Journal of Periodontology & Implant Dentistry

Research Article

Evaluation of Relationship between *Streptococcus mutans*, Dental Caries and IL-1α and IL-6

Hossein Eslami¹ • Firoz Pouralibaba¹ • Roya Rezaii Sepas² • Ali Zarandi³*

¹Assistant Professor, Department of Oral Medicine, Faculty of Dentistry, Tabriz University of Medical Sciences, Tabriz, Iran ²Private Practice, Tabriz, Iran

³Assistant Professor, Department of Periodontics, Faculty of Dentistry, Tabriz University of Medical Sciences, Tabriz, Iran *Corresponding Author; E-mail: dr.alizarandi@gmail.com

> Received:10 February 2016; Accepted: 2 April 2016 J Periodontal Implant Dent 2016;8(1):33–36 | doi:10.15171/jpid.2016.006 This article is available from: http://dentistry.tbzmed.ac.ir/jpid

© 2016 The Authors; Tabriz University of Medical Sciences This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

Background and aims. Streptococcus mutans is an important species in oral microflora and its components have been found to stimulate production of proinflammatory cytokines in dental caries. The aim of this study was to evaluate proinflammatory cytokines (IL-1 α and IL-6) in patients with S. mutans.

Materials and methods. Seventy samples were selected during pulpectomy and investigated for the presence of IL-1 α and IL-6 by ELISA. The results were analyzed by t-test ($\alpha = 0.05$).

Results. The results showed higher mean concentrations of IL-6 and IL-1a in inflamed pulpal tissues in subjects with dental caries associated with *S. mutans*, compared with intact pulpal tissue samples; these higher means were statistically significant in all cases (P < 0.05).

Conclusion. The results of this study suggested relations between the production of IL1-a and IL-6 in dental caries caused by *S. mutans*.

Key words: Dental caries, interleukin-6, interleukin-1a, inflammation, Streptococcus mutans.

Introduction

The most dominant chronic disease of the oral cavity is dental caries.¹ Dental caries is a multi-factorial disease and is powerfully linked with the presence of cariogenic microorganisms, fermentable carbohydrates, sensitive teeth and duration of exposure.²⁻⁴ *Mutans streptococci* are the etiologic factor for dental caries,⁵ and numerous studies have revealed a relationship between dental caries and *Streptococcus mutans*.⁵ Also, many previous studies

have assessed the relationship between progress of carious lesions and the response of immunocompetent cells.⁶ During inflammation and infections, cytokines are important mediators, in addition to their role in controlling the inflammatory response to bacterial infection. Although the role of cytokines in the pathogenesis of dental caries is not distinct, proinflammatory cytokine production is induced by components of *S. mutans.*^{7,8} The aim of this study was to assess association between IL-1 α and IL-6 levels and dental caries, especially in *S. mutans* infections.

34 Eslami et al.

Materials and Methods

In this study, 70 patients with dental caries were selected, who referred to the Department of Oral and Maxillary Surgery, Faculty of Dentistry, Tabriz University of Medical Sciences. Tissue samples (2mm) were obtained from the intact and inflamed pulp regions. Healthy dental pulp samples and irreversible dental pulp samples were achieved from third molars and carious molars, respectively, during pulpectomy procedures (Figure 1). The Hanks' balanced salt solution was used to transfer samples to the Immunology Laboratory. Informed consent was obtained from the patients (20–40 years of age). The samples were extracted under aseptic conditions and kept for identifying bacterial infections, especially S. mutans. Two media, Cavex ZOE and Golchai ZOE, were used for determination of growth of S. mutans. The tissue samples were stained with the H&E method.⁹ The tissue samples (1 mm) were homogenized by phosphate buffer saline (pH=7) and clarified by centrifugation at 10,000 g for 15 min at 4°C for determination of cytokine concentrations. The aliquots of clarified supernatants were stored at -70°C until cytokine measurements. The concentrations of IL-6 andIL-1a were evaluated with an enzyme-linked immunosorbent assay (ELISA; BioSource, Nivelles, Belgium), according to the manufacturer's instructions. Data were analyzed with SPSS 17. T-test was used for statistical analysis. Statistical significance was set at P < 0.05.

Results

In this study, *S. mutans* infection was detected in 40 patients (57.1%). This bacterium had better growth and persisted in Cavex ZOE media compared with Golchai media (Figure 2). Staining by H&E showed higherlymphocytelevels in inflamed tissue samples. Means (SD) of IL-1 α and IL-6 levels are presented in Table 1 and Figure 3. The results showed that the means of the cytokines were not significantly differ-



Figure 1. Tissue sample during pulpectomy.

ent between female and male subjects (P = 0.391). But IL-1 α and IL-6 levels were higher in inflamed tissues compared with intact tissues (P < 0.05).

Discussion

In this study, IL-1 α and IL-6 levelsexhibited statistically significant differences in inflamed tissues associated with *S. mutans* (P < 0.05).

IL-1 is one of the main mediators of immune and inflammatory responses.^{10,11} Different agents, including microorganisms, microbial metabolites, inflammatory causes or antigens could induce IL-1 production. The activity of IL-1 is controlled via IL-1ra existing in the immune system by means of binding with high affinity to the similar receptors as IL-1 β .¹² In addition to IL-1, IL-6, IL-8 and TNF-aare associated with inflammatory responses that are related with dental caries.¹³⁻¹⁵

S. mutans is the major factor responsible for dental caries.¹⁶⁻¹⁹ The cell surface protein antigens of this bacterium (Pac, Ag I/II, PI, and B) help colonization of tooth surfaces.^{7,20,21} After colonizing the oral cavity, the inflammation process begins. Then, due to this lesions, innate and adaptive host immune re-



Figure 2. Growth of S. mutans in the two media (a: Golchai ZOE;B: Cavex ZOE).

Table 1. Cytokine concentrations	(pg/mL) in terms of S.	mutans infections
----------------------------------	------------------------	-------------------

	IL-1a			IL-6		
	Female	Male	Total	Female	Male	Total
Intact tissue	34.28±13.25	71.84±36.97	53.06±19.59	16.49±6.4	45.83±25.96	31.16±13.44
Inflamed tissue	164.9±43.37	231.97±70.88	198.44±41.02	118.14±31.9	171.68±58.17	144.91±32.89
P-value	0.001*	0.008*	0.000*	0.000*	0.008*	0.000*

*P-values less than 0.05 were considered as significant.

sponses are induced.²²

In a research on Swedish children, chlorhexidine was used to prevent *S. mutans* colonization; development of caries took a mean of three years, while titers of lactobacilli and other virulent oral bacteria were undetermined.²³ Meiers et al²⁴ analyzed the water spray of high-speed drillsforrestoring both carious and non-carious lesions and concluded that *S. mutans* was the only predominant bacterium in carious lesions compared to caries-free individuals.

S. mutans is an effective initiator of caries since there is a diversity of virulence factors unique to the bacterium that have been identified to play a role in caries formation. Firstly, *S. mutans* is categorized as anaerobic bacteria that produce lactic acid. Secondly, *S. mutans* can bind to tooth surfaces in the presence of sucrose. Also, the most essential virulence factor is the acidophilicity of *S. mutans*. Unlike common oral microorganisms, *S. mutans* grows well under acidic conditions and is the main bacterium in cultures with permanently reduced pH.²⁵

Conclusion

The presented data are founded on a very small group and the results propose a link between IL-6 and IL-1 α in dental caries associated with *Streptococcus mutans*.

Conflict of interests

"No potential conflict of interests relevant to this article is reported".

Acknowledgments

The authors thank all the staff of Faculty of Dentistry, Tabriz University of Medical Sciencesfor their sincere cooperation.

References

- 1. Caufield PW, Li Y, Dasanayake A. Dental caries: an infectious and transmissible disease. *Compend Contin Educ Dent* 2005;26:10.
- Humphrey SP, Williamson RT. A review of saliva: normal composition, flow, and function. J Prosthet Dent 2001;85:162-9. doi: 10.1067/mpr.2001.113778
- Hicks J, Garcia-Godoy F, Flaitz C. Biological factors in dental caries: role of saliva and dental plaque in the dynamic process of demineralization and remineralization (part 1). J Clin Pediatr Dent 2003;28:47-52. doi: 10.17796/jcpd.28.1.yg6m443046k50u20
- Fejerskov O. Changing paradigms in concepts on dental caries: consequences for oral health care. *Caries Res* 2004;38:182-91. doi: 10.1159/000077753
- Koga T, Oho T, Shimazaki Y, Nakano Y. Immunization against dental caries. *Vaccine* 2002;20:2027-44. doi: 10.1016/s0264-410x(02)00047-6
- 6. Izumi T, Kobayashi I, Okamura K, Sakai H. Immunohistochemical study on the immunocompetent cells



Figure 3. Mean concentrations of IL-1a and IL-6 (pg/mL) in groups (f: female; m: male; 1: inflamed tissue; 2: intact tissue; p: all patients; n: normal tissue).

of the pulp in human non-carious and carious teeth. *Arch Oral Biol* 1995;40:609-14. doi: 10.1016/0003-9969(95)00024-j

- Nakai M, Okahashi N, Ohta H, Koga T. Saliva-binding region of Streptococcus mutans surface protein antigen. *Infection and immunity* 1993;61:4344-9.
- Benabdelmoumene S, Dumont S, Petit C, Poindron P, Wachsmann D, Klein J. Activation of human monocytes by Streptococcus mutans serotype f polysaccharide: immunoglobulin G Fc receptorexpression and tumor necrosis factor and interleukin-1 production. *Infection and immunity* 1991;59:3261-6.
- Fischer AH, Jacobson KA, Rose J, Zeller R. Hematoxylin and Eosin Staining of Tissue and Cell Sections. *Cold Spring Harbor Protocols* 2008;2008:pdb.prot4986. doi: 10.1101/pdb.prot4986
- Deo V, Bhongade ML. Pathogenesis of periodontitis: role of cytokines in host response. *Dent Today* 2010;29:60-2, 4-6; quiz 8-9.
- Hernandez M, Dutzan N, Garcia-Sesnich J, Abusleme L, Dezerega A, Silva N, *et al*.Host-pathogen interactions in progressive chronic periodontitis. *J Dent Res* 2011;90:1164-70. doi: 10.1177/0022034511401405
- 12. Wu Y, Tan C, Zhang J, Meng S, Guo Y. [Interleukin-1beta and IL-1 receptor antagonist levels in gingival crevicular fluid and their relationship to clinical indices of periodontitis]. Sichuan da xue xue bao Yi xue ban= Journal of Sichuan University Medical science edition 2004;35:683-6.
- 13. Gornowicz A, Bielawska A, Bielawski K, Grabowska SZ, Wójcicka A, Zalewska M, *et al.* Pro-inflammatory cytokines in saliva of adolescents with dental caries disease. *Annals of Agricultural and Environmental Medicine* 2012;19.
- Barkhordar R, Hayashi C, Hussain M. Detection of interleukin-6 in human dental pulp and periapical lesions. *Dental Traumatology* 1999;15:26-7. doi: 10.1111/j.1600-9657.1999.tb00744.x
- 15. De Sá A, Moreira P, Xavier G, Sampaio I, Kalapothakis E, Dutra W, *et al.* Association of CD14, IL1B, IL6, IL10 and TNFA functional gene polymorphisms with symptomatic dental abscesses. *International endodontic journal* 2007;40:563-72. doi: 10.1111/j.1365-2591.2007.01272.x
- Holgerson PL, Sjöström I, STECKSÉN BLICKS C, Twetman S. Dental plaque formation and salivary mutans

streptococci in schoolchildren after use of xylitol-containing chewing gum. *International Journal of Paediatric Dentistry* 2007;17:79-85. doi: 10.1111/j.1365-263x.2006.00808.x

- Saini S, Noorani H, Shivaprakash PK. Correlation of plaque nitric oxide levels with plaque Streptococcus mutans, plaque pH and decayed, missing and filled teeth index of children of different age groups. J Indian Soc Pedod Prev Dent 2016;34:17-22. doi: 10.4103/0970-4388.175505
- 18. Kleinberg I. A mixed-bacteria ecological approach to understanding the role of the oral bacteria in dental caries causation: an alternative to Streptococcus mutans and the specific-plaque hypothesis. *Crit Rev Oral Biol Med* 2002;13:108-25. doi: 10.1177/154411130201300202
- Sato Y, Okamoto K, Kagami A, Yamamoto Y, Igarashi T, Kizaki H. Streptococcus mutans strains harboring collagenbinding adhesin. J Dent Res 2004;83:534-9. doi: 10.1177/154405910408300705
- Petersen F, Assev S, Van Der Mei H, Busscher H, Scheie A. Functional variationof the antigen I/II surface protein in Streptococcus mutans and Streptococcus intermedius. *Infection and immunity* 2002;70:249-56. doi: 10.1128/iai.70.1.249-256.2002
- Nakano K, Nomura R, Nemoto H, Lapirattanakul J, Taniguchi N, Gronroos L, *et al.* Protein antigen in serotype k Streptococcus mutans clinical isolates. *J Dent Res* 2008;87:964-8. doi: 10.1177/154405910808701001
- 22. Soell M, Holveck F, Scholler M, Wachsmann RD, Klein JP. Binding of Streptococcus mutans SR protein to human monocytes: production of tumor necrosis factor, interleukin 1, and interleukin 6. *Infect Immun* 1994;62:1805-12.
- 23. Tanzer JM, Livingston J, Thompson AM. The microbiology of primary dental caries in humans. *J Dent Educ* 2001;65:1028-37.
- Meiers JC, Wirthlin MR, Shklair IL. A microbiological analysis of human early carious and non-carious fissures. J Dent Res 1982;61:460-4. doi: 10.1177/00220345820610030301
- 25. Napimoga MH, Kamiya RU, Rosa RT, Rosa EA, Hofling JF, Mattos-Graner R, et al. Genotypic diversity and virulence traits of Streptococcus mutans in caries-free and caries-active individuals. *J Med Microbiol* 2004; 697:703-53. doi: 10.1099/jmm.0.05512-0.