Belarusian State Medical University, Minsk

INTRACANAL DISINFECTION AND MEDICAMENTS IN REGENERATIVE ENDODONTICS



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Introduction:

Immature necrotic permanent tooth presents a distinctive challenge. Various treatment modalities have been employed to create hard tissue barrier at the apex, which includes non-vital pulp therapy with calcium hydroxide, apexification with mineral trioxide aggregate, pulp revascularization and regeneration. Regenerative endodontics is a novel modality which involves physiological replacement of the damaged structures of tooth like dentin, root and cells of the pulp-dentin complex.[1]

Root canal irrigation and disinfection is One of the most significant stages of root canal therapy, removing infectious microorganisms and microbial components from root canals to preventing re-infection of canals. Various chemical and mechanical methods have been used to reach this purpose. Ethylene-diamine-tetra-acetic acid (EDTA), sodium hypochlorite (NaOCl) and chlorhexidine (CHX) are some of the best-known chemical components for root canal disinfection.[2]

In Recent years, the advent of nanomaterials and their ability in targeted drug delivery have led to significant progress in the disinfection of root canal and accessory canals. Nanoparticles showed higher antibacterial potency because they have higher polycationic/polyanionic nature and higher charge density so their interaction with the bacterial cell is higher.[3]

Purpose, material and methods:

PURPOSE:

To review new approaches in intracanal disinfection and medicaments in regenerative endodontics And evaluate the results.

MATERIAL AND METHODS:

A primary search were performed within articles of the last ten years using PubMed and Google Scholar search motors and a total of 50 articles were recognized. The search was conducted by using these keywords: "polymers", "nanoparticles", "polymeric nanoparticles", "root canal disinfection", and "regeneration". Then, the studies were classified in the following order: root canal irrigation and disinfection, obturating materials, root-repair materials, regenerative endodontics therapy.

Concerns in Endodontic Disinfection:

- Disinfection resistance is found more in teeth in comparison with soft tissues, this is mostly because of Tubular structure of dentin and presence of biofilm culture communities[4]
- 2) More numerous and faster bacterial growth can be found more in the coronal part of the canal in comparison with middle and apical part. [5]
- 3) Limitations in mechanical debridement in large canals
- 4) Bacterial resistance against antibiotics

Significant Effects of persisting or post operative infection on healing process in regenerative endodontic treatment:

- Perpetuation of inflammation within the area
- •Decrease migratory capacity of stem cells
- •Altered differentiation fate of stem cells(stem cells differentiated to osteoblast instead of odontoblast)[6]

Difficulties in bacterial disinfection of immature compared with mature teeth:

- •Deeper tubular penetration of bacteria in immature teeth
- •More complex anatomical structure of immature teeth leads to more difficult eradication
- •Thin walls of immature teeth lead to limited mechanical debridement of root canals

The degree of disinfection determines the success of the treatment.[7]

Disinfection in regenerative endodontic procedures (REPs):

REP can be performed in 2 ways:

- 1) Irrigant solutions
- 2) Intra-canal medicaments

Requirements of An Ideal Irrigant To Be Used in REPs:

- Chemical bacterial destruction
- •Removal of disrupted biofilms
- Detoxify bacterial antigens
- •Removing intracanal medicaments

NaOCl:

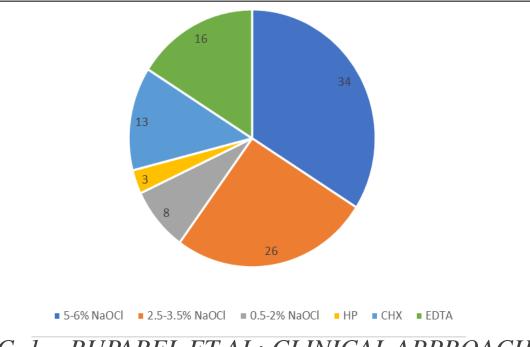
- •NaOCl is an alkaline material with a PH ranging from 10.9 to 12
- Excellent bactericidal efficacy[8]
- Tissue dissolution capacity
- •Effective hemostatic agent when used topically [9]

- ❖1.5% NaOCl concentration doesn't change in odontoblastic differentiation [10]
- ❖ Use of EDTA as the final Irrigant partially reversed the detrimental effects of NaOCl.
- ❖1.5% NaOCl is optimal for its dissolution and disinfecting capabilities followed by 17% EDTA as a final Irrigant to promote stem cell survival, attachment and differentiation.

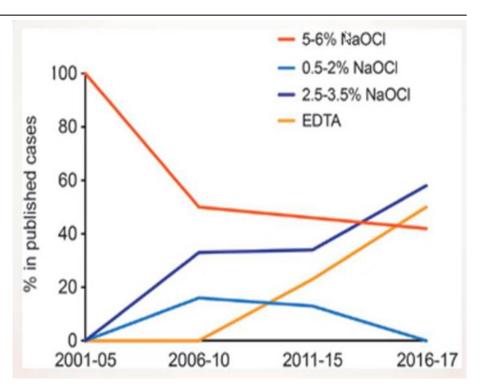
Drawbacks of High Concentration NaOCI in REPs:

- 1) Direct effects:
- •Decrease stem cell survival, decrease attachment and differentiation of stem cells [11]
- 2) Indirect effects:
- •Decrease Carbon and nitrogen content in dentin and leads to its demineralization [12]
- •Clastic effect on dentin: resorptive defects [13]
- Decrease Odontoblastic differentiation
- •Decrease dentin-derived growth factors
- •Sustained deleterious effects on dentin

Irrigants Used in REPs from 2001 to 2017:



PIC. 1 - RUPAREL ET AL; CLINICAL APPROACH IN ENDODONTIC REGENERATION, 2017.



PIC. 2 - RUPAREL ET AL; CLINICAL APPROACH IN ENDODONTIC REGENERATION, 2017.

Intracanal Antimicrobial Agents:

General Objectives and Considerations for Use of Intracanal Antimicrobial Agents in RET Cases [14]

- •Broad spectrum
- Biocompatible and anti-inflammatory
- Low minimum inhibitory concentration for key pathogens
- Infiltrates biofilm
- Minimal effect on dentin matrix proteins
- Reduced discoloration of enamel and dentin
- Substantivity and residual antibiofilm effect
- Ability to be incorporated into, and remain effective in, common carriers and biodegradable scaffolds
- Specific efficacy to patient's own microflora

Triple Antibiotic Paste (TAP):

Most commonly intracanal medicaments was TAP (triple antibiotic paste) which is Initially developed by Hoshino et al. 1996:

- •Disinfect Escherichia coli infected dentin
- •Efficient against a wide range of pathogens in necrotic teeth
- •May not eliminate all cultivable bacteria
- •75% of pathogen elimination by TAP



PIC. 3 - TRIPLE ANTIBIOTIC PASTE

Composition of TAP:

- 1) Metronidazole (METRO)
- •A nitroimidazole compound
- Toxic to anaerobes
- •Effective against protozoa

- 2) Ciprofloxacin (CIPRO)
- •Synthetic fluoroquinolone
- •Bactericidal effect
- •Effective against G- bacteria / limited effectiveness against G+. Many anaerobic bacteria are resistant to ciprofloxacin

- 3) Minocycline (MINO)
- •Bacteriostatic effect
- •Activity against G+ and G- bacteria
- •Increase amount of Interluekin-10
- •A strong anti-inflammatory effect (like all tetracyclines)
- •Improve revascularization

Double Antibiotic Paste (DAP):

First reported by Iwaya et al. in 2001 as an intracanal medicament in a clinical case of REP,it is composed of CIPRO and METRO.

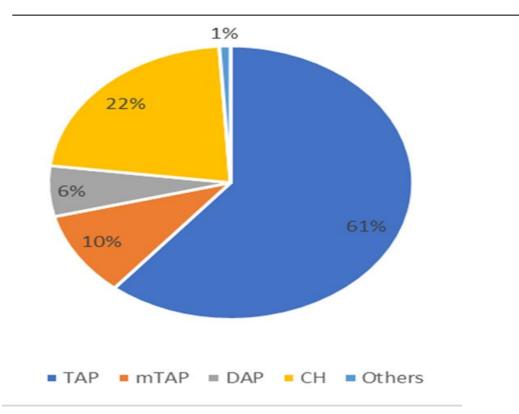
Advantages:

Significant direct antibacterial effects regardless of the bacterial biofilms at 5 mg/mL

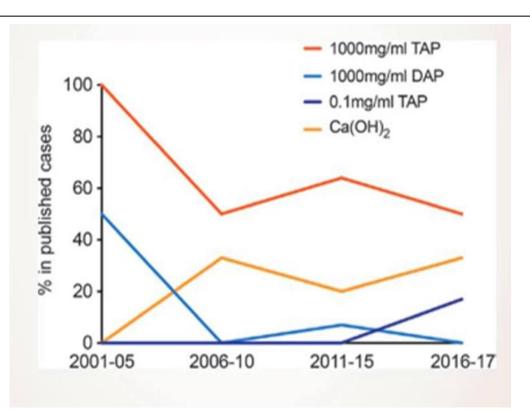
At 1 mg/mL:

- •A significant decrease in amount of E. faecalis and P. intermedia biofilms
- •No significant decrease in viability, proliferation and mineralization of dental pulp stem cells
- •Optimal for antibacterial properties against endodontic pathogens
- •DAP + EDTA combination have significant increase in dental pulp stem cells attachment compared to treatment with the DAP alone
- Residual antimicrobial effect on dentin in 5 mg/mL is more than 1 mg/mL

Medicaments Used in REPs from 2001 to 2017:



PIC. 4 - RUPAREL ET AL; CLINICAL APPROACH IN ENDODONTIC REGENERATION,2017



PIC. 5 - RUPAREL ET AL; CLINICAL APPROACH IN ENDODONTIC REGENERATION, 2017

Challenges and Strategies to Improve Disinfection:

Appropriate microbial targeting:

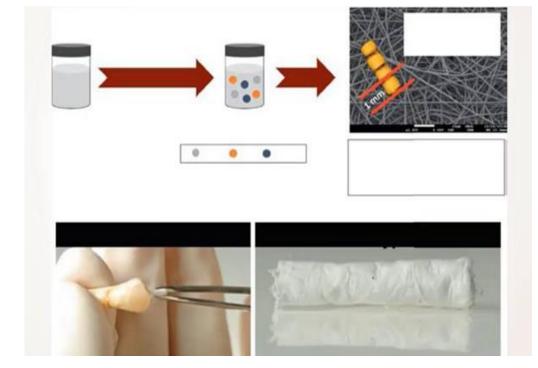
In the case of resistance to other antibiotics during elimination of bacteria, following alternatives can be used:

- 1) Augmentin: 100% efficacy against all 24 tested endodontic pathogens [15], Could potentially improve clinical outcomes.
- 2) Metronidazole: least efficacy, low bacteriostatic efficacy
- 3) Clindamycin: least efficacy

Use of Antibiotic-Eluting Fibers as Drug Delivery Systems:

Nanofibers can be manufactured from a variety of natural polymers which include: chitosan, fibronectin, gelatin, collagen and silk as well as from artificial polymers such as poly lactic acid (PLA), poly glycolic acid (PGA) and poly lactic-co-glycolic acid (PLGA).

Often, polymer combinations or different additives are used to finely tune mechanical and drug loading/releasing properties of resulting Nanofibers.



PIC. 6 - INCORPORATION OF TAP INGREDIENTS VIA ELECTROSPINNING INTO SMALL-SIZED POLYMERIC AND BIODEGRADABLE FIBERS PROCESSED

Use of Antibiotic-Eluting Fibers as Drug Delivery Systems:

- •More cell-friendly: it has Minimal cytotoxicity
- •Less total drugs released than TAP
- •Increase (9x) Proliferation of stem cells compared with pure TAP
- •Lower content of antibiotics within the fibers
- •Well- controlled release of antibiotics
- •Minimal remaining drug in each fiber: minimal risk of sustained antimicrobial action
- •Minimal tooth discoloration of TAP-eluting nanofibers when compared with TAP
- •Significant antimicrobial effect compared with pure Tap

Use of Antibiotic-Eluting Fibers as Drug Delivery Systems:

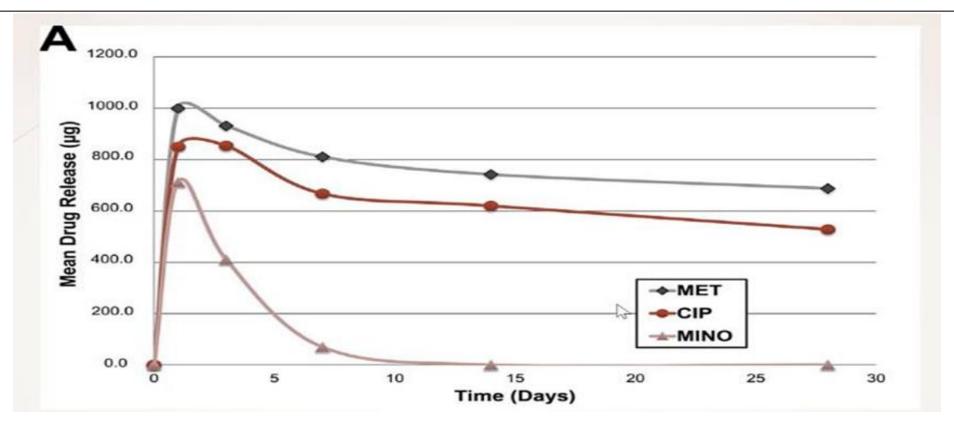
Use of Natural compounds:

- **Propolis:**
- •Good antimicrobial and anti-inflammatory properties •Inherent antimicrobial action
- •Well-known antifungal and antimicrobial activity

Mesoporous Bioactive Glass:

- **Chitosan:**
- •Natural compound used as a drug carrier
- Excellent wound dressing material
- •Biocompatibility, degradability, and nontoxicity
- •An adjunct in photodynamic therapy
- •A drug delivery systems which is used especially for guided bone regeneration in periodontal tissue
- •Antibacterial action against E. faecalis biofilm
- •Leaching of silver ions

Drug release profile of TAP antibiotics from the TAP-eluting nanofibers:



PIC. 7 - DRUG RELEASE PROFILE OF TAP ANTIBIOTICS FROM THE TAP-ELUTING NANOFIBERS

Results and its discussion:

- The degree of disinfection determines the success of the treatment. 1.5% NaOCl concentration doesn't change in odontoblastic differentiation .Use of EDTA as the final Irrigant partially reversed the detrimental effects of NaOCl.1.5% NaOCl is optimal for its dissolution and disinfecting capabilities followed by 17% EDTA as a final Irrigant to promote stem cell survival, attachment and differentiation.
- 2) In regenerative endodontic treatment use of antibiotic-eluting fibers as drug delivery systems which is composed of nanofibers increase (9x) proliferation of stem cells compared with pure TAP, well-controlled release of antibiotics during the procedure and minimal tooth discoloration of TAP-eluting nanofibers when compared with TAP can improve the quality of treatment.