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Antimicrobial efficacy of cryotreatment against *Enterococcus faecalis* in root canals.

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Running title. Cryotreatment and NaOCl against *Enterococcus faecalis*

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Significance and Impact of Study

The cryotreatment seems to have a greater effect on the reduction of bacteria compared to a standard NaOCl irrigation. It remains unknown the effect on the clinical outcome of root canal treatment by the statistically bacterial load reduction after cryotreatment. The interesting potential of cryotreatment should be further investigated through clinical studies aimed to establish a correct irrigation protocol.

Abstract

The purpose of this investigation was to evaluate intracanal bacterial reduction by cryotreatment using a dental instrument equipped with a duct and connected to a cryogenic fluid source. A total of 86 roots were infected with Enterococcus faecalis and incubated. After incubation, the contaminated roots were divided into 3 study groups: 35 roots irrigated with 2 ml of a 5% sodium hypochlorite (NaOCl) solution, 35 roots irrigated with 2 ml of a 5% NaOCl solution and further treated with cryo and 10 roots irrigated with 2 ml of saline solution, plus positive and negative controls. Subsequent to each irrigation treatment, the residual bacterial colonies were counted. The use of cryo-instrumentation in association with NaOCl irrigation significantly reduced the number of Ent. faecalis (p<0.01) in the root canal compared with controls.

The interesting potential of cryotreatment should be further investigated through clinical studies aimed to establish a correct irrigation protocol. Within the limits of the study, the cryotreatment seems to have a greater effect on the reduction of bacteria compared to a standard NaOCl irrigation.

Key words: Cryotreatment, endodontic irrigants, Enterococcus faecalis, root canal disinfection, sodium hypochlorite.
Introduction

Bacteria are the main factor of pulpar and periapical inflammation. As *Enterococcus faecalis* is the most commonly species isolated from the canals of teeth presenting post-treatment disease, it was used in several previous studies on the efficacy of endodontic irrigants (Gomes *et al.* 2003). It has been widely reported that bacteria can remain viable within the canal system even after chemomechanical preparation (Oliveira *et al.* 2007): hence, a variety of irrigant solutions have been used in endodontics to eliminate or reduce bacterial amount. Sodium hypochlorite (NaOCl) is currently the most commonly irrigant used in endodontics (Clegg *et al.* 2006, Dewsnup *et al.* 2010). However, residual bacteria are readily detectable in approximately one-half of teeth at the time of placement of a filling material, despite extensive irrigation with NaOCl (Soukos *et al.* 2006). Numerous irrigation methods have been proposed to enhance the effectiveness of NaOCl in disinfecting the root canal system and then in killing the microorganisms (Huque *et al.* 1998, Oliveira *et al.* 2007).

Since cryosurgery has been successfully used as a treatment for surface skin lesions in case of cutaneous tumors (Capon *et al.* 1998), this study aimed to test the potential microbicidal properties of cryotherapeutic treatment against *Ent. faecalis*, associated with NaOCl (5%) intracanal irrigant. Cryotreatment was done using a dental instrument (Fig. 1) equipped with a duct and connected to a cryogenic fluid source (liquid nitrogen), with a cooling needle receiving the cryogenic fluid (Patent number IT1331875 of October 30, 2001).

Results and Discussion

We have evaluated the intracanal bacterial reduction using a dental instrument equipped with a duct and connected to a cryogenic fluid source (Fig. 1).

The results of the post irrigation bacterial counts are summarized in Tab. 1. After 24 h infection with *Ent. faecalis*, a significant improvement of root canal disinfection was obtained with NaOCl + cryo...
treatment (p<0.01): a significant reduction in the bacterial number in the root canal lower than 2 logs was detected compared to positive controls, and lower than 1 log compared to NaOCl alone (Tab. 1). All roots in the negative control group showed no bacterial growth. No statistically significant difference was detected between the specimens treated with 0.9% NaCl solution and the positive controls.

*Ent. faecalis* is the species most often implicated in persistent root canal infections because of its several virulence factors that make it difficult to eradicate from the canals (Pinheiro *et al.* 2003, Oliveira *et al.* 2007, Dewsnup *et al.* 2010). It has been recently shown that although an irrigant can penetrate into the dentinal tubules, its concentration could not be sufficient to kill all types of present bacteria (Miller and Baumgartner 2010, Pasqualini *et al.* 2010). Previous studies have shown that disinfection of root dentin is not achieved by chemomechanical preparation alone. Deep bacteria in dentinal tubules are apparently protected from instrumentation and irrigation, making their removal or eradication difficult (Kho and Baumgartner 2006). A variety of irrigant solutions has been used in endodontics to reduce or eliminate bacteria: NaOCl is currently the most commonly irrigant used.

Previously, we reported the efficacy of subsonic agitation of NaOCl with a device known as the EndoActivator (EA): thirty seconds of NaOCl subsonic agitation with EA appear to be slightly more effective in reducing bacterial load in the root canal (Pasqualini *et al.* 2010).

The results of this study indicate that cryo-instrumentation after NaOCl irrigation significantly reduced the number of bacteria in the root canal compared to NaOCl alone, without the total elimination of *Ent. faecalis*. The cryogenic fluid (liquid nitrogen), by suitably varying the duration of the treatment, can reach the desired depth, with the immediate freezing of bacterial cells and their subsequent cryodestruction. These data corroborate results obtained by other authors (Kho and Baumgartner 2006, Dewsnup *et al.* 2010): in fact, disinfection of root dentin is not achieved by
chemomechanical preparation alone. The significant increment in the cleansing, induced by cryo application, can be explained related with the previous study by Yamamoto et al. (2001). The process of freezing and thawing induces injury in microorganisms, in part, through membrane or cell wall disruption, leakage of intracellular constituents, and changes in protein conformation (Yamamoto et al. 2001). Our data are in agreement with those reported by Yamamoto et al. (2001) that showed that in a test executed applying the freezing and thawing technique (30 s “ON”, 30 s “OFF” and 30 s “ON”) using liquid nitrogen, the bacteria “in vitro” are significantly reduced, with respect to the situation before the treatment. The microorganisms stored under frozen conditions are often accompanied by an increased level of sensitivity to selective ingredients such as NaCl, surfactants and bile salts, which may result in an inability of the microorganism to multiply on selective media (Yamamoto et al. 2001).

The removing of the bacteria and the death and/or a serious damage of a lot of them produce a significantly better sterilization of the dental channel. After a cryotreatment in the dental channel, we do not have any medium that could help the damaged bacteria to recover their health and to reproduce themselves. These in vitro data acquire greater importance since referred to a 24 h of bacterial infection that approaches the clinical situation in vivo. Currently there are no data available in literature for a comparison.

**Material and Methods**

A total of 86 roots with a fully formed apex was used. Each tooth was radiographed to confirm the presence of a single canal. Specimens were immersed in a 5% solution of NaOCl (Niclor 5;OGNA,Muggiò,Italy) for 1 h and then stored in saline solution until preparation.

Each specimen was sectioned to obtain a residual root length of 17 mm. Each root canal was preflared using K-Flexofiles (Dentsply Maillefer, Ballaigues, Switzerland) up to #20 followed by Protaper NiTi instruments (Dentsply Maillefer) at the working length. The working length was
established under microscopic vision (OPMI Pro Ergo; Carl Zeiss, Oberkochen, Germany) at 10X magnification when the tip of the instrument was visible at the apical foramen. Irrigation was performed with a 33-gauge needle syringe using 25 ml of 5% NaOCl at 50°C (Niclor 5; OGNA, Muggiò, Italy) and alternating with 10 ml of 17% EDTA (Tubuliclean, OGNA); the total irrigation time was 10 min per specimen (Zehnder 2006). After drying with paper points, the roots were inspected under the microscope at 10X magnification to verify the absence of cracks and canal cleanliness. Root surfaces were sealed with varnish and sticky wax; each specimen was fixed with cyanoacrylic cement onto an Eppendorf tube, which was placed on special silicone-made stands to allow easier manipulation, then packed with double sheet and finally sterilized with ethylene oxide gas. The sterilized roots were placed under a laminar flow biohazard cabinet (CLANLAF VFR 1206; Capriolo, Brescia, Italy). Pure culture of *Ent. faecalis* (ATCC 29212) was previously grown in brain-heart infusion (BHI) (Oxoid, Milan, Italy) medium broth for 24 h and adjusted spectrophotometrically to an optical density of 0.15 at 620 nm (Genesys 20 Spectrophotometer; Thermo Electron Corporation, Madison, WI) to obtain a final concentration of 3x10^7 colony-forming unit (CFU)/ml as confirmed by colony counts in triplicate. The 80 specimens and 4 positive control roots were each contaminated with 30 μl of a pure culture of *Ent. faecalis* followed by incubation at 37°C for 24 h to allow bacteria penetration into the root canal dentine. Positive controls (n = 4) were irrigated for 1 min with 2 ml of BHI broth. The 2 negative controls of roots were inoculated with sterile BHI medium broth. After incubation, the infected roots were randomly divided into 3 study groups: NaOCl group (n = 35) irrigated with 2 ml of a 5% NaOCl solution for 1 min; cryo group (n = 35) irrigated with 2 ml of a 5% NaOCl solution for 1 min and then treated with cryo for 30 s; NaCl group (n = 10) irrigated with 2 ml of 0.9% NaCl solution for 1 min. The dental instrument used for cryotherapeutic treatment is equipped with a conduit of conveyor capable of being connected to a source of fluid and a needle cryogenic cooling, which receives the fluid from the refrigeration pipe conveyor. The needle is made of a flexible material and has a smaller outer diameter (0.25 mm) than
the size of the entrance inside a tooth canal, so that it can be inserted into the canal tooth itself, where
the cryogenic fluid is blown (Fig. 1).

Subsequent to each irrigation treatment, the microbiological sampling was performed by flooding the
canal with sterile saline followed by placing a size 50 Hedstrom file into the canal to scrape the
dentin during the process. A sterile absorbent paper point was placed into the lumen for 1 min,
transferred into a test tube containing 1 ml of 0.9% saline solution and then it was shaken vigorously
for 1 min in a vortex mixer. After 10-fold serial dilutions, aliquots of 0.1 ml were plated onto BHI
agar and incubated at 37°C under aerobic conditions for 24 h. The CFU grown were counted and then
transformed into actual counts based on the known dilution factors.

T test was used to determine if there was a significant difference in CFU/ml between NaOCl group
and NaOCl + cryo group. Independent t test was used to compare NaOCl group to the positive
controls and NaOCl + cryo group to the positive controls. Differences were considered statistically
significant when p<0.05.

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References

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Figure 1 A dental instrument for treating teeth, provided with a needle cryogenic cooling, which receives the fluid from the refrigeration pipe conveyor. The needle cryogenic is made of a flexible material so that it can be inserted into the canal tooth itself, where the cryogenic fluid is blown.

Table 1 Efficacy of different treatments (NaOCl, NaOCl + cryo, NaCl) used for endodontic disinfection compared with positive control against *Ent. faecalis* ATCC 29212 after 24 h infection. Error bars denote the standard error of the mean.
Figure 1.

Table 1.

<table>
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<th>NaOCl + cryo</th>
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* Significantly different from control (p<0.05)
** Significantly different from control (p<0.01)