UNIVERSIDADE FEDERAL DO RIO GRANDE DO SUL FACULDADE DE ODONTOLOGIA

VANESSA KERN SOARES

VIRULÊNCIA DE LACTOBACILOS DA MICROBIOTA RESIDUAL DE DENTINA CARIADA

VANESSA KERN SOARES

VIRULÊNCIA DE LACTOBACILOS DA MICROBIOTA RESIDUAL DE DENTINA CARIADA

Trabalho de Conclusão de Curso apresentado ao Curso de Graduação em Odontologia da Faculdade de Odontologia da Universidade Federal do Rio Grande do Sul, como requisito parcial para obtenção do título de Cirurgião-Dentista.

Orientadora: Prof^a. Dra. Marisa Maltz Co-Orientadora: Prof^a. Dra. Clarissa Cavalcanti Fatturi Parolo

CIP- Catalogação na Publicação

Soares, Vanessa Kern

Virulência de lactobacilos da microbiota residual de dentina cariada / Vanessa Kern Soares. – 2012.

23 f.: il.

Trabalho de Conclusão de Curso (Graduação) — Universidade Federal do Rio Grande do Sul, Faculdade de Odontologia, Curso de Graduação em Odontologia, Porto Alegre, BR-RS, 2012.

Orientadora: Marisa Maltz

Co-orientadora: Clarissa Cavalcanti Fatturi Parolo

1.Lesão cariosa. 2. Dentina. 3. Lactobacilos spp. 4. Microbiologia. 5. Fator de virulência. I. Maltz, Marisa. II. Parolo, Clarissa Cavalcanti Fatturi. III. Título.

Elaborada por Ida Rossi - CRB-10/771

Aos meus pais que além da vida que me deram me ensinaram a vivê-la no melhor caminho.

À minha irmã e cunhado pela amizade e por terem me dado um presente que muito alegra minha vida, o André.

A Deus, pois sem Ele nada poderia fazer.

AGRADECIMENTOS

À professora Marisa Maltz não só pela oportunidade, mas pelo apoio que me deu durante todo o período que pude trabalhar junto a sua equipe. Foi muito importante toda a experiência que adquiri durante os anos no Labim, vou levar esse conhecimento para toda minha vida profissional. Muito obrigada professora!

À professora Clarissa Fatturi Parolo, que sempre colaborou em todos os meus trabalhos realizados. Obrigada pelo apoio, incentivo e amizade durante todo o período de iniciação científica.

À minha querida "chefinha" Nailê Damé-Teixeira pela paciência, companhia e amizade durante o tempo que trabalhamos juntas. És uma ótima profissional e teu amor pela pesquisa e ensino me motivou muito durante o período que trabalhamos juntas. Vou sempre torcer pelo teu sucesso!

À laboratorista Luisa Mercado que alegrou muitos turnos de trabalho com seu carinho e dedicação. Obrigada por cada ajuda, esclarecimento e principalmente pela companhia!

À querida Luciana Bitello Firmino que deixou saudades quando acabou seu mestrado no Labim. Obrigada por tudo durante o período que trabalhamos juntas! Aprendi muito contigo!

À colega Raquel Soares Dalalba pela grande amizade que desenvolvemos. Tu foste essencial na produção deste trabalho, obrigada pela companhia, minha dupla!

Aos colegas de trabalho Bárbara Koppe, Bruna Mua, Carolina Doege, Gabriela Goldenfum, Maurício Moura, pela amizade que desenvolvi durante o tempo no Labim!

À Fundação de Amparo à Pesquisa do Estado do Rio Grande do Sul pelo suporte financeiro durante todo o período de desenvolvimento deste trabalho.

À toda equipe do Laboratório de Bioquímica e Microbiologia Oral que direta ou indiretamente me ajudaram na conclusão desta etapa.

"E tudo o que fizerdes, seja em palavra, seja em ação, fazei-o em nome do Senhor Jesus, dando por ele graças a Deus Pai."

Colossenses 3.17

RESUMO

SOARES, Vanessa Kern. **Virulência de lactobacilos da microbiota residual de dentina cariada.** 2012.23f. Trabalho de Conclusão de Curso (Graduação em Odontologia)- Faculdade de Odontologia, Universidade Federal do Rio Grande do Sul, Porto Alegre, 2012.

O objetivo do estudo foi avaliar o efeito do selamento de lesões dentinárias de cárie sobre a virulência de Lactobacilos através da produção de ácido (P.A) e tolerância ácida (T.A). Pacientes (n=18) com lesões dentinárias foram submetidos à remoção parcial de tecido cariado e selamento da cavidade por 3 meses. Amostras de dentina foram obtidas antes e após o selamento. As amostras foram cultivadas em Ágar Rogosa, por 72 horas em anaerobiose. Até sete cepas de cada tipo morfológico foram selecionadas e armazenadas em caldo de Brain Heart Infusion (BHI) e glicerol em -20° C. As amostras foram analisadas quanto à coloração de Gram e morfologia. Somente bacilos e cocobacilos gram-positivos foram mantidos na amostra. Do total de 18 pacientes, somente seis apresentaram crescimento de Lactobacilos antes e após selamento. Nas análises de P.A e T.A foram avaliadas 66/62 cepas cultivadas antes e 75/74 cepas após o selamento, respectivamente. Para avaliação da produção de ácido, as cepas foram ressuspensas em 5 mL de caldo BHI e incubadas a 37º C, em anaerobiose durante 18 horas. Após lavagem, as cepas foram ressuspensas em caldo BHI, enriquecido com glicose a 1% a uma densidade óptica de 0.03 a 600 nm (DO₆₀₀). As amostras foram incubadas a 37° C e alíquotas foram utilizadas para avaliação de pH em 9, 24, 48 e 72 horas, em triplicata. Um controle negativo foi incubado nas mesmas condições. As análises estatísticas foram realizadas nos diferentes períodos de avaliação (teste t- Student). Para realização do experimento de T.A, os isolados foram ressuspensos em 2 mL de caldo BHI e incubados a 37º C em anaerobiose durante 18 horas. Alíquotas foram ressuspensas em BHI caldo pH 7 e pH 4 a uma densidade óptica de 0.03 a 600 nm (DO₆₀₀). Vinte e cinco microlitros das diluições 10^{-4} e 10⁻⁵ foram plaqueadas em BHI ágar no tempo 0 e após 30 minutos de incubação em anaerobiose a 37° C. Foi calculado a média±DP do número de UFC/mL do tempo 0 e após 30 minutos (pH 7 e pH 4). A taxa de crescimento durante 30 minutos foi comparada em cada grupo (pH 7 e pH 4 antes do selamento, pH 7 e pH 4 depois do selamento) (teste ANOVA). A produção de ácido (média±DP) dos Lactobacilos isolados antes e após o selamento, respectivamente, nos diferentes períodos de tempo foram: 9h (6,08±0,70-5,96±0,79 p=0,32), 24h (4,40±0,16- 4,37±0,15 p=0,26), 48h (4,21±0,12-4,21±0,15 p=0,87) e 72h (4,18±0,11-4,19±0,21 p=0,65). A taxa de crescimento antes do selamento no pH 7 foi de 1,77±0,32 log₁₀ UFC/mL e após o selamento foi de 1,73±0,29 log₁₀ UFC/mL (p=1.00). A taxa de crescimento antes do selamento no pH 4 foi de 1,67±0,37 log₁₀ UFC/mL e depois do selamento foi de 1,60±0,34 log₁₀ UFC/mL (p= 0.92). Não foi observado diferenca na virulência de Lactobacilos antes e após o período de selamento utilizando a técnica de curva de pH e T.A.

Palavras-chave: Lesão Cariosa. Dentina. Lactobacilos spp. Microbiologia. Fator de Virulência.

ABSTRACT

SOARES, Vanessa Kern. **Virulence factors of residual Lactobacilli in carious dentin.** 2012. 23f. Final Paper (Graduation in Dentistry)- Faculdade de Odontologia, Universidade Federal do Rio Grande do Sul, Porto Alegre, 2012.

The aim of this study was to evaluate the effect of sealing in the virulence traits of the residual Lactobacillus spp. cultivated from carious dentin using acid production (A.P) and acid tolerance (A.T). Patients (n = 18) with permanent molar with carious lesion were submitted to partial caries removal and cavity sealing for 3 months. Dentin samples were obtained before and after sealing. The samples were cultured on Rogosa agar for 72 hours under anaerobic conditions. Up to seven isolates of each morphological type were selected and stored in Brain Heart Infusion (BHI) broth and glycerol at -20° C. The samples were analyzed for Gram staining and morphology. Only bacilli and coccobacilli gram-positive were kept in the sample. Of the 18 patients, six showed growth of *Lactobacillus* spp. before and after sealing. For the analysis of A.P and A.T it was evaluated 66/62 isolates cultivated before and 75/74 after sealing, respectively. To perform the A.P, isolates were resuspended in 5 ml of BHI broth and incubated anaerobically at 37° C for 18 hours. After being washed, aliquots were resuspended in BHI broth supplemented with 1% glucose at an optical density of 0.03 at 600nm (OD₆₀₀). The samples were incubated at 37° C for 3 days. In order to perform the pH curve, aliquots were removed and the pH measured at 9, 24, 48 and 72 h. Tubes without inoculums (negative control) were incubated under the same conditions. The samples were performed in triplicate. Statistical analyzes were carried out in different periods (Student's t test). To perform the experiment of A.T, the isolates were resuspended in 2 ml of BHI broth and incubated anaerobically at 37° C for 18 hours. Aliquots of this culture were resuspended at pH 7.0 and pH 4.0 at an optical density of 0.03 at 600 nm (OD₆₀₀). Twenty-five microliters of the 10⁻⁴ and 10⁻⁵ dilutions were plated in BHI agar at time 0 (Baseline) and after 30 minutes of anaerobic incubation at 37° C. This experiment was performed in triplicate. The mean±SD of the triplicate CFU values was calculated at baseline and after 30 minutes (pH 7.0 and pH 4.00. The growth rate during 30 minutes was compared in each group (pH 7.0 and pH 4.0 before; pH 7.0 e pH 4.0 after cavity sealing) (ANOVA test). The acid production (mean±SD) of *Lactobacillus* spp. cultivated from dentin before and after sealing, respectively, in different time periods were: 9 h $(6.08\pm0.70-5.96\pm0.79, p = 0.37)$, 24 h $(4.40\pm0.16-4.37\pm0.15, p=0.26)$, 48 h $(4.21\pm0.12-4.21\pm0.15, p = 0.87)$ and 72 h $(4.18\pm0.11-4.19\pm0.21, p = 0.65)$. The growth rate before the sealing at pH 7.0 was 1.77 (\pm 0.32) \log_{10} CFU/ml and after sealing was 1.73 $(\pm 0.29) \log_{10}$ CFU/ml (p = 1.00). The growth rate before the sealing at pH 4.0 was 1.67 $(\pm 0.37) \log_{10} \text{ CFU/ml}$ and after sealing was 1.60 $(\pm 0.34) \log_{10} \text{ CFU/ml}$ (p = 0.92). No difference was observed in the virulence of *Lactobacillus* spp. before and after sealing using A.P and A.T.

Keywords: Dental caries. Dentin. *Lactobacillus* spp. Microbiology. Virulence factors.

SUMÁRIO

1	INTRODUÇÃO	8
2	ARTIGO CIENTÍFICO	. 10
3	CONCLUSÃO	. 21
RI	EFERÊNCIAS	27

1 INTRODUÇÃO

O tratamento restaurador convencional de lesões de cárie é baseado na remoção total de tecido cariado (RTTC) segundo critério clínico de dureza. Estudos microbiológicos demonstram que esse tipo de tratamento não garante remoção total de micro-organismos abaixo das restaurações (IOST, 1995; SHOVELTON, 1972). Diante de lesões profundas de cárie, a RTTC pode levar a uma exposição mecânica da polpa e, caso isso ocorra em presença de tecido cariado, o prognóstico para a polpa é ruim (BARTHEL et al., 2000; BJØRNDAL et al., 2010).

Diante deste problema, tratamentos conservadores têm sido propostos com finalidade de conservar tecido dentinário e melhorar o prognóstico de vitalidade pulpar (BJØRNDAL et al., 1997; BJØRNDAL et al., 2010; MALTZ et al., 2002). Um destes tratamentos é o tratamento expectante, que consiste de uma remoção total de tecido cariado em 2 sessões. Na primeira etapa é realizada remoção completa do tecido cariado das paredes laterais e deixa-se tecido contaminado no fundo da cavidade para evitar a exposição pulpar (KIDD, 2004; LEKSELL et al., 1996; MAGNUSSON, 1977). Após período de selamento, realiza-se a remoção completa do tecido cariado da parede pulpar. O segundo tratamento proposto é a remoção parcial de tecido cariado (RPTC) em apenas uma única sessão (MALTZ et al., 2002; THOMPSON, 2008).

O tratamento de lesões profundas de cárie realizado em única sessão, com a colocação de restauração mesmo sem a remoção completa de dentina cariada tem várias vantagens: (1) evitar contaminação pelo meio externo resultante da perda de selamento temporário, (2) evitar perda de tecido dentário íntegro pela remoção do material restaurador, (3) evitar eventual exposição pulpar durante a remoção da restauração provisória, (4) poupar desconforto ao paciente evitando nova consulta e (5) tornar o tratamento menos oneroso (JARDIM, 2010).

Estudos microbiológicos que avaliam a RPTC e selamento demonstram que mesmo com a permanência de uma camada de tecido contaminado no fundo da cavidade, há redução da contaminação bacteriana (LULA et al., 2009; MALTZ et al., 2002). Estudos mostram que há maior contaminação bacteriana logo após a RTTC do que quando se realiza RPTC e selamento (MALTZ et al., 2012). Porém, ainda torna-se necessário saber a virulência das bactérias remanescentes abaixo de restaurações.

Um dos micro-organismos mais prevalentes na dentina cariada são os Lactobacilos. Pertencem ao grupo de bactérias produtoras de ácido láctico, são bactérias acidogências e acidúricas, associadas à progressão da lesão cariosa (AAS et al., 2008; EDWARDSSON, 1974). Os fatores de virulência dos Lactobacilos relacionados à lesão de cárie cavitada são:

produção de ácido (acidogênese), tolerância ao meio ácido (aciduricidade) e capacidade de degradar matriz protéica. Sendo a acidogenicidade e aciduricidade os fatores de virulência mais associados à cárie dentária (COTTER; HILL, 2003).

O objetivo deste trabalho foi avaliar o efeito da RPTC e selamento na expressão de fatores de virulência dos Lactobacilos identificados na dentina, através da avaliação de produção de ácido e tolerância ácida. Como hipótese, o selamento de dentina cariada não modifica a virulência dos micro-organismos remanescentes.

ARTIGO CIENTÍFICO

Virulence factors of residual Lactobacilli in carious dentin after partial caries removal and sealing

Keywords:

Dental caries; dentin; Lactobacillus spp.; microbiology; virulence factors.

Abstract

Aims: To evaluate the effect of sealing in the virulence traits of the residual *Lactobacillus* spp. cultivated from the carious dentin through Acid Production (A.P) and Acid Tolerance (A.T).

Methods and Results: Dentin samples were obtained after partial caries dentin removal (PCDR) and after 3 months of sealing. *Lactobacillus* spp. was resuspended in BHI broth supplemented with 1% glucose to evaluate the A.P. The pH at 9, 24, 48 and 72 hours was measured. To evaluate the A.T, the strains were incubated in BHI broth during 30 min (37° C anaerobically) at pH 7.0 and pH 4.0. The growth rate was compared at different pH and different treatment times (before and after sealing). It was evaluated 66/62 strains before and 75/74 strains after sealing (A.P/A.T respectively). The A.P by the *Lactobacillus* spp. isolated before and after sealing was not significantly different. These *Lactobacillus* spp. did not differ regarding their ability to tolerate an acidic environment.

Conclusions: The sealing of carious dentin did not change the virulence traits of *Lactobacillus* spp.

Significance and Impact of the Study: Sealing of carious dentin did not select more cariogenic *Lactobacillus* spp.

Introduction

Routinely, conventional restorative treatment is based on the complete caries dentin removal (CCDR) and sealing of the cavity. In deep caries lesion, the CCDR can lead to pulp exposure and an alternative treatment is the stepwise excavation. In this technique, a partial caries dentin removal (PCDR) is performed and a layer of carious dentine is left over the pulp, and the tooth is temporarily sealed. After the sealing period, the filling is removed and the CCDR is performed (Leksell et al. 1996; Bjørndal et al. 1997; Kidd 2004). It has been proposed alternative approach to stepwise excavation which is the PCDR in only one session. Clinical studies have demonstrated success over time without the need to reopen the cavity (Maltz et al. 2007; Maltz et al. 2012). The persistence of viable bacteria in dentin after PCDR

has raised doubts regarding the long-term effectiveness of this treatment (Weerheijm and Groen 1999; Bergenholtz and Spångberg 2004).

Lactobacillus species, Streptococcus mutans, Streptococcus species, Actinomyces species and Candida albicans are among the remaining microorganisms from the sealed dentin (Paddick et al. 2005; de Carvalho et al. 2006; Pinto et al. 2006; Wambier et al. 2007; Orhan et al. 2008; Duque et al. 2009; Lula et al. 2009). Lactobacillus species are members of lactic acid bacteria group, which colonize the mouth and have been associated with dental caries lesion (Krasse 1954; van Houte et al. 1972; Ikeda et al. 1973; van Houte 1980). This bacteria group appears to be secondary colonizer in some lesions and contributes to the progression of the cavity (van Houte 1980; Tanzer et al. 2001). The acid production and acid tolerance have been proposed as virulence factors in the cariogenicity of Lactobacillus species and the latter factor could account for high levels of these bacteria in carious dentin. The progression of the carious lesion is therefore associated with both characteristics of acid production and acid tolerance (Harper and Loesche 1984).

There is a lack of evidence in the literature regarding the role of the remaining microorganisms in the progression of carious process beneath restorations after PCDR. It remains unclear if the virulence potential of the sealed bacteria remains the same after sealing or if they change, either phenotypically or genotypically. Therefore, the aim of this study was to compare the pH-lowering potential and growth capacity of *Lactobacillus* species cultivated from caries dentin before and after sealing.

Materials and Methods

Ethical considerations

The protocol of the clinical trial was approved by the ethics committee of the Faculty of Dentistry from the Federal University of Rio Grande do Sul (process n°19218). Informed and written consent was obtained from all individuals. All participants received treatment for basic dental needs.

Origin of the samples

Patients (n = 18) with permanent molar with carious lesion located in the middle third of dentin were selected for a clinical study trial (Firmino 2011). The patients were submitted to PCDR, lining with calcium hydroxide cement and sealing with glass ionomer cement for 3 months. Dentin samples were obtained before and after the sealing period by two sterile

slowly rotating n° 4 round burs. The *Lactobacillus* species were isolated on Rogosa agar and up to 7 strains of each morphological type found in the culture were selected and analyzed for colony morphology and Gram staining. Gram negative and *cocci* strains were excluded. After purified, each strain was stored in Brain Heart Infusion (BHI) (HiMedia, Mumbai, India) with 15% (v/v) glycerol at -20° C for further analysis.

Study design

In vitro analysis of the stored isolates were conducted to determine the virulence of *Lactobacillus* species: the acid production and acid tolerance.

Acid Production

The strains were resuspended in 5 ml of BHI broth and incubated anaerobically at 37° C for 18 h. The overnight culture was centrifuged at 3,020 rpm (Centrífuga- CT 5000, Cientec, Brazil) during 5 minutes and the pellet was resuspended in BHI broth supplemented with 1% glucose at an optical density of 0.03 at 600nm (OD₆₀₀) (Spectronic 21D, Milton Roy, USA) in order to standardize the number of cells. Immediately, the samples were incubated at 37° C for 3 days. In order to perform the pH curve, aliquots were removed and the pH measured at 9, 24, 48 and 72 h with a pH meter (pHmetro DM-23, Digimed, Brazil). Tubes without inoculum (negative control) were incubated under the same conditions. The samples were performed in triplicate (van Houte et al. 1996; Napimoga et al. 2004).

Acid Tolerance

The strains were resuspended in 2 ml of BHI broth and incubated anaerobically at 37° C for 18 h. Aliquot of this culture was resuspended at pH 7.0 and pH 4.0 at an optical density of 0.03 at 600 nm (OD₆₀₀). Twenty-five microliters of the 10⁻⁴ and 10⁻⁵ dilutions were plated in BHI agar (HiMedia, Mumbai, India) at time 0 (Baseline) and after 30 minutes of anaerobic incubation at 37° C. This experiment was performed in triplicate (Azcarate-Peril et al. 2004; Penaud et al. 2006).

Calibration and Reproducibility

A single examiner was calibrated for the counting of the total colony-forming units (CFU) of *Lactobacillus* species. All the counts were performed using colony counter (Hellige, Garden City, USA). Repeated tests were conducted for 12 plates. The time interval between examinations was seven days and the intraclass correlation coefficient was 0.93.

Data analysis

For the acid tolerance analysis of *Lactobacillus* species, the mean±SD of the triplicate CFU value were calculated at baseline and after 30 min (pH 7 and pH 4). The growth rate during 30 minutes was compared in each group (pH 7 before cavity sealing, pH 7 after cavity sealing, pH 4 before cavity sealing, pH 4 after cavity sealing). Data was transformed to log₁₀ due to data dispersion and analyzed by ANOVA test, post-hoc analysis–Bonferroni test.

For the acid production analysis, the mean±SD of the triplicate pH values at 9, 24, 48 and 72 h was calculated. The difference of mean between groups was tested using Student's t test.

The level of significance for analysis was considered 5%. The software used was SPSS version 18.0 for Windows.

Results

Of the 18 patients from PCDR group only 6 patients showed growth of *Lactobacillus* species before and after sealing. After gram staining and exclusion of *cocci* and Gram-negative, the final sample for the acid production was 141 strains (66 before sealing and 75 after sealing) and the final sample for acid tolerance was 136 strains (62 before sealing and 74 after sealing). The difference occurred because the experiments were not conducted concurrently and some strains were lost (Fig. 1).

The pH (mean±SD) of BHI broth supplemented with 1% glucose at times 9 h, 24 h, 48 h, 72 h after incubation with *Lactobacillus* species before and after cavity sealing is shown in Fig 2. The pH curves showed no significant difference with respect to acid production.

Regarding acid tolerance, no difference in the growth rate of *Lactobacillus* species was observed at pH 7 and pH 4 (Table 1).

Discussion

To occur demineralisation of the tooth tissue, microorganisms produce acids from fermentation of carbohydrates. *Lactobacillus* species can produce acids capable to lower the pH below pH 5.0, which is relevant for caries development (Haukioja et al. 2008). In this study, the *Lactobacillus* species before cavity sealing were able to produce acid below 4,2 showing a high acidogenicity and this trait remained in the strains after sealing when submitted to a sugar medium. Other study showed similar low final pH after 2-3 days

incubation of Lactobacillus from advanced root caries lesions in sugar broth medium (<4.2) (van Houte et al. 1996).

Moreover, *Lactobacillus* species still secret acid in significant quantities at low pH (4.0) showing high aciduricity (Klinke et al. 2009). The ability of bacteria to produce acid (acidogenicity) in combination with growth at low pH (aciduricity) are regarded as being two of the most important virulence factors related to dental caries (Cotter and Hill 2003). These abilities of *Lactobacillus* species are essential for the progression of the lesion. In the present study, the growth rate of *Lactobacillus* species in pH 4 was similar to pH 7, means that they grew well both in neutral pH and in acid pH and the cavity sealing did not modified this trait.

It is unclear whether the bacteria beneath restorations represent some danger to the longevity of restorations and if they are more virulent than the bacteria previous to the sealing. It would be relevant to know whether those who survive remain potentially cariogenic. This is the first study to evaluate the phenotypic characteristics of *Lactobacillus* species isolated from sealed caries dentin. In the present study we couldn't find any difference in acid tolerance and in acid production between the *Lactobacillus* species from carious dentin before and after cavity sealing. The *Lactobacillus* species showed the same phenotypic characteristics regarding acid production and tolerance after 3 months of sealing.

Carious dentin of active lesions characterized by a low pH (mean pH= 4.9±0.2) and a lactate-dominant acid profile (Hojo et al. 1994). A variety of bacteria are responsible for this change of pH in the cavity, such as *Lactobacillus* species and *Streptococcus* species (Loesche and Syed 1973; Klinke et al. 2009). On the other hand, the pH and acid profile of carious dentin obtained from lesions beneath a restoration were similar to those of the arrested lesion, a higher pH (mean pH= 5.8±0.7) and an acetate and propionate-dominant acid profile, suggesting that these two types of lesions have less acidogenic and aciduric flora than active lesions. After cavity sealing, a limited supply of nutrients is left for the bacteria that survive beneath restoration (Paddick et al. 2005). The bacteria had access to primarily the serum proteins and glycoproteins, which pass from the pulp through the dentinal tubules of the uninfected dentin to the infected dentin. The results of the present study suggest that the higher pH observed in sealed carious dentin (Hojo et al. 1994) are due to the decrease in the number of theses acidogenic bacteria and the limited access to nutrients (Paddick et al. 2005) and not by their lower capacity of acid production.

Virulence factors that are associated with caries progression in dentin are degradation of hydroxyapatite, biofilm formation, adhesion to hydroxyapatite and collagen type-I, cleavage the terminal sugars from the glycoproteins, acid production and acid tolerance (McGrady et al. 1995; Paddick et al. 2005; Jalasvuori et al. 2012). Acid production and acid tolerance alone do not make bacteria cariogenic, but they are so far an indicative of caries potential. The present study showed that the pH-lowering potential and growth capacity of *Lactobacillus* species from carious dentin before cavity sealing were similar to the isolates cultivated from caries dentin after sealing. In conclusion, the virulence of *Lactobacillus* species through its ability to produce and tolerate acid seems to not modify after cavity sealing.

Acknowledgments

We gratefully thanks to CAPES, FAPERGS (Proc. 09512378) for giving financial support (scholarship) for this study.

Conflict of Interest Statement

We, Nailê Damé Teixeira, Vanessa Kern Soares, Raquel Soares Dalalba, Clarissa Cavalcanti Fatturi Parolo and Marisa Maltz declare that we have no proprietary, financial, professional or other personal interest of any nature or kind in any product, service, and/or company that could be construed as influencing the position presented in, or the review of, the manuscript "Virulence factors of residual Lactobacilli in carious dentin after partial caries removal and sealing".

References

Azcarate-Peril, M.A., Altermann, E., Hoover-Fitzula, R.L., Cano, R.J. and Klaenhammer, T.R. (2004) Identification and inactivation of genetic loci involved with Lactobacillus acidophilus acid tolerance. *Appl Environ Microbiol* **70**, 5315-5322.

Bergenholtz, G. and Spångberg, L. (2004) CONTROVERSIES IN ENDODONTICS. *Crit Rev Oral Biol Med* **15**, 99-114.

Bjørndal, L., Larsen, T. and Thylstrup, A. (1997) A clinical and microbiological study of deep carious lesions during stepwise excavation using long treatment intervals. *Caries Res* **31**, 411-417.

Cotter, P.D. and Hill, C. (2003) Surviving the acid test: responses of gram-positive bacteria to low pH. *Microbiol Mol Biol Rev* **67**, 429-453, table of contents.

de Carvalho, F.G., Silva, D.S., Hebling, J., Spolidorio, L.C. and Spolidorio, D.M. (2006) Presence of mutans streptococci and Candida spp. in dental plaque/dentine of carious teeth and early childhood caries. *Arch Oral Biol* **51**, 1024-1028.

Duque, C., Negrini, T.e.C., Sacono, N.T., Spolidorio, D.M., de Souza Costa, C.A. and Hebling, J. (2009) Clinical and microbiological performance of resin-modified glass-ionomer liners after incomplete dentine caries removal. *Clin Oral Investig* **13**, 465-471.

Firmino, L.B. (2011) ESTUDO DA VIABILIDADE BACTERIANA EM DENTINA CARIADA SELADA. p.51. Porto Alegre: UNIVERSIDADE FEDERAL DO RIO GRANDE DO SUL.

Harper, D.S. and Loesche, W.J. (1984) Growth and acid tolerance of human dental plaque bacteria. *Arch Oral Biol* **29**, 843-848.

Haukioja, A., Söderling, E. and Tenovuo, J. (2008) Acid production from sugars and sugar alcohols by probiotic lactobacilli and bifidobacteria in vitro. *Caries Res* **42**, 449-453.

Hojo, S., Komatsu, M., Okuda, R., Takahashi, N. and Yamada, T. (1994) Acid profiles and pH of carious dentin in active and arrested lesions. *J Dent Res* **73**, 1853-1857.

Ikeda, T., Sandham, H.J. and Bradley, E.L. (1973) Changes in Streptococcus mutans and lactobacilli in plaque in relation to the initiation of dental caries in Negro children. *Arch Oral Biol* **18**, 555-566.

Jalasvuori, H., Haukioja, A. and Tenovuo, J. (2012) Probiotic Lactobacillus reuteri strains ATCC PTA 5289 and ATCC 55730 differ in their cariogenic properties in vitro. *Arch Oral Biol*.

Kidd, E.A. (2004) How 'clean' must a cavity be before restoration? Caries Res 38, 305-313.

Klinke, T., Kneist, S., de Soet, J.J., Kuhlisch, E., Mauersberger, S., Forster, A. and Klimm, W. (2009) Acid production by oral strains of Candida albicans and lactobacilli. *Caries Res* **43**, 83-91.

KRASSE, B. (1954) Relationship between caries activity and the number of lactobacilli in the oral cavity. *Acta Odontol Scand* **12**, 157-172.

Leksell, E., Ridell, K., Cvek, M. and Mejàre, I. (1996) Pulp exposure after stepwise versus direct complete excavation of deep carious lesions in young posterior permanent teeth. *Endod Dent Traumatol* 12, 192-196.

Loesche, W.J. and Syed, S.A. (1973) The predominant cultivable flora of carious plaque and carious dentine. *Caries Res* **7**, 201-216.

Lula, E.C., Monteiro-Neto, V., Alves, C.M. and Ribeiro, C.C. (2009) Microbiological analysis after complete or partial removal of carious dentin in primary teeth: a randomized clinical trial. *Caries Res* **43**, 354-358.

Maltz, M., Garcia, R., Jardim, J.J., de Paula, L.M., Yamaguti, P.M., Moura, M.S., Garcia, F., Nascimento, C., Oliveira, A. and Mestrinho, H.D. (2012) Randomized Trial of Partial vs. Stepwise Caries Removal: 3-year Follow-up. *J Dent Res* **91**, 1026-1031.

Maltz, M., Oliveira, E.F., Fontanella, V. and Carminatti, G. (2007) Deep caries lesions after incomplete dentine caries removal: 40-month follow-up study. *Caries Res* **41**, 493-496.

McGrady, J.A., Butcher, W.G., Beighton, D. and Switalski, L.M. (1995) Specific and charge interactions mediate collagen recognition by oral lactobacilli. *J Dent Res* **74**, 649-657.

Napimoga, M.H., Kamiya, R.U., Rosa, R.T., Rosa, E.A., Höfling, J.F., Mattos-Graner, R.O., Gonçalves, R.B. and Mattos-Graner, R.e.O. (2004) Genotypic diversity and virulence traits of Streptococcus mutans in caries-free and caries-active individuals. *J Med Microbiol* **53**, 697-703.

Orhan, A.I., Oz, F.T., Ozcelik, B. and Orhan, K. (2008) A clinical and microbiological comparative study of deep carious lesion treatment in deciduous and young permanent molars. *Clin Oral Investig* 12, 369-378.

Paddick, J.S., Brailsford, S.R., Kidd, E.A. and Beighton, D. (2005) Phenotypic and genotypic selection of microbiota surviving under dental restorations. *Appl Environ Microbiol* **71**, 2467-2472.

Penaud, S., Fernandez, A., Boudebbouze, S., Ehrlich, S.D., Maguin, E. and van de Guchte, M. (2006) Induction of heavy-metal-transporting CPX-type ATPases during acid adaptation in Lactobacillus bulgaricus. *Appl Environ Microbiol* **72**, 7445-7454.

Pinto, A.S., de Araújo, F.B., Franzon, R., Figueiredo, M.C., Henz, S., García-Godoy, F. and Maltz, M. (2006) Clinical and microbiological effect of calcium hydroxide protection in indirect pulp capping in primary teeth. *Am J Dent* **19**, 382-386.

Tanzer, J.M., Livingston, J. and Thompson, A.M. (2001) The microbiology of primary dental caries in humans. *J Dent Educ* **65**, 1028-1037.

van Houte, J. (1980) Bacterial specificity in the etiology of dental caries. Int Dent J 30, 305-326.

Van Houte, J., Gibbons, R.J. and Pulkkinen, A.J. (1972) Ecology of human oral lactobacilli. *Infect Immun* 6, 723-729.

van Houte, J., Lopman, J. and Kent, R. (1996) The final pH of bacteria comprising the predominant flora on sound and carious human root and enamel surfaces. *J Dent Res* **75**, 1008-1014.

Wambier, D.S., dos Santos, F.A., Guedes-Pinto, A.C., Jaeger, R.G. and Simionato, M.R. (2007) Ultrastructural and microbiological analysis of the dentin layers affected by caries lesions in primary molars treated by minimal intervention. *Pediatr Dent* **29**, 228-234.

Weerheijm, K.L. and Groen, H.J. (1999) The residual caries dilemma. *Community Dent Oral Epidemiol* **27**, 436-441.

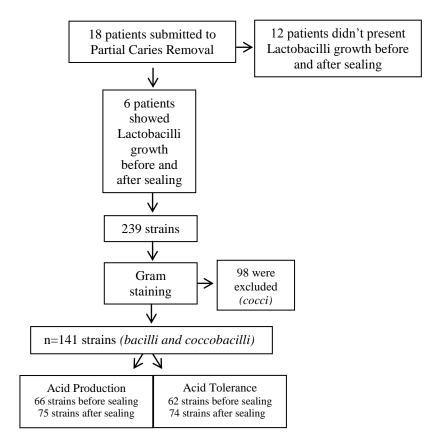


Figure 1. Flowchart showing the total sample of the strains worked.

Figure 2. pH (mean±SD) of BHI broth supplemented with 1% glucose at times 9 h, 24 h, 48 h, 72 h after incubation with *Lactobacillus* species isolated from carious dentin before (•) and after (•) cavity sealing.

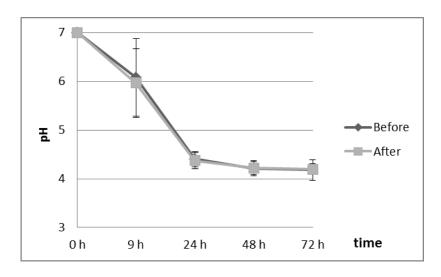


Table 1. Mean \pm SD growth rate of *Lactobacillus* species (log₁₀ CFU / ml) at pH 7.0 and pH 4.0 before and after sealing of carious dentin.

рН	BEFORE CAVITY SEALING	AFTER CAVITY SEALING
pH 7.0	1.77±0.32 ^a	1.73±0.29 ^{ab}
pH 4.0	1.67±0.37 ^{ab}	1.60±0.34 ^b

3 CONCLUSÃO

Os resultados da análise da virulência de Lactobacilos provenientes de dentina cariada antes e após o selamento de lesões de cárie de pacientes submetidos à remoção parcial de tecido cariado contribuem para o entendimento das características fenotípicas das bactérias seladas. Os dois métodos de análise de virulência de Lactobacilos estudados nesse trabalho, produção de ácido e tolerância ao ácido, demonstram que não houve uma modificação no potencial patogênico desse micro-organismo após período de selamento. A permanência de bactérias abaixo de restaurações parece não aumentar o potencial cariogênico destas bactérias.

REFERÊNCIAS

AAS, J.A. et al. Bacteria of dental caries in primary and permanent teeth in children and young adults. **J. Clin. Microbiol.**, Washington, v. 46, no. 4, p. 1407-1417, Apr. 2008.

BARTHEL, C.R. et al. Pulp capping of carious exposures: Treatment outcome after 5 and 10 years: A retrospective study. **J. Endod.**, Baltimore, v. 26., no. 9, p. 525-528, Sept. 2000.

BJØRNDAL, L. et al. A clinical and microbiological study of deep carious lesions during stepwise excavation using long treatment intervals. **Caries Res.**, Basel, v. 31, no. 6, p. 411-417, 1997.

BJØRNDAL, L. et al. Treatment of deep caries lesions in adults: randomized clinical trials comparing stepwise vs. direct complete excavation, and direct pulp capping vs. partial pulpotomy. **Eur. J. Oral. Sci.**, Copenhagen, v. 118, p. 290–297, 2010.

COTTER, P.D.;HILL, C. Surviving the acid test: Responses of gram-positive bacteria to low ph. **Microbiol. Mol. Biol. Rev.**, Washington, v. 67, no. 3, p. 429-453, Sept. 2003.

EDWARDSSON, S. Bacteriological studys on deep areas of carious dentine. **Odont. Revy.**, Lund, v. 25, p. 32, 1974.

IOST, HI C.J. et al. Dureza e contaminação bacteriana da dentina após remoção da lesão de cárie. **Rev. ABO Nac.**, São Paulo, v. 3, no. 1, p. 25-29, fev./mar. 1995.

KIDD, E.A. How 'clean' must a cavity be before restoration? **Caries Res.**, Basel, v. 38, p. 305-313, 2004.

LEKSELL, E. et al. Pulp exposure after stepwise versus direct complete excavation of deep carious lesions in young posterior permanent teeth. **Endod. Dent. Traumatol.**, Copenhagen, v. 12, p.192-196, Nov. 1996.

LULA, E.C., MONTEIRO-NETO, V., ALVES, C.M., RIBEIRO, C.C. Microbiological analysis after complete or partial removal of carious dentin in primary teeth: a randomized clinical trial. **Caries Res.**, Basel, v.43, p. 354-358, 2009.

MAGNUSSON, B.O., SUNDELL, S.O., Stepwise excavation of deep carious lesions in primary molars. **J. Int. Dent. Child.**, London, v. 8, p. 36-40, 1997.

MALTZ, M. et al. A clinical, microbiologic, and radiographic study of deep caries lesions after incomplete caries removal. **Quintessence Int.**, Berlin, v. 33, no. 2, p.151-159, 2002.

MALTZ, M. et al. Conventional caries removal and sealed caries in permanent teeth: A microbiological evaluation. **J. Dent. Res.**, Washington, v. 40, p.776-782, May 2012.

JARDIM, J.J. Remoção parcial de tecido cariado em lesões de cárie profundas de dentes permanentes. 2010. 126 p. Tese (Doutorado) — Programa de Pós-Graduação em Odontologia, Doutorado em Odontologia, Faculdade de Odontologia, Universidade Federal do Rio Grande do Sul, Porto Alegre.

SHOVELTON, D.S. The maintenance of pulp vitality. **Br. Dent. J.**, London, v. 133, no. 3, p.95-101, Aug. 1972.

THOMPSON, V., CRAIG, R.G., CURRO F.A., GREEN, W.S., SHIP, J.A. Treatment of deep carious lesions by complete excavation or partial removal: a critical review. **J. Am. Dent. Assoc.**, Chicago, v. 139, p. **7**05–712, 2008.