



MICROSPHERES AS ADVANCED DRUG CARRIERS: INNOVATIONS IN CONTROLLED DRUG DELIVERY

¹Pankaj Kumar, ²Ashish Sharma, ³Diksha Sharma

¹Department of Pharmaceutics, DDM College of Pharmacy, Una, Himachal Pradesh, India.

^{2,3}Faculty of Pharmacy, DDM College of Pharmacy, Una, Himachal Pradesh, India.



*Corresponding Author: Pankaj Kumar

Department of Pharmaceutics, DDM College of Pharmacy, Una, Himachal Pradesh, India.

DOI: <https://doi.org/10.5281/zenodo.18875888>

How to cite this Article: ¹Pankaj Kumar, ²Ashish Sharma, ³Diksha Sharma (2026). Microspheres As Advanced Drug Carriers: Innovations In Controlled Drug Delivery. World Journal of Pharmaceutical and Life Sciences, 12(3), 183–193. This work is licensed under Creative Commons Attribution 4.0 International license.



Article Received on 04/02/2026

Article Revised on 25/02/2026

Article Published on 01/03/2026

ABSTRACT

Microspheres have emerged as a highly versatile and scientifically advanced platform for controlled, sustained, and targeted drug delivery applications. These spherical particulate systems, typically ranging from 1 to 1000 μm in diameter, are engineered from biodegradable synthetic polymers, natural biopolymers, lipids, or inorganic materials to encapsulate therapeutic agents with high efficiency and stability. The structural architecture of microspheres—whether matrix-type or reservoir-type—enables precise modulation of drug release kinetics through mechanisms including diffusion, polymer degradation, erosion, and swelling-controlled transport. By optimizing physicochemical parameters such as polymer molecular weight, copolymer ratio, particle size distribution, surface morphology, and encapsulation efficiency, microspheres can be tailored to achieve predictable in vitro and in vivo release profiles. The clinical significance of microsphere-based delivery systems lies in their ability to enhance therapeutic efficacy, reduce systemic toxicity, improve bioavailability, protect labile biomolecules from enzymatic or hydrolytic degradation, and minimize dosing frequency. Advanced fabrication techniques including emulsion-solvent evaporation, spray drying, phase separation (coacervation), ionic gelation, and microfluidics have enabled scalable and reproducible production of microspheres with controlled characteristics. Furthermore, functionalization strategies such as surface modification, ligand conjugation, and stimuli-responsive polymer incorporation have expanded their applications in targeted cancer therapy, vaccine delivery, hormone therapy, ocular and pulmonary administration, and regenerative medicine. Despite their advantages, challenges such as initial burst release, scale-up complexity, sterilization constraints, polymer-associated toxicity, and regulatory compliance remain critical considerations in translational development. Ongoing advancements in polymer science, nanotechnology integration, and precision medicine are expected to drive the next generation of intelligent and multifunctional microsphere systems capable of responsive and personalized drug delivery.

KEYWORDS: Microspheres; Controlled drug delivery; Sustained release systems; Biodegradable polymers; Poly(lactic-co-glycolic acid) (PLGA); Drug encapsulation.

1. INTRODUCTION

The development of controlled drug delivery systems represents a major advancement in pharmaceutical sciences, aiming to optimize therapeutic efficacy while minimizing adverse effects and improving patient compliance. Conventional dosage forms such as tablets, capsules, and injections often produce fluctuating plasma drug concentrations characterized by sharp peaks and troughs, which may result in subtherapeutic exposure or

dose-related toxicity. Pharmacokinetic studies indicate that many drugs exhibit short biological half-lives ($t_{1/2} < 6$ hours), necessitating frequent administration to maintain therapeutic plasma levels. Repeated dosing not only reduces patient adherence—reported to fall below 50% in chronic therapies—but also increases the risk of systemic toxicity and poor therapeutic outcomes.

Controlled drug delivery systems (CDDS) are designed to modulate the rate, time, and site of drug release to achieve and maintain optimal drug concentrations within the therapeutic window. Among various advanced delivery platforms, microspheres have gained substantial attention due to their versatility, tunable release characteristics, and ability to encapsulate a wide spectrum of therapeutic agents including small-molecule drugs, peptides, proteins, vaccines, nucleic acids, and growth factors. Microspheres are defined as free-flowing spherical particles typically ranging in diameter from 1 μm to 1000 μm . Their size, surface morphology, porosity, and internal microstructure can be precisely engineered to achieve desired pharmacokinetic and pharmacodynamic profiles. Research over the past four decades has demonstrated that biodegradable polymeric microspheres, particularly those based on polyesters such as poly(lactic acid) (PLA) and poly(lactic-co-glycolic acid) (PLGA), can provide sustained drug release ranging from days to several months. The degradation kinetics of PLGA, for example, can be systematically modulated by altering the lactic acid:glycolic acid ratio, molecular weight, and polymer crystallinity. A 50:50 PLGA copolymer typically degrades within 1–2 months, whereas higher lactide content slows degradation due to increased hydrophobicity and crystallinity.

The global pharmaceutical landscape reflects the growing importance of controlled delivery technologies. Long-acting injectable formulations based on microsphere technology have been successfully commercialized for the treatment of chronic conditions such as cancer, diabetes, schizophrenia, and hormonal disorders. These depot formulations reduce dosing frequency from daily or weekly administration to monthly or even quarterly injections, significantly improving patient compliance and therapeutic consistency. Clinical pharmacokinetic data demonstrate that microsphere-based depot systems can maintain steady-state plasma concentrations with reduced peak-to-trough fluctuations compared to conventional immediate-release formulations.

From a mechanistic perspective, drug release from microspheres occurs via a combination of diffusion, polymer degradation, swelling, and erosion. Mathematical modeling using Higuchi, Korsmeyer–Peppas, and zero- or first-order kinetic models has enabled quantitative prediction of release behavior. For instance, diffusion-controlled systems typically follow Higuchi kinetics ($Q \propto \sqrt{t}$), while degradation-controlled systems may approximate zero-order release under specific polymer erosion conditions. Advances in polymer chemistry have facilitated the development of surface-modified and functionalized microspheres capable of site-specific targeting through ligand-receptor interactions or environmental responsiveness (e.g., pH-sensitive, thermo-responsive, or enzyme-triggered systems).

The physicochemical properties of microspheres—including particle size distribution, zeta potential, porosity, encapsulation efficiency, and surface characteristics—play a critical role in determining biodistribution, cellular uptake, and immunogenicity. Studies have shown that particle size significantly influences biological fate: microspheres in the range of 1–10 μm are suitable for parenteral depot injection, whereas smaller particles (<5 μm) may exhibit phagocytic uptake by macrophages. Larger microspheres (>50 μm) are often employed for localized implantation or embolization therapies. Technological advancements such as microfluidics, supercritical fluid processing, and precision spray drying have improved reproducibility and scalability in microsphere fabrication. Additionally, integration of nanotechnology has led to the development of nano-in-microsphere hybrid systems that combine the advantages of nanoparticle targeting with microsphere-controlled release characteristics. The expanding research interest in microspheres is evident from the exponential growth in scientific publications and patents related to biodegradable polymeric delivery systems over the past two decades. Current investigations are focused on enhancing drug loading capacity, minimizing initial burst release, improving stability of biologics, and developing stimuli-responsive intelligent systems compatible with personalized medicine approaches. In summary, microspheres represent a scientifically robust and clinically validated drug delivery platform capable of addressing many limitations associated with conventional dosage forms. Their ability to integrate material science, polymer chemistry, pharmacokinetics, and biomedical engineering makes them a cornerstone technology in modern controlled and targeted drug delivery research.

2. Classification of Microspheres

Microspheres are classified based on composition, internal structure, drug distribution pattern, functionality, and route of administration. Scientific classification is essential because each category exhibits distinct physicochemical behavior, degradation kinetics, drug release mechanisms, and biological interactions. Understanding these classifications allows rational design of microsphere-based controlled drug delivery systems.

2.1 Classification Based on Composition

2.1.1 Polymeric Microspheres

Polymeric microspheres are the most extensively investigated systems in controlled drug delivery. They are fabricated using synthetic or semi-synthetic biodegradable polymers with predictable hydrolytic degradation profiles.

A. Synthetic Biodegradable Polymers

Commonly used synthetic polymers include:

- Poly(lactic acid) (PLA)
- Poly(lactic-co-glycolic acid) (PLGA)
- Polycaprolactone (PCL)

- Polyanhydrides

Table:1

Polymer	Degradation Mechanism	Typical Degradation Time	Glass Transition Temp (T _g)	Applications
PLA	Bulk hydrolysis	6–24 months	55–65°C	Long-term implants
PLGA (50:50)	Bulk hydrolysis	1–2 months	45–55°C	Depot injections
PLGA (75:25)	Bulk hydrolysis	3–5 months	50–60°C	Sustained delivery
PCL	Surface + bulk erosion	>24 months	–60°C	Long-term release

PLGA is the most widely used polymer due to its:

- FDA approval
- Biocompatibility
- Tunable degradation rate

Hydrolytic degradation of PLGA produces lactic acid and glycolic acid, which enter the Krebs cycle, minimizing systemic toxicity.

The lactide:glycolide ratio strongly influences hydrophobicity and crystallinity.

- Higher glycolide content → faster degradation
- Higher lactide content → increased hydrophobicity and slower hydrolysis

Molecular weight also affects degradation.

- Low MW PLGA (<20 kDa) degrades rapidly.
- High MW PLGA (>100 kDa) provides prolonged release.

B. Natural Polymer Microspheres

Natural polymers offer advantages such as biodegradability, low toxicity, and mucoadhesive properties.

Common examples.

Chitosan

Alginate

Gelatin

Chitosan microspheres exhibit positive surface charge due to protonated amino groups, enhancing interaction with negatively charged mucosal surfaces and improving drug absorption.

Alginate microspheres crosslink with divalent ions (Ca²⁺). The degree of crosslinking controls porosity and release rate.

C. Inorganic Microspheres

Inorganic systems such as silica or calcium phosphate microspheres are used in specialized biomedical applications.

Mesoporous silica microspheres possess high surface area (>1000 m²/g), allowing high drug loading.

Calcium phosphate microspheres are osteoconductive and useful in bone regeneration.

These systems are generally non-degradable or slowly resorbable and are primarily used in localized delivery.

3. Materials for Microsphere Formulation

The selection of appropriate materials is a critical determinant in the design, performance, and clinical

translation of microsphere-based drug delivery systems. Polymer composition governs not only the physicochemical characteristics of microspheres—such as particle size, porosity, mechanical strength, and surface morphology—but also drug loading capacity, release kinetics, biodegradation rate, biocompatibility, and immunogenicity. Materials used in microsphere fabrication can be broadly categorized into synthetic biodegradable polymers, natural biopolymers, lipid-based materials, and inorganic materials. The physicochemical properties of these materials directly influence the mechanisms of drug release, including diffusion, swelling, erosion, and degradation-controlled processes.

3.1 Synthetic Biodegradable Polymers

Synthetic aliphatic polyesters are the most widely employed materials for controlled-release microspheres due to their predictable degradation kinetics and regulatory acceptance.

3.1.1 Poly(lactic acid) (PLA)

PLA is a hydrophobic, semicrystalline polyester derived from lactic acid. It exists in three stereochemical forms: poly(L-lactide) (PLLA), poly(D-lactide) (PDLA), and poly(D,L-lactide) (PDLLA).

Physicochemical Properties

Parameter	Typical Range
Molecular weight	10–200 kDa
Glass transition temperature (T _g)	55–65°C
Degradation time	6–24 months
Hydrophobicity	High
Crystallinity	0–40%

Degradation Mechanism

PLA undergoes hydrolytic cleavage of ester bonds, producing lactic acid, which is metabolized via the tricarboxylic acid (TCA) cycle.

The hydrolysis rate depends on

- Molecular weight (M_w)
- Crystallinity
- Water uptake
- Surface area-to-volume ratio

Higher crystallinity reduces water penetration and slows degradation.

3.1.2 Poly(lactic-co-glycolic acid) (PLGA)

PLGA is a copolymer of lactic acid and glycolic acid and is the most extensively studied polymer in microsphere-based delivery.

Influence of Copolymer Ratio

Lactide:Glycolide Ratio	Relative Hydrophobicity	Degradation Time
50:50	Moderate	1–2 months
65:35	Increased	2–3 months
75:25	High	3–5 months
85:15	Very high	5–6 months

The 50:50 PLGA degrades fastest due to its amorphous structure and maximal water uptake.

Scientific Considerations

End-group capping (ester vs carboxyl end) influences hydrophilicity.

Lower molecular weight increases degradation rate.

T_g decreases as glycolide content increases.

3.1.3 Polycaprolactone (PCL)

PCL is a semicrystalline polymer with slow degradation characteristics.

Parameter	Value
T _g	–60°C
Melting point	59–64°C
Degradation time	>24 months
Crystallinity	High

PCL degrades via ester hydrolysis but much more slowly than PLGA due to.

High crystallinity

Low water permeability

It is ideal for long-term implants and chronic disease treatment.

3.1.4 Polyanhydrides

Polyanhydrides degrade predominantly via surface erosion rather than bulk degradation.

Advantages

Near zero-order release kinetics

Predictable degradation

Degradation rate is influenced by.

Monomer composition

Hydrophobicity

Surface erosion allows more uniform drug release compared to PLGA bulk degradation systems.

3.2 Natural Polymers (Biopolymers)

Natural polymers are preferred for their biocompatibility, low toxicity, and inherent biological functionality.

3.2.1 Chitosan

Derived from deacetylation of chitin, chitosan is a cationic polysaccharide.

Key Parameters

Property	Influence
Degree of deacetylation (DD)	Controls charge density
Molecular weight	Influences viscosity and particle size
pKa (~6.5)	Affects solubility

Chitosan microspheres exhibit

Mucoadhesive properties

Enhanced epithelial permeation

pH-sensitive solubility

Drug release is often diffusion-controlled and swelling-mediated.

3.2.2 Alginate

Alginate is an anionic polysaccharide composed of mannuronic (M) and guluronic (G) acid residues.

Crosslinking occurs via Ca²⁺ ions forming "egg-box" structures.

Release rate depends on:

G/M ratio

Crosslinking density

Environmental ionic strength

High G-content → stronger gel → slower release.

3.2.3 Gelatin

Gelatin is a biodegradable protein obtained from collagen.

Types:

Type A (acid processed)

Type B (alkaline processed)

Gelatin microspheres degrade enzymatically and are suitable for protein delivery.

Crosslinking agents:

Glutaraldehyde

Genipin

Crosslinking increases mechanical stability but may reduce biodegradability.

3.3 Lipid-Based Materials

Lipid microspheres are formulated using fatty acids, triglycerides, and phospholipids.

Advantages

Biocompatibility

Reduced polymer-associated toxicity

Improved solubility of lipophilic drugs

Examples:

Stearic acid

Glyceryl monostearate

Lecithin

Drug release mechanism:

Lipid matrix erosion

Diffusion through lipid layers

4. Preparation Methods of Microspheres

The method of preparation plays a decisive role in determining the physicochemical characteristics, encapsulation efficiency, drug loading capacity, particle size distribution, morphology, and release kinetics of

microspheres. Selection of fabrication technique depends on drug properties (hydrophilicity/lipophilicity, thermal stability), polymer characteristics (solubility, molecular weight), route of administration, scalability requirements, and regulatory constraints. Broadly, microsphere preparation techniques can be categorized into solvent-based methods, solvent-free methods, physicochemical crosslinking techniques, and advanced microfabrication approaches.

4.1 Emulsion Solvent Evaporation Method

The emulsion solvent evaporation technique is the most widely employed method for preparing polymeric microspheres, particularly those based on PLGA and PLA.

Principle

The polymer and drug are dissolved in a volatile organic solvent (e.g., dichloromethane, ethyl acetate), which is then emulsified into an aqueous phase containing a stabilizer (e.g., polyvinyl alcohol, PVA). Upon solvent evaporation, the polymer precipitates, forming solid microspheres.

Types of Emulsion Systems

4.1.1 Single Emulsion (O/W)

Used primarily for hydrophobic drugs.

Steps

1. Dissolve polymer and hydrophobic drug in organic solvent.
2. Emulsify into aqueous phase under mechanical stirring.
3. Evaporate solvent under reduced pressure or continuous stirring.
4. Collect and dry microspheres.

Critical Parameters

Parameter	Influence
Stirring speed	Higher speed → smaller particles
Surfactant concentration	Higher → reduced particle aggregation
Organic:aqueous ratio	Affects particle size and morphology
Polymer concentration	Higher → increased viscosity → larger particles

Particle size typically ranges from 10–200 µm.

4.1.2 Double Emulsion (W/O/W)

Suitable for hydrophilic drugs (e.g., peptides, proteins).

Process

1. Drug dissolved in aqueous phase (W1).
2. Emulsified into polymer solution in organic solvent (O) → W1/O.
3. Primary emulsion further emulsified into aqueous phase (W2).
4. Solvent evaporation leads to microsphere formation.

Advantages

Improved encapsulation of hydrophilic drugs.
Reduced drug diffusion into external phase.

Limitations

Potential protein denaturation.
Lower encapsulation efficiency if stabilization inadequate.
Encapsulation efficiencies typically range from 40–85%, depending on formulation optimization.

4.2 Spray Drying

Spray drying is a one-step, scalable technique suitable for industrial production.

Principle

A drug-polymer solution or suspension is atomized into fine droplets within a heated chamber. Rapid solvent evaporation produces dry microspheres.

Process Variables

Parameter	Effect
Inlet temperature	Influences solvent evaporation rate
Feed rate	Controls particle size
Atomization pressure	Higher → smaller droplets
Solvent volatility	Faster evaporation → porous particles

Particle size: 1–50 µm.

Advantages

Continuous process
Reproducibility
Suitable for pulmonary delivery

Limitations

Thermal degradation of heat-sensitive drugs
Potential low yield for small batches

4.3 Phase Separation (Coacervation)

This technique relies on reducing polymer solubility to induce phase separation.

Principle

Addition of a nonsolvent or change in temperature causes polymer-rich phase separation (coacervate), which deposits around drug particles.

Types

Simple coacervation (single polymer)
Complex coacervation (two oppositely charged polymers)

Process Steps

1. Dissolve polymer in solvent.
2. Disperse drug.
3. Induce phase separation.
4. Harden microspheres by crosslinking or solvent removal.

Applications

Protein delivery
Vaccine formulations
Particle size: 10–500 μm .

4.4 Ionic Gelation Method

Used primarily for natural polymers such as alginate and chitosan.

Principle

Polyelectrolytes crosslink in presence of multivalent counter-ions.

Example:

Alginate + Ca^{2+} \rightarrow Calcium alginate gel microspheres

Procedure

1. Prepare polymer solution.
2. Add drug.
3. Dropwise addition into crosslinking solution.
4. Gelation occurs instantly.

Advantages

Mild processing conditions
No organic solvents
Suitable for proteins and biologics
Particle size depends on:
Needle diameter
Droplet formation rate
Polymer viscosity

4.5 Solvent Extraction Method

Similar to solvent evaporation, but solvent is removed via extraction into an external phase rather than evaporation.

Advantages

Reduced residual solvent
Better control of particle porosity
Often combined with double emulsion technique.

4.6 Supercritical Fluid Technology

An advanced method using supercritical CO_2 as solvent or antisolvent.

4.9 Comparative Overview of Preparation Methods

Method	Suitable Drug Type	Solvent Use	Particle Size Range	Scalability
O/W Emulsion	Hydrophobic	Yes	10–200 μm	Moderate
W/O/W Emulsion	Hydrophilic	Yes	5–100 μm	Moderate
Spray Drying	Both	Yes	1–50 μm	High
Ionic Gelation	Hydrophilic	No	50–1000 μm	Moderate
Supercritical Fluid	Both	Minimal	1–100 μm	Limited
Microfluidics	Both	Yes	Highly uniform	Emerging

4.10 Factors Affecting Microsphere Formation

1. Polymer molecular weight
2. Solvent volatility
3. Interfacial tension
4. Emulsifier type and concentration
5. Temperature
6. pH of external phase

Principle

Supercritical CO_2 rapidly extracts organic solvent, leading to polymer precipitation.

Benefits

Minimal solvent residue
Environmentally friendly
Suitable for heat-sensitive drugs
Particle size: 1–100 μm .
Limitations:
High equipment cost
Process complexity

4.7 Microfluidics-Based Fabrication

Microfluidic devices generate monodisperse droplets with precise size control.

Advantages

Narrow particle size distribution ($\text{CV} < 5\%$)
Precise control over core-shell structures
Reproducibility

Applications

Personalized medicine
Advanced targeted systems

4.8 Hot Melt Microencapsulation

Used for thermally stable drugs.

Process

Polymer melted
Drug dispersed
Emulsified into non-miscible medium
Solidified upon cooling
Advantages:
No organic solvents
Environmentally safe
Limitations:
Not suitable for thermolabile drugs

7. Stirring speed or shear force

4.11 Industrial and Scale-Up Considerations

Challenges during scale-up include:
Maintaining uniform particle size distribution
Reproducibility across batches
Removal of residual solvents (ICH limits)

Sterility assurance
 Process validation
 Spray drying is currently the most industry-compatible method due to continuous processing capability.

4.12 Sterilization Methods

Microspheres can be sterilized using:

Gamma irradiation

Ethylene oxide

Aseptic processing

However, sterilization may alter:

Polymer molecular weight

Drug stability

Release profile

5. Mechanisms of Drug Release from Microspheres

The therapeutic performance of microsphere-based drug delivery systems is fundamentally governed by the mechanisms controlling drug release. Drug liberation from microspheres is a complex, multistep physicochemical process influenced by polymer properties, drug characteristics, microstructure, environmental conditions, and degradation behavior. In most cases, drug release is governed by a combination of diffusion, polymer degradation, erosion, swelling, osmotic pressure, and external stimuli responsiveness.

A mechanistic understanding of these processes is essential for rational formulation design, predictive modeling, and optimization of in vitro–in vivo correlation (IVIVC).

6. Applications of Microspheres in Drug Delivery

Microsphere-based drug delivery systems have found extensive applications across multiple therapeutic domains due to their ability to provide sustained, controlled, and site-specific drug release. Their versatility allows encapsulation of small molecules, peptides, proteins, vaccines, and biological agents. This section discusses major pharmaceutical and biomedical applications of microspheres with mechanistic and formulation perspectives.

6.1 Oncology

Cancer therapy demands localized drug delivery with reduced systemic toxicity. Microspheres offer several advantages in oncology, including controlled release of chemotherapeutic agents and localized embolization-based treatments.

6.1.1 Sustained Chemotherapy

Biodegradable polymeric microspheres (commonly PLGA-based) are used for sustained release of anticancer drugs such as doxorubicin, paclitaxel, and cisplatin.

Advantages

Reduced systemic exposure

Prolonged tumor drug concentration

Reduced dosing frequency

Lower peak plasma toxicity

Drug release duration may range from weeks to months depending on polymer composition and particle size.

6.1.2 Transarterial Chemoembolization (TACE)

Drug-loaded embolic microspheres are used for localized liver cancer treatment via transarterial administration.

Example.

Transarterial Chemoembolization (TACE) involves injection of drug-loaded microspheres into hepatic arteries supplying tumors.

Drug-eluting bead systems such as **DC Bead** provide controlled release of doxorubicin directly at tumor site while blocking blood supply.

6.1.3 Radioactive Microspheres

Radioembolization employs yttrium-90-loaded microspheres for targeted internal radiation therapy.

Example

TheraSphere is used for hepatocellular carcinoma.

Benefits

High localized radiation dose

Minimal systemic toxicity

Controlled distribution via arterial delivery

6.2 Vaccine Delivery

Microspheres enhance immunogenicity by protecting antigens from degradation and providing sustained antigen release.

6.2.1 Controlled Antigen Presentation

PLGA microspheres encapsulating protein antigens:

Protect from enzymatic degradation

Provide depot effect

Enable single-dose vaccination

Release profiles can mimic booster injections.

6.2.2 Mucosal Immunization

Chitosan-based microspheres are used for.

Nasal vaccine delivery

Oral immunization

Advantages:

Mucoadhesion

Enhanced epithelial uptake

Improved antigen stability

Particle size between 1–10 μm facilitates uptake by antigen-presenting cells.

6.3 Hormone and Peptide Delivery

Peptides and hormones often have short half-lives and poor oral bioavailability.

Microspheres provide sustained parenteral delivery.

6.3.1 GnRH Analog Delivery

Example.

Leuprolide microsphere depot formulations allow monthly or quarterly administration.

Clinical benefits
Improved patient compliance
Stable hormone suppression
Reduced injection frequency

6.3.2 Long-Acting Injectable Antipsychotics

Example

Risperidone microsphere formulations provide sustained plasma levels for schizophrenia management.

6.4 Diabetes Management

Sustained insulin and GLP-1 analog delivery systems are under investigation.

Microsphere advantages:

Reduced injection frequency

Stable plasma drug levels

Improved glycemic control

Protein stability during encapsulation is a key formulation challenge.

6.5 Ocular Drug Delivery

Ocular diseases require prolonged local drug concentration due to rapid tear turnover and clearance.

Microspheres:

Prolong precorneal residence time

Reduce dosing frequency

Provide sustained intraocular drug levels

Particle size typically <10 µm to avoid irritation.

Applications include

Glaucoma

Uveitis

Retinal disorders

6.6 Pulmonary Drug Delivery

Microspheres designed for inhalation must possess aerodynamic diameter between 1–5 µm.

Advantages:

Deep lung deposition

Large absorptive surface

Rapid systemic absorption

Spray-dried polymeric microspheres are commonly used.

Applications:

Asthma

Tuberculosis

Systemic peptide delivery

6.7 Gastroretentive Systems

Floating microspheres are designed to remain buoyant in gastric fluid.

6.11 Comparative Overview of Applications

Therapeutic Area	Microsphere Role	Key Advantage
Oncology	Local chemo/radio therapy	Reduced systemic toxicity
Vaccines	Sustained antigen release	Single-dose immunization
Hormonal therapy	Depot injection	Improved compliance
Ocular delivery	Prolonged retention	Reduced dosing
Pulmonary delivery	Deep lung deposition	Rapid absorption
Tissue engineering	Growth factor delivery	Enhanced regeneration

Mechanism:

Density lower than gastric fluid

Prolonged gastric retention

Suitable for:

Drugs absorbed in upper GI tract

Drugs unstable in intestinal environment

6.8 Targeted Drug Delivery

Surface-modified microspheres allow tissue-specific targeting.

6.8.1 Ligand-Conjugated Systems

Ligands such as:

Antibodies

Peptides

Folate

Enhance receptor-mediated uptake.

6.8.2 Magnetic Microspheres

Contain iron oxide nanoparticles.

Applications:

Targeted chemotherapy

Magnetic hyperthermia

External magnetic field directs localization.

6.9 Tissue Engineering and Regenerative Medicine

Microspheres serve as:

Growth factor carriers

Scaffold components

Advantages:

Controlled release of growth factors

Enhanced cell proliferation

Improved tissue regeneration

Used in:

Bone repair

Cartilage regeneration

Wound healing

6.10 Anti-Infective Therapy

Sustained antibiotic release systems:

Maintain therapeutic levels

Reduce resistance development

Improve local treatment

Applications include

Osteomyelitis

Implant-associated infections

Periodontal disease

6.12 Clinical and Commercial Significance

Several long-acting injectable microsphere formulations have been successfully commercialized, demonstrating:

Regulatory feasibility
Industrial scalability
Clinical efficacy
Market acceptance

These successes validate microspheres as a clinically proven drug delivery platform.

7. Future Perspectives of Microspheres in Drug Delivery

Microsphere-based drug delivery systems have already revolutionized the pharmaceutical landscape by providing controlled, sustained, and targeted drug release. However, ongoing research is expanding their potential, integrating advanced materials, stimuli-responsive technologies, and precision medicine strategies. The future of microsphere-based delivery systems lies in **enhanced targeting, multifunctionality, biocompatibility, and clinical translation.**

7.1 Smart and Stimuli-Responsive Microspheres

The next generation of microspheres aims to respond to specific physiological or external triggers to release drugs in a controlled and site-specific manner.

pH-sensitive microspheres: Exploit differences in pH between healthy and diseased tissues (e.g., tumor microenvironment) to trigger drug release.

Temperature-responsive systems: Polymers such as poly(N-isopropylacrylamide) (PNIPAM) undergo phase transition at specific temperatures, releasing drugs in response to local hyperthermia.

Enzyme-responsive microspheres: Designed to degrade in the presence of disease-associated enzymes, ensuring localized therapy (e.g., matrix metalloproteinase-responsive microspheres for cancer or arthritis).

External stimuli-triggered systems: Magnetic, ultrasound, or light-responsive microspheres allow precise spatial and temporal drug release for targeted therapy.

These smart microspheres hold promise for **precision medicine**, where drug delivery is tailored to the patient's specific pathology.

7.2 Multifunctional and Combination Therapies

Future microsphere platforms will integrate **multifunctionality** to address complex diseases.

Dual or multi-drug delivery: Incorporating chemotherapeutics with immunomodulators, antibiotics with anti-inflammatories, or synergistic combinations to enhance efficacy.

Theranostic microspheres: Combining therapeutic and diagnostic capabilities (e.g., fluorescent or MRI-visible microspheres) to monitor treatment response in real time.

Polymer-nanoparticle hybrids: Incorporating gold, iron oxide, or quantum dots to enable controlled drug release, imaging, and hyperthermia therapy simultaneously.

This multifunctional approach can improve **therapeutic outcomes**, reduce systemic toxicity, and enable **personalized treatment regimens.**

7.3 Biodegradable and Biocompatible Materials

There is increasing emphasis on **biodegradable, bioresorbable, and naturally derived polymers**

Development of **ultra-long-acting biodegradable microspheres** for chronic conditions such as diabetes, hormone therapy, or psychiatric disorders.

Exploration of **natural polymers** like alginate, chitosan, silk fibroin, and gelatin for safer, immune-compatible microspheres.

Engineering **composite or hybrid microspheres** combining synthetic and natural polymers to overcome limitations like burst release or acidic microenvironments from polymer degradation.

Such innovations will improve **patient compliance, safety, and regulatory acceptability.**

7.4 Targeted and Precision Delivery

Future microspheres will increasingly exploit **targeting strategies** to achieve site-specific therapy.

Ligand-mediated targeting: Conjugating antibodies, peptides, or aptamers to microsphere surfaces to selectively bind diseased cells.

Magnetically guided microspheres: Utilizing magnetic nanoparticles for localized drug accumulation in tumors or inflamed tissues.

Microenvironment-responsive release: Exploiting hypoxia, pH, or oxidative stress in diseased tissues for selective drug liberation.

Targeted microspheres are expected to **minimize off-target effects and maximize therapeutic efficacy.**

7.5 Advanced Manufacturing and Microfabrication Techniques

Technological advances will enable precise control over microsphere size, shape, and internal architecture:

Microfluidics and droplet-based systems produce highly monodisperse microspheres with tunable core-shell structures.

3D printing and bioprinting allow spatially organized drug release and combination therapy delivery.

Continuous manufacturing and process analytical technology (PAT) facilitate industrial scale-up with reproducibility and quality assurance.

These innovations support **scalable, reproducible, and regulatory-compliant production** for clinical applications.

7.6 Integration with Gene and Biologic Therapies

Microspheres are increasingly applied for **macromolecular therapeutics:**

Encapsulation of siRNA, mRNA, or DNA: Protects nucleic acids from enzymatic degradation and enables sustained intracellular delivery.

Protein and peptide delivery: Microspheres maintain stability of labile biomolecules for long-term therapeutic effect.

Cell-free regenerative therapy: Microspheres delivering growth factors or signaling molecules to stimulate tissue repair.

This positions microspheres as a **key platform for next-generation biologic therapeutics**.

7.7 Challenges and Opportunities

While future prospects are promising, several challenges remain:

Burst release control: Minimizing initial uncontrolled release of drugs remains critical for sensitive therapeutics.

Scale-up and reproducibility: Microfluidic and multi-functional microspheres require advanced manufacturing solutions for large-scale production.

Regulatory hurdles: Complex, multifunctional microspheres require robust characterization, stability, and safety validation.

- **Cost-effectiveness:** High manufacturing costs must be balanced against clinical benefit.

Addressing these challenges through **material innovation, process optimization, and robust regulatory frameworks** will be central to future development.

7.8 Outlook

Microsphere technology is poised to evolve from **conventional controlled-release systems to multifunctional, targeted, and stimuli-responsive platforms**. Integration with **personalized medicine, biologics, imaging, and tissue engineering** will expand therapeutic possibilities. With continued advances in polymer science, microfabrication, and nanotechnology, microspheres are expected to play a central role in **precision and long-acting drug delivery** for complex diseases in the coming decade.

8. REFERENCES

- Vaidya SN. A review on microspheres as drug carriers. *Asian J Pharm*, 2024; 18(3).
- Shete VS. Microspheres as a unique drug carrier for controlled drug delivery: A review. *Asian J Pharm*, 2023; 17(3).
- Khedkar A, Bobade N, Wankhade V, Atram S, Pande S, Deshmukh P, Patil A. Microspheres: A review. *Asian J Pharm Res Dev*, 2025; 13(2): 142–147.
- Samanta MS, Gautam D, Chandel MW, Sawant G, Sharma K. Microspheres as a novel controlled drug delivery system. *Asian J Pharm Clin Res*, 2021; 14(4).
- Gavhane P, Deshmukh M, Khopade A, Kunjir V, Shete R. A review on microsphere drug delivery system. *J Drug Deliv Ther*, 2018; 11(1).
- Sanghavi SJ, Sarankar S. Microsphere-based drug delivery: A critical review of innovations and applications. *Trends Drug Deliv*, 2025; 12(2): 52–59.
- Pattabhi Rama Chowdary K, Srinivasa Rao Y. Mucoadhesive microspheres for controlled drug delivery. *Biol Pharm Bull*, 2004; 27(11): 1717–1724.
- Mulia K, Witkamp GJ, Dawes GJS, et al. Drug release from PLGA microspheres using supercritical CO₂. *J Biomater Appl*, 2011; 25(5): 401–412.
- Lee J, Oh YJ, Lee SK, Lee KY. Facile control of porous polymer microspheres for pulmonary delivery. *J Control Release*, 2010; 146: 61–67.
- Zhang Y, Wischke C, Mittal S, Mitra A, Schwendeman SP. Design of controlled-release PLGA microspheres for hydrophobic fenretinide. *Mol Pharm*, 2016; 13(8): 2622–2630.
- Yao S, Liu H, Yu S, et al. Drug-nanoencapsulated PLGA microspheres by emulsion electrospray. *Regen Biomater*, 2016; 3(5): 309–317.
- International Journal of Pharmaceutical Sciences and Research. Microspheres as drug carriers review. *IJPSR*, 2015; 6(11): 4579–4587.
- Pandey P, Mishra AK, Kondampalli P, et al. Formulation and evaluation of sustained-release microspheres for anti-inflammatory drug delivery. *J Neonatal Surg*, 2025; 14(8).
- Fu L, Ren H, Wang C, Zhao Y, Zou B, Zhang X. Formation of PEG-PLGA microspheres for controlled release of Simvastatin and Carvacrol. *Polymers (Basel)*, 2025; 17(5): 574.
- Varde NK, Pack DW. Microspheres for controlled release drug delivery. *Expert Opin Biol Ther*, 2004; 4(1): 35–51.
- Tadwee IK, Shahi S, Thube M. Review on microspheres. *Int J Pharm Res Allied Sci*, 2011; 1(1).
- Maincent P, Verge RL, Sado P, et al. Oral bioavailability of vincamine-loaded polymeric nanoparticles. *J Pharm Sci*. 1986; 75(10): 955–958.
- Ganesan P, Jasmine A, Johnson D, Sabapathy L, Duraikannu A. Review on microspheres. *Am J Drug Discov Dev*, 2014; 4(3): 153–179.
- Kataria S, Middha A, Premjeet S, Bilandi A, Kapoor B. Microspheres: a review. *Int J Res Pharm Chem*, 2011; 1(4): 1184–1198.
- Farrar NF, Johansen BR, Davis SS, Illum L. Nasal administration of insulin using bioadhesive microspheres. *J Control Release*. 1990; 13: 253–261.
- Genta I, Conti B, Perugini P, Pavanetto F, Spadaro A, Puglisi G. Ophthalmic bioadhesive microspheres of acyclovir. *J Pharm Pharmacol*. 1997; 49: 737–742.
- Kakar S, Jain A. Magnetic microspheres: An overview. *Asian Pac J Health Sci*, 2019; 6: 81–89.
- Sangale SB, Barhate SD, Jain BV, Potdar M. Floating felodipine microspheres: formulation and evaluation. *Int J Pharm Res Dev*, 2011; 3: 163–170.
- Srivastava AK, Ridhurkar DN, Wadhwa S. Floating cimetidine microspheres: formulation and evaluation. *Acta Pharm*, 2005; 55: 277–285.
- Wu T, Wu H, Wang Q, He X, Shi P, Yu B, et al. Current status and future developments of biopolymer microspheres in pharmaceutical

- preparations. *Adv Colloid Interface Sci*, 2024; 334: 103317.
26. Versypt AN, et al. Mathematical modeling of drug delivery from autocatalytically degradable PLGA microspheres. *J Control Release*, 2013; 165: 29–37.
 27. Prasad BS, Gupta VR, Devanna N, Jayasurya K. Microspheres as a drug delivery system—a review. *J Glob Trends Pharm Sci*, 2014; 5: 1961–1972.
 28. Nidhi P, Anamika C, Twinkle S, Mehul S, Hitesh J, Umesh U. Controlled drug delivery system: A review. *Indo Am J Pharm Sci*, 2016; 3: 227–233.
 29. Virmani T, Gupta J. Pharmaceutical application of microspheres. *Int J Pharm Sci Res*, 2017; 8: 3252–3260.
 30. Nidhi P, et al. Composite magnetic microspheres: preparation and characterization. *J Magn Magn Mater*, 2007; 309: 197–201.
 31. Chandna A, Batra D, Kakar S, Singh R. Target drug delivery: magnetic microspheres. *J Acute Dis*, 2013; 2: 189–195.
 32. Research on construction of bispecific-targeted sustained-release drug delivery microspheres. *ACS Omega*, 2022; 7.