

1 **Prolonged-Skin Retention of Clobetasol Propionate by Bio-Based**
2 **Microemulsions: A Potential Tool for Scalp Psoriasis Treatment**

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1 **Abstract**

2

3 Novel effective and cosmetically acceptable formulations are needed for the treatment of scalp
4 psoriasis, due to the poor efficacy of the current products. *The challenge in developing safe,*
5 *efficient and convenient* delivery systems *for this drug was addressed in the present work by*
6 *formulating clobetasol propionate loaded* W/O microemulsions. Pseudo-ternary phase diagrams
7 *were constructed* by using a combination of biocompatible and biodegradable excipients.
8 Characterization studies demonstrated that selected microemulsions had suitable technological
9 features such as: being Newtonian fluids, possessing low viscosity and high thermodynamic
10 stability. Photomicrographs showed a significant alteration of the skin structure after treatment
11 with microemulsions, and a preferential concentration of these in the *stratum corneum* and
12 epidermis. These data, together with *ex vivo* permeation results, suggested an *enhanced* topical
13 *targeted* effect due to an increased drug retention efficacy in the upper skin layers, as desired.
14 Moreover, the bio-based excipients selected could contribute to the healing of the psoriatic
15 scalp. In this way, the improvement of clobetasol efficacy is combined with the useful
16 properties of the microemulsion components and with environmental safety.

17

18 **Keywords:** microemulsion, corticosteroid, biocompatible formulation, topical delivery, scalp
19 psoriasis.

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1 Introduction

2

3 Psoriasis is a common skin disorder associated with both physiological and
4 psychological distress [1]. Although psoriasis can affect the entire body, the scalp and
5 extremities are most commonly involved. The clinical presentation of scalp psoriasis
6 can be highly variable, ranging from mild disease with light desquamation, to more
7 severe and untreatable forms with thickened crusted plaques that may affect the entire
8 scalp [2]. Different therapeutic agents are presented in the literature for the treatment of
9 scalp psoriasis, from corticosteroids and vitamin D analogues to phototherapy. Despite a
10 wide range of therapy options and an extensive literature base, scalp psoriasis remains
11 difficult to treat as the surface is relatively non-accessible due to the hair and because of
12 its proximity to the facial skin [3]. Scalp psoriasis, therefore, can be a major therapeutic
13 challenge. Most topical treatments have low efficacy and are considered time-
14 consuming by the patients, resulting in poor compliance [4]. Topical corticosteroids
15 (TC) are found to be the most effective of the currently available topical therapies [5].
16 The safety profile of TC depends both on the type of corticosteroid and the formulation
17 used. Moreover, the scalp is a highly vascularized area with high opportunities for an
18 active substance to enter into circulation, so that TC should be applied with special care
19 on the scalp [6]. Among TC, clobetasol-17-propionate (CP) has proved to be the most
20 potent in the treatment of inflammatory manifestations of scalp psoriasis in few dosage
21 forms, such as solutions, shampoos and foams [7-9] due to its vasoconstrictive, anti-
22 inflammatory, immunosuppressive and anti-proliferative effects [10]. However,
23 traditional dosage forms are safe only for short-term therapies (up to 4 weeks), as
24 topical side effects are also associated to CP treatment, i.e. skin atrophy and

1 telangiectasia. For all these reasons, this research has focused on a strategy to optimize
2 the potency of CP while minimizing adverse effects, thus improving the CP benefit-risk
3 ratio. This has led to study new topical vehicles for CP delivery to overcome the [limits](#)
4 of the drug profile combined to the needs of the pathology.

5 Colloidal and innovative formulations such as microemulsions (MEs) have been
6 investigated as drug delivery and targeting systems [11, 12] [as](#) they offer several
7 advantages over traditional formulations [13-17]. [Therefore, the goal of this study was](#)
8 [to develop CP-loaded MEs for the potential treatment of scalp psoriasis. In the W/O](#)
9 [MEs prepared, the solubility of the drug was improved by using a mixture of oil,](#)
10 [surfactant and co-surfactant \(i.e lecithin, olive oil, isopropyl myristate\).](#) Furthermore,
11 the microemulsions studied in this work were developed [paying special attention to the](#)
12 [biocompatibility and biodegradability of the excipients employed.](#) Lecithin, used as
13 main surfactant, presents a notable affinity with cellular membranes, thus leading to an
14 increased absorption of several drugs [18, 19]. Isopropyl myristate is a non-toxic ester
15 with good systemic and local tolerance [20] and is pharmaceutically acceptable as the
16 oil component in MEs. Olive oil has been used as a promising excipient for
17 dermatological products, due to its great affinity for the skin and its moisturizing
18 activity [21-23]. The high amount of oil and surfactant phases selected for our systems,
19 as well as their bio-based nature, might be complementary to the drug activity in
20 promoting the healing of psoriatic scalp. This fact, together with the liquid form of
21 MEs, allows for an easy application and a suitable residence time at the target site
22 compared to traditional formulations (mainly shampoos and solutions) or to water-based
23 CP delivery systems already developed [24, 25]. Consequently, formulations proposed
24 have the advantage to improve [prolonged](#) CP skin retention (due to both enhancement

1 effect of microsystems and the nature of the ingredients chosen) without increasing its
2 transdermal permeation. Such a system can also satisfy the increasing need for eco-
3 sustainability of cosmetic and pharmaceutical products and it might improve the
4 compliance of the patient by optimizing the therapeutic efficacy of the CP, reducing
5 side effects.

6

7 **Materials and Methods**

8

9 *Materials*

10

11 Clobetasol-17-propionate (CP) (99.5%, batch 9) and egg lecithin (80%
12 phosphatidylcholine from egg, Lipoid E80) were a kind gift from GlaxoSmithKline
13 (Turkey) and Lipoid GmbH (Ludwigshafen, Germany), respectively. Isopropyl
14 myristate (IPM) was purchased from Yilmaz Kimya A.S (Istanbul, Turkey). Extra
15 virgin olive oil (straw yellow with green colour, free acidity = % oleic acid <0.6;
16 peroxide value <15) was obtained from Secchi S.R.L (Italy). Ethanol (96%), 2-propanol
17 (Reag. Ph. Eur.) and acetonitrile (chromatographic grade) were purchased from Merck
18 (Darmstad, Germany). HPLC grade water was obtained using a Milli-Q system from
19 Millipore (Bedford, CA, USA). Paraformaldehyde powder (95%) and fluorescein free
20 acid (Reag. Ph. Eur.) were purchased from Sigma Aldrich (Italy). All other chemicals
21 and reagents were of analytical grade.

22

23 *Construction of pseudo-ternary phase diagrams*

24

1 In order to determine the concentration ranges of components for the existing range of
2 MEs, pseudo ternary phase diagrams were constructed using the water titration method
3 at room temperature [11, 26-29]. Two different phase diagrams were prepared with 1:1
4 and 1:2 weight ratio (K_m) of Lipoid E80/2-propanol and Lipoid E80/ethanol, used as
5 surfactant/co-surfactants mixture. For each phase diagram at a specific weight ratio, the
6 ratios of oil to the mixture of surfactant and co-surfactant ($Smix$) were varied as 0.5:3.5,
7 1:3, 1.5:2.5, 2:2, 2.5:1.5, 3:1 and 1:9, 2:8, 3:7, 4:6, 5:5, 6:4, 7:3, 8:2, 9:1. These ratios
8 were taken by previous literature findings (27-29); other ratios were also preliminarily
9 tried (data not reported), but discarded due to the unsuitable appearance of MEs
10 obtained. Distilled water was added dropwise to the mixture of oil and $Smix$ under
11 moderate magnetic stirring until the solution became cloudy or turbid. The amount of
12 water required for each procedure was recorded. The pseudo-ternary phase diagram was
13 constructed by plotting the amount of water, oil and $Smix$ used in each experiment. The
14 MEs region (transparent solution) was identified as shown in Figure 1.

15

16 ***Preparation of microemulsions***

17

18 According to the ME regions in the phase diagrams, different ME formulations were
19 prepared by varying the ratio between surfactant/co-surfactant, thus mixing the
20 appropriate amounts of oil phases with $Smix$ (Table 1). Olive oil and 2-propanol were
21 chosen as oil phase and co-surfactant for ME1, respectively, while IPM and ethanol
22 were selected for ME2. Egg lecithin was used as surfactant for both formulations. Then,
23 appropriate amounts of water were added with continuous stirring, to obtain a clear
24 isotropic solution. Drug loaded MEs were prepared by adding CP (0.05% w/w) to the

1 mixture of oil, surfactant and co-surfactant.

2

3 *Physicochemical characterization of MEs*

4

5 The pH of ME1 and ME2 was measured by a pH meter (pH 720inoLab, Germany). All
6 measurements were carried out in triplicate at room temperature (n = 3).

7 Electrical conductivity (EC) of formulations was measured by using a conductivity
8 meter (Cond 3110 SET1, Germany), dipping the electrode in the MEs sample until
9 equilibrium was reached. Before measurements, the conductivity probe was calibrated
10 using standard KCl solution (n = 3).

11 The average droplet size and polydispersity index (PDI) were evaluated by dynamic
12 light scattering (Zeta sizer, Malvern instruments, UK). All samples were analysed in
13 triplicate in a thermostatic chamber at 25°C without dilution. Refractive indexes (RI)
14 were calculated using a digital refractometer (DR301-95, Germany).

15 Formulations were centrifuged (Mikro 120 Hettich Zentrifugen, Germany) at 13,000
16 rpm for 30 min to assess their physical stability, as previously reported [26]. Moreover,
17 storage conditions were tested at room temperature and at 2-8°C to evaluate any
18 macroscopic change in the ME system.

19

20 *Rheological studies and viscosity measurements*

21 The rheological analysis of the formulations was performed at $25 \pm 0.1^\circ\text{C}$ using an AR
22 2000 controlled stress/controlled rate rheometer (Haake MARS, plate C60/1 Ti, plate
23 cover MPC 60/S QF, Karlsruhe, Germany). In continuous shear analysis, the upward
24 and downward flow curves for each formulation were measured over shear rates ranging

1 from 10 to 1000 s⁻¹. All experiments were replicated five times for each sample. Results
2 were reported as flow curves (shear stress/shear rate) and viscosity curves as function of
3 shear rate.

4 Furthermore, formulations were evaluated for their viscosity by using a Vibro
5 Viscosimeter (SV-10 Series, Tokyo, Japan), by placing 10 ml of each sample into a
6 bowl and subjecting it to a vibrating motion for 5 min.

7

8 *Differential Scanning Calorimetry (DSC) measurements*

9 DSC investigations were carried out by a DSC 214 Polyma (Netzsch, Germany)
10 equipped with refrigerated cooling system; thermoanalytical parameters were obtained
11 by using Proteus v7.0 Software. Approximately 10 mg of each microemulsion, both
12 unloaded and CP-loaded, as well as every single component, were weighted into
13 hermetic aluminium pans and quickly sealed. An empty sealed aluminium pan was used
14 as reference. DSC curves were generated by cooling the samples from 25°C to -100°C
15 (cooling rate 10°C/min) in a nitrogen atmosphere with a flow rate of 40 ml/min [30, 31].

16

17 *Atomic force microscope (AFM) studies*

18 Morphology of unloaded and CP-loaded MEs was observed using AFM. An aliquot of a
19 solution (5 µl) was placed on a surface of freshly-cleaved muscovite mica (1 cm²; Agar
20 Scientific, Stansted, Essex, UK), dried in the desiccator, and further dried in a N₂ stream
21 when needed. The surface was then attached to a nickel disk mounting assembly (1 cm²)
22 using double-sided adhesive tape and placed on top of the AFM scanner. AFM studies
23 were carried out using a Multi-Mode/NanoScope IV scanning probe microscope,
24 Bruker, Santa Barbara, CA, USA and were performed in air under ambient conditions

1 (T = 22°C, RH = 64%) using the J-scanner (max. xy = 200 μm). Scanning was
2 performed in tapping mode using Si cantilevers with integrated tips ($t = 3.2\text{--}4.2\ \mu\text{m}$, $l =$
3 $145\text{--}175\ \mu\text{m}$, $w = 38\text{--}42\ \mu\text{m}$, $\nu_0 = 200\text{--}400\ \text{kHz}$, $k = 8.4\text{--}57\ \text{N m}^{-1}$, $R < 10\ \text{nm}$; model:
4 OTESPA-R3, Bruker, France), and an RMS amplitude of 2.0 V. The images were
5 subsequently processed and dimensions measured using NanoScope Analysis software
6 (V 1.2, Bruker).

8 ***Determination of CP concentration in MEs***

9
10 CP content in the formulations was determined using a modified rapid and sensitive
11 high performance liquid chromatographic (HPLC) method [32]. **The filtered binary**
12 **mobile phase, consisting of acetonitrile and water (70:30), was pumped isocratically at a**
13 **flow rate of 1.0 ml/min at room temperature.** The injection volume was 20 μl and the
14 analysis time was 4 min per sample. **The retention time of CP was 2.83 min.** Peak
15 heights rather than areas in the chromatography were recorded and measured at 240 nm.
16 Concentrations of CP were calculated by interpolation of its respective standard curve.
17 A stock standard solution of CP in acetonitrile (final concentration of 1000 μg/ml) was
18 prepared. Working standards of CP were prepared freshly for each assay in the range of
19 5 -100 μg/ml.

20 CP loaded MEs (200 μl) were mixed with 1 ml of acetonitrile: water (70:30), vortexed
21 for 2 min and centrifuged at 14,000 rpm for 3 min. Thus, the supernatant solutions were
22 withdrawn and filtered through nylon filters (0.22 μm) before starting HPLC analysis.

23 CP content in formulations was determined using the calibration curve ($y = 191112x -$
24 17056 , $R^2 = 0.9999$). Drug content percentage ($n = 3$) was calculated from the ratio

1 between the real drug content and the theoretical one.

2

3 ***Skin treatment with MEs: morphological and penetration studies***

4

5 *Preparation of the skin*

6 Pig ear skin was a kind gift from a local slaughterhouse ([Milia S.r.L, Approval Number](#)
7 [CE IT 1856 M \(Regulation EC 853/2004\)](#)). Since porcine and human skins have similar
8 surface lipids, barrier thickness and morphological aspects, pig skin is a preferred model
9 for human skin for topically applied substances [32,33]. Specifically, several works
10 aimed at studying scalp diseases reported the use of porcine ear skin showing
11 comparable results with *in vivo* studies, particularly when considering follicular uptake
12 [25, 34-36]. The pig ears were shaved and samples were treated as previously reported
13 [37].

14

15 *Histological examination and ultra-structural analysis by SEM*

16 The effect of loaded formulations on treated skin was evaluated in comparison with
17 untreated skin (controls) by histological examination and ultra-structural analysis by
18 SEM. The skin was mounted on a Franz cell system and placed in a water bath at 37°C;
19 approximately 200 µl of each formulation was applied on the skin (surface area: 0.87
20 cm²) for 24 h. Two hundred µl of phosphate buffer pH 7.2 was used for control group
21 (CTR). After the time of exposure, the skin samples were removed and fixed using 4%
22 paraformaldehyde solution for 15 h. Samples were treated as previously reported
23 [24,38] and slides observed under light microscope (GX microscopes L1500 BHTG)
24 after staining them with haematoxylin and eosin.

1 The same procedure was used to treat skin samples for SEM investigations. In this case,
2 after the application time, samples were fixed overnight in 4% paraformaldehyde
3 solution at 4°C. Subsequently, they were washed in 7% sucrose buffer, further fixed
4 with 2% osmium tetroxide for 1h and finally dehydrated in graded concentrations of
5 ethanol. Specimens were processed via ‘critical point drying’ (CPD) to avoid artefacts
6 such as shrinkage and collapse of surface structures during the final drying. The dried
7 samples were fixed with gold using an ion coater, thus examined by SEM (JEOL-JSM
8 6060LV).

9

10 *Confocal laser scanning microscopy (CLSM)*

11 Visualization of the skin penetration was performed by using excised pig ear skin, as
12 previously described. Formulations were labelled with fluorescein as marker and
13 applied to the skin for 24 h. A fluorescein ethanol solution was used as a reference.
14 After the treatment, samples were frozen with liquid nitrogen and isopentane, then
15 sliced [perpendicularly to the surface plane](#) (10-20 µm thickness) by using a Cryostat
16 (Leica CM 3050S, Wetzlar, Germany). Slides were examined using a Confocal Laser
17 Scanning Microscope LSM TPMT (Zeiss, Germany): fluorescein was excited using the
18 488 nm laser and excitation emission was collected between 493 - 625 nm. Moreover,
19 few images were taken by sealing slides using Vectashield® Mounting Medium with
20 DAPI, as a nuclear counterstain.

21

22 *Ex vivo permeation studies*

23 Pig ear skin was cut and mounted on the bottom of a cylindrical plastic support
24 connected to a drive shaft of the dissolution apparatus (Erweka DT 70; Erweka GmbH,

1 Heusenstamm, Germany) as previously reported [39].
2 MEs (400 mg) and marketed product (Clobetasolo, ISDIN, 500 µg/ml, aqueous
3 solution) REF equivalent to 0.2 mg CP were uniformly spread on the surface of the skin
4 (area 3.46 cm²), keeping the epidermis side in contact just with the fluid. The system
5 was then inserted into the vessel containing an ethanol–water (30:70 v/v) solution (100
6 ml) as receptor medium [32]. Samples of 1 ml were taken from the receptor medium at
7 specified time intervals (1, 2, 3, 4, 5 and 6 h), and immediately refilled with the same
8 volume of fresh solution. CP concentration was determined using HPLC, as previously
9 described. At the end of the 6 h of permeation experiments, the excess of formulations
10 was recovered by washing membranes 3-4 times with the mobile phase. Afterwards,
11 samples were quickly vortexed, centrifuged at 13,000 rpm for 5 min, filtered and
12 analysed in order to calculate the amount of CP not permeated. Successively, the skin
13 was cut into small pieces and kept in the mobile phase for 15 min, under magnetic
14 stirring. Samples were taken and filtered before analysis. Each experiment was
15 replicated three times. The total CP content permeated, retained and remained on the
16 skin was expressed as percentage.

17

18 ***Statistical analysis***

19 Data were analysed using unpaired t-test and the analysis of variance (one-way
20 ANOVA) followed by a Tukey's multiple comparison test (GraphPad Prism, version
21 6.02; GraphPad Software Incorporated).

22 Data are shown in both *in vitro* as well *ex vivo* cases as mean ± standard deviation, SD;
23 at least triplicates were performed.

24

1

2 **Results**

3

4 ***Preparation of microemulsions***

5

6 Pseudo-ternary phase diagrams were constructed to determine the concentration range
7 of components in the MEs existence range. Areas of the phase diagram containing one-
8 phase systems were identified and samples therein characterized as MEs. Figure 1
9 shows the pseudo-ternary phase diagrams of the different W/O MEs composed of olive
10 oil, IPM, egg lecithin, 2-propanol, ethanol and distilled water. As shown in Figure 1b,
11 the existing region for ME2 is larger than the area for ME1 (Figure1a), probably due to
12 a higher ability of IPM to include water into the system, compared to olive oil.
13 Moreover, the phase diagrams indicate the exact point corresponding to the optimal
14 concentration for each formulation in the existing area of MEs. The other areas
15 represent the non-microemulsion region with an opaque appearance. According to these
16 results, ME1 and ME2 were easily prepared using the optimal composition of oils, *Smix*
17 and water (Table 1). ME1 was prepared with an optimal surfactant/co-surfactant ratio of
18 1:1, while 1:2 ratio was used for ME2. Both prepared MEs were homogeneous,
19 transparent, without any precipitates, optically isotropic and yellow coloured in the case
20 of ME1.

21

22 ***Physicochemical characterization of MEs***

23

24 CP-loaded and unloaded formulations exhibit similar pH values (Table 2). Incorporation

1 of the drug does not significantly affect the pH values of each microemulsion ($P>0.05$)
2 although some statistical differences can be observed between ME1 and ME2 (Table2).
3 As expected, EC values obtained are quite low, due to the oily nature of MEs. However,
4 a significant difference ($P<0.05$) can be highlighted between the two types of MEs and
5 between ME2 (unloaded and CP-loaded). The average droplet size and PDI values are
6 reported in Table 2. The mean droplet diameters were found very low for both
7 formulations, without relevant differences between drug loaded and unloaded MEs
8 ($P>0.05$). The small PDI of 0.1-0.2 indicates the narrow distribution of the globule size,
9 approaching thus a monodisperse system. The CP content registered after HPLC
10 analyses revealed a high drug loading for both MEs prepared, as the recovery
11 percentages were $94.75 \pm 0.0047\%$ for ME1 and $95.73 \pm 0.0034\%$ for ME2. The
12 centrifuge test demonstrated that the investigated formulations had good physical
13 stability. All MEs exhibited no phase separation, breaking or drug precipitation.
14 Preferable storage conditions are at 2-8°C, due to Lipoid E80 stability at these
15 temperatures.

16

17 *Rheological studies and viscosity measurements*

18 Representative flow curves and viscosity *versus* shear rate are graphically presented in
19 Supplementary FigureS1. The shear stress changes upon shear rates increase have been
20 used to determine whether the rheological behaviour of the formulation is Newtonian or
21 non-Newtonian. In continuous shear rheometry, both types of MEs exhibit Newtonian
22 behaviour, as expected from this kind of formulations. Investigated MEs showed
23 proportionality between shear stress and shear rate ($R^2= 0.999$). Moreover, viscosity did
24 not change with increasing shear rate.

1

2 *Differential Scanning Calorimetry (DSC) measurements*

3 DSC results provide useful information about MEs microstructure and water behaviour.
4 There were no differences between unloaded and drug loaded formulations curves
5 (Supplementary Figure S2), as the thermograms **did not** reveal any significant effect of
6 the drug on the whole system within the range of temperature used. The clear
7 exothermic peak for ME2 at around -16°C can be attributed to water bound to the
8 surfactant at the interface [30]. No 'bulk' (free) water peak (around 0°C) **was** observed.
9 However, in the case of ME1 a stronger interaction between water and surfactant at the
10 interface can be hypothesized, this causes the freezing point to move to very low
11 temperatures (-60°C), although with minor intensity, due to a lower water content than
12 ME2. This water behaviour has been already found for W/O MEs in previous works
13 [31, 40]. By comparing the curves of the single components (data not shown), a
14 characteristic peak for ME1 (around -40°C) attributed to olive oil can be also observed.
15 The heating thermograms (data not shown) do not reveal any interesting aspect but
16 **presented** evident peaks related to the melting point of water.

17

18 *Atomic force microscope (AFM) studies*

19 Besides delivering a general size overview, AFM was used to characterize the shape and
20 surface structure of the investigated samples [41]. The results are shown in
21 Supplementary Figure S3. AFM images obtained serve as an additional method to
22 further demonstrate that the prepared microemulsions can be classified as nano-scaled
23 drug delivery systems (dimension range 1-10 nm). Overview images showed distinct
24 ME droplets with spherical shape and a good size homogeneity (Supplementary Figure

1 S3b,c) which can be clearly attributed to the W/O systems herein developed. In this
2 case, we **did** not report images of drug loaded formulations since it has been already
3 demonstrated that the addition of the drug **did** not significantly influence the vehicles
4 nanostructure [31]. This assumption is also in accordance to most of experimental
5 parameters above reported.

6

7 ***Skin treatment with MEs: morphological and penetration studies***

8

9 *Histological examination and ultra-structural analysis by SEM*

10 The ultrastructure and the surface of the skin were investigated by observing the
11 photomicrographs and SEM pictures of the pig tissue after treatment with MEs, in
12 comparison with a control sample. The microstructure of untreated skin (CTR) **was**
13 observed to have a highly packed *stratum corneum* (SC) intercellular domain, with a
14 tight multilayer organization (Figure 2a). SEM images (Figure 3) also showed a
15 homogeneous structure, tight cell junction and minimal keratin fragments. Histological
16 examination of samples treated with ME1 (Figure 2b) showed loose and scattered SC.
17 This pattern **was** more evident in the case of ME2 (Figure 2c) where a further increase
18 of cell gaps and a flaky appearance of keratin **could** be evidenced. Furthermore, normal
19 cell junctions **were** broken, cell nucleus appeared to be wider than ME1 and, obviously,
20 the control. SEM images of skin treated with MEs showed significant modifications of
21 the skin surface compared to untreated skin (Figure 3). The surfaces of (b) and (c)
22 appeared rougher than the control: a separation of corneocytes, thus a weakening of the
23 SC **was** the phenomenon of the skin desquamating process that can be highlighted for
24 these samples (Figure 2-3b, c). All these results are consistent with previous literature

1 findings [24,38].

2

3 *Confocal laser scanning microscopy (CLSM)*

4 The distribution and penetration of MEs into skin layers have been evaluated. From
5 Figure 4a, it can be seen that a clear uptake of the fluorescent dye **was** revealed along the
6 SC, going towards the epidermal layer, despite a fading of the fluorescence signal. This
7 behaviour **was** similar for the two MEs, although a greater alteration of the skin **could**
8 be observed for ME2, due to the presence of ethanol as co-surfactant, leading to a
9 deeper penetration of the fluorescent marker in the skin strata. This result **was** also in
10 accordance with the histology studies, previously reported. On the other hand, the
11 ethanol fluorescein solution used as control clearly demonstrated an over modification
12 of the untreated skin structure, with massive cell gaps and extremely large cell nucleus
13 (Figure 4c). It can be seen that the fluorescein spread everywhere, without binding to
14 any cellular structure or appendices. This demonstrates that such colloidal drug delivery
15 system can target the absorption and penetration of a drug in specific skin layers, i.e the
16 SC and the epidermis, as desired [42].

17 Fluorescence images taken with DAPI indicated selective localization of fluorescein
18 along cell membranes, in particular around the nucleus. This can be clearly observed in
19 Supplementary Figure S4 that reports as example an image detail of skin treated with
20 ME1. The fluorescence from DAPI was pseudo coloured as red and fluorescein as
21 green; the image indicates that a more targeted accumulation and retention of the dye
22 into the skin strata **was** achieved than the control. Fluorescein **was** detected more
23 weakly in the control sample than MEs (data not shown) demonstrating that the free dye
24 **was** not able to be properly retained in the skin layers, further according to

1 Supplementary Figure S4c.

2

3 *Ex vivo permeation studies*

4 The *ex vivo* permeation was exploited to quantitatively assess the behaviour of applied
5 formulations in terms of drug permeated through or accumulated into or on the skin.
6 The permeation profiles of both MEs demonstrate that irrelevant amounts of drug
7 permeate the tissue after 6 h of experiment (Figure 5), a quantity statistically different
8 from either percentages on the skin and inside the skin ($P < 0.05$). Nevertheless, around
9 22% and 12% of the drug was found inside the skin for ME2 and ME1, respectively. A
10 consistent portion was still in the residual formulations, although with statistical
11 differences between ME1 and ME2 ($P < 0.05$) (Figure 5). **On the contrary, REF showed a**
12 **different behaviour: after 6 h, most of the drug was accumulated into the skin (75%)**
13 **while 9.5% of CP permeated (Figure 5).**

14

15

16 **Discussion**

17

18 Microemulsions are formed instantaneously when interfacial tension between oil and
19 water is reduced close to zero. Most works in the literature reported pharmaceutically
20 unacceptable components to prepare MEs. There is indeed an increasing trend to the
21 development of innovative and eco-sustainable formulations [43,44]. In this work, the
22 various MEs ingredients were chosen taking into account their biocompatibility in order
23 to comply with environmental safety and improve the acceptability of the final
24 formulation. The use of biodegradable excipients was also aligned with the valorisation

1 of natural sources, taking advantage over traditional excipients in terms of safety, wide
2 availability and affordability. Although lecithin based-MEs **were** already known in the
3 literature [45], the combination of this natural phospholipid with other “green”
4 components was successful in this work for the construction of stable W/O MEs,
5 instead of the most common counterparts O/W. However, due to the physicochemical
6 properties of lecithin, MEs are not generally formed using it as primary surfactant: a
7 short chain alcohol as co-surfactant is needed [19]. In this study, 2-propanol was found
8 the most suitable for ME1, while ethanol was selected for ME2, based on pre-
9 formulative studies. Despite well-known as innovative drug delivery systems,
10 microemulsions are suggested in this work for the first time for the topical treatment of
11 scalp psoriasis, due to their advantages in terms of suitable dosage form, green
12 composition and appropriate technological properties. Indeed, other type of CP-loaded
13 MEs with a different topical target have been recently studied, with interesting results
14 [24]. The two prepared MEs showed different abilities to include water into the system
15 (Table 1, Figure 1b). From a technological viewpoint, characterization results
16 demonstrated that MEs prepared **had** suitable features for topical administration (Table
17 2), with acceptable pH values for dermal delivery, as already reported [46]. EC
18 measurements generally exhibited a continuously increasing trend with increasing water
19 fraction [47]. Results obtained confirmed this assumption, since higher values were
20 registered for ME2 formulation, due to its higher water content than ME1.

21 Data from droplet size and PDI can be explained by surfactant levels that can lead to a
22 decrease in surface tension, thus decreasing their sizes [48]. It has already been reported
23 that the use of lecithin alone as main surfactant leads to reduced droplet size (<10 nm),
24 as in this study [49]. In addition, MEs were found to have a high thermodynamic

1 stability, as already reported [14,24]. Furthermore, the incorporation of CP did not
2 significantly influence any parameter ($P>0.05$), demonstrating a good ability of the
3 formulations to act as vehicle for the steroid. Despite both formulations displaying a
4 Newtonian behaviour, ME2 showed lower values of shear stress and viscosity compared
5 to ME1 (Supplementary Figure S1a,b); this was probably related to the different
6 viscosity of the oily phases used, as well as to the increase in water content in ME2
7 [29]. Moreover, the higher hydrophilicity of ethanol compared to 2-propanol, as well as
8 the higher ethanol-lecithin ratio, can be a further explanation of this result.

9 DSC studies confirmed that MEs with a W/O microstructure had a water behaviour
10 altered due to the strong interaction with the surfactant layer becoming bound water
11 molecules, moving its freezing point to low temperatures [50]. However, this trend was
12 more evident in ME1 where the water content is lower than ME2, demonstrating that
13 the type of the oil, the co-surfactant and the nature of the surfactant affected the binding
14 capacity of water [51]. From AFM micrographs, it can be also hypothesized that the ME
15 droplets did not exhibit a clear contour between core and shell, because of the interfacial
16 location of the emulsifier [52]. The combination of these data, together with droplet size
17 results, indicated that our delivery systems can be classed as type II microemulsions
18 with a confinement in water droplets coated by surfactant film within the continuous oil
19 phase [50]. It is known that SC plays an important part in preventing penetration of
20 drugs. Researchers have tried various approaches to either disrupt or weaken the *stratum*
21 *corneum* to improve skin delivery. The development of nanocarriers and lipid-based
22 delivery systems has been an interesting approach since they can increase skin
23 transportation by improving drug solubilisation in the formulation, drug partitioning
24 into the skin, and by fluidizing the skin lipid [53]. Further, psoriasis is normally

1 associated to hyperkeratosis; this abnormal growth can be controlled by novel topical
2 medications, such as W/O MEs, that, unlike traditional formulations, are able to
3 manipulate the functions of skin barrier [54]. Despite most O/W MEs reported in
4 literature, in this work W/O MEs were prepared in order to enhance drug penetration
5 and at the same time, limit its permeation to the derma. The drug permeation, in fact,
6 increases with water content being enhanced for O/W morphology with respect to W/O
7 MEs [55].

8 Histology, SEM and CLSM images obtained showed that MEs might increase the
9 fluidity of the intercellular lipids of the SC, separating corneocytes from each other and
10 desquamating from the intact SC, thus weakening its barrier function. These results
11 agreed with the findings of other studies on topical formulations [24,56]. [Slight
12 irritation occurs but it could be an advantage of these systems in the psoriasis treatment
13 because drug penetration \(not permeation\) could increase.](#) The observed relevant
14 changes induced by both MEs on the skin could be also related to their composition.
15 Ethanol, particularly, is widely used as a penetration enhancer for many drugs. IPM is
16 an excellent enhancer too [57]. The combination of these two components in ME2
17 should have the consequence of a greater penetration into the SC than ME1, as already
18 reported [58]. Nevertheless, transdermal permeation should be avoided to ensure drug
19 topical effects within the scalp surface only, thus the aim of the work. *Ex vivo*
20 permeation test confirmed this feature, as the released drug scarcely crossed the
21 biological membrane. The observed low permeation of CP through the skin would be
22 beneficial because less free drug was available to deeply cross the skin and cause
23 adverse effects. Secondly, the residual formulation resided in the upper epidermal layers
24 (especially SC) where it might continuously release the drug over time, thus exerting

1 the therapeutic activity for a long period of time. This profile may be due to the high
2 amount of lipids in our formulations, which delayed the drug release from formulation
3 by increasing the diffusional layer [59]. It is also likely that the lipophilicity of the drug,
4 associated with the lipid character of MEs, was the reason of its retention. This is
5 confirmed by the behaviour of REF: the amount of drug on the skin remained limited
6 due to the aqueous vehicle.

7 Although most papers suggest the incorporation of MEs into more viscous systems [60]
8 to ensure an appropriate topical application, in this work the low viscous solution form
9 of MEs was proposed as the most suitable for the treatment of scalp psoriasis, due to the
10 difficulty to apply semisolid products in this area. The topical delivery of lipoid carrier
11 systems into the psoriatic skin can solve the problem of lipid imbalance and the absence
12 of normal moisturizing factors, restoring normal skin conditions. Hence, the lipid
13 character of our MEs, the moisturizing properties of olive oil and lecithin, suggested a
14 greater affinity with natural cutaneous lipids in comparison with traditional products
15 that may lead to a better interaction with the SC. On the other hand, a simple oily
16 formulation, although similar to skin lipids, would be unpleasant for patients and lose
17 the MEs penetration properties.

18

19 **Conclusions**

20

21 Biocompatible and biodegradable (W/O) microemulsions can be obtained using olive
22 oil or IPM as oils, water, and a mixture of lecithin as surfactant and either 2-propanol or
23 ethanol as co-surfactants. The dermal drug targeting potential has been confirmed by *ex*
24 *vivo* permeation studies and visualization of skin microstructure via histology as well as

1 SEM and CLSM techniques. *Stratum corneum* of the skin treated with W/O MEs
2 appeared deeply altered as compared to the control, assuming a CP penetration and drug
3 concentration enhancement in the various upper skin strata. The combination of all
4 elements lead us to consider such bio-based formulations as a promising controlled CP
5 delivery system for the treatment of scalp psoriasis also due to be non-invasive, easily
6 applied, able to enhance patient compliance; furthermore, W/O MEs improve topical
7 delivery and skin retention efficacy of CP, prolong drug release and simultaneously
8 reduce the corticosteroid side effects.

9

10

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12

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21 University, Faculty of Pharmacy and Department of Pharmaceutical Technology) for
22 giving permission to use pseudo-ternary phase diagram program.

23

24

1 **Conflict of Interest**

2 The authors have no conflict of interest to declare

3

4

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6

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19

1 **Table 1.**

2

3 **Percentage composition (% w/w)** of the prepared MEs. Loaded formulations contain CP

4 0.05% w/w.

Code of Formulations	Oil	<i>Smix</i>	Distilled water
ME1	29.47	63.52	7.01
ME2	29.51	59.74	10.75

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2 **Table 2.**

3 Physicochemical characterization of MEs

Formulation code	Droplet size (nm ± SD)	PDI	RI	pH	EC (µs/cm ± SD)
ME1	2.25 ± 0.71	0.228 ± 0.08	14.169 ± 0.02	5.74 ± 0.08 ^a	47.17 ± 3.20 ^b
ME1-CP	3.86 ± 1.31	0.197 ± 0.05	14.141 ± 0.01	5.78 ± 0.02 ^c	40.27 ± 2.77 ^d
ME2	2.48 ± 0.60	0.139 ± 0.09	14.452 ± 0.05	6.17 ± 0.06 ^a	170.47 ± 5.84 ^{b,e}
ME2-CP	2.41 ± 0.54	0.133 ± 0.13	14.450 ± 0.03	6.21 ± 0.02 ^c	188.23 ± 2.65 ^{d,e}

4 PDI= polydispersity index; RI= refractive index. P< 0.05:^{a,b}ME1 *versus* (vs) ME2;5 ^{c,d}ME1-CP vs ME2-CP; ^eME2 vs ME2-CP.

6

1 **Figure captions**

2

3 **Figure 1a,b.** Pseudo ternary phase diagrams of ME1 (a) and ME2 (b).

4

5 **Figure 2a-c.** Histology sections. Photomicrographs of untreated skin (a), skin treated
6 with ME1 (b) and ME2 (c) after 24h application.

7

8 **Figure 3a-c.** SEM images. Untreated skin surface (a), skin treated with ME1 (b) and
9 ME2 (c) after 24h application.

10

11 **Figure 4a-c.** Confocal laser scanning microscopy images showing the distribution of
12 ME1 (a), ME2 (b) and the control (c).

13

14 **Figure 5.** *Ex vivo* experiments. CP distribution after the permeation test from
15 microemulsions, through porcine ear skin (N=3±SD). [§]P<0.05: CP permeated vs CP into
16 the skin, and vs CP on the skin for both MEs; [‡]P<0.05: CP into the skin vs CP on the
17 skin for REF. P<0.05: *ME1 vs ME2 and vs REF into the skin, #ME1 vs ME2 and vs
18 REF on the skin.

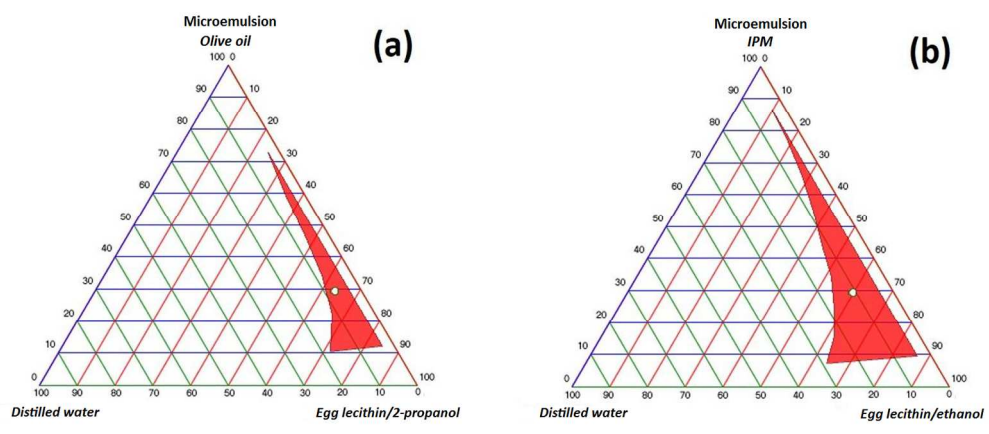


Figure 1a,b. Pseudo ternary phase diagrams of ME1 (a) and ME2 (b).

437x182mm (300 x 300 DPI)



Figure 2 a-c. Histology sections. Photomicrographs of untreated skin (a), skin treated with ME1 (b) and ME2 (c) after 24h application.

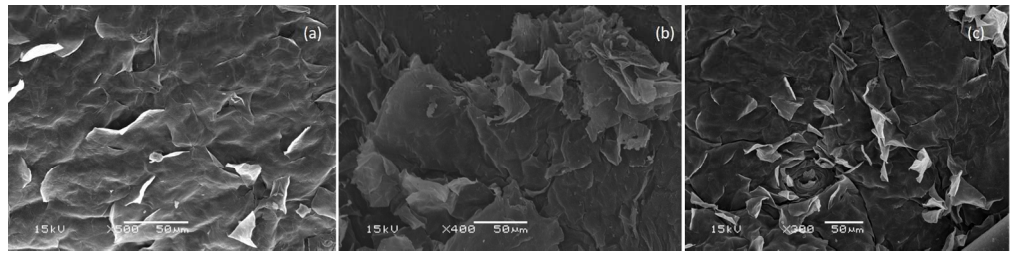


Figure 3a-c.SEM images. Untreated skin surface (a), skin treated with ME1 (b) and ME2 (c) after 24h application.

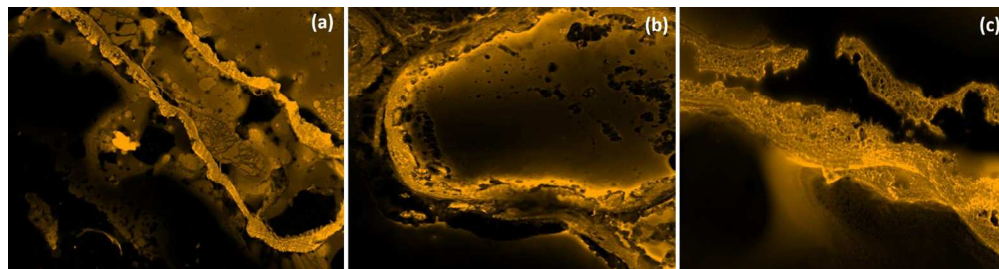


Figure 4 a-c. Confocal laser scanning microscopy images showing the distribution of ME1 (a), ME2 (b) and the control (c).

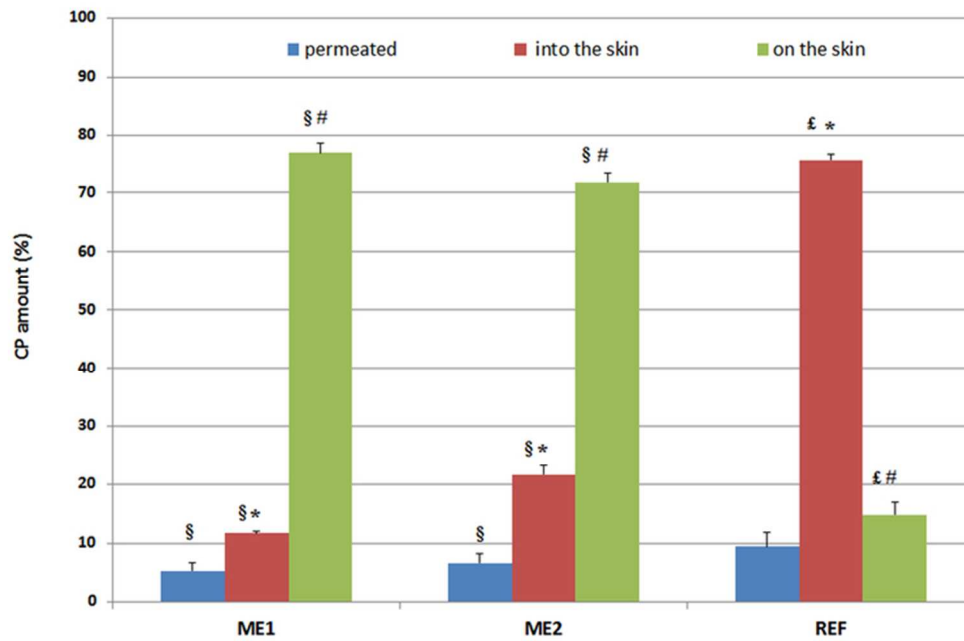


Figure 5. Ex vivo experiments. CP distribution after the permeation test from microemulsions, through porcine ear skin (N=3±SD). §P<0.05: CP permeated vs CP into the skin, and vs CP on the skin for both MEs; £P<0.05: CP into the skin vs CP on the skin for REF. P<0.05: *ME1 vs ME2 and vs REF into the skin, #ME1 vs ME2 and vs REF on the skin.

65x42mm (300 x 300 DPI)

Supporting Information

Prolonged Skin Retention of Clobetasol Propionate by Bio-Based Microemulsions: A Potential Tool for Scalp Psoriasis Treatment

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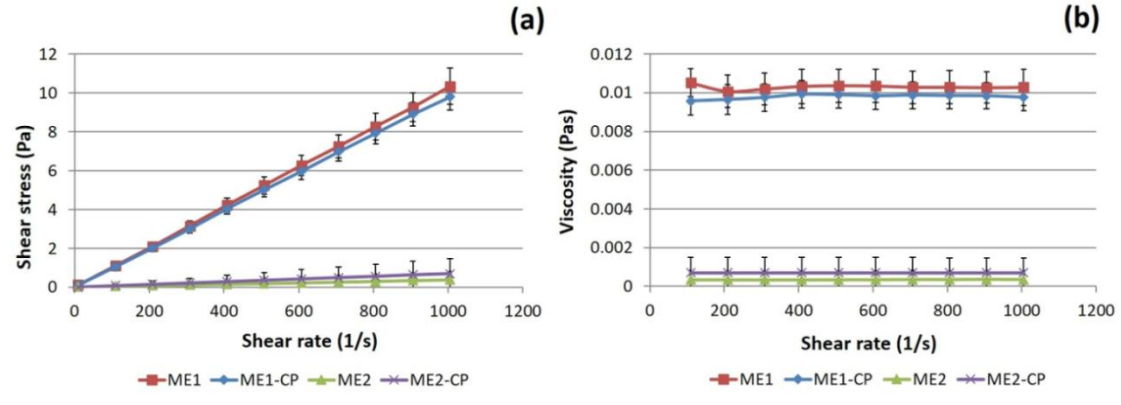


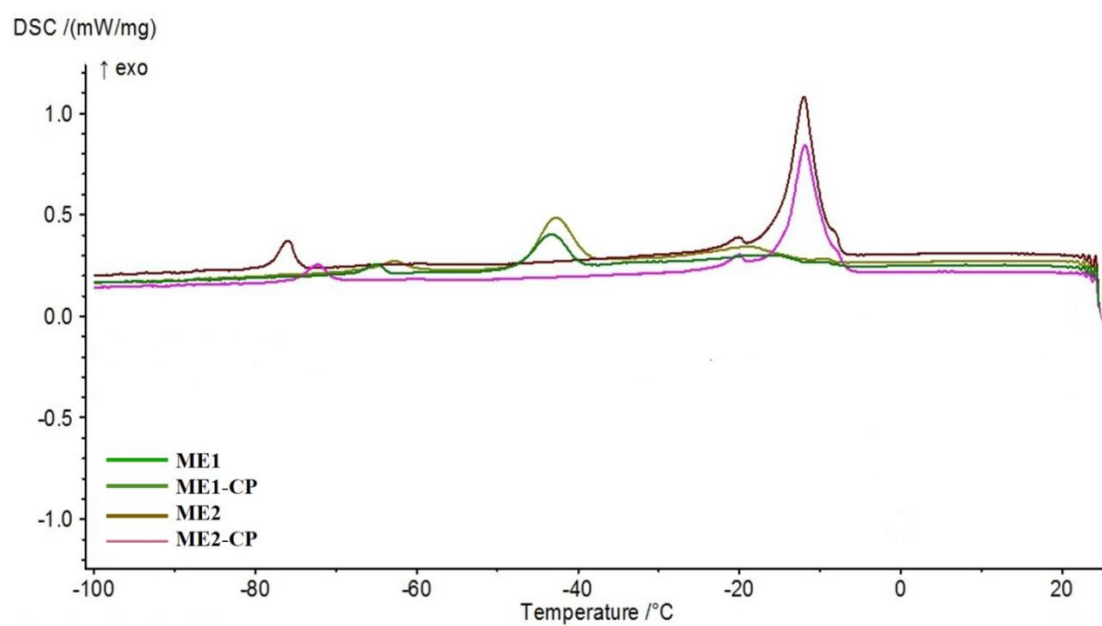
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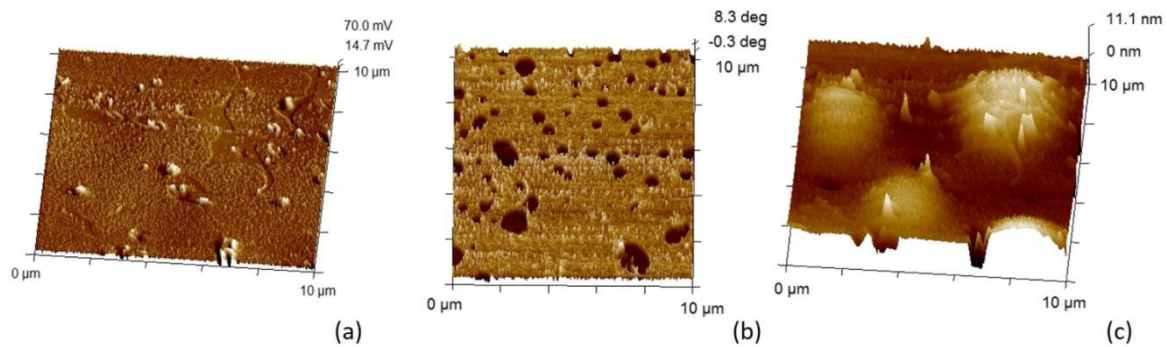


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