

constituents may be slower than to single entities. This might be considered as another advantage for using extracts rather than pure compounds as antimicrobial agents.^[14]

Currently, MRSA is a worldwide problem with limited success with antimicrobial treatment. Accordingly, the reported antimicrobial activity of the *S. triloba* extract, against the sensitive reference strain of *S. aureus*, prompted us to evaluate its activity against MRSA. Our results demonstrated a bacteriocidal activity of the *S. triloba* ethanol extract and its volatile oil against the tested culture of MRSA. The reported results are of significant value and further studies are in progress to evaluate their antibiofilm and antiadhesion activities in combination with nonantibiotic agents.

The prevalent mode of growth in most ecological niches is biofilm. Some plant extracts and purified natural compounds were found to possess antibiofilm and antiadhesion activities.^[12,14,28,29] Our findings indicated dose-dependent antibiofilm and antiadhesion activities of the *S. triloba* ethanol extract and its volatile oil. Previous studies on the antibiofilm activities of other *Salvia* species such as *S. pratensis* and *S. virgata* did not show any effect under the tested experimental conditions.^[14] In the present study, the *S. triloba* extract did not achieve biofilm eradication under our experimental conditions. Nevertheless, this was demonstrated by its volatile oil. Moreover, both agents exhibited antiadhesive activities which count as a prophylactic measure toward biofilm establishment.

In comparison to chlorhexidine, the antibiofilm results of the *S. triloba* extract and its volatile oil demonstrated their effectiveness as antibiofilm agents at the tested concentrations where they have achieved considerable antibiofilm activities in comparison to that achieved by chlorhexidine. At predetermined MBC concentrations, chlorhexidine was capable to eradicate the planktonic cultures of *S. aureus*. At these concentrations, the best antibiofilm activity achieved by chlorhexidine was a 2 log cycle reduction. On the other hand, the antibiofilm activities reported in this study reached in some cases to 1–2 log cycle reduction in the population representing a significant effect relative to that of chlorhexidine.

CONCLUSIONS

In many situations, it is very difficult to eradicate and even to treat microbial biofilms. Hence, the inhibition of microbial adhesion to surfaces and the subsequent biofilm development would be of great value. The present study demonstrated that the *S. triloba* extract and its volatile oil should be considered of great value in preventing and treating biofilms due to their antibiofilm, antiadhesion, and

anti-MRSA activities. Furthermore, these findings revealed that plants used in traditional medicine are still one of the significantly reliable sources in discovering cheap, safe, and easy accessible medicines. Based on the demonstrated activity of the *S. triloba* extract against *S. aureus* [Figure 1], it can be suggested that this plant extract might be used as an antiseptic in the prophylaxis and treatment of *S. aureus*-associated skin infections. In conclusion, although *Salvia* species have been previously demonstrated to possess antimicrobial activities against planktonic bacterial cultures, this is the first study to demonstrate the antibiofilm and antiadhesion activities for one of the *Salvia* species, namely, *S. triloba*. Accordingly, these findings justify the consideration of the *S. triloba* extract and oil as potential candidates in successful treatment of skin infections caused by *S. aureus* biofilms.

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