Influence of biofilm matrix components on resistance to photodynamic periodontal disinfection

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ABSTRACT

Numerous prior studies have shown that infective microorganisms in biofilm ensembles can significantly resist chemical and antibiotic disinfection by limiting reagent penetration through the biofilms' slime matrixes as well as by microbial phenotypic gene expressions, slow growth in the biofilm state, or microbe-microbe interactions. Recently published literature¹ points to oral bacteria that feature apparent resistance to chlorhexidine, a common bactericidal mouthwash, by means of their protection within dental plaque. The possible protective influence of the biofilm matrix on disinfection effectiveness by PDT², Photodynamic Therapy, as clinically practiced for periodontal pocket disinfection, is not yet known. This research employs a non-toxic, biofilm matrix (plaque)-disrupting reagent, delmopinol, before PDT of selected microbes grown in a simulated shear environment followed by assessment of biofilm matrix changes using Multiple Attenuated Internal Reflection Infrared (MAIR-IR) Spectroscopy and remaining bacterial viability by an alamarBlue fluorescence assay. Untreated biofilms and biofilms treated with chlorhexidine, both with and without delmopinol pre-treatment, were the Control specimens for comparison with the PDT experimental group.

RESULTS: Groups treated in combination with the 0.2%(v/v) delmopinol HCI had a statistically significant difference (p<0.05) in growth viability compared to both (1) no treatment, and (2) the principal treatment (PDT or CHX) alone. This outcome was confirmed by data collected from both the bacterial viability assay and by MAIR-IR spectroscopic ratio comparisons of selected regions that correspond to biofilm matrix components. Further microscopic evidence of delmopinol's effect on a biofilm's EPS matrix was provided by confocal-IR microscopy.

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INTRODUCTION

The aims of this study are:

 Discern the role of delmopinol HCl in its interaction with the biofilm matrix, and which/how biofilm components are affected



Determine if different treatment modalities are more efficacious after delmopinol HCI pre-treatment

MATERIALS AND METHODS

 Biofilms grown in rotating-well apparatus on polystyrene and germanium



- Inoculated with unstimulated, whole human saliva, HSIRB#: SIS0680310E
- Biofilms treated with a variety of treatments, delmopinol HCI, PDT (Periowave, laser diode), CHX
- <u>alamarBlue[®] assay</u>: bacterial viability
- MAIR-IR spectroscopy: covalent bonding chemistries
- <u>Confocal-IR microscopy</u>: biofilm visualization
- ANOVA+TukeyHSD post-hoc



%REDUCTION(avg.) alamarBlue cell viability assay of biofilms







CONCLUSIONS

Evidence supports:

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before delmopinol HCl 0.2% (v/v)

after delmopinol HCI 0.2% (v/v)



- delmopinol HCI preferentially removes or coagulates the biofilm's protective slime matrix, after which the principal treatment has improved access to microorganisms.
- Pre-treatment of biofilms with delmopinol HCI improves the efficacy of the principal treatment. Tested:
 - PDT (MB-mediated)
 - Periowave system (clinical)
 - Laser Diode (research)
 - chlorhexidine gluconate 0.12% (Periogard®)

REFERENCES

¹Scannapieco, F. A., J. Yu, K. Raghavendran, A. Vacanti, S. I. Owens, K. Wood, and J. M. Mylotte. "A Randomized Trial of Chlorhexidine Gluconate on Oral Bacterial Pathogens in Mechanically Ventilated Patients." Crit Care 13.4 (2009): R117. Print.

²Sgolastra, F., A. Petrucci, M. Severino, F. Graziani, R. Gatto, and A. Monaco. "Adjunctive Photodynamic Therapy to Non-Surgical Treatment of Chronic Periodontitis: A Systematic Review and Meta-Analysis." J Clin Periodontol 40.5 (2013): 514-26. Print.

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