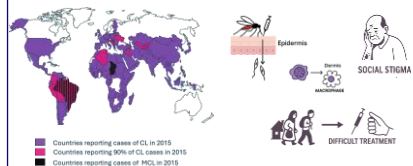




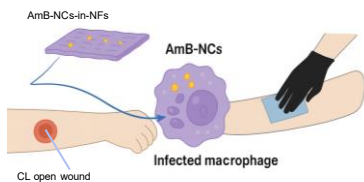
INTRODUCTION

Cutaneous leishmaniasis (CL) is a neglected parasitic skin disease transmitted by sandfly bites, affecting up to 1 million people annually and leaving disfiguring scars, especially in low-income regions [1]. Current treatments are toxic, expensive, and poorly accessible [2]. Although Amphotericin B (AmB) is effective, its use is limited by poor solubility and systemic toxicity. Nanocrystals (NCs) improve solubility [3] and may enhance macrophage uptake [4], while nanofibres (NFs) adhere to skin and enable controlled drug release. Embedding AmB-NCs into NFs offers a promising, localised strategy for this overlooked disease.



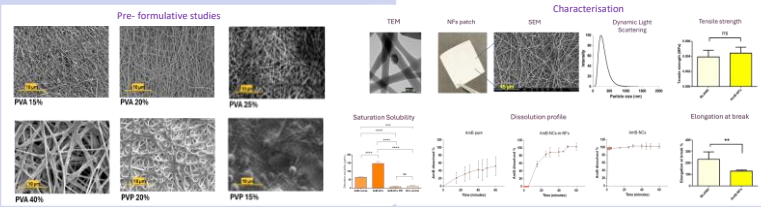
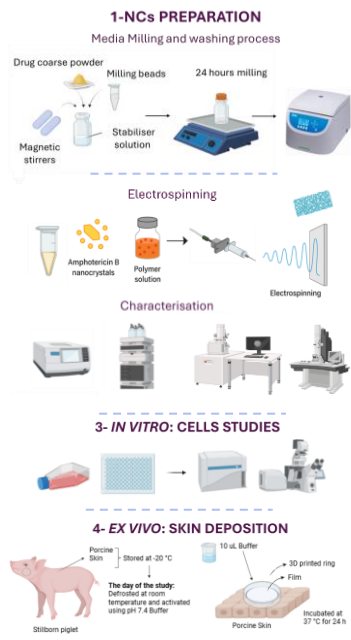
AIM OF WORK

To develop a dissolvable NFs patch loaded with AmB NCs for topical, self-administered treatment for CL.



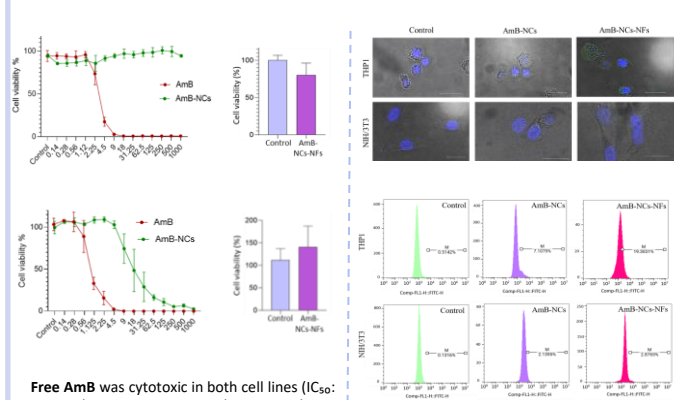
AmB-NCs will act as 'Trojan horses', being phagocytosed by infected macrophages and releasing the drug intracellularly to combat the parasite while limiting systemic toxicity.

METHODS



RESULTS

3- IN VITRO: CELLS STUDIES

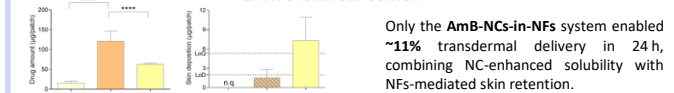


Free AmB was cytotoxic in both cell lines (IC₅₀: 2.96 µg/mL in THP-1; 0.9 µg/mL in NIH/3T3); AmB-NCs preserved cell viability in both lines; NF formulations, with or without AmB-NCs (~30 µg/well), showed no significant cytotoxicity, confirming system biocompatibility.

2-NFs PREPARATION

AmB NCs were effectively embedded into uniform NFs with suitable mechanical properties, maintaining particle size below 200 nm. TEM confirmed the NCs-in-NFs architecture. The NCs formulation markedly improved saturation solubility compared to the coarse AmB powder while AmB-NCs-in-NFs delayed the dissolution profile of the AmB-NCs.

4- EX VIVO: SKIN DEPOSITION



CONCLUSIONS

AmB-NCs-in-NFs patches were developed, combining NCs that enhanced solubility, dissolution rate, and uptake by human monocytes, with electrospun PVA NFs that ensured skin adhesion and delayed NCs dissolution. This biocompatible, self-applicable patch achieved ~11% transdermal delivery across intact skin in 24 hours and offers a practical, safer alternative to systemic therapy, holding strong promise for accessible, community-level treatment of CL in resource-limited settings.