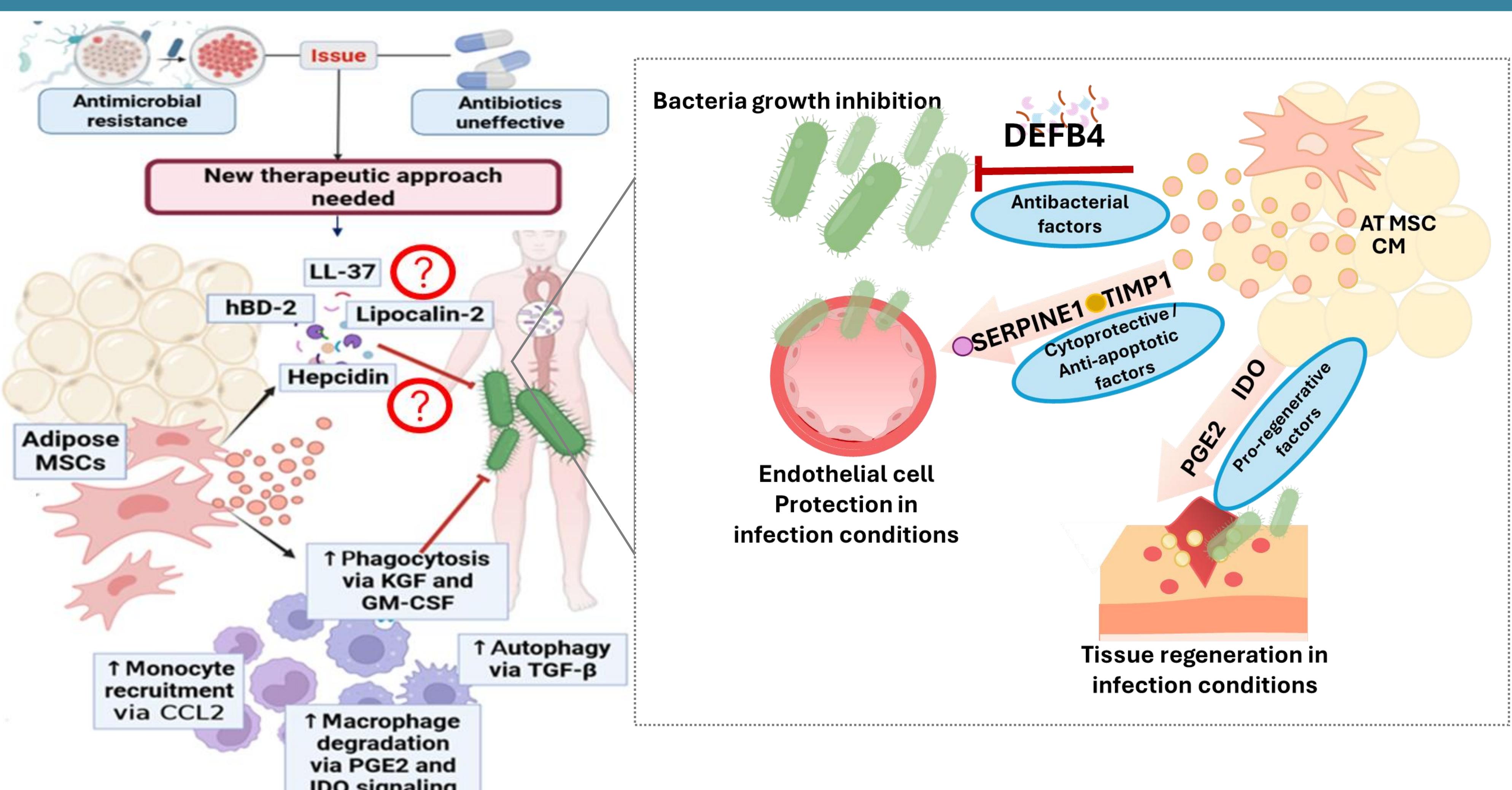


Introduction

Antimicrobial resistance (AMR) is a critical global health issue reported to cause 1.06 million deaths worldwide. The effectiveness of many conventional antibiotics is compromised by rapid bacterial mutation and increased antimicrobial resistance. This situation not only limits therapeutic options, but also jeopardizes essential clinical procedures, such as surgeries and wound healing processes, especially when resistant pathogens are involved. Adipose tissue derived mesenchymal stem cells (AT MSCs) develop within an immunological niche that potentially enhances their antibacterial activity. Moreover, their secreted factors exert immunomodulatory and regenerative effects and contain constituent peptides with antimicrobial activity, positioning them as promising candidates for antibacterial applications.



Research gap and aim

Limited number of studies have evaluated Adipose MSCs direct effects against live bacteria, and whether their cytoprotective functions are maintained in the context of active bacterial infection. In particular, the study of omentum MSs and their secreted factors are an underexplored area.

Purpose of study: To elucidate the bioactive molecules of omentum AT MSC and to determine whether they exhibit cellular and tisular protection during infection.

Methodology

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In vitro antibacterial assay

Bacteria (MRSA 8r and *S.aureus* N315ex)+ CM AT MSC treatment interaction → Determination of bacterial growth inhibition (CFU counts)

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Cytotoxicity & co-culture

HAEC (Human Aortic Endothelial cells) + *S.aureus* N315ex + cCM AT MSC treatment → Cell viability, bacterial growth inhibition (CFU counts), EC functionality and ROS production.



In vivo wound-site infection

Wound-site model (Mice) + *S.aureus* challenge + I.D. treatment → Macroscopic and histological changes

*CM AT MSC= Conditioned Medium Adipose Tissue MSCs, cCM=Concentrated Conditioned Medium and DMSO=dimethylsulfoxide

Discussion

We showed the antibacterial and protective capacity of sAT and oAT MSCs-derived CM on inhibit bacterial growth while maintaining cellular integrity, as well enhancing tissular recovery *in vivo*. Identifying the active components provides mechanistic insight that enables future optimization using biomaterial-based platforms for clinical translation.

Conclusion

We demonstrated previously underexplored secretory factors from adipose MSCs that drive antibacterial, protective, and regenerative actions under live bacteria infection. The identification of key factors is an important step to determine the underlying protective mechanisms and then develop tools to improve infection management in clinical practice.

