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# Antibacterial activity of some saturated polyoxotungstates

## Activitatea antibacteriană a unor compuși polioxowolframici

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### Abstract

Polyoxometalates are important inorganic compounds with a broad range of pharmacological properties, including antiviral, antibacterial, antiprotozoal or antitumoral activities, even that their molecular mechanism of action is poorly understood. Purpose: In this paper we evaluated the antibacterial activity of some saturated polyoxotungstates (POW) compounds, since nowadays, the increasing resistance of bacteria to drugs represents a major health problem. Materials and methods: The antibacterial activity was studied by disk diffusion method as a possible screening method and by successive micro-dilutions method. Minimum inhibitory concentration (MIC) and minimum bactericidal concentration (MBC) have been calculated for each compound by successive dilutions. We also compared the reliability of each testing method for this particular POW evaluation. Results: The best antibacterial activity was expressed by  $H_4[SiW_{12}O_{40}]_n \cdot nH_2O$  and the lowest by  $Na_3[PW_{12}O_{40}]_n \cdot nH_2O$ , but with very good activity on *Staphylococcus* spp., especially on MRSA. The POW activity occurs only at relatively high concentrations, and it is dependent on bacterial strain, with very good activity on *Staphylococcus* spp. The most reliable method for assessing the antibacterial effects of POW is micro-dilutions. POWs could be practically applied in hospital decontamination and could have a possible in vivo antibacterial application.

**Keywords:** Polyoxometalates, Polyoxotungstates, Microbial Sensitivity Tests, Anti-Bacterial Agents, Inorganic Chemistry

### Rezumat

Polioxometalații sunt compuși anorganici importanți care prezintă o gamă largă de proprietăți farmacologice,

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incluzând efecte antivirale, antibacteriene, antiparazitare sau antitumorale, chiar dacă mecanismul molecular de acțiune nu este pe deplin înțeles. Scop: În această lucrare am evaluat acțiunea antibacteriană a unor compuși polioxowolframici saturați (POW), datorită faptului că dezvoltarea rezistenței bacteriilor față de antibiotice reprezintă în prezent o problemă majoră de sănătate. Material și metodă: Acțiunea antibacteriană a fost studiată prin metoda difuziei în agar ca posibilă metodă de screening și prin metoda microdiluțiilor. Prin microdiluții au fost calculate concentrația minimă inhibitorie și concentrația minimă bactericidă pentru fiecare compus. Totodată am comparat fiabilitatea celor două metode de testare față de compușii POW. Rezultate: Cea mai bună acțiune antibacteriană a prezentat-o  $H_4[SiW_{12}O_{40}] \cdot nH_2O$ , iar cea mai slabă  $Na_3[PW_{12}O_{40}] \cdot nH_2O$ , dar în schimb cu o acțiune foarte bună pe *Staphylococcus* spp., în special pe MRSA. POW își exercită acțiunea antibacteriană la concentrații relativ mari, iar acțiunea lor este dependentă de specia bacteriană, având activitate foarte bună pe *Staphylococcus* spp. Cea mai fiabilă metodă pentru evaluarea acțiunii antibacteriene a POW este cea a microdiluțiilor. POW își pot găsi aplicație practică în decontaminarea spitalelor sau ca agenți antibacterieni in vivo.

**Cuvinte cheie:** Polioxometalați, Polioxowolframați, Teste de sensibilitate bacteriană, Agenți antibacterieni, Chimie anorganică

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## Introduction

Polyoxometalates (POM) are negatively charged transition metal aggregates (mainly Vanadium, Molybdenum, and Tungsten – polyoxotungstates POW) with oxygen. They are composed of metal ions in their highest oxidation state, bridged by Oxo ligands ( $O^{2-}$ ) (1,2). Almost any other element can be incorporated into POM framework and this leads to an overwhelming diversity of structures and properties (3,4). Recently, polyoxometalates (POMs) were investigated for their particular properties especially in the medical world (5–8).

All the compounds used for this study are saturated Keggin structures, with general formula  $[XM_{12}O_{40}]^n$  involving a  $XO_4$  tetrahedron surrounded by twelve  $MO_6$  octahedral that are arranged in four groups of three octahedral linked by common sides. These groups of triplet are linked by common peaks with central tetrahedron (9).

Unique structural and electronic properties of this class of compounds makes them to find their applications in many fields of science and technology, among which: chemical analysis,

catalysis, biochemical applications, reagents for chemical analysis, ion exchange, thin-layer chromatography, etc (10–13). POMs' catalytic properties were described by Papaconstantinou and Mylonas in water decontamination of aliphatic and aromatic representative compounds (14) (i.e.  $[SiW_{12}O_{40}]^{4-}$  and  $[PW_{12}O_{40}]^{3-}$ ).

Forty years ago Chermann et. al. accidentally discovered silicotungstic acid effects as inhibitors for murine leukemia and sarcoma virus (15). Since then, there is a growing interest in POMs as potential drugs. Karlsh and Shechter reported the antidiabetic efficacy of vanadium complexes, Yamase et. al. reported anticancer activities of some POMs, while antibiotic properties of polyoxotungstates derivatives were reported in the beginning of 90's (16–18). POM antiviral and antitumoral efficacy, as well as insulin-mimetic activity (19), were shown *in vitro* and *in vivo*. Recent studies suggest that the biological activities are due to the interaction of POMs with the cell surface, since they are highly negatively charged and large enough not to penetrate cell membrane; under certain circumstances, POMs can cross the barrier and penetrate inside a cell.

(20–22). Biological activities of POMs are mostly associated with enzyme inhibition, but the entire mechanism of action is poorly understood (23).

The main feature and advantage of POMs are that almost any of their property can be changed, including properties that involve molecular recognition and reactivity with biological macromolecular target; this includes polarity, redox potential, surface load distribution, shape, and acidity (24).

Up-to-date, POMs have not yet been developed to the stage of a drug in clinical use, and there is a lack of similar studies that could clarify these aspects. Their toxicity and side effects are certainly major drawbacks (25,26). However, the studies opened the path for polyoxometalates administration without acute toxic effect. The gap between a useful drug and a toxic substance is very narrow, but possible derivatizations can change the properties of compounds dramatically (27,28). Therefore, further researches on polyoxometalates with possible application in medicine are encouraged.

### Purpose

The main purpose of this paper was to study the antibacterial activity of some saturated polyoxotungstate compounds (all with Keggin structures), as the increasing resistance of bacteria to antimicrobial drugs, mainly antibiotics, represent a major health-related problem today. We also tried to establish the most reliable antibacterial testing method for these compounds.

### Materials and methods

In order to study the antibacterial activity we used 3 saturated POW compounds:  $H_4[SiW_{12}O_{40}]_n \cdot nH_2O$  ( $SiW_{12}$ ),  $H_3[PW_{12}O_{40}]_n \cdot nH_2O$  ( $PW_{12}$ ) and  $Na_3[PW_{12}O_{40}]_n \cdot nH_2O$  ( $Na_3PW_{12}$ ). These compounds were commercially purchased and used without further purification. We created

water solutions from each compound, in several concentrations that corresponded to the different antibiotics standard dosage, as they are commercialized. The water was purified using a Millipore filter (0.2  $\mu$ ) and then sterilized.

The antibacterial activity was studied against four reference bacterial strains (*Staphylococcus aureus* ATCC 25923, *Pseudomonas aeruginosa* ATCC 27853, *Enterococcus faecalis* ATCC 29212, *Escherichia coli* ATCC 35218) and 4 clinically isolated (Methicillin-resistant *Staphylococcus aureus* MRSA, multi-drug resistant (MDR) *Pseudomonas aeruginosa*, *Klebsiella pneumoniae*, extended spectrum beta-lactamase producing *Klebsiella pneumoniae*). The bacterial strains were provided by the Microbiology-Virology-Parasitology Department within the University of Medicine and Pharmacy Tg. Mures.

For analyzing the antibacterial activity we used two methods derived from EUCAST standards for antibiotic susceptibility testing: disk diffusion method (qualitative) and by successive dilutions (quantitative, with identification of minimum inhibitory and bactericidal concentrations – MIC and MBC respectively) (29).

The diffusion method was performed against 4 reference strains: *Staphylococcus aureus* ATCC 25923, *Pseudomonas aeruginosa* ATCC 27853, *Enterococcus faecalis* ATCC 29212, and *Escherichia coli* ATCC 35218, in order to appreciate the action of these compounds in the form of screening. Thus, the study was initiated by comparing our compounds' activity with the activity of few parenteral use antibiotics, from the most common classes, obtained from the pharmacy market: ceftriaxonum (CRO 1g), ciprofloxacinum (CIP 10 mg/ml), ampicillinum (AMP 1g), gentamicinum (GN 40 mg/ml) and cefuroximium (CXM 1.5g). We prepared water solutions of standard concentration for each compound according to their molecular mass (1x), similar to the concentrations referred by EUCAST for each antibiotic (30  $\mu$ g/disk for CRO, 5  $\mu$ g/disk

for CIP, 10 µg /disk for AMP, 10 µg /disk for GN, 30 µg /disk for CXM) (30). These solutions were tested against all four reference strains. Of the three POW compounds, 10x and 25x concentrated solutions were also made, their activity being tested against the reference *S. aureus* and *E. coli*, as members of Gram positive and negative classes.

For the diffusion method, we created 0.5 McFarland inoculum of each bacterial strain. Muller-Hinton plates were inoculated similar to antibiotic susceptibility testing standard. After 10 minutes, 4 µl of POM solution were inoculated on sterile Munktell Grade 005 filter paper disks (0.3 mm thickness and 6 mm diameter). After 10 minute pause, the media was incubated for 16-20h at 35°C.

We followed the development of inhibition zones, and we measured their diameter in mm, with one decimal precision, with a digital caliper. The activity of each POW was compared to each other; the biggest diameter represented a better activity for the specific concentration, as there are no standard interpretive criteria for POW evaluation. After reading the results, we have further incubated the plates for another 24 hours, in order to see whether there are differences in the inhibition zone diameter, as the bacteria can adapt or the compounds can lose their activity in time.

There were slightly differences between the used POW concentrations, because of their different molecular masses.

In *successive dilutions method*, from the three POW compounds, successive binary dilutions were created and 50 µl were distributed in sterile 96-well plates by rows using a multi-channel automatic pipette. From 0.5 McFarland bacterial suspensions, 10 µl were transferred in 9,990 ml Muller-Hinton broth and homogenized. One hundred µl from the bacterial suspension were transferred in each well using a multichannel automatic pipette. On each plate we prepared

one positive (growth control) and one negative control (non-inoculated culture medium, for sterility control). The plates were sealed and incubated for 16-20h at 35°C.

We followed the MIC for each compound in the first well that showed signs of bacterial growth. From each well that did not show any bacterial growth, we spot-inoculated 10 µl on Muller-Hinton agar, incubated for 16-20h at 35°C, and followed the bacterial growth. The MBC was considered in the lowest dilution from which bacteria did not grow.

All statistic tests were performed in spreadsheet software and by GraphPad InStat3, at significance level alpha 0.05.

## Results and Discussions

### *Diffusion method*

The values obtained for two of the three compounds at 25x and 10x concentrations on *S. aureus* and *E. coli* are presented in *Table I*. In 1x concentration, no compound showed any antibacterial effect. As  $\text{Na}_3\text{PW}_{12}$  is sparingly soluble and the desired concentrations could not be achieved, we worked with a saturated solution of this compound. At this maximum concentration (1x compared to the CRO, 0.29x compared to CIP, 0.53x compared to AMP, 0.38x compared to GN and 0.87x compared to CXM),  $\text{Na}_3\text{PW}_{12}$  compound showed no antibacterial activity.

After 48 hours of incubation, the diameters were slightly lower, with up to 14%, which may suggest either a slight bacterial adaptation or a decrease of POW's activity in time.

According to the diffusion method, both  $\text{SiW}_{12}$  and  $\text{PW}_{12}$  presented activity on *S. aureus* and *E. coli*, and  $\text{SiW}_{12}$  presented better activity than  $\text{PW}_{12}$ , especially on *E. coli*. Both  $\text{PW}_{12}$  and  $\text{SiW}_{12}$  inhibited the growth of bacteria at about the same concentration values (for  $\text{PW}_{12}$  = 206.18-972.6 mg/ml, and for  $\text{SiW}_{12}$  = 205.93-971.4 mg/ml). On *E. coli*,  $\text{SiW}_{12}$  had action only

**Table I. Diameters of zones of inhibition produced by different concentrations of  $PW_{12}$  and  $SiW_{12}$  on *S. aureus* and *E. coli*.**

		X times molar concentration of CXM for $PW_{12}$		X times molar concentration of AMP for $PW_{12}$		X times molar concentration of CRO for $PW_{12}$		X times molar concentration of CIP for $PW_{12}$		X times molar concentration of GN for $PW_{12}$	
		10X	25X	10X	25X	10X	25X	10X	25X	10X	25X
<i>S. aureus</i>	$PW_{12}$ (mg/ml)	338.46	846.16	206.18	515.47	389.04	972.6	108.92	272.32	1.55	3.89
	24h	11.4	15.6	9.9	13.3	12.7	15.6	7	10.5	6	6
	48h	11.24	14.7	9.43	12.6	11.9	15.07	7	10.15	6	6
	$\Delta$	1.4%	5.8%	4.7%	5.3%	6.3%	3.4%	-	3.3%	-	-
<i>E. coli</i>	24h	7	7	7	7	6	7	6	6	6	6
	48h	6	6	6	6	6	6	6	6	6	6
	$\Delta$	14.3%	14.3%	14.3%	14.3%	-	14.3%	-	-	-	-
		X times molar concentration of CXM for $SiW_{12}$		X times molar concentration of AMP for $SiW_{12}$		X times molar concentration of CRO for $SiW_{12}$		X times molar concentration of CIP for $SiW_{12}$		X times molar concentration of GN for $SiW_{12}$	
		10X	25X	10X	25X	10X	25X	10X	25X	10X	25X
<i>S. aureus</i>	$SiW_{12}$ (mg/ml)	338	845	205.93	514.84	388.56	971.4	108.80	272	1.55	3.88
	24h	11.3	15	9	13.4	12.5	17.1	7	10.6	6	7
	48h	10.9	14.4	9	12.9	12.16	16.9	6.4	10.6	6	6
	$\Delta$	3.5%	4%	-	3.7%	2.7%	1.2%	8.6%	-	-	14.3%
<i>E. coli</i>	24h	7	11.2	7.3	8.5	8.2	13	8	7	6	6
	48h	7	11.1	7.3	8	7.8	13	7.7	7	6	6
	$\Delta$	-	0.9%	-	5.9%	4.9%	-	3.8%	-	-	-

at high concentrations (from 845 to 971.4 mg/ml), whereas  $PW_{12}$  did not show any effect.

#### **Successive dilutions method**

In Table II are presented the MICs and MBCs of the three compounds against the tested strains. By these values, we have computed some statistical calculations that clearly highlight the antibacterial activity of these compounds.

$SiW_{12}$  had a constant, good inhibitory activity on all bacterial strains.  $SiW_{12}$  had similar inhibitory activity with  $PW_{12}$  on MDR *Pseudomonas* and *Staphylococcus* spp.; in contrast, on the rest of the strains, the MICs were almost double for  $PW_{12}$ .  $Na_3PW_{12}$  had a very poor action, especially on *Enterococcus* and *Klebsiella*, where MIC equaled MBC. We must underline that although  $Na_3PW_{12}$  had the highest MIC, its activ-



Table II. MIC and MBC of the three compounds against all studied strains

	SiW <sub>12</sub>		PW <sub>12</sub>		Na <sub>3</sub> PW <sub>12</sub>	
	MIC (mg/ml)	MBC (mg/ml)	MIC (mg/ml)	MBC (mg/ml)	MIC (mg/ml)	MBC (mg/ml)
<i>S. aureus</i>	1.88	3.77	1.96	7.85	2.75	11.03
<i>P. aeruginosa</i>	1.88	3.77	3.92	7.85	5.51	11.03
<i>E. faecalis</i>	1.88	15.1	3.92	15.7	11.03	11.03
<i>K. pneumoniae</i>	1.88	7.55	3.92	7.85	11.03	11.03
<i>E. coli</i>	1.88	1.88	3.92	7.85	5.51	11.03
MRSA	1.88	3.77	1.96	7.85	1.37	11.03
MDR <i>Pseudomonas</i>	1.88	3.77	1.96	7.85	5.51	5.51
ESBL <i>Klebsiella</i>	1.88	3.77	3.92	7.85	5.51	11.03

ity on *Staphylococcus* spp. occurred at very low concentrations, even lower on MRSA (1.37 mg/ml). The low MIC and MBC on MRSA could be because of the depression of penicillin-binding protein PBP2a formation (31).

Following the MBC, the situation is similar to MIC, the best antibacterial activity being shown by SiW<sub>12</sub> and the lowest by Na<sub>3</sub>PW<sub>12</sub>, although the latter presented some activity on MDR *Pseudomonas*. The bactericidal activity of PW<sub>12</sub> was identical on all strains except *Enterococcus faecalis*, where the highest MBC is seen. The MBCs were generally higher than MICs for most of the compounds, except SiW<sub>12</sub> against *E. coli*, where MBC equaled MIC (1.88 mg/ml).

According to Kruskal-Wallis test, there is a statistical difference ( $p=0.0052$ ) between the MBCs of SiW<sub>12</sub> (median of 3.77) and the MBCs of Na<sub>3</sub>PW<sub>12</sub> (median of 11.03), but not between PW<sub>12</sub> and the other two compounds.

Summarizing the MICs and MBCs for each bacterial strain, reveals the fact that most sensitive microorganisms are *Staphylococcus* spp., especially MRSA, and MDR *Pseudomonas*; the most resistant are the enterococci.

The antibacterial activity of compounds with Keggin structures on MRSA was studied before for the synergistic effect of POMs in combina-

tion with  $\beta$ -lactamic antibiotics (2,8,18,23,32). In this paper, we studied the antibacterial activity of POM compounds as drugs themselves. The results showed that they are potential drugs especially against hospital-resident strains.

There are some differences between the results obtained by diffusion method and by serials dilutions. Considering MIC as independent variable and diameter as dependent variable, we obtained a negative, but not quite significant correlation ( $p=0.069$ ,  $R^2=0.602$ ). There is no correlation between MBC and diameter ( $p=0.098$ ,  $R^2=0.535$ ). As the dilution method is more specific and more reliable (33), it makes the diffusion method not to be proper for the screening of POW's antibacterial activity, but gave us some information about a possible adaptation of bacteria to these compounds. These findings shall be clarified in future studies.

## Conclusions

The strains with resistance phenotypes present in this study, that are found especially in hospital environment, show great sensitivity to the polyoxotungstate compounds which suggest that they can be successfully used as a method of hospital decontamination.

The results obtained by the diffusion method show that these compounds are effective only at relatively high concentrations. However, the administration in these concentrations as a substitute to antibiotics is possible, but it requires further studies on pharmacokinetics, pharmacodynamics, and toxicology.

The three studied polyoxotungstate compounds exhibited a potent antibacterial activity with the MIC ranges of 1.88-6.02 mg/ml, although they were inferior to antibiotics.  $\text{SiW}_{12}$  had the most antibacterial activity. The  $\text{Na}_3\text{PW}_{12}$  had the worst effect, but instead it demonstrated the most powerful antibacterial activity on MRSA.

In further evaluation of polyoxotungstates' antibacterial activity, we recommend using the microdilution method. The bacterial capacity to adapt to POW must be clarified in further studies.

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## References

1. Mattes R. Heteropoly and Isopoly Oxometalates. Von M. T. Pope. Springer-Verlag, Berlin 1983. XIII, 180 S., geb. DM 124.00. *Angew Chem.* 1984;96(9):730-730. DOI: 10.1002/ange.19840960939
2. Hasenknopf B. Polyoxometalates: introduction to a class of inorganic compounds and their biomedical applications. *Front Biosci.* 2005;10(1-3):275. DOI: 10.2741/1527
3. Pope MT, Müller A. Polyoxometalate Chemistry: An Old Field with New Dimensions in Several Disciplines. *Angew Chem Int Ed Engl.* 1991;30(1):34-48. DOI: 10.1002/anie.199100341
4. Pope MT, Müller A. Polyoxometalate Chemistry: From Topology Via Self-Assembly to Applications. Springer; 2001.
5. Hosseini SM, Amini E, Tavassoti Kheiri M, Mehrbod P, Shahidi M, Zabihi E. Anti-influenza Activity of a Novel Polyoxometalate Derivative (POM-4960). *Int J Mol Cell Med IJCM.* 2012 Jun 15;1(1):21-9.
6. Yamase T. Anti-tumor, -viral, and -bacterial activities of polyoxometalates for realizing an inorganic drug. *J Mater Chem.* 2005 Nov 15;15(45):4773-82. DOI: 10.1039/b504585a
7. Yang H-K, Cheng Y-X, Su M-M, Xiao Y, Hu M-B, Wang W, et al. Polyoxometalate-biomolecule conjugates: a new approach to create hybrid drugs for cancer therapeutics. *Bioorg Med Chem Lett.* 2013 Mar 1;23(5):1462-6. DOI: 10.1016/j.bmcl.2012.12.081
8. Stephan H, Kubeil M, Emmerling F, Müller CE. Polyoxometalates as Versatile Enzyme Inhibitors. *Eur J Inorg Chem.* 2013;2013(10-11):1585-94. DOI: 10.1002/ejic.201201224
9. Housecroft CE. *Inorganic Chemistry.* Pearson Education; 2005.
10. Xing X, Liu R, Wang Z, Ren B, Jiang Z, Zhao H, et al. Facile decoration of Au nanoparticles on CdS nanorods by polyoxometalate with enhanced photocatalytic activities toward hydrogen evolution. *J Nanosci Nanotechnol.* 2013 Jul;13(7):4616-21. DOI: 10.1166/jnn.2013.7179
11. Li F, Meng F, Ma L, Xu L, Sun Z, Gao Q. 3D pure inorganic framework based on polymolybdovanadate possessing photoelectric properties. *Dalton Trans.* 2013 Aug 6;42(34):12079-82. DOI: 10.1039/c3dt51057c
12. Fan D, Hao J, Wei Q. Assembly of Polyoxometalate-Based Composite Materials. *J Inorg Organomet Polym Mater.* 2012 Mar 1;22(2):301-6. DOI: 10.1007/s10904-012-9665-0
13. Lu N, Lu Y, Liu F, Zhao K, Yuan X, Zhao Y, et al. H3P-W12O40/TiO2 catalyst-induced photodegradation of bisphenol A (BPA): Kinetics, toxicity and degradation pathways. *Chemosphere.* 2013 May;91(9):1266-72. DOI: 10.1016/j.chemosphere.2013.02.023
14. Mylonas A, Papaconstantinou E. On the mechanism of photocatalytic degradation of chlorinated phenols to CO2 and HCl by polyoxometalates. *J Photochem Photobiol Chem.* 1996 Feb 15;94(1):77-82. DOI: 10.1016/1010-6030(95)04207-5
15. Chermann JC, Raynaud M, Jasmin C, Mathé G. Powerful New Inhibitor of Murine Leukaemia and Sarcoma Viruses. *Nature.* 1970 Jul 11;227(5254):173-4. DOI: 10.1038/227173a0
16. Shechter Y, Karlisch SJD. Insulin-like stimulation of glucose oxidation in rat adipocytes by vanadyl (IV) ions. *Nature.* 1980 Apr 10;284(5756):556-8. DOI: 10.1038/284556a0
17. Yamase T, Fujita H, Fukushima K. Medical chemistry of polyoxometalates. Part 1. Potent antitumor activity of polyoxomolybdates on animal transplantable tumors and human cancer xenograft. *Inorganica Chim*

- Acta. 1988 Jan;151(1):15–8. DOI: 10.1016/S0020-1693(00)83477-5
18. Tajima Y, Nagasawa Z, Tadano J. A factor found in aged tungstate solution enhanced the antibacterial effect of beta-lactams on methicillin-resistant *Staphylococcus aureus*. *Microbiol Immunol*. 1993;37(9):695–703. DOI: 10.1111/j.1348-0421.1993.tb01694.x
  19. Nomiya K, Torii H, Hasegawa T, Nemoto Y, Nomura K, Hashino K, et al. Insulin mimetic effect of a tungstate cluster. Effect of oral administration of homo-polyoxotungstates and vanadium-substituted polyoxotungstates on blood glucose level of STZ mice. *J Inorg Biochem*. 2001 Oct;86(4):657–67. DOI: 10.1016/S0162-0134(01)00233-1
  20. Fukuda N, Yamase T, Tajima Y. Inhibitory effect of polyoxotungstates on the production of penicillin-binding proteins and beta-lactamase against methicillin-resistant *Staphylococcus aureus*. *Biol Pharm Bull*. 1999 May;22(5):463–70. DOI: 10.1248/bpb.22.463
  21. Cibert C, Jasmin C. Determination of the intracellular localization of a polyoxotungstate (HPA-23) by raman laser and X fluorescence spectroscopies. *Biochem Biophys Res Commun*. 1982 Oct 29;108(4):1424–33. DOI: 10.1016/S0006-291X(82)80066-1
  22. Ni L, Greenspan P, Gutman R, Kelloes C, Farmer MA, Boudinot FD. Cellular localization of antiviral polyoxometalates in J774 macrophages. *Antiviral Res*. 1996 Nov;32(3):141–8. DOI: 10.1016/S0166-3542(95)00988-4
  23. Inoue M, Suzuki T, Fujita Y, Oda M, Matsumoto N, Iijima J, et al. Synergistic effect of polyoxometalates in combination with oxacillin against methicillin-resistant and vancomycin-resistant *Staphylococcus aureus*: a high initial inoculum of  $1 \times 10^8$  cfu/ml for in vivo test. *Biomed Pharmacother Biomédecine Pharmacothérapie*. 2006 Jun;60(5):220–6. DOI: 10.1016/j.biopha.2006.04.006
  24. Jeffrey T, Rhule CLH. Polyoxometalates in Medicine. *Chem Rev*. 1998;98(1):327–58. DOI: 10.1021/cr960396q
  25. Domingo JL. Vanadium and tungsten derivatives as antidiabetic agents: a review of their toxic effects. *Biol Trace Elem Res*. 2002 Aug;88(2):97–112. DOI: 10.1385/BTER:88:2:097
  26. Tajima Y. Tungstophosphate Induced Thromboembolic Complications in vivo. *Biomed Res*. 2003;24(1):39–49.
  27. Sha J-Q, Liang L-Y, Li X, Zhang Y, Yan H, Chen G. Ligation of the quinolone antibacterial agent pipemidic acid to Keggin polyoxotungstates. *Polyhedron*. 2011 Jun 14;30(10):1657–62. DOI: 10.1016/j.poly.2011.03.044
  28. Iqbal J, Barsukova-Stuckart M, Ibrahim M, Ali SU, Khan AA, Kortz U. Polyoxometalates as potent inhibitors for acetyl and butyrylcholinesterases and as potential drugs for the treatment of Alzheimer's disease. *Med Chem Res*. 2013 Mar 1;22(3):1224–8. DOI: 10.1007/s00044-012-0125-8
  29. EUCAST: Antimicrobial susceptibility testing [Internet]. [cited 2013 Sep 25]. Available from: [http://www.eucast.org/antimicrobial\\_susceptibility\\_testing/](http://www.eucast.org/antimicrobial_susceptibility_testing/)
  30. EUCAST: Clinical breakpoints [Internet]. [cited 2013 Sep 25]. Available from: [http://www.eucast.org/clinical\\_breakpoints/](http://www.eucast.org/clinical_breakpoints/)
  31. Stapleton PD, Taylor PW. Methicillin resistance in *Staphylococcus aureus*. *Sci Prog*. 2002;85(Pt 1):57–72. DOI: 10.3184/003685002783238870
  32. Yamase T, Fukuda N, Tajima Y. Synergistic effect of polyoxotungstates in combination with beta-lactam antibiotics on antibacterial activity against methicillin-resistant *Staphylococcus aureus*. *Biol Pharm Bull*. 1996 Mar;19(3):459–65. DOI: 10.1248/bpb.19.459
  33. Kronvall G, Giske CG, Kahlmeter G. Setting interpretive breakpoints for antimicrobial susceptibility testing using disk diffusion. *Int J Antimicrob Agents*. 2011 Oct;38(4):281–90. DOI: 10.1016/j.ijantimicag.2011.04.006