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**Antibacterial efficacy and drug-induced tooth discolouration of antibiotic combinations for endodontic regenerative procedures [\*V.Allizond is the corresponding author]**

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# UNIVERSITÀ DEGLI STUDI DI TORINO

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Antibacterial efficacy and drug-induced tooth discolouration of antibiotic combinations for endodontic regenerative procedures  
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1 **SUMMARY**

2 Elimination of microbial contamination from the root canal system is a precondition for  
3 successful root canal treatment. Teeth with immature root development, necrotic pulps and  
4 apical periodontitis present multiple challenges for successful treatment. Disinfection is  
5 achieved by irrigation followed by the placement of an intracanal medicament. A mixture  
6 of ciprofloxacin, metronidazole and minocycline (3-MIX S) has been shown to be very  
7 effective in eliminating endodontic pathogens *in vitro* and *in vivo*. Among the components  
8 of the mixture, minocycline can induce tooth discolouration after long-term oral use.  
9 Therefore, the elimination of minocycline from the above-mentioned combination has been  
10 suggested to prevent the occasion of this undesirable effect.

11 The aim of this study was to investigate the potential antimicrobial efficacy of alternative  
12 antibiotic combinations [3-MIX C (clarithromycin); 3-MIX F (fosfomycin)] against  
13 bacteria from infected root canals. An Additional objective was to evaluate their  
14 discolouration potential as possible alternatives to minocycline-based intracanal  
15 medicaments. Our *in vitro* results clearly demonstrated that 3-MIX C and 3-MIX F had a  
16 greater antimicrobial activity than 3-MIX S, underlying that clarithromycin still had higher  
17 capacity to kill endodontic pathogens *in vitro* compared to fosfomycin. Both 3-MIX C and  
18 3-MIX F were able to avoid the permanent staining effect of the crown.

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1 Successful endodontic treatment requires the removal of all vital and necrotic pulp tissue,  
2 microorganisms and their toxins. Bacteria penetrate more deeply into the tubules of infected  
3 teeth and in this location they may be protected from therapeutic antimicrobials in the root  
4 canal (1). The young permanent tooth with a necrotic pulp tissue requires a complex  
5 treatment (2,3). For years, apexification was the standard treatment. The  
6 revascularization/regeneration of non-vital immature permanent teeth might be another  
7 treatment option for restoring root development and apical closure (4). Regeneration  
8 protocols include the topical use of effective antibiotics with a broad depth of coverage  
9 against endodontic pathogens (5). Previous studies demonstrated the efficacy of a triple  
10 antibiotic paste which consists of ciprofloxacin, metronidazole and minocycline ~~in~~ for the  
11 sterilization of infected root dentine (6). However, minocycline can be responsible ~~of~~ for  
12 the development of an irreversible dentine discolouration with considerable esthetic  
13 concerns after long-term oral use; crown discolouration may appear ~~in~~ within 24 hour after  
14 application of minocycline (4), or even ~~in~~ only one hour after removal of smear layer and  
15 application of triple antibiotic paste with minocycline (7). To prevent this undesirable side  
16 effect, the sealing of dentinal tubules of the pulp chamber by a dentine bonding agent has  
17 been proposed (8), even if this procedure reduceds the overall color change but ~~did~~ does not  
18 prevent it (4). Therefore, some authors suggested the elimination of minocycline from the  
19 original proposed triple antibiotic association ~~proposed~~ (Bimix) in order to eliminate this  
20 undesirable side effect (9).

21 Thus, the primary objective of this study was to investigate the antimicrobial efficacy of  
22 alternative antibiotic combinations containing clarithromycin (3-MIX C) and fosfomicin  
23 (3-MIX F) against bacteria from infected root canals. Clarithromycin ~~has been~~ was used

1 because the macrolide has been suggested for non-surgical periodontal therapy in the  
2 treatment of chronic periodontitis, and for its therapeutic benefits such as favorable tissue  
3 distribution, especially in fibroblasts (10). Fosfomycin was used in order to compare its  
4 antimicrobial activity with the literature data (11). An additional objective was to evaluate  
5 the discolouration potential of 3-MIX C and 3-MIX F as possible alternatives to  
6 minocycline-based intracanal medicaments.

## 7 MATERIALS AND METHODS

8 **Patients.** In the present study 29 healthy subjects (19 females and 10 males, 18-78 years of  
9 age) diagnosed with pulp necrosis with or without apical periodontitis (acute or chronic)  
10 were recruited at the Department of Surgical Sciences, Dental School, University of Turin.

11 All subjects were informed on an individual basis about the purpose of the study and gave  
12 their written consent. The patients' medical and dental status data were collected. For each  
13 patient, pulpal and periradicular status were assessed through vitality thermal and electric  
14 pulp tests (Diagnostic Unit, Sybron, Orange CA), palpation and percussion. Periapical X-  
15 ray examination was performed (Planmeca Intra - Helsinki, Finland) using Rinn XCP  
16 devices (Rinn Corp, Elgin Ill.). After local anaesthesia with 2% mepivacaine with  
17 adrenaline 1:100.000 and isolation of the tooth with the rubber dam, the access cavity was  
18 performed made.

19 **Samples.** Bacterial samples used in this study were collected from necrotic non-carious  
20 permanent teeth and handled under strict anaerobic conditions in a special chamber, with  
21 controlled atmosphere and temperature, taking into account those precautions necessary for  
22 avoiding contamination. The samples were taken with the use—sterile paper cones,  
23 maintained for about 20 seconds in the necrotic root canal, before irrigation with 5%

1 NaOCl. The paper cones were placed without introducing air in an anaerobic sterile  
2 transport tube containing 2 ml of an anaerobic transport media (Port-A-Cul™, Becton  
3 Dickinson, Italy) (12). The samples were sent to the Department of Public Health Sciences  
4 and Paediatrics (Microbiology Laboratory), University of Turin, and analyzed within one  
5 hour after the sample was taken.

6 **Antibiotics.** Metronidazole (VAGILEN®, Alfa Wassermann, Italy), ciprofloxacin  
7 (IBAXICIN®, IBI, Istituto Biochimico Italiano Giovanni Lorenzini, Italy), minocycline  
8 (MINOCIN®, Wyeth Lederle, Italy) and clarithromycin (MACLADIN®, Menarini  
9 Diagnostics, Italy) were used. Fosfomycin was employed as fosfomycin salified with  
10 trometamol (fosfomycin tromethamine; MONURIL®, Zambon Group, Italy).

11 **Preparation of 3-MIXs for microbiological analysis.** The enteric coating of  
12 metronidazole, ciprofloxacin, minocycline and clarithromycin was removed. The tablets  
13 were pulverized using a mortar and pestle. The powdered antibiotics (fosfomycin included)  
14 were stored and sealed separately in airtight containers ~~separately from~~ not exposed to  
15 moisture and/or light.

16 Clarithromycin, fosfomycin, minocycline and ciprofloxacin concentrations used in 3-MIXs  
17 were obtained from minimal inhibition concentration (MIC) value on *Enterococcus faecalis*  
18 ATCC 29212 determined by broth microdilution method, while the metronidazole  
19 concentration used resulted from MIC value recommended by the CLSI in document  
20 M100-S21 (13) for *Enterococcus spp.* *Enterococcus faecalis* was chosen as the test species  
21 because it is present in the infected root canal and capable of invading the dentine tubules.

22 Powdered antibiotics were added to thyoglycollate medium enriched with vitamin K1 and  
23 hemin agar (TGA, Becton Dickinson) plates to obtain: a mixture of ciprofloxacin (2 µg/ml),

1 metronidazole (8 µg/ml) and minocycline (4 µg/ml): **3-MIX S**; a mixture of ciprofloxacin  
2 (2 µg/ml), metronidazole (8 µg/ml) and fosfomycin (64 µg/ml): **3-MIX F**; a mixture of  
3 ciprofloxacin (2 µg/ml), metronidazole (8 µg/ml) and clarithromycin (2 µg/ml): **3-MIX C**;  
4 a mixture of ciprofloxacin (2 µg/ml) and metronidazole (8 µg/ml): **2- MIX**.

5 **Microbiological analysis.** All samples were vortexed for 30 seconds, diluted 1:10 in sterile  
6 distilled water and spread on TGA control plates for initial colony forming unit (CFU)  
7 determination and on plates containing the mixed drugs to quantify the number of anaerobic  
8 bacterial strains grown in presence or absence of the different drug combinations: 3-MIX S,  
9 3-MIX F, 3-MIX C and 2-MIX. All plates were incubated at 37°C for 3-4 days under  
10 anaerobic conditions in an anaerobic system (Anaerocult IS; Merck, Bracco, Italy). All  
11 cultures were kept for at least 2 weeks but examined for growth every 3 days. The  
12 microbial counts were reported as CFUs/ml (14). Survival fractions were calculated from  
13 each sample taking into account its initial bacterial load.

14 **Preparation of 3-MIXs for discolouration test.** The same amount of each drug powder  
15 (1:1:1) was mixed together. After that, the mixed drugs were combined with macrogol and  
16 propylene glycol (Vidhyasom Co., Ltd, Bangkok, Thailand) to form an ointment. Unused  
17 3-MIXs were discarded ~~at the end of the office hour~~.

18 **Discolouration test.** 65 root canals of extracted human single-root **permanent** teeth with a  
19 fully formed apex that had not undergone prior endodontic treatment were used. **Teeth were**  
20 **sectioned at the cement-enamel junction and the crown was eliminated.** After debriding the  
21 root surface, specimens were immersed in a 5% solution of NaOCl (**Niclor** 5; OGNA,  
22 Muggiò, Italy) for 1 hour and then stored in saline solution until preparation. Each root  
23 canal was preflared using PathFile (Dentsply Maillefer, **Ballaigues, Switzerland**) and then



1 shaped using ProTaper S1-S2-F1-F2-F3-F4-F5 (Dentsply Maillefer) at the working length.  
2 Irrigation was performed with a 30-gauge needle syringe using 33 ml of 5% NaOCl at 37°C  
3 and alternating with 10 ml of 10% EDTA (Tubuliclean, OGNA); the total irrigation time  
4 was 10 minutes per specimen. The effect of smear layer on root discolouration was not  
5 investigated through the adoption of EDTA non-irrigated control teeth. After drying with  
6 paper points, root canals were randomly divided into 5 assigned to groups and brought into  
7 contact with the different antibiotic associations for 3 weeks.

8 **Statistical analysis.** A statistical analysis was performed on the collected data.  
9 Kolmogorov-Smirnov test for normality was used to analyze data, which were normally  
10 distributed. To compare the CFU counts in all groups a one-way analysis of variance model  
11 (ANOVA) was used. Correction for multiple comparisons with Bonferroni's test was  
12 applied to the significance levels presented. The level of statistical significance was set at  
13  $P < 0.05$ . All statistical analyses were performed using the SPSS for Windows 17.0 software  
14 package (SPSS, Inc. Chicago, IL).

## 15 **RESULTS**

16 Data relative to the addition of different antibiotic combinations to 29 necrotic pulp samples  
17 showed that the initial infectious burden did varied widely among single samples with a  
18 mean value of  $5.48 \times 10^4$  CFU/ml (range  $5.3 \times 10^5$  to 5; median  $1.28 \times 10^3$ ). This variation was  
19 probably caused by differences in the internal anatomy and geometry of the individual root  
20 canal systems and the duration of the infections. The addition of 3-MIX S, 3-MIX F, 3-  
21 MIX C, 2-MIX to TGA agar plates significantly decreased the bacterial detection: the mean  
22 microbial load was reduced to  $7.45 \times 10^2$  (range  $8.39 \times 10^3$  to 1;  $1.3 \times 10^2$  median) in the

1 presence of 3-MIX S, to  $3.27 \times 10^2$  (range  $2.24 \times 10^3$  to 1; 5 median) with 3-MIX F, to  
2  $1.06 \times 10^2$  (range  $2.35 \times 10^3$  to 1; 1 median) in the presence of 3-MIX C and to  $5.33 \times 10^2$   
3 (range  $2.56 \times 10^3$  to 1;  $2.4 \times 10^2$  median) with 2-MIX.

4 The percentage of bacterial reduction in 3-MIX C and 3-MIX F (99.49% and 97.31%  
5 median, respectively) was greater than that achieved in 3-MIX S and 2-MIX (92.95% and  
6 88.46% median, respectively) according to the bacterial load, being the difference among  
7 groups statistically significant ( $P < 0.05$ ).

8 Even the values for individual log reductions reveal a pronounced bactericidal activity of 3-  
9 MIX C and 3-MIX F compared to 3-MIX S and 2-MIX (Fig. 1-2). The bactericidal activity  
10 of each mix is best described by analyzing the action on the entire population of subjects  
11 (Fig.3): this was significantly greater in 3-MIX C (89%) and 3-MIX F (55%) compared  
12 with ~~than~~ that observed in 3-MIX S (31%) and 2-MIX (17%), showing a microbicidal  
13 activity of 3-MIX C approximately 3-4 times higher than that observed in 3-MIX S and in  
14 2-MIX, respectively.

15 The experimental set-up for the discolouration test before (a) and after 3 weeks of  
16 incubation (b) is reported in Fig. 4: from the time of drug placement, a dark greenbrown  
17 shade appeared in only 3-MIX S samples containing minocycline. In the other 3 groups and  
18 in the control group, the colour of the roots remained unchanged.

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## 20 DISCUSSION

21 Regenerative endodontic procedures can lead to the development of a nearly fully matured  
22 root, with normal thickness and length (15,16). Traditional apexification procedures with  
23 calcium hydroxide to promote the formation of a calcified barrier or, in alternative, the

1 creation of an artificial apical barrier with mineral trioxide aggregate, are predictable and  
2 successful (17). However they do not allow complete development of the root (15) and the  
3 long-term calcium hydroxide therapy might negatively affect the mechanical properties of  
4 dentine (18). Regenerative procedures require high level disinfection of the root canal  
5 system spaces. Antimicrobial efficacy of irrigant solutions may be decreased by the  
6 presence on root canal walls of the smear layer produced during root canal instrumentation,  
7 composed of dentine, odontoblastic processes, nonspecific inorganic contaminants, and  
8 microorganisms (19) that may inhibit the adherence of implanted dental pulp stem cells,  
9 potentially causing the failure of regenerative endodontic treatment (20). The removal of  
10 the smear layer also allows the direct contact of 3-MIX to the root walls, which  
11 significantly influences disinfection and risk of discolouration (7). However, regenerative  
12 procedures still lack standardization of treatment protocols, with intracanal medicaments,  
13 and irrigants (2,15). At the moment to remove the bacterial constituents harbored in the root  
14 canals and deepest dentine layers, a 3-mix paste of metronidazole, ciprofloxacin, and  
15 minocycline is largely used and its bactericidal efficacy and penetration through dentine  
16 from prepared root canals have been clearly demonstrated *in vitro* (6,11). However,  
17 minocycline has been reported to cause tooth discolouration after long-term oral use by  
18 binding to calcium ions via chelation to form an insoluble complex (4,21). The literature  
19 reports many attempts to solve this problem but without success (4,11,22). In our study,  
20 the bactericidal efficacy and the ability to prevent the crown coloration by 3-MIX C or 3-  
21 MIX F were compared. The antimicrobial activity of both 3-MIX F and 3-MIX C was more  
22 effective than that of 3-MIX S and 2-MIX: 3-MIX F showed a good efficacy confirming  
23 what reported by other authors (11); 3-MIX C induced a bacterial load significantly

1 decreased compared to 3-MIX F. Furthermore, the bactericidal activity of each mix is best  
2 described by analyzing the action on the entire population of subjects where 3-MIX C  
3 exhibited a microbicidal activity approximately 3-4 times superior to that observed in 3-  
4 MIX S and in 2-MIX and 2 times to that detected with 3-MIX F, probably related to  
5 clarithromycin best antimicrobial properties. The most interesting result is that a severe  
6 discolouration only occurred in the 3-MIX S samples: discolouration by the tetracycline  
7 family is thought to be a photoinitiated reaction (4); in our experimental conditions, the  
8 tooth samples became dark after minocycline treatment despite a lack of sunlight. No  
9 significant differences in terms of the surface darkness of the samples were observed  
10 among all the other groups, 2-MIX included, confirming that minocycline is the cause for  
11 coronal discolouration. To overcome the issue of staining, both 3-MIX F or 3-MIX C  
12 would be preferred as alternative.

13 The following conclusions can be drawn: the bactericidal effect of 3-MIX C and 3-MIX F  
14 was significantly superior to that of 3-MIX S and 2-MIX, against anaerobic  
15 microorganisms isolated from necrotic permanent teeth; 3-MIX C shows a higher capacity  
16 to kill endodontic pathogens *in vitro* compared to 3-MIX F; both 3-MIX C and 3-MIX F  
17 were able to avoid the permanent staining effect of the crown.

18 Within the limitations of this study, the results obtained *in vitro* show that 3-MIX C is  
19 highly encouraging as a feasible alternative in the pulp treatment of irreversibly infected or  
20 necrotic permanent teeth. Clarithromycin antimicrobial substantivity, the property of a  
21 substance to bind to the soft and/or hard tissue walls of the pocket, will be further assessed  
22 to suggest its clinical use as an endodontic antimicrobial medicament.

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