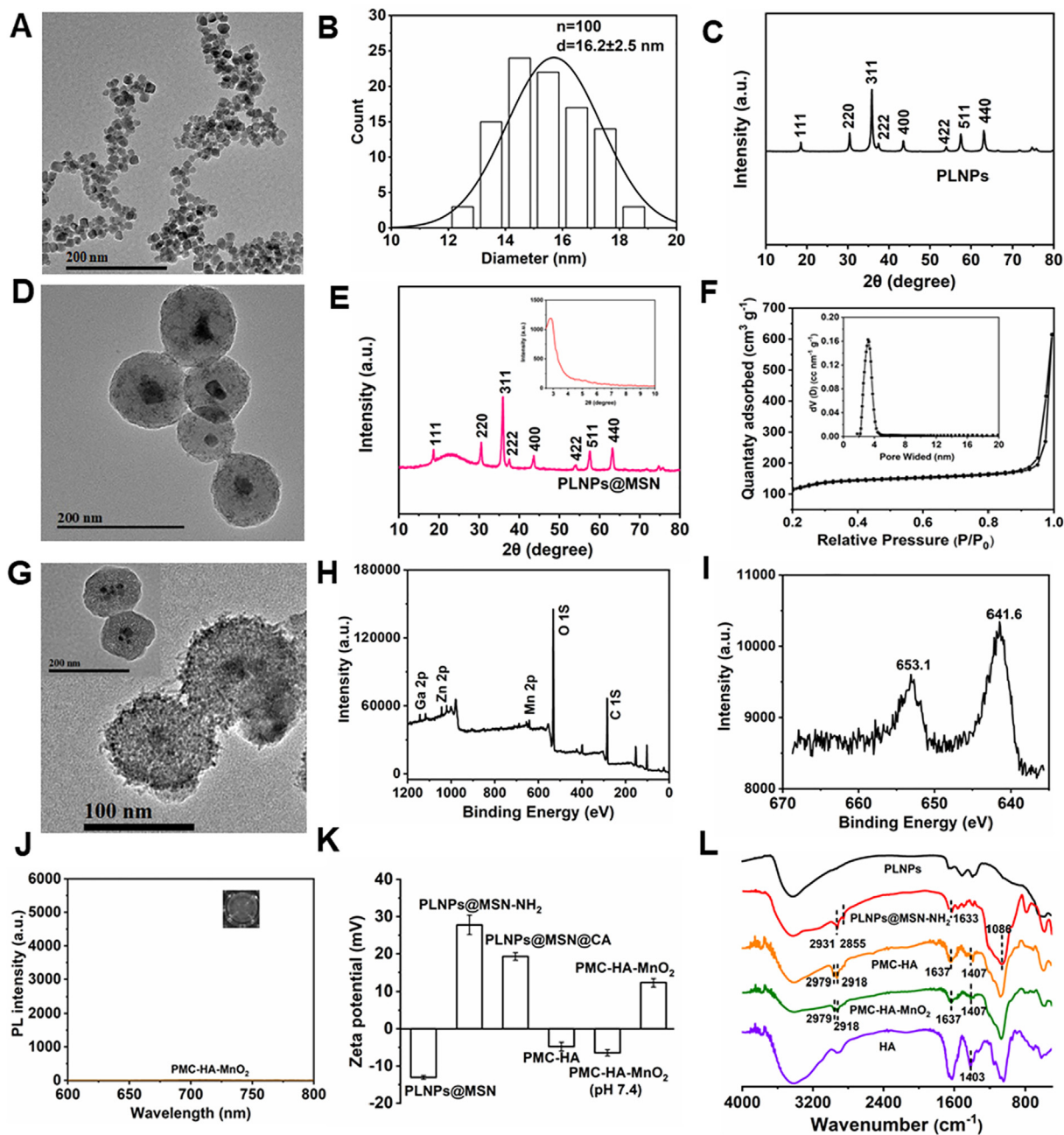


Fig. 1. Characterization of PLNPs: (A) TEM image. (B) Size distribution. (C) XRD spectrum. Characterization of PLNPs@MSN: (D) TEM image. (E) XRD spectrum (Inset: small-angle XRD spectrum). (F) Nitrogen adsorption–desorption isotherms (Inset: Pore size distribution of PLNPs@MSN). Characterization of PMC-HA-MnO₂: (G) TEM image (Inset: TEM image of PMC-HA). (H) XPS spectrum. (I) High-resolution Mn 2p spectrum. (J) PL spectrum of PMC-HA-MnO₂ aqueous solution (1 mg mL⁻¹, Inset: The image under UV excitation). (K) Zeta potential of PLNPs@MSN, PLNPs@MSN-NH₂, PLNPs@MSN@CA, PMC-HA and PMC-HA-MnO₂ (1 mmol L⁻¹ PBS, pH 5.5). (L) FT-IR spectra of PLNPs, PLNPs@MSN-NH₂, PMC-HA, PMC-HA-MnO₂ and HA.

MnO₂ could act as an “on-demand” nanoplatform for treating bacterial infection.

3.4. Mn²⁺- or PMC-HA-MnO₂-mediated Fenton-like reaction

Mn²⁺-induced Fenton-like reaction was shown to realize CDT through •OH generation like Fe²⁺ [23]. Methylene blue (MB) with the ability of degradation of •OH, was chosen as an indicator for •OH generation. MnCl₂ was utilized as the source of Mn²⁺ for Fenton-like reaction. Fig. 4A shows a significant decrease in the absorbance of MB when it incubated with H₂O₂ and Mn²⁺ for 30 min, but no obvious variation in the absorbance of MB was

observed with H₂O₂ or Mn²⁺ only. Fig. 4B shows that the absorbance of MB remained no change after incubating with PMC-HA, while the absorbance of MB gradually decreased with the increase in the concentration of PMC-HA-MnO₂ owing to the •OH generated by Mn²⁺ from MnO₂ shell. The result indicates that PMC-HA-MnO₂ possessed the ability for CDT through Mn²⁺-induced Fenton-like reaction.

3.5. In vitro antimicrobial activity of PMC-HA-MnO₂

S. aureus, MRSA and *E. coli* were used as model bacteria to investigate the performance of PMC-HA-MnO₂ for in vitro antibacterial

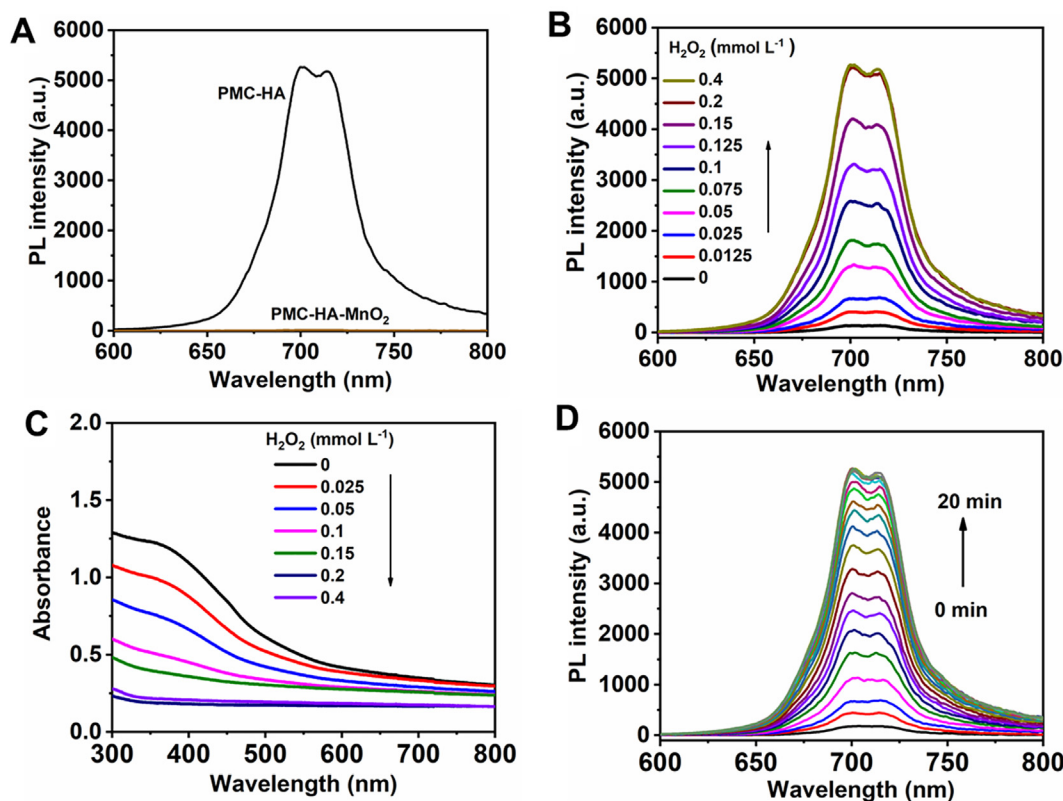


Fig. 2. (A) Quenching effect of MnO₂ shell on the PL intensity of PMC-HA (400 μg mL⁻¹). (B) PL emission spectra of PMC-HA-MnO₂ (400 μg mL⁻¹) treated with H₂O₂ at various concentrations with a reaction time of 15 min. (C) Absorption spectra of PMC-HA-MnO₂ (400 μg mL⁻¹) treated with H₂O₂ at various concentrations with a reaction time of 15 min. (D) Effect of reaction time on the PL emission spectra of PMC-HA-MnO₂ treated by H₂O₂ (PMC-HA-MnO₂, 400 μg mL⁻¹; H₂O₂, 0.2 mmol L⁻¹).

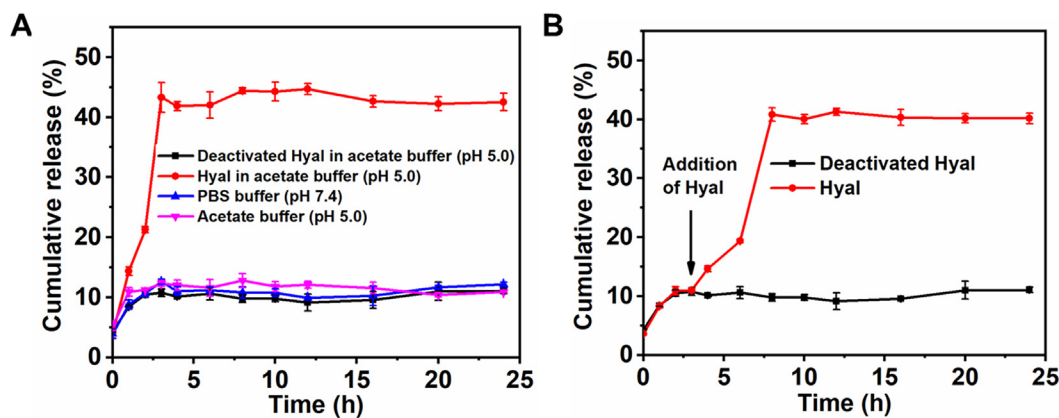


Fig. 3. (A) Release profiles of CA from PMC-HA-MnO₂ (1 mg mL⁻¹) in PBS only or with Hyal (150 U mL⁻¹), and acetate buffer only. (B) Response of PMC-HA-MnO₂ to deactivated Hyal (150 U mL⁻¹) and Hyal triggered CA release from PMC-HA-MnO₂ after incubation in acetate buffer for 3 h.

activity. Fig. 5A shows the antibacterial effects of PMC-HA-MnO₂ concentration in the presence of 0.2 mmol L⁻¹ H₂O₂ at pH 5.5. Obviously, PMC-HA-MnO₂ showed a concentration dependent bactericidal effect. Over 90% bacteria were killed in the presence of 300 μg mL⁻¹ PMC-HA-MnO₂ due to the synergistic effect of “on-demand” CA release and CDT triggered by the bacterial microenvironment. Besides, 0.2 mmol L⁻¹ H₂O₂ only had no bactericidal effect on all of the studied bacteria (Fig. S7). Fig. 5B gives the optical density (OD, 600 nm) of the bacteria incubated with six groups (PBS, PBS + H₂O₂, PLNPs@MSN-MnO₂, PLNPs@MSN-MnO₂ + H₂O₂, PMC-HA, PMC-HA-MnO₂ + H₂O₂) to illustrate the effect of combined antibacterial effect. The bacteria in PBS and PBS with H₂O₂ exhib-

ited negligible bacterial death. However, the bacteria survival rate obviously decreased in the presence of 300 μg mL⁻¹ PLNPs@MSN-MnO₂ without CA loading due to the CDT effect of Mn²⁺. PMC-HA (300 μg mL⁻¹) could kill over 70% of the bacteria because of CA release. The antibacterial activity of PMC-HA-MnO₂ (300 μg mL⁻¹) was further enhanced by combining CDT effect with CA release, leading to the survival rate of bacteria below 10%. The great antibacterial ability of PMC-HA-MnO₂ could also be attributed to its accurate targeting to the surface of bacteria and the in situ “on-demand” release of CA. Fig. 5D gives a visual representation of the above six groups. Unlike the excellent bactericidal performance in acidic environment, PMC-HA-MnO₂ had no bactericidal

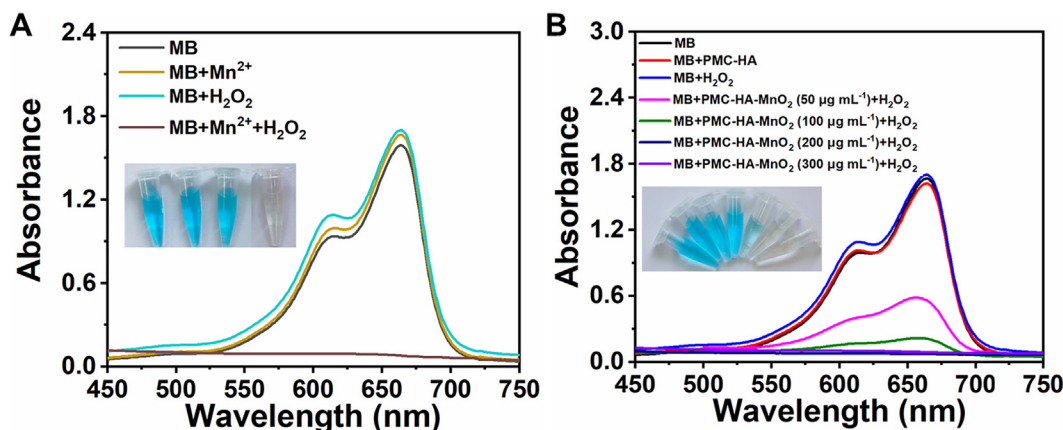


Fig. 4. (A) Effects of Mn²⁺ (0.5 mmol L⁻¹) or/and H₂O₂ (8 mmol L⁻¹) on the UV-vis absorption spectra (inset, the corresponding photo) of MB (10 mg L⁻¹) in 25 mmol L⁻¹ NaHCO₃ aqueous solution. (B) MB degradation spectra and the photo (inset) with different concentrations of PMC-HA-MnO₂ (NaHCO₃, 25 mmol L⁻¹; H₂O₂, 8 mmol L⁻¹).

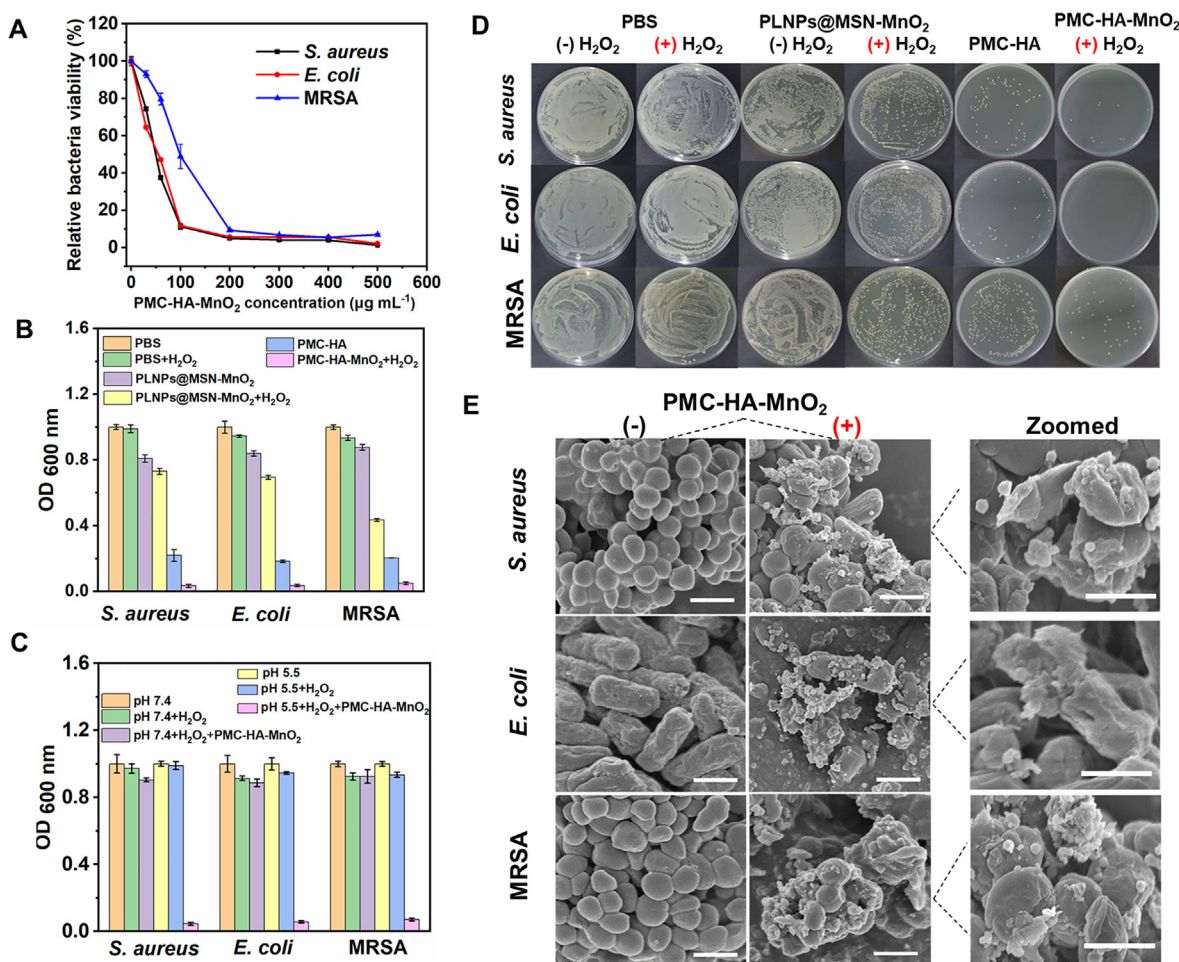


Fig. 5. (A) Effect of PMC-HA-MnO₂ concentration on the bacterial viabilities of *S. aureus*, *E. coli* and MRSA (pH 5.5, H₂O₂, 0.2 mmol L⁻¹). (B) OD_{600 nm} of bacteria suspension treated by different groups (pH 5.5, H₂O₂, 0.2 mmol L⁻¹). (C) OD_{600 nm} of bacteria suspension treated by PMC-HA-MnO₂ at pH 7.4 and pH 5.5 with H₂O₂ (0.2 mmol L⁻¹). (D) Photographs of bacterial colonies after exposure to different groups. (E) SEM images of *S. aureus*, *E. coli* and MRSA (-) and (+) treated by PMC-HA-MnO₂ (300 μg mL⁻¹) with H₂O₂ (0.2 mmol L⁻¹). Scale bar was 1 μm. Results are presented as mean ± SD (n ≥ 3).

effect in pH 7.4 with more than 90% bacteria survival (Fig. 5C), making PMC-HA-MnO₂ harmless to normal cells in physiological environment. Scanning electron microscope (SEM) images indicate that the three kinds of bacteria without treatment remained intact single cell structure, whereas PMC-HA-MnO₂ made the bacteria

merged and the cell structures collapse, implying the disruption of the bacteria by PMC-HA-MnO₂ (Fig. 5E).

The interaction between PMC-HA-MnO₂ and bacteria was observed intuitively on the laser confocal scanning microscopy (LCSM). After incubation with PMC-HA-MnO₂ for 20 min, *S. aureus*,

E. coli and MRSA cells displayed bright red luminescence, indicating the bacteria were successfully labeled (Fig. 6). The results show that PMC-HA-MnO₂ possessed the ability to attach to the surface of bacteria and light up the bacteria, which is of great importance for the therapy process monitoring and effective antibacterial treatment.

3.6. Toxicity test of PMC-HA-MnO₂

MTT assay was conducted to evaluate the cytotoxicity of PMC-HA-MnO₂. 3T3 and AGS cells gave over 85% viability at a high dose of 500 μg mL⁻¹, exhibiting low cytotoxicity of PMC-HA-MnO₂ (Fig. S8A and B). The *in vivo* toxicity of PMC-HA-MnO₂ was evaluated by histological studies of five major organs (heart, liver, spleen, lung and kidney) harvested from the sacrificed mice after 10-day treatment. The mice without any treatment were used as the control group. The organs in the mice injected with PMC-HA-MnO₂ showed no appreciable histological abnormalities or lesion at 10 days after injection (Fig. S8C). The body weights for all groups of mice exhibited similar increase during the 10 days. The PMC-HA-MnO₂ treated group did not show obvious weight loss or abnormal behavior, suggesting that PMC-HA-MnO₂ had no effect on the growth of mice (Fig. S9). The above results reveal that the PMC-HA-MnO₂ nanoplatfrom has good biocompatibility.

3.7. Turn-on PL imaging of bacterial infection *in vivo*

The excellent targeting ability and PL “turn-on” performance *in vitro* inspired us to investigate the performance of PMC-HA-MnO₂ for *in vivo* imaging in bacterial infection with MRSA infected mice. For comparison, the mice with subcutaneous abscess were divided into three groups and intravenously injected with PLNPs@MSN, PMC-HA and PMC-HA-MnO₂, respectively. The NIR afterglow images of mice were obtained at the designated time points after 2-min LED light illumination. Fig. 7A illustrates the treatment schedule of PMC-HA-MnO₂. No obvious PL signal was observed at the site of bacterial infection in the mice injected with PLNPs@MSN at all time points. In contrast, the mice injected with PMC-HA-MnO₂ showed restored PL signal at 4 h and the PL signal became more obvious from 6 h to 6 days in the abscess area, indicating that a certain amount of PMC-HA-MnO₂ was accumulated and triggered in the bacterial infection *in vivo*. However, as the inflammation gradually healed and the scab fell off after therapy, PL signal was reduced at days 8 and 10. To further demonstrate the sensitivity of PL “turn-on” imaging to the targeted locations, PMC-HA was also intravenously injected into the subcutaneous abscess mice for comparison. PMC-HA also possessed the ability to target the infection sites due to the modification of HA. However, the target position was unclear before 12 h because the “always-on” signal obscured the response signal at the focal site (Fig. S10). Therefore, the “turn-on” imaging is significance for practical clinical diagnosis due to the lower background and higher sensitivity than “always-on” imaging. The relative PL intensity of isolated organs showed most PMC-HA-MnO₂ in liver and spleen because of the phagocytosis of reticuloendothelial system, but very little in other organs (Fig. 7C and S11).

3.8. PMC-HA-MnO₂ for *in vivo* therapy

The MRSA-infected mice were randomly divided into three groups (control group treated with PBS only, two experimental groups treated with PMC-HA and PMC-HA-MnO₂, respectively) to evaluate PMC-HA-MnO₂ for *in vivo* therapy. The PMC-HA-MnO₂-treated group showed much faster skin abscess healing than the other groups at the same time points (Fig. 8A). The abscess of the mice in PMC-HA-MnO₂ group disappeared with the scars fell off

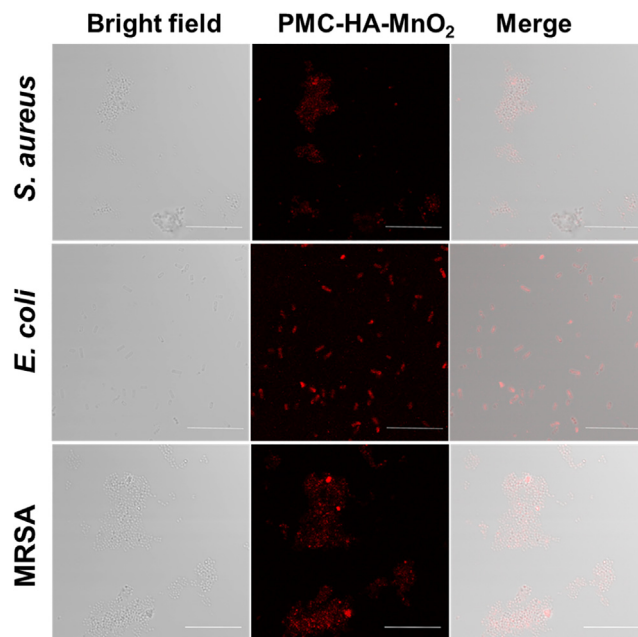


Fig. 6. Representative LCSM images of *S. aureus*, *E. coli* and MRSA incubated with PMC-HA-MnO₂ (PMC-HA-MnO₂, 300 μg mL⁻¹; pH 5.5, H₂O₂, 0.2 mmol L⁻¹). Scale bar is 10 μm.

after 10-day treatment, whereas the obvious scab of the mice in PMC-HA and PBS group still remained. (Fig. 8B) shows that the PMC-HA-MnO₂ treated group after 10-day treatment had reconstructed hair follicle tissue for antibacterial effect and exhibited a more uniform epithelial cell layer. Instead, PBS group displayed many aggregated inflammatory cells. The infected skin tissues were counted using the standard bacterial culture method after 10 days to verify the efficiency of infection treatment (Fig. 8C). The quantitative bacterial colonies remarkably decreased in the PMC-HA-MnO₂ treated mice, indicating the good recovery from infection. PMC-HA-MnO₂ group gave dramatically lower levels of serum IL-1β and IL-6 than PBS group, but similar levels to healthy mice (Fig. 8D and E), verifying the good therapeutic effect of the infected mice in PMC-HA-MnO₂ group.

4. Conclusion

In summary, we have reported a bacterial microenvironment triggered nanoplatfrom (PMC-HA-MnO₂) for PL “turn-on” imaging, “on-demand” CA release and the synergetic CDT for bacteria imaging and killing. Different from the fibrous dressings fixed CA inside [14], our design integrates “on-demand” CA delivery with synergistic effect of CDT, and greatly improves the antibacterial effect of CA. Moreover, the previous application of fibrous dressings is limited to the surface wound infections, whereas our integrated nanoplatfrom enables the application for the therapy of bacterial infections *in vivo*. Compared to previous “on-demand” delivery system[45], our PMC-HA-MnO₂ nanoplatfrom endows the nanocarrier with additional autofluorescence-free PL imaging ability, which is of significance in offering timely and effective antibacterial stewardship during the whole therapy. The antibacterial system has been successfully applied for healing MRSA-infected subcutaneous abscesses in mice without damage to normal tissues. In light of increasing risk of antibiotic resistance, the developed nanoplatfrom has great potential in visualized treatment of MDR bacterial infection with no microbial drug resistance.

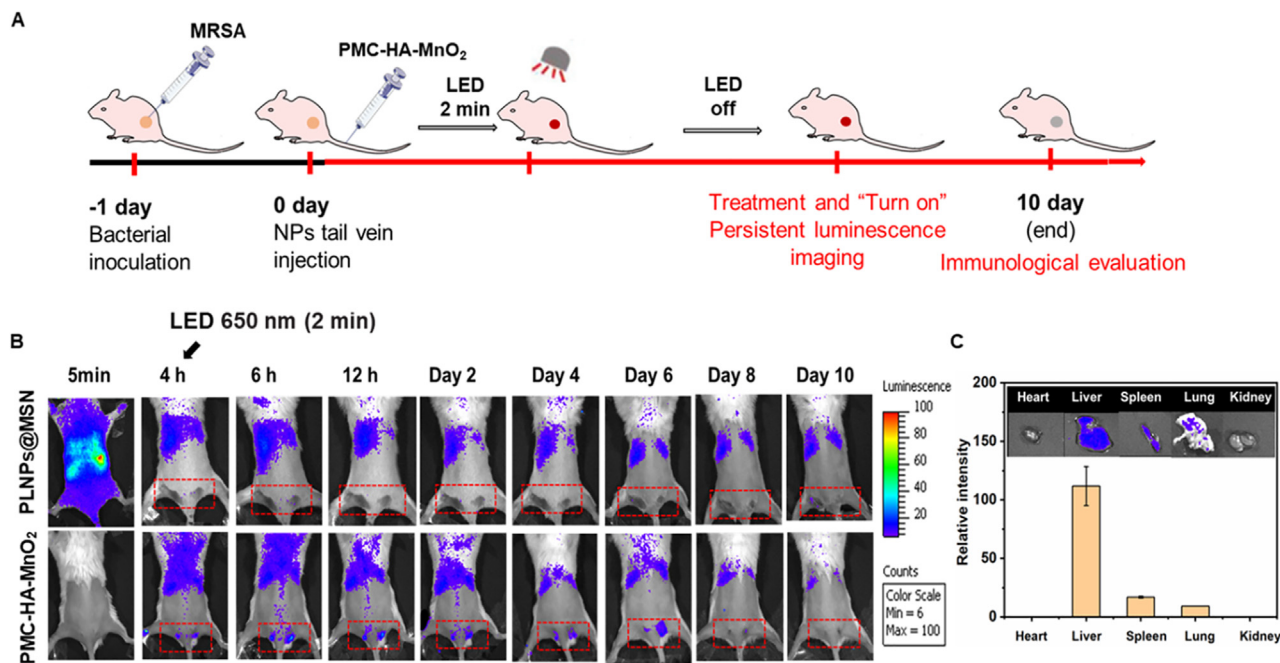


Fig. 7. (A) Treatment schedule of PMC-HA-MnO₂ for PL "turn-on" imaging and "on-demand" CA release combined with CDT for bacterial infections in mice. (B) *In vivo* PL "turn-on" imaging of MRSA-infected mice after injection of PLNPs@MSN or PMC-HA-MnO₂. (C) *In vivo* PL images and relative PL intensity of major organs for the mice 10 days after PMC-HA-MnO₂ injection. The liver PL intensity as control; error bar, one SD (n = 3).

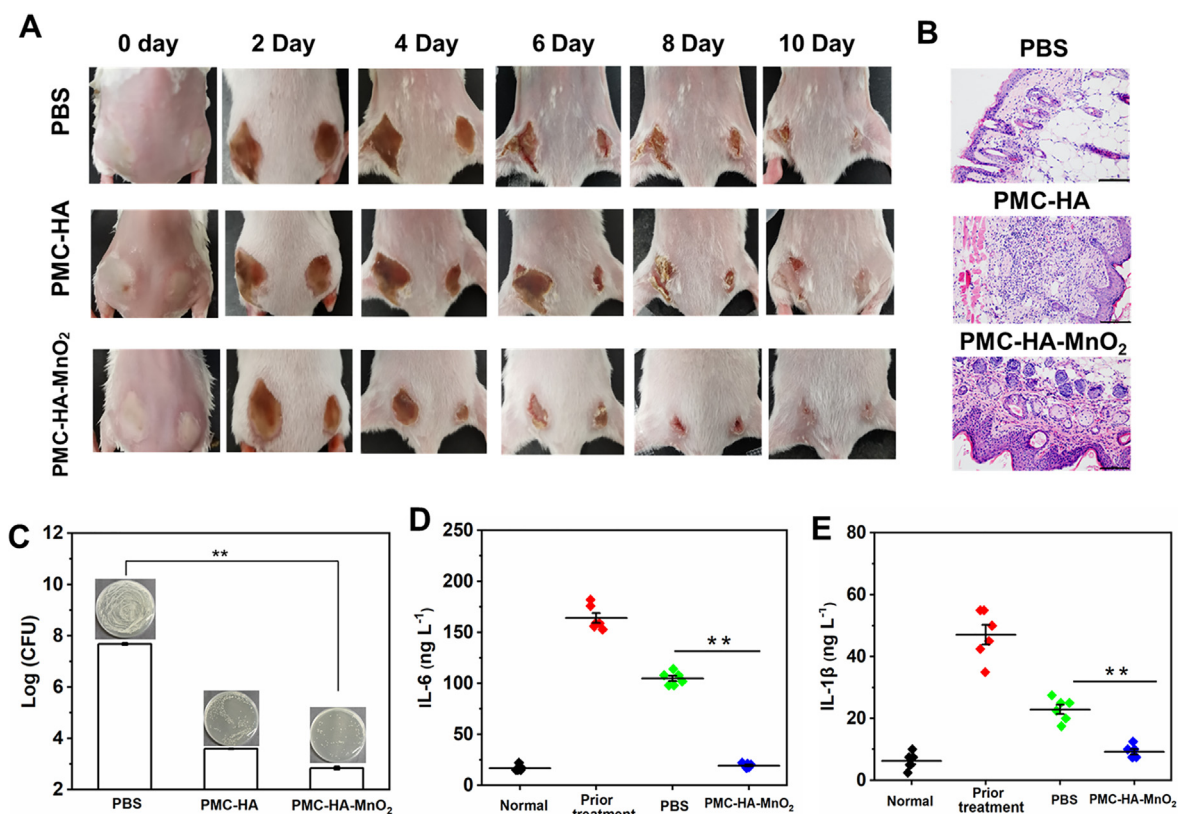


Fig. 8. (A) Photos of MRSA-infected site of mice after various treatments for 10 days. (B) H&E staining for histological examination of the skin tissue slices. (C) Photos and corresponding results of bacterial cultures for the tissues of MRSA-infected mice after 10-days treatment. (D) Serum IL-6 and (E) IL-1β level of MRSA-infected mice on day 10 after treatment. **Denotes significant difference (p < 0.001).

CRediT authorship contribution statement

Bei-Bei Wang: Conceptualization, Investigation, Methodology, Data curation, Writing – original draft. **Li-Xia Yan:** Conceptualization, Investigation, Methodology, Data curation, Writing – original draft. **Li-Jian Chen:** Methodology, Investigation. **Xu Zhao:** Methodology, Validation. **Xiu-Ping Yan:** Conceptualization, Supervision, Writing – review & editing, Funding acquisition.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary material

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.jcis.2021.11.125>.

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