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Enhancing Fluconazole delivery with Microsponges: Formulation strategies and applications for Vulvovaginal candidsiasi.

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Description

Vulvovaginal Candidiasis (VVC) is a common fungal infection affecting women worldwide. Fluconazole, a widely used antifungal agent, has shown efficacy in VVC treatment. However, its conventional formulations face challenges such as poor bioavailability and frequent dosing. Microsponges, a novel drug delivery system, offer a promising solution by enhancing drug delivery, prolonging release, and improving patient compliance. Vulvovaginal Candidiasis (VVC) is predominantly caused by Candida species, primarily Candida albicans, affecting millions of women globally. Despite the availability of various treatment options, recurrence rates remain high, indicating the need for more effective therapeutic strategies. Fluconazole, a member of the azole class of antifungals, is commonly used for VVC treatment due to its broad spectrum and favorable safety profile. However, its conventional formulations suffer from limitations such as poor water solubility, low bioavailability, and frequent dosing regimens, leading to suboptimal therapeutic outcomes and potential development of drug resistance.

Microsponges, also known as microsphere technology, represent a novel drug delivery system characterized by their porous structure and ability to encapsulate drugs within the cavities. These microsponges offer several advantages over conventional formulations, including sustained release, enhanced bioavailability, reduced systemic side effects, and improved patient compliance. The controlled release of the drug from microsponges ensures prolonged therapeutic action, minimizing the need for frequent dosing. The development of fluconazole-loaded microsponges presents a promising approach to overcome the limitations associated with conventional formulations. Fluconazole can be encapsulated within the porous structure of microsponges, allowing for controlled release and prolonged drug retention at the site of infection. Furthermore, microsponges can protect the encapsulated drug from degradation and facilitate its penetration into the vaginal mucosa, thereby enhancing therapeutic efficacy.

Various characterization techniques are employed to evaluate the physicochemical properties of fluconazole microsponges, including Scanning Electron Microscopy (SEM) for morphological analysis, Fourier-Transform Infrared Spectroscopy (FTIR) for chemical characterization, Differential Scanning Calorimetry (DSC) for thermal analysis, and particle size analysis for size distribution assessment. These techniques provide valuable insights into the structural integrity, drug loading efficiency, and release kinetics of fluconazole-loaded microsponges. The development of fluconazoleloaded microsponges involves the selection of appropriate polymers, such as ethyl cellulose, methyl cellulose, or polyvinyl alcohol, to form the porous matrix. Various techniques, including emulsion solvent evaporation, solvent diffusion, and quasiemulsion solvent diffusion, have been employed for microsponge preparation. The characteristics of microsponges, such as particle size, surface morphology, drug entrapment efficiency, and drug release kinetics, are crucial for their efficacy and performance.

Fluconazole-loaded microsponges offer several advantages in VVC treatment compared to conventional formulations. Their sustained release profile ensures prolonged drug exposure at the site of infection, effectively suppressing Candida growth and reducing the risk of recurrence. The enhanced bioavailability of fluconazole from microsponges leads to improved therapeutic efficacy with lower doses, minimizing systemic side effects. Additionally, the ease of administration and reduced dosing frequency enhance patient compliance, contributing to better treatment outcomes. Clinical studies evaluating the efficacy and safety of fluconazole microsponges in VVC treatment are warranted to validate their therapeutic potential. Furthermore, exploring combination therapies incorporating microsponges with other antifungal agents or immunomodulators may offer synergistic effects and improve treatment outcomes. Future research should focus on optimizing formulation parameters, such as polymer composition, drug loading, and release kinetics, to tailor microsponges for specific patient populations and clinical scenarios.

Conclusion

Fluconazole-loaded microsponges represent a promising therapeutic approach for the management of vulvovaginal candidiasis. By addressing the limitations of conventional formulations and offering sustained release, enhanced bioavailability, and improved patient compliance, microsponges hold the potential to revolutionize VVC treatment and improve patient outcomes. Further research and clinical validation are necessary to fully exploit the therapeutic benefits of fluconazole microsponges in clinical practice.

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