

**STRUCTURE, INFECTION DYNAMICS,
AND CONTROL STRATEGIES OF
BACTERIAL BIOFILMS**



Res. Assist. Sena Nur BAŞARAN

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PREFACE

Bacterial biofilms have emerged as one of the most critical research domains in modern microbiology, gaining increasing significance in both fundamental science and clinical practice. These structures, which arise when microorganisms adhere to surfaces and organize into multilayered communities embedded within a protective extracellular matrix, lie at the center of contemporary health challenges such as antibiotic resistance, the persistence of chronic infections, and therapeutic failure. In particular, the biofilm-forming capacity of ESKAPE pathogens substantially exacerbates the difficulties encountered in managing infectious diseases and necessitates the pursuit of novel intervention strategies.

This book provides a comprehensive examination of the structural and functional characteristics of biofilms, their developmental stages, quorum-sensing-based communication mechanisms, and the biological outcomes of these processes that contribute to antimicrobial resistance. Furthermore, it delineates the limitations of conventional control approaches and critically evaluates current literature on next-generation therapeutic strategies targeting the biofilm matrix. Spanning a broad spectrum from natural compounds and nanotechnological applications to matrix-degrading enzymes and quorum-sensing inhibitors these approaches offer innovative solutions aimed at disrupting biofilm integrity and restoring bacterial susceptibility.

In this context, I believe that the book will offer substantial contributions to researchers, clinicians, and all scholars interested in understanding, analyzing, and developing effective strategies against biofilm-associated infections. Considering the pivotal role of biofilms in microbial ecology, antimicrobial resistance, and clinical infectious diseases, it is evident that any academic work in this field holds critical value for the future of infection control and therapeutic success.

24/11/2025

Res. Assist. Sena Nur Bařaran

TABLE OF CONTENTS

| | |
|---|----|
| PREFACE..... | 3 |
| INTRODUCTION..... | 7 |
| 1. Structure and Functional Dynamics of the Bacterial Biofilm Matrix | 10 |
| 2. Mechanisms of Bacterial Biofilm Formation and the Role of Quorum Sensing | 14 |
| 3. Modulation of Host Immune Response and Evasion Mechanisms in Biofilm Formation | 16 |
| 4. Clinical Significance of Biofilms and Device-Associated Biofilms | 18 |
| 5. In Vitro Methods Used for the Assessment of Biofilm Formation | 20 |
| 5.1. Congo Red Agar Method | 21 |
| 5.2. Standard Glass Tube Method | 23 |
| 5.3. Methods Using Microtiter Plates | 25 |
| 5.3.1. Crystal Violet | 26 |
| 5.3.2. Safranin Staining | 27 |
| 5.3.3. Use of XTT Assay | 28 |
| 5.3.4. Use of MTT | 30 |
| 6. Conventional Approaches to Combat Biofilm Formation | 31 |

7. Novel Approaches for the Prevention and Treatment of Biofilm Infections32

7.1. Natural Compounds32

7.2. dvanced Nanotechnology-Based Strategies.....33

7.3. Quorum Sensing Inhibition34

7.4. Enzymatic Degradation of Biofilms34

7.5. Antimicrobial Photodynamic and Sonodynamic Therapy35

CONCLUSION36

REFERENCES.....38

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Res. Assist. Sena Nur BAŞARAN

INTRODUCTION

The biofilm provides a protective environment for bacterial cells against antibiotic activity, host immune responses, nutrient limitations, and various environmental stresses (Rather et al., 2021). Composed of components such as carbohydrates, lipids, proteins, and extracellular nucleic acids (eDNA), this structure primarily consists of two main elements: extracellular polymeric substances (EPS) and bacterial cell communities (J. Li et al., 2019; Yi et al., 2019). Biofilm formation is considered one of the fundamental strategies employed by bacteria to survive under adverse conditions and adapt to the host (Koo et al., 2017).

Biofilm development generally occurs as a five-stage cyclical process: initial surface attachment (reversible followed by irreversible adhesion), EPS synthesis, biofilm maturation, and the dispersion of cells to colonize new surfaces (Rather et al., 2021; Sauer et al., 2022). After adhering to biotic or abiotic surfaces, bacteria secrete EPS, encapsulating themselves within a protective matrix. As the cell population increases, the matrix thickens, leading to the development of a mature biofilm. Cells that disperse from the mature biofilm attach to new surfaces, thereby initiating the cycle anew (Sauer et al., 2022).

This process is regulated by the quorum sensing (QS) mechanism, which controls communication among bacterial cells (Kameswaran et al., 2024). QS enables bacteria to coordinate gene expression and metabolic activities in response to population density. Through this mechanism, the production of EPS-composed of lipids, polysaccharides, proteins, eDNA, and ions-occurs in a synchronized manner at the community level (Yi et al., 2019). This physio-metabolic shift confers resistance to desiccation, antimicrobial agents, and host immune responses in bacteria (Preda et al., 2019).

Biofilms often comprise multiple bacterial species, resulting in polymicrobial communities (Anju et al., 2022; Fang et al., 2020; Wicaksono et al., 2022). Close cell-to-cell contact and the EPS matrix facilitate horizontal gene transfer, providing a conducive environment for the rapid dissemination of antibiotic resistance genes (Michaelis et al., 2023). Therefore, biofilms are considered a significant reservoir for multidrug-resistant (MDR) bacteria (Khan et al., 2021). Infections associated with MDR bacteria are difficult to treat, often chronic, and frequently result in fatal clinical outcomes. The Centers for Disease Control and Prevention (CDC) report that over 2 million infections and approximately 23,000 deaths occur annually due to MDR bacteria (CDC, 2019).

ESKAPE pathogens (*Enterococcus faecium*, *Staphylococcus aureus*, *Klebsiella pneumoniae*, *Acinetobacter baumannii*, *Pseudomonas aeruginosa* and *Enterobacter* spp.) are particularly associated with biofilm formation (De Oliveira et al., 2020). Infections caused by

these pathogens are typically chronic and exhibit resistance to treatment (Schulze et al., 2021). Biofilm-associated infections are commonly observed in the lungs of patients with cystic fibrosis, surgical wounds, orthopedic implants, and on intravenous and urinary catheters (Su et al., 2022). The biofilm structure hinders antibiotic penetration, enhances efflux pump activity, induces target modifications, and contributes to the formation of persistent cells (Halawa et al., 2023; Upadhyay et al., 2025).

Biofilms play a role not only in the development of antibiotic resistance but also in the persistence of chronic infections and, potentially, in the progression of certain cancer types. Some studies indicate that biofilms can release biological molecules such as polyamines, influencing toxin production and carnitine metabolism, processes that may be associated with cellular proliferation and carcinogenesis (Upadhyay et al., 2025).

Consequently, therapeutic strategies targeting biofilms constitute a central focus of current antimicrobial research. Since the eradication of biofilm-associated infections is highly challenging, studies aim to target the early stages of biofilm development (Delik et al., 2023). Within this context, modulation of the QS mechanism is considered a promising approach (Y. Li et al., 2023). In cases where preventive strategies prove insufficient, the EPS matrix is targeted to enhance the susceptibility of pathogenic strains to antibiotics (Mirghani et al., 2022; Ramakrishnan et al., 2022). Biotechnology and nanotechnology-based approaches have attracted significant attention

due to their potential to enhance the efficacy of conventional antibiotics and to restore susceptibility in resistant strains (Liu et al., 2022; Sheridan et al., 2022).

In conclusion, biofilm formation represents a complex defense mechanism developed by bacteria to withstand environmental stress conditions. Given its central role in antimicrobial resistance, chronic infections, and therapeutic failure, the development of novel treatment strategies targeting biofilms is of paramount importance for future infection control approaches.

1. Structure and Functional Dynamics of the Bacterial Biofilm Matrix

Microorganisms organize into biofilm communities within a three-dimensional EPS matrix that they synthesize themselves and that surrounds the cells. This matrix provides the structural integrity, functional flexibility, and environmental adaptability of the biofilm (Flemming et al., 2024).

The primary components of the biofilm matrix include polysaccharides, proteins, eDNA, lipids, and lipoproteins. The main components and structural roles of the biofilm matrix are summarized in Table 1. Polysaccharides, as the major constituents of EPS, facilitate intercellular adhesion and surface attachment. The three-dimensional structure of the matrix is supported by structural proteins and amyloid like fibers. eDNA contributes to the matrix's volume and

aids in maintaining its structural stability (Campoccia et al., 2021) The hydrophobic properties and barrier function of the matrix are supported by membrane vesicles and lipids (Flemming et al., 2022).

Table 1. Major Components of the Biofilm Matrix and Their Structural Roles.

| Matrix Component | Structural Function and Characteristics | Key Features | References |
|------------------|--|---------------------------------|--------------------------|
| Polysaccharides | Main scaffold, viscoelastic properties, cohesion, and layering | Surface attachment, protection | (Saharan et al., 2024) |
| Proteins | Filamentous fibers, cross-links, and amyloid structures | Mechanical strength, scaffold | (Kavanaugh et al., 2019) |
| eDNA | Structural stability, interactions with proteins and polysaccharides | Matrix integrity, gene transfer | (Secchi et al., 2022) |

| | | | |
|-----------------------|--|-------------------------------|------------------------|
| Lipids / Lipoproteins | Hydrophobic barrier, cross-linking with eDNA | Barrier function, stability | (Böhning et al., 2024) |
| Water | Constitutes ~90% of the matrix, nutrient transport and diffusion | Metabolic activity, diffusion | (Saharan et al., 2024) |

Physically, the biofilm matrix exhibits both viscous and elastic behavior. The mechanical resistance of the biofilm to stress and its capacity for deformation are determined by the polymeric nature of EPS. Biofilm adhesion, stiffness, and cohesion are directly influenced by the quantity and composition of EPS (Hasan et al., 2024). Moreover, the layered structure of the matrix allows for the spatial segregation of different EPS components and microbial communities within the biofilm (Moreau et al., 2025; Xin et al., 2025).

Microorganisms are protected in multiple ways by the biofilm matrix. EPS shields the cells by forming a physical barrier against antimicrobial agents and the immune system (Karygianni et al., 2020). The matrix facilitates the retention and storage of nutrients, thereby enhancing the resilience of cells within the biofilm to environmental changes (Yin et al., 2019). Additionally, extracellular enzymes within the matrix function similarly to an external digestive system, breaking

down various nutrients and making them available to the cells (Flemming et al., 2022).

The matrix facilitates intercellular communication, including quorum sensing and signaling molecules, while also coordinating gene expression (Wong et al., 2022). The structural properties of the matrix confer resistance to the biofilm against environmental stresses such as pH, temperature, and toxic substances (Flemming et al., 2024).

Environmental stress and changes lead to the continuous remodeling of the biofilm matrix. The physical properties and components of the matrix can be influenced by antibiotic stress, nutrient limitation, and other environmental factors. For example, as a result of phosphorus or nitrogen limitation, the polysaccharide and eDNA content of EPS may increase, leading to a denser and more homogeneous matrix structure (Desmond et al., 2017). The remodeling and modification of the matrix under stress support the survival and adaptation of the biofilm (Moreau et al., 2025).

As the biofilm matures or encounters environmental signals, matrix components such as polysaccharides and proteins are enzymatically degraded. This process leads to the detachment of cells from the biofilm, initiating the dispersal phase (Pandit et al., 2020). These dynamic processes determine both the stability of the biofilm and its ability to respond to environmental opportunities (Wong et al., 2022).

2. Mechanisms of Bacterial Biofilm Formation and the Role of Quorum Sensing

Biofilm development is a multi-stage process. In the initial stage, bacteria attach reversibly to substrates such as dental surfaces or medical implants, remaining vulnerable to antibiotics during this period. Subsequently, bacteria produce EPS, adhere irreversibly to the surface, proliferate, and form colonies. During the maturation phase, the biofilm acquires a mushroom-like three-dimensional structure that can reach up to 50 μm in thickness (Alexander et al., 2016). During this process, factors such as twitching motility, cell signaling, and environmental conditions shape the architecture of the biofilm (Stoodley et al., 2002). Mature biofilms possess water channels that facilitate nutrient and metabolite transport and exhibit an organization reminiscent of primitive multicellular organisms. In the final stage, portions of the biofilm dissolve, allowing bacteria to become free and establish colonies on new surfaces (E. A. George et al., 2007).

The QS mechanism plays a critical role in regulating biofilm formation. QS is a cell-to-cell communication system based on chemical signaling that enables bacteria to regulate gene expression in response to population density (Omwenga et al., 2023). This system operates through the synthesis and detection of small signaling molecules called autoinducers (AIs). Through the QS mechanism, bacteria coordinate behaviors such as virulence factor expression, toxin production, and biofilm development (Zhou et al., 2020).

In Gram-negative bacteria, QS is typically mediated by N-acyl homoserine lactone (AHL) molecules. *P. aeruginosa* activates the LasR and RhlR receptors through signaling molecules (OdDHL and BHL) synthesized by the *lasI* and *rhlI* genes, thereby regulating biofilm formation and the expression of virulence genes (Dekimpe et al., 2009). The Las system controls the production of factors such as elastase, alkaline protease, and exotoxin A, which enhance the structural integrity of the biofilm and the pathogenicity of the bacterium. The Rhl system regulates swarming motility and pyocyanin production, thereby promoting colonization and increasing the potential for damage to host tissue (Omwenga et al., 2023).

Although *Escherichia coli* lacks the gene for AHL synthesis, it possesses a receptor called SdiA that can detect AHLs produced by other species. Through this receptor, *E. coli* regulates biofilm-associated processes such as EPS production and surface attachment (Jamuna Bai et al., 2016). Additionally, many Gram-negative bacteria engage in interspecies communication using AI-2 or AI-3 systems. In *V. cholerae*, the AI-2 signal is detected via the LuxPQ receptor complex, and high levels of AI-2 suppress biofilm progression (Anderson et al., 2015).

In Gram-positive bacteria, the signaling molecules are typically autoinducing peptides (AIPs). In *S. aureus*, the *agr* system (comprising the *agrA*, *agrB*, *agrC*, *agrD*, and *hld* genes) regulates the maturation and dispersal stages of the biofilm. *agr* mutants form

thicker and more resilient biofilms due to a reduced ability to detach from mature biofilms (Eric Omori Omwenga et al., 2024).

These mechanisms clearly demonstrate the central regulatory role of bacterial QS in biofilm formation. A detailed understanding of QS systems is crucial for the development of novel therapeutic strategies targeting these communication networks. In particular, QS antagonists have the potential to inhibit biofilm formation by blocking signal transduction and represent promising alternatives in the treatment of antibiotic-resistant infections (Jiang et al., 2019).

3. Modulation of Host Immune Response and Evasion Mechanisms in Biofilm Formation

Bacterial biofilms, a primary cause of chronic infections, protect themselves from the host immune system and antibiotics by modulating immune responses and employing various evasion mechanisms. Biofilm-associated bacteria exhibit phenotypes distinct from planktonic bacteria, reducing the effectiveness of the immune response (Peng et al., 2022; Sahu et al., 2025).

Biofilms can modulate the host immune system at both adaptive and innate levels. In innate immunity, biofilms reduce the activity of neutrophils and macrophages. A study reported that *S. aureus* biofilms promote bacterial persistence by directing macrophages toward an anti-inflammatory and pro-fibrotic M2 phenotype (Mirzaei et al., 2022). Biofilms hinder the access of immune cells to these structures

by impairing neutrophil chemotaxis and inhibiting the formation of neutrophil extracellular traps (Batoni et al., 2021; Cangui-Panchi et al., 2023).

In adaptive immunity, biofilm infections generally become chronic by disrupting the Th1/Th2 balance and rendering the antibody response ineffective. In particular, *P. aeruginosa* biofilms cause tissue damage and prevent the clearance of infection (Thomsen et al., 2022). Additionally, biofilms enhance the production of immunosuppressive cytokines such as IL-10, which attenuates the inflammatory response (Cruickshank et al., 2024; Van Roy et al., 2025).

Biofilms employ multiple mechanisms to evade host defenses, including the extracellular matrix barrier, protease and toxin secretion, cytokine modulation, phenotypic heterogeneity and persister cells, as well as the regulation of virulence factors. The extracellular matrix barrier prevents the penetration of antimicrobial agents and immune cells into the biofilm (Mathew et al., 2023). The secretion of bacterial proteases and toxins degrades immunoglobulins and components of the complement system, thereby weakening the immune response (Ramírez-Larrota et al., 2022). The induction of anti-inflammatory cytokines such as IL-10 reduces the microbicidal activity of macrophages and other immune cells (Van Roy et al., 2025). Bacterial biofilms evade both antibiotics and the immune system by exhibiting phenotypic heterogeneity and forming dormant persister cells (Peng et al., 2023). In particular, species such as *S. aureus* and *S. epidermidis*

evade phagocytosis and complement activation through surface proteins and polysaccharides (Le et al., 2018).

Biofilm infections contribute to the persistence of chronic inflammation, which in turn impairs tissue repair. In conditions such as chronic wounds and cystic fibrosis, biofilms can adversely affect both tissue integrity and the immune response (Thomsen et al., 2022).

A comprehensive understanding of how biofilm formation exploits immune evasion mechanisms is crucial for the development of novel therapeutic strategies. Emerging approaches that target the biofilm matrix show promise in the treatment of chronic biofilm-associated infections (Ge et al., 2024; Sahu et al., 2025).

4. Clinical Significance of Biofilms and Medical Device Associated Biofilms

Biofilms are microbial communities that exhibit high resistance to antimicrobial treatments and host immune responses. These structures play a crucial role in the pathogenesis of chronic infections characterized by prolonged inflammation, such as chronic wound infections and osteomyelitis, which show tendencies for treatment resistance and recurrence (Diban et al., 2023; Masters et al., 2019).

In modern healthcare, the majority of hospital-acquired infections originate from biofilms associated with medical devices. It has been reported that 60–80% of nosocomial infections arise from biofilms

developing on devices such as catheters, prosthetic joint materials, heart valves, orthopedic implants, endoscopes, and stents (Mishra et al., 2024; S. Sharma et al., 2023). Similarly, it has been reported that approximately 65% of medical device–associated infections originate from biofilms (Khatoon et al., 2018). These biofilms can lead to serious clinical syndromes such as prosthetic joint infections, endovascular infections, CLABSI, and CAUTI, often necessitating the removal of the device (Bouhrour et al., 2024; Caldara et al., 2022). A study reported biofilm colonization on central venous catheters ranging up to 81% within 1–14 days (Bouhrour et al., 2024).

Biofilm formation begins when bacteria adhere to a “conditioning film” formed by the accumulation of proteins and cellular materials on the device surface (P. Li et al., 2023; Mishra et al., 2024). Subsequently, the synthesis of the EPS matrix leads to the development of a mature biofilm structure. Bacteria within this structure exhibit 100- to 1000-fold greater antibiotic tolerance compared to their planktonic counterparts (Di Domenico et al., 2022). The primary mechanisms underlying this resistance include the inhibition of antibiotic penetration by the EPS matrix, low metabolic activity, enzymatic inactivation, and the presence of persister cells (Bouhrour et al., 2024). The reactivation of persister cells after treatment leads to the recurrence and spread of infections (D. Sharma et al., 2019). The EPS structure also diminishes the effectiveness of phagocytic cells and triggers a chronic inflammatory response, leading to tissue damage (Ramírez-Larrota et al., 2022).

The diagnosis of biofilm-associated infections can be challenging, as many bacteria within biofilms exist in a “viable but non-culturable” state (Percival et al., 2015). Clinical manifestations are often non-specific and resemble those of other infections (Mendhe et al., 2023). Therefore, molecular methods, ultrasonography, MRI, biosensor-based approaches, and advanced imaging techniques are increasingly important for the detection of biofilms (Amod et al., 2025; Sahoo et al., 2024).

During treatment, conventional antibiotic therapies often fail, and in many cases, the infected device must be completely removed (Khatoon et al., 2018). Local applications, such as catheter lock solutions, and prolonged high-dose antibiotic treatments achieve only partial success (Wi et al., 2018). Therefore, strategies involving surface modifications with non-antibiotic agents, antifouling and antimicrobial coatings, enzymes, nanoparticles, quorum-sensing inhibitors, and bacteriophages have been intensively investigated in recent years (Mishra et al., 2024). The biocompatibility and long-term efficacy of these novel approaches need to be evaluated for clinical application (Scalia et al., 2025).

5. In Vitro Methods Used for the Evaluation of Biofilm Formation

Studying bacterial biofilm formation is crucial in both clinical and research settings to guide infection management and to develop novel anti-biofilm strategies. Techniques used for the detection and characterization of biofilms allow the examination of their structural,

functional, and viability properties from various perspectives. Currently, methods for biofilm assessment include a wide range of approaches, such as measuring biomass, evaluating metabolic activity, determining viable cell counts, and performing structural and chemical analyses (Funari et al., 2022; Haney et al., 2018). While each method in biofilm research has its advantages and limitations, a combination of multiple approaches is generally preferred (Cleaver et al., 2023).

5.1. Congo Red Agar Method

The Congo Red Agar (CRA) method is a widely used, cost-effective, and practical screening technique for the phenotypic detection of bacterial biofilm and slime layer production. This method enables the rapid assessment of the biofilm-forming capacity of many clinical isolates, particularly species of *Staphylococcus* (Anan et al., 2024; Harika et al., 2020).

CRA is a specialized medium composed of brain heart infusion agar, sucrose, and Congo red dye. After bacterial isolates are inoculated onto this medium, they are incubated at 37°C for 24–48 hours (Figure 1). Biofilm-producing bacteria synthesize polysaccharides that react with Congo red, forming black, dry-crystalline colonies on the agar. Non-biofilm producers, in contrast, appear as red or pink colonies (Basnet et al., 2023).

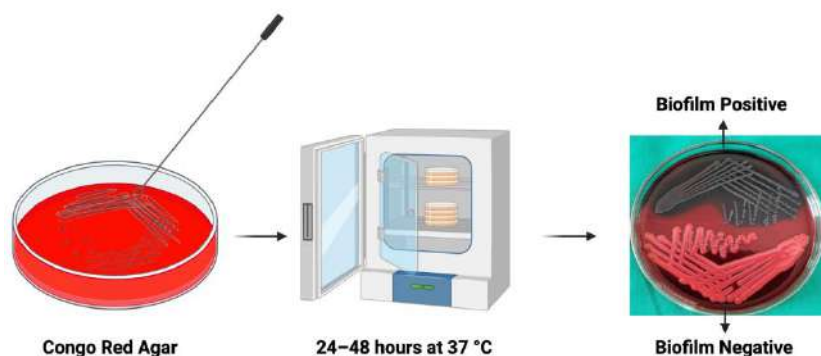


Figure 1. Appearance of biofilm-negative and biofilm-positive bacterial isolates incubated on Congo Red Agar at 37°C for 24–48 hours.

The advantages of the CRA method include its rapidity, low cost, and ease of application. It directly indicates the presence of biofilm through colony morphology and allows for the rapid screening of a large number of samples (Anan et al., 2024).

Limitations of the method include its qualitative nature, as results rely on observation and color changes, which can introduce variability in subjective assessments. Additionally, some studies have shown that CRA may yield false-negative results, particularly for weak biofilm-producing bacteria. Quantitative methods, such as the microtiter plate assay, have been reported to be more reliable than CRA (Er, 2024; Kord et al., 2018).

5.2. Standard Glass Tube Method

The standard glass tube test is one of the most commonly used, practical, and cost-effective methods for the phenotypic assessment of biofilm formation. This method allows for the rapid and visual evaluation of the biofilm-forming capacity of bacterial isolates, particularly in clinical laboratories and research settings (Furtuna et al., 2018; Gangashettappa et al., 2019; Halim et al., 2018).

The glass tube method involves inoculating a bacterial suspension into sterile glass tubes containing growth medium, followed by incubation for 24 to 48 hours. After incubation, the tube contents are discarded, and the tubes are washed several times with phosphate-buffered saline (PBS). The biofilm adhering to the inner surface of the tube is then stained with 0.1% crystal violet. Excess dye is removed by washing with PBS, and the tube is allowed to dry. The presence of a visible purple film on the inner surface indicates biofilm formation. Depending on the thickness and density of the biofilm, its amount can be classified as negative, weak, moderate, or strong (Figure 2) (Gangashettappa et al., 2019).

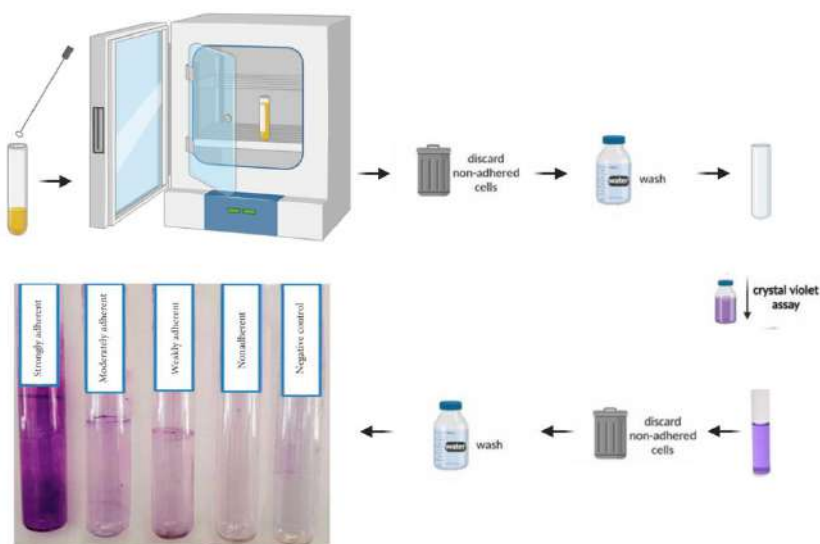


Figure 2. Procedural Steps of the Glass Tube Method for the Detection of Biofilm Formation.

The advantages of the glass tube method include its low cost, ease of use, rapidity, and the lack of need for specialized equipment. It also allows for the screening of a large number of samples in a short time (Basnet et al., 2023). Its limitations include the subjective nature of the results, which can vary depending on the observer. The method may produce false-negative results for weak biofilm-producing bacteria, and the outcomes are not quantitative (Kord et al., 2018).

Compared to the microtiter plate method, the glass tube method has been found to be less sensitive and specific in studies; however, due to its practicality, it is frequently used as a screening test. It provides

reliable results, particularly for strong biofilm-producing bacteria (Basnet et al., 2023).

5.3. Methods Using Microtiter Plates

One of the most common and reliable methods for the sensitive, specific, and quantitative assessment of biofilm formation is the spectrophotometric microtiter plate (96-well microplate) assay. This method is frequently used in biofilm research, often with various modifications (Allkja et al., 2021; Thibeaux et al., 2020).

The bacterial suspension is typically incubated in 96-well microplates with an appropriate growth medium containing 1–3% glucose (De Jesus et al., 2019). After incubation, the contents of the microplate wells are removed, and the wells are washed with PBS. Sodium acetate or methanol can be used to fix the biofilm (Shukla et al., 2017). The biofilm is then stained using dyes such as crystal violet, safranin, or trypan blue (Centorame et al., 2020). After staining, the microplates are dried, and the dye is subsequently solubilized using acetic acid or acetone (T. George et al., 2025).

The optical density (OD) of each well is typically measured at 570 nm using a microplate reader. Biofilm presence and its degree are determined by comparing the OD values to those of control wells (Thibeaux et al., 2020).

The method provides quantitative results, high sensitivity, reproducibility, and the capacity for the analysis of multiple samples simultaneously (Allkja et al., 2021). During the washing steps, care must be taken not to damage the biofilm, and precautions should be taken to prevent errors such as evaporation and the “edge effect” in the outer wells (Centorame et al., 2020). The dyes used and the measurement wavelengths should be standardized (T. George et al., 2025).

5.3.1. Crystal Violet

Crystal violet staining is the most commonly used and standard method for the quantitative assessment of biofilm formation in 96-well microplates. This technique allows for the rapid, cost-effective, and efficient measurement of biofilm biomass (Andersen et al., 2024).

Bacteria should be incubated in microplate wells with an appropriate growth medium. After incubation, the wells are washed, and a 0.1–0.5% crystal violet solution is added, followed by incubation for 15–30 minutes (Altuwaijri et al., 2025; Kamimura et al., 2022). To remove excess dye, the wells are washed several times (Stiefel et al., 2016). The crystal violet bound to the biofilm is solubilized with 33% acetic acid or 94–100% ethanol, and the OD is typically measured spectrophotometrically at 570–595 nm (Figure 3) (Altuwaijri et al., 2025; T. George et al., 2025).

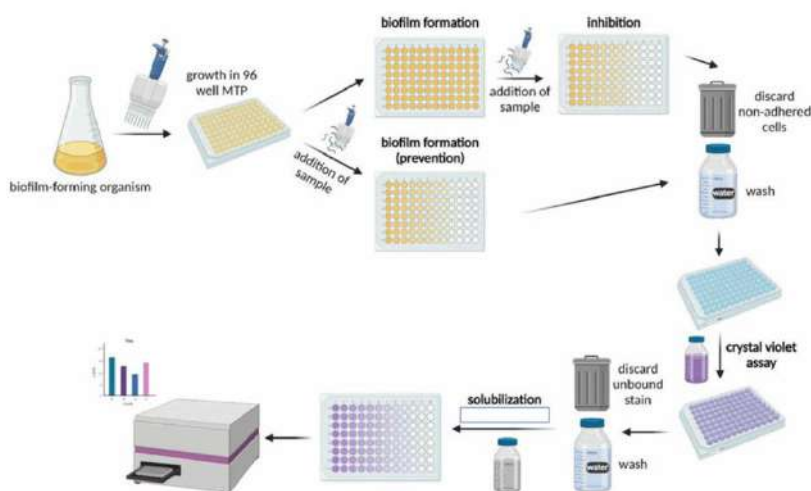


Figure 3. Procedural Steps of the Crystal Violet Method for the Detection of Biofilm Formation.

Its advantages include simplicity, low cost, reproducibility, and suitability for the simultaneous analysis of a large number of samples (Shukla et al., 2017; Thibeaux et al., 2020).

Its limitations include potential toxicity, the inability to distinguish between live and dead cells or matrix components, the “edge effect” in outer wells, and variability during washing steps (Amador et al., 2021; Kragh et al., 2019).

5.3.2. Safranin Staining

Safranin staining is a non-toxic and reliable alternative to crystal violet for the quantitative measurement of biofilm biomass. In recent years, it has gained prominence, particularly for laboratory safety and

reproducibility. Safranin binds to the negatively charged components of bacterial cells and the extracellular matrix within the biofilm, staining the total biomass (Ommen et al., 2017).

A 0.5% safranin solution is typically used, and excess dye is washed away after staining. The optical density is measured spectrophotometrically at approximately 535 nm (Upadhyay et al., 2024).

Compared to crystal violet, safranin is much less toxic, offering advantages in terms of laboratory safety. Measurements performed with safranin yield results similar to those of crystal violet while providing higher reproducibility and sensitivity (Ommen et al., 2017). It has been successfully used for the analysis of bacterial and yeast biofilms across different species (Upadhyay et al., 2024). However, safranin does not differentiate between live and dead cells and measures the total biomass (Stiefel et al., 2016).

5.3.3. Use of XTT Assay

The XTT (2,3-bis(2-methoxy-4-nitro-5-sulfophenyl)-2H-tetrazolium-5-carboxanilide) assay is a widely used, rapid, and reliable colorimetric method for measuring the metabolic activity of biofilm-forming bacteria and fungi. It is particularly preferred for assessing the activity of viable cells and testing antimicrobial efficacy. XTT is reduced by dehydrogenase enzymes in live cells to form a water-soluble orange formazan dye, with the color change being

proportional to the cells' metabolic activity (Corte et al., 2019; Magaña-Montiel et al., 2024).

In this method, 96-well microplates are most commonly used. An electron carrier such as menadione or phenazine methosulfate is added along with the XTT solution (0.25–1 mg/mL), followed by incubation for 30 minutes to 4 hours. Absorbance is measured spectrophotometrically at 470–492 nm (Chavez-Dozal et al., 2016).

Its advantages include rapidity, high efficiency, reproducibility, and the selective measurement of live/metabolically active cells. When used alongside biomass-measuring methods such as crystal violet, it allows differentiation between biofilm viability and total biomass (Dogan et al., 2021; Ramage, 2016).

A limitation is that it measures only metabolically active cells, which may lead to underestimated results in the deeper layers of the biofilm due to low activity. Metabolic differences between species and strains can also affect the results (Dogan et al., 2021).

The addition of metabolic substrates, such as glucose or D-glutamine, can enhance sensitivity, particularly in mature biofilms (Gobor et al., 2011). Viability assessment of bacterial and fungal biofilms can be employed in antimicrobial susceptibility testing, environmental toxicity analyses, and bioplastic degradation studies (Corte et al., 2019; Magaña-Montiel et al., 2024).

5.3.4. Use of MTT

The MTT assay is a widely used colorimetric method for assessing cell viability, proliferation, and cytotoxicity in cell cultures. It provides a rapid and sensitive measurement of cellular metabolic activity, particularly in drug screening, toxicity analyses, and biofilm studies. MTT (3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide) is reduced by mitochondrial enzymes in viable cells to form insoluble purple formazan crystals. The resulting formazan is solubilized using a solvent such as DMSO, and absorbance is typically measured at 540–570 nm. The intensity of the color produced is proportional to the number of viable/metabolically active cells (Bahuguna et al., 2017).

In this method, 96-well plates are used, and MTT is added to the wells followed by incubation for 2–6 hours. The resulting formazan crystals are then dissolved using a solvent and measured spectrophotometrically (P. Kumar et al., 2018).

It measures only metabolically active cells; certain drugs or compounds can directly affect MTT reduction, potentially leading to inaccurate results. In agents that impair mitochondrial function, a distinction between viability and metabolic activity may not be possible (Hoogstraten et al., 2022; Malinowski et al., 2022).

Parameters such as MTT concentration, cell type, incubation time, and choice of solvent should be optimized. To ensure the reliability of

results, the MTT assay is generally supported by additional viability tests (Ghasemi et al., 2023; Stindlova et al., 2025).

6. Conventional Approaches to Combat Biofilm Formation

Conventional methods, such as mechanical treatments, surface modifications, and chemical approaches, are employed to prevent biofilm formation or to eliminate existing biofilms (Schilcher et al., 2020). These strategies aim to disrupt the biofilm structure, eliminate embedded microorganisms, and prevent surface adhesion. Mechanical treatments, such as brushing and scrubbing, physically remove biofilms, thereby reducing microbial load. Surface modifications using hydrophilic polymers and antimicrobial coatings also inhibit biofilm development (String et al., 2020). Chemical agents, such as detergents, facilitate the removal of bacteria by disrupting biofilm cells (Fagerlund et al., 2020). Additionally, antimicrobial agents suppress biofilm growth, while biosurfactants disrupt existing biofilms, enhancing their susceptibility to other agents (Allegrone et al., 2021). Careful monitoring is required during the treatment process to prevent the release of pollutants and to minimize environmental impacts (Muhammad et al., 2020).

However, conventional approaches are often time-consuming, costly, and require specialized equipment. In some cases, they may be ineffective, and their applicability in sensitive environments is limited (Bayramov et al., 2017). Moreover, they lack the real-time data feedback and high accuracy offered by modern techniques and are

often inadequate for the removal of complex biofilm communities (Darvishi et al., 2022).

7. Novel Approaches for the Prevention and Treatment of Biofilm Infections

In combating biofilm-associated infections, novel strategies are being developed, including the use of natural compounds, nanotechnology-based approaches, quorum sensing inhibition, enzymatic degradation, and antimicrobial photodynamic/sonodynamic therapies (Pourhajibagher et al., 2022). These methods disrupt the biofilm structure, reduce bacterial populations, suppress virulence factors, and enhance the efficacy of antibiotics (Bai et al., 2022). Additionally, by exerting targeted effects on specific bacterial species, they help limit the spread and complications of biofilm-associated infections (Hemmati et al., 2021).

7.1. Natural Compounds

Plant extracts, essential oils, and marine-derived compounds have emerged as promising natural agents for inhibiting biofilm formation. These compounds offer an alternative to synthetic drugs due to their low risk of side effects, environmentally friendly nature, and cost-effectiveness. Moreover, they hold significant potential in anti-biofilm strategies because of their efficacy against resistant strains and lower susceptibility to mutations (Nuță et al., 2021).

Extracts from neem (*Azadirachta indica*), eucalyptus (*Eucalyptus globulus*), oregano (*Origanum vulgare*), garlic (*Allium sativum*), and grape (*Vitis vinifera*) exhibit antimicrobial activity by disrupting bacterial cell walls and metabolism (Hochma et al., 2021). In particular, the essential oils of *O. vulgare* and *A. sativum* exhibit anti-biofilm activity by inhibiting growth and reducing inflammation in pathogens such as *E. coli*, *S. aureus*, and *S. enterica* (Peng et al., 2023).

Natural compounds such as quercetin, thymol, polyphenols, and curcumin also inhibit biofilm formation through their antibacterial, antioxidant, and anti-inflammatory properties (Veiko et al., 2023). Terpenoids found in plants inhibit bacterial growth and biofilm formation, and are considered potential sources for the development of new antibiotics (Kostoglou et al., 2020).

7.2. Advanced Nanotechnology-Based Strategies

Nanotechnology offers an innovative approach for the prevention and treatment of biofilm-associated infections (Sabzi et al., 2024). Nanomaterials, due to their unique physical and chemical properties, can disrupt biofilm structures and prevent pathogen adhesion to surfaces. Additionally, targeted drug delivery systems have been developed to transport antibiotics directly to biofilms, thereby reducing systemic toxicity (L. Kumar et al., 2023).

Coating medical device surfaces with nanoparticles prevents bacterial colonization and reduces the risk of infection (Varma et al., 2023). Silver, gold, zinc, copper, and iron nanoparticles exhibit potent anti-biofilm activity by disrupting cell membranes, inhibiting QS, and targeting the EPS matrix (Kotrange et al., 2021). For example, silver nanoparticles significantly reduce the colonization of bacteria such as *S. aureus*, *E. coli*, and *K. pneumoniae* on catheter surfaces. Similarly, ZnO and Cu nanoparticles inhibit fungal biofilms, offering alternative therapeutic options (Joshi et al., 2022).

7.3. Quorum Sensing Inhibition

Quorum sensing inhibition is an innovative strategy that targets bacterial communication to prevent biofilm formation (Zhao et al., 2020). These inhibitors reduce bacterial virulence factors and limit the development of antibiotic resistance by preventing the production of autoinducer molecules (Naga et al., 2023). Additionally, bacteriophage-based inhibitors disrupt bacterial signaling pathways, helping to control infections and providing a more sustainable solution against the development of resistance (Faleiro et al., 2022).

7.4. Enzymatic Degradation of Biofilms

Enzymatic treatments target the biofilm matrix, facilitating its breakdown and removal. Enzymes such as proteases, lipases, amylases, and DNases degrade key structural components of the

biofilm, rendering microorganisms more susceptible to antibiotics (Pakkulnan et al., 2023).

Enzymes such as lysozyme and Dispersin B support biofilm elimination by targeting the cell wall and EPS structure. However, factors such as high cost, environmental sensitivity, and the risk of surface damage limit their effectiveness (Amankwah et al., 2021).

7.5. Antimicrobial Photodynamic and Sonodynamic Therapy

Photodynamic (aPDT) and sonodynamic (aSDT) therapies eliminate bacteria through reactive oxygen species generated upon activation by light or ultrasound energy. While aPDT is suitable for superficial biofilms, aSDT is effective in infections located in deeper tissues. Both approaches provide safe and non-invasive options against antibiotic-resistant bacteria (Garapati et al., 2023; Xu et al., 2023).

The combination of aPDT with PNA nanoparticles enhances treatment efficacy by allowing deeper penetration into the biofilm (Farahani et al., 2021). The use of ultrasound in combination with antibiotics enhances biofilm disruption and drug penetration. The combined application of these two approaches provides a synergistic effect in the treatment of biofilm-associated infections (Xiu et al., 2023).

CONCLUSION

Bacterial biofilm formation is a multi-stage process involving microbial cell adhesion to a surface, EPS synthesis, and community-level organization. This process plays a critical role in enabling bacteria to develop resistance against antibiotics, host immune responses, and environmental stresses. Clinically, biofilm-forming microorganisms are responsible for a range of infections, including those associated with medical devices, chronic wound infections, and catheters, complicating treatment and increasing the risk of recurrence. Compared to planktonic bacteria, cells within biofilms exhibit significantly higher levels of resistance due to reduced antibiotic penetration, efflux systems, target modification, metabolically inactive “persister” cells, and horizontal gene transfer.

Traditional approaches for managing biofilm associated infections such as mechanical cleaning, surface modifications, chemical disinfectants, and antimicrobial agents remain important but demonstrate limited efficacy against mature biofilm communities. Consequently, there is a need for novel strategies that disrupt biofilm structures or prevent their formation.

In this context, emerging therapeutic options including natural compounds, nanotechnology-based approaches, quorum sensing inhibitors, enzymatic degradation, and antimicrobial therapies have become areas of active research. These methods exhibit effects such as disrupting biofilm architecture, resensitizing bacteria to antibiotics,

suppressing virulence factors, and ultimately supporting and enhancing treatment outcomes.

In conclusion, biofilm formation is not merely a biological system facilitating microbial survival; it also represents a clinical challenge due to its contribution to antimicrobial resistance, chronic infections, and treatment failures. Therefore, a deeper understanding of biofilm formation mechanisms, the development of early diagnostic tools, and the widespread implementation of biofilm-targeted therapeutic strategies are of great importance for future infection control and the management of resistant microbial pathogens.

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STRUCTURE, INFECTION DYNAMICS, AND CONTROL STRATEGIES OF BACTERIAL BIOFILMS

