



Removal of fluoroquinolone antibiotic, ofloxacin, by adsorption on titaniferous sand

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Abstract

The elimination of fluoroquinolone antibiotic, ofloxacin, was carried out by adsorption on titaniferous sand with a 58% content of TiO₂. Various parameters such as contact time, sand concentration and initial pH influencing the adsorption of the antibiotic were optimized. Thus, the adsorption equilibrium was obtained after 100 minutes and the kinetics followed the second pseudo order model. The removal of the ofloxacin was better at a pH of 6.5 for a sand concentration of 160 g / L. Among the isothermal models tested, to represent the experimental results, the Langmuir model better described the adsorption process with a maximum adsorption capacity of 1.1383 mg/g and a kinetic constant of 0.0389 L / mg.

Keywords: Adsorption, fluoroquinolone antibiotics, ofloxacin, titaniferous sand.

Introduction

The fluoroquinolones are the main antibiotics of the therapeutic armory used to treat several infections due to their powerful bacterial activities¹. Indeed, fluoroquinolones have a high intracellular and tissue penetration, a large antibacterial spectrum, a good clinical tolerance profile and an excellent oral bioavailability². That's why the fluoroquinolones are the fourth antibiotic among the most prescribed in the world³. Nevertheless, more than half of these antibiotics can't be removed easily. Then, they remain under their original form⁴ and can also be found in aquatic environment⁵. Although, recent studies showed the presence of antibiotics in several types of water: wastewater⁶, surface water⁷, groundwater⁸ and even in drinking water⁹. The fluoroquinolones are among the antibiotics which have a low solubility and biodegradability. They are susceptible to be accumulated in water¹⁰. This accumulation involves toxic effects on aquatic microorganisms and consequently develops genetically resilient antibiotics. These antibiotics can be shared between bacteria by a horizontal gene transfer process which lead to their inefficiency⁴. It was showed that the mixture of fluoroquinolones residues with other active pharmaceutical compounds can generate growth inhibitors effects and genotoxicity in aquatic species¹. However the harmful effect of fluoroquinolones in aquatic ecosystem and human health require the development of treatment technics for their elimination. Several works related these treatment technics and came up with nanofiltration combined with ozonation¹¹, electrochemical oxidation¹², advanced oxidation processes^{13(p)}, adsorption¹⁴. Among these technics, adsorption is generally considered as the only currently promised one¹⁵. In fact, adsorption is a unit operation, easily feasible technically, and doesn't require high energy consumption¹⁶. Excellent

adsorbents can be used such as activated char coal, silica gel, activated alumina, zeolites, etc. However a recently reviewed literature interestingly highlights the adsorption by titanium oxide^{17,18} and other oxides like titaniferous sand, silicium oxide¹⁹, zirconium oxide²⁰, etc. That's what inspired us to use titaniferous sand as adsorbent. The latter is considered a by-product of the zirconium industry and has a very low commercial value²¹. The adsorption of ofloxacin was experienced on titaniferous sand with a 58% content of titanium oxide. Until recently, there has been no works relating the adsorption of fluoroquinolones antibiotics on titaniferous sand. In this work, the influence of different parameters was studied to optimize the adsorption process.

Materials and methods

The used titaniferous sand was from an ore in Senegal. Its black and metallic aspect (Figure-1). The sand contains 58 % titanium dioxide. In addition to titanium dioxide, it contains other dioxides such as: Fe₂O₃, FeO, V₂O₅, Cr₂O₃, SiO₂, Al₂O₃, P₂O₅, MgO, MnO, CaO ... The characteristics of the titaniferous sand were a porosity of 38.33%, a density of 4054 kg.m⁻³ and a specific surface of 11.84 g.m⁻².

Trials of adsorption were carried out by a « MULTISTIRRER 15 » agitator and a series of Erlenmeyer flasks. The experiment was based on making contact with agitation for a given time a mass of titaniferous sand (M_{STF}) and a given volume of ofloxacin in solution. When the contact between the sand and the pollutant was established, the run time was set. The follow-up of the adsorption in time was handled by sampling 10 mL using a disposable syringe. The samples were filtrated on a 0.45 µm HA millipore membrane. The reduction of the antibiotic

concentration was followed by measuring the chemical oxygen demand with the reflux method using a « BLOC DIGEST » multipostes heating system. The retained amount of ofloxacin by the sand at the equilibrium time and the rate of elimination were found by the following relationships:

$$Q_e = \frac{(DCO_0 - DCO_e) \cdot V}{M_{STF}} \quad (1)$$

$$\text{yield } \% = \frac{(DCO_0 - DCO_e) \cdot 100}{DCO_0} \quad (2)$$

CO_{D0} : Initial Chemical Oxygen Demand of the antibiotic in solution (mg/L); V : volume of the antibiotic solution (L); M_{STF} : Mass of the titaniferous sand (g); CO_{De} : Equilibrium Chemical Oxygen Demand of the antibiotic in solution (mg/L).



Figure-1: Sample of titaniferous sand used as an adsorbent.

Results and discussion

Adsorption kinetics of ofloxacin on the titaniferous sand:

The adsorption kinetics of the antibiotic is showed in Figure-2. The experiment was based on determining the optimal duration to reach the adsorption equilibrium.

The kinetics highlighted 100 minutes of duration. The retention of ofloxacin was 57.14% in operational conditions consistent of an adsorption capacity of 0.41 mg/g.

To better describe the adsorption mechanism of ofloxacin on titaniferous sand, two kinetics models were used. These are the models of the first pseudo order and the second pseudo order. Their respective linear equations are as follows.

$$\ln(Q_e - Q_t) = -K_1 \cdot t + \ln Q_e \quad (3)$$

$$\frac{t}{Q_t} = \frac{1}{K_2 Q_e^2} + \left(\frac{1}{Q_e}\right) t \quad (4)$$

Where: Q_t : adsorption capacity at time in (mg/g); K_1 : rate constant of pseudo first order adsorption in (min^{-1}); K_2 : rate constant of pseudo second order adsorption in ($\text{g} \cdot \text{mg}^{-1} \cdot \text{min}^{-1}$); Q_e : Equilibrium adsorption capacity (mg/g).

The results of the kinetics modeling are displayed in Figure-3 and Figure-4.

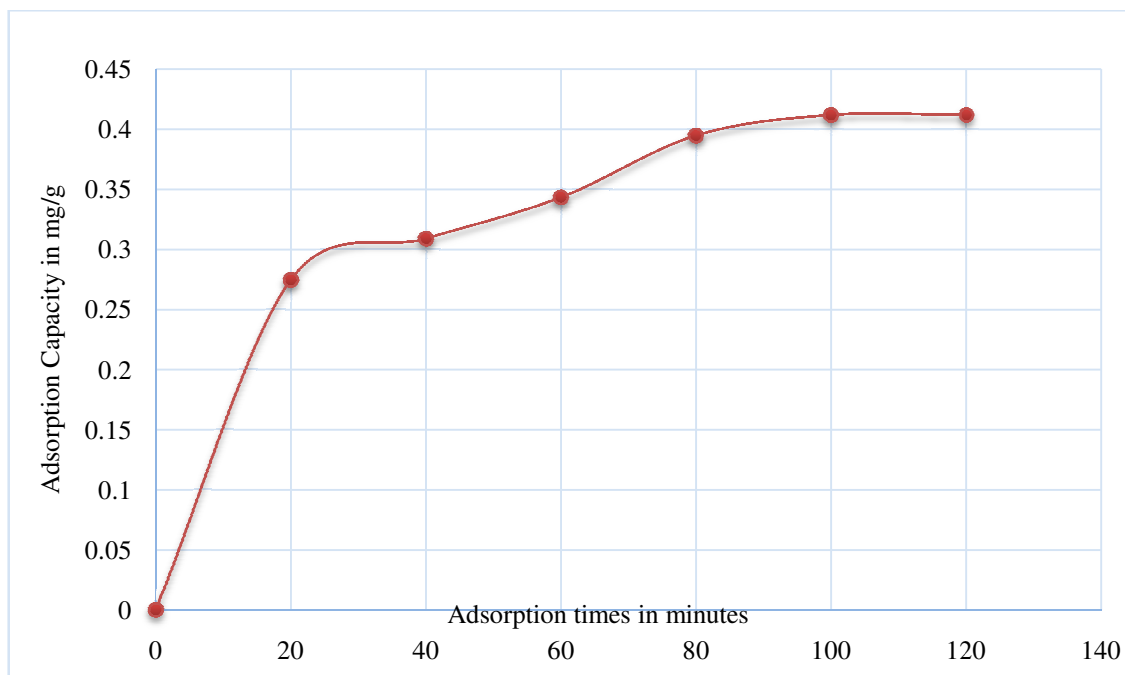


Figure-2: Effect of contact time on the adsorption of the ofloxacin: $CO_{D0}=201.6$ mg/L; $pH=7.5$; $M_{STF}=70$ g; $T=24^{\circ}C$; $V=250$ mL.

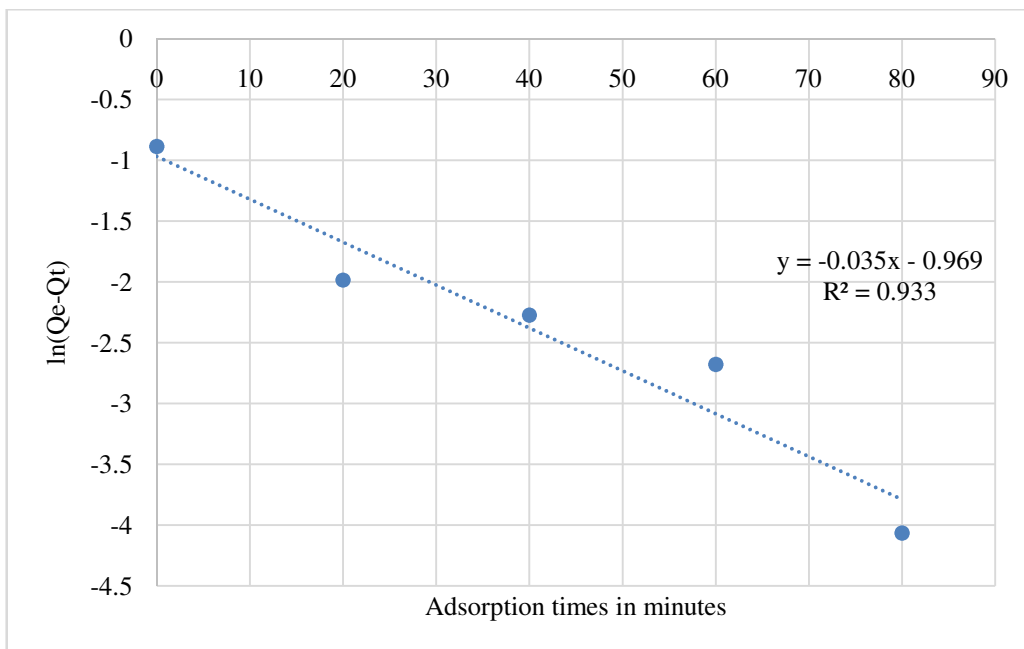


Figure-3: Linearization according to the pseudo first order model.

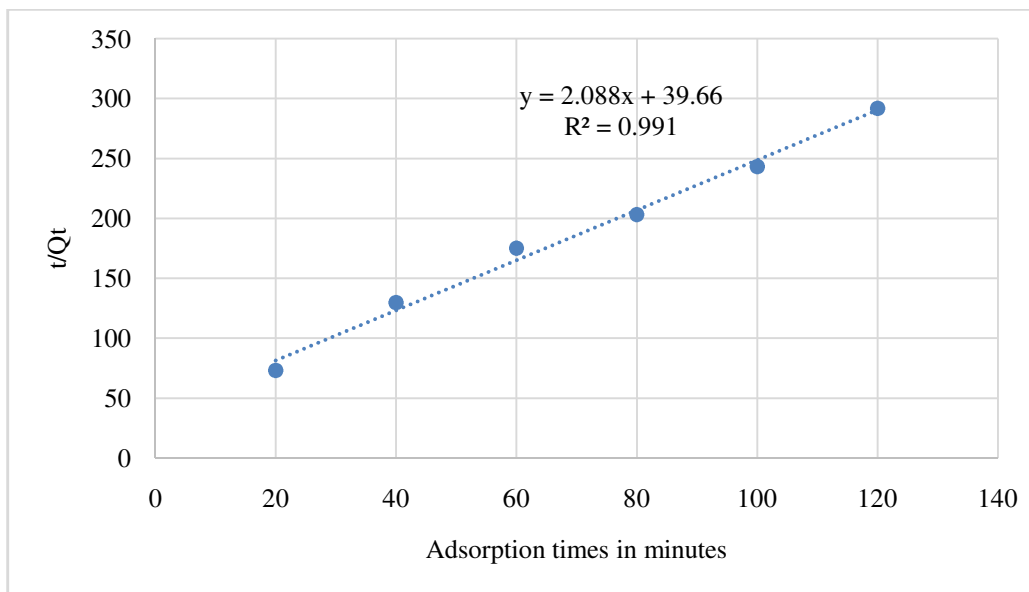


Figure-4: Linearization according to the pseudo second order model.

Based on the obtained correlation coefficients R^2 , the two kinetics models were consistent with the experimental results. However, the pseudo second order model better described the adsorption kinetics. Thus, the adsorption of the antibiotic on the titaniferous sand is chemical. The kinetic parameters of the model are displayed in Table-1.

Influence of the titaniferous sand concentration: The influence of the titaniferous sand was experienced to determine the minimum amount of titaniferous sand for having the maximum retention of ofloxacin. Therefore, it is inferred that adsorption is a process which is strongly influenced by the mass of the adsorbent.

Table-1: Kinetic parameters of the pseudo second order model.

Kinetic parameters	Qe (mg/g)	K ₂ (g.mg ⁻¹ .min ⁻¹)	R ²
Values	0.4788	0.1100	0.9915

To find out the influence of the titaniferous sand concentration, a 200 mg/L solution of ofloxacin was prepared and a volume of 250 mL was sampled in which a titaniferous sand mass of 0 to 100 mg was added. The results of this experiment are displayed in Figure-5.

The results showed that the adsorption yield became higher when the mass of titaniferous sand increased. The maximum yield was obtained with a mass of 40g which meant a concentration of 160 g/L in an aqueous solution. This solution allowed a 57.14% deduction rate of the COD after 100 min of adsorption. The mass of 40 g was used for the following tests.

Influence of the ofloxacin solution initial pH: Adsorption of organic compounds is influenced by the initial pH of the solution²². In fact, the pH acts on the charge of the adsorbent surface²³. Then, in order to find out this impact, the value of the pH was shifted from 3 to 9. Figure-6 showed how the adsorption capacity of ofloxacin was depending on the initial pH of the solution.

The results highlighted the important role played by the pH in the ofloxacin fixation on the titaniferous sand. Indeed, the

adsorption capacity of ofloxacin became higher when the pH increased to reach a maximum value of 0.72 mg/g at pH of 6.5. Nonetheless, a decrease of the adsorption capacity was noticed when the pH became higher than 6.5. The maximum value of the adsorption capacity at a pH of 6.5 would be explained by the charge missing on the TiO₂ surface. Elsewhere the pHPZC (pH zero charge point) is ranged between 5.5 and 6.6²⁴. However, the adsorbent surface is positively charged when the pH is less than 6.5 while it is negatively charged when the pH is higher than 6.5 because of the adsorption ions of H⁺ and OH⁻²⁵. The presence of these ions in the adsorbent surface put back the antibiotic molecules which reduce their adsorption efficiency. Similar results were obtained on the adsorption of organic molecules by other authors^{26,27}. Then, since the maximum adsorption capacity was obtained at a pH of 6.5, the adsorption isotherms were carried at this value.

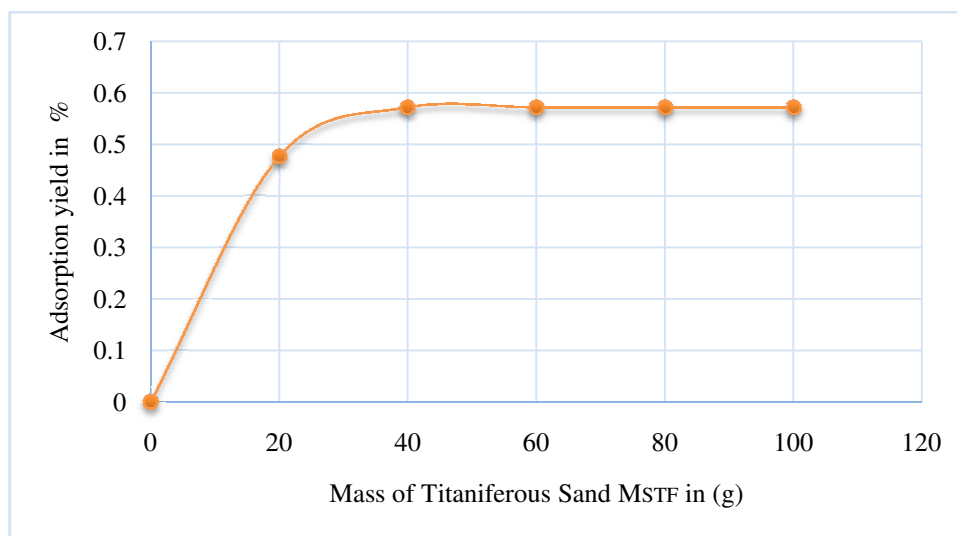


Figure-5: Variation of the adsorption yield in terms of the titaniferous sand mass: COD₀=201.6mg/L; pH=7.5; T=24°C; V=250 mL; t=100 min.

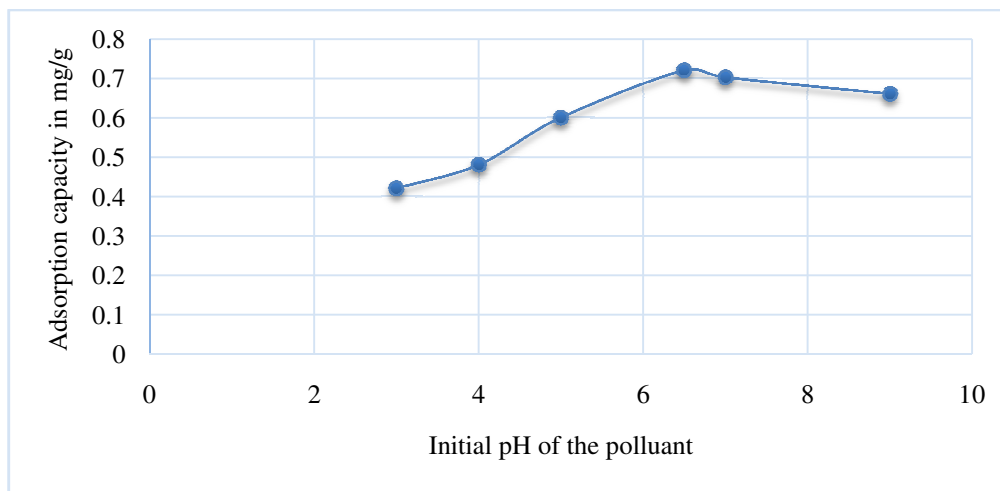


Figure-6: Variation of the adsorption capacity of ofloxacin in terms of the solution pH: COD₀=201.6mg/L; M_{STF}=40g; T=24°C; V=250 mL; t=100 min.

Modeling the adsorption isotherms: The Langmuir (Equation-5) and Freundlich (Equation-6) models were used to explore the relationship between the adsorption capacity and the equilibrium concentration.

$$\frac{1}{Q_e} = \frac{1}{Q_{max}K_L} \frac{1}{C_e} + \frac{1}{Q_{max}} \quad (5)$$

$$\text{Log}Q_e = \text{Log} K_f + n \text{Log} C_e \quad (6)$$

Q_{max} : Maximum adsorbent amount (mg/g); K_L : Langmuir constant (L/mg); K_f : Freundlich constant (m^3/g); n : empiric constant depending on the studied system (adsorbant/molecule) and physical and chemical conditions of the area (T, pH...).

The isotherms were studied at 24°C with solutions of ofloxacin which concentrations varied from 50 to 250 mg/L at a pH of 6.5. The results are displayed in Figure-7 and Figure-8. Langmuir model gave the highest correlation ($R^2 = 0.9757$) implying that ofloxacin adsorption on titaniferous sand followed Langmuir isotherm which bring out a single type of adsorption sites (monolayer adsorption). This result is in accordance with others indicate that the adsorption of organic compounds on titanium dioxide generally follow the Langmuir model^{28,29}. The parameters of the Langmuir isotherm are given in Table-2. Then, the maximum adsorption capacity of the antibiotic on the titaniferous sand was 1.1383 mg/g.

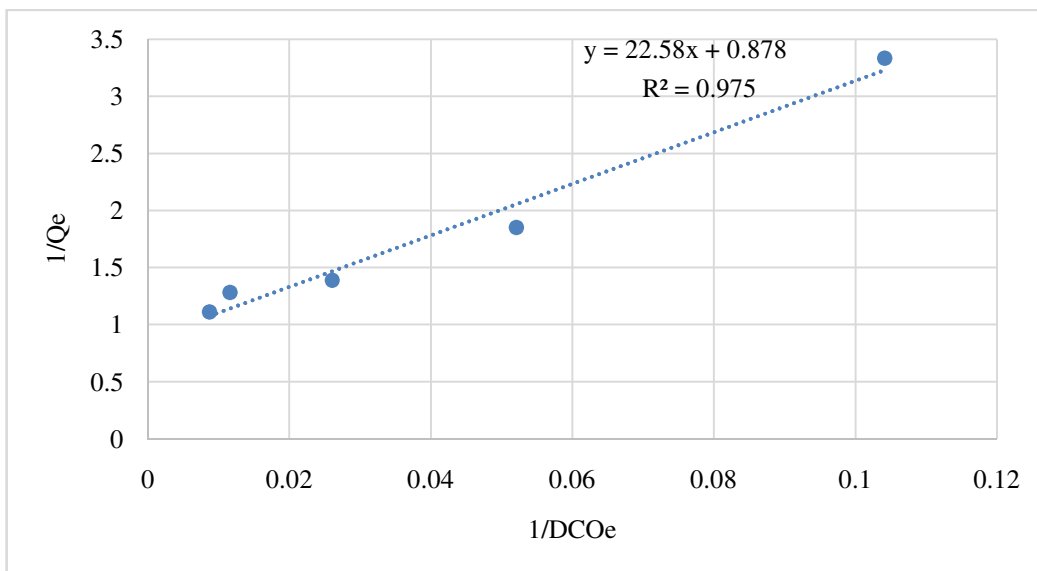


Figure-7: Correlation with Langmuir isotherm.

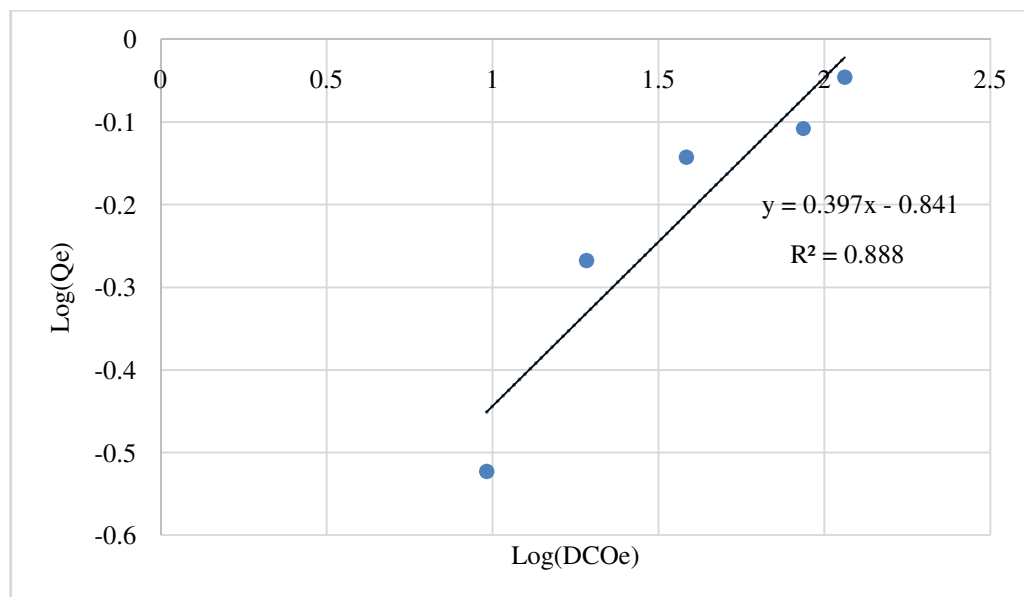


Figure-8: Correlation with Freundlich isotherm.

Table-2: Parameters of Langmuir isotherm for the adsorption of the ofloxacin on titaniferous sand.

Parameters	R ²	Capacité d'adsorption maximale Q _{max} (mg/g)	Constante de Langmuir K _L (L/mg)
Values	0.9757	1.1383	0.0389

Conclusion

This work consisted on studying the adsorption of ofloxacin which is a fluoroquinolone antibiotic by using a titaniferous sand as adsorbent. The adsorption was influenced by several operational parameters such as the mass of titaniferous sand, the pH of the antibiotic solution, etc. the experiment came up with main conclusions: i. the equilibrium was reached after 100 min; ii. the minimum concentration of 160 g/L in titaniferous sand was found out, which was sufficient to obtain a best reduction rate of ofloxacin; iii. a pH of 6.5 allowed a maximum adsorption capacity of ofloxacin; iv. the adsorption isotherm is in agreement with the Langmuir model which meant a monolayer adsorption; v. the adsorption kinetics was described by the pseudo second order model. Consequently, the adsorption mechanism of the antibiotic on the titaniferous sand was chemical.

From this study, we can conclude by saying that titaniferous sand could be used successfully for the depollution of contaminated water by pharmaceutical compounds.

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