Antimicrobial activity of three different endodontic sealers on the enterococcus faecalis and lactobacillus (in vitro)

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Abstract

Introduction: Growth and proliferation of the remaining microorganisms within the root canals may destroy the surrounding tissue of the root and leads to periapical lesion. Consequently, the complete elimination of microorganisms from the root canal is an important goal of endodontic therapy. Endodontic sealers do not provide complete seal in root canal system, and micro spaces have always remained between the material and canal walls that lead to penetration of these spaces, so, an antibacterial activity is essential for sealers. The aim of the present study was the in vitro evaluation of antimicrobial activity of the three endodontic sealers on two microorganisms.

Methods: To study the effect of each sealer; AH26, MTA Fillapex and ADseal on Enterococcus Faecalis and Lactobacillus bacteria 10 samples were considered. In this experimental study, 60 plates were exposed to bacteria and 10 plates were considered for control group. Sealer antibacterial effect on bacterial growth was studied after 48 hours. Firstly, the freshly prepared sealers were poured inside the micro tube and diffused in the wall of the micro tube. Then solution of nutrient broth was poured into a micro tube and the determined volume of solution of bacterial suspension was added into a microtube and was kept 24 hours in the incubator to grow the bacteria. Then, it was poured in the plates of blood agar and cultured after 24 hours and then the colonies grown on the plates were counted in sufficient light. The data were analyzed with MANOVA statistical test and SPSS Version 18.

Results: Most bacteria grew in the plates of ADseal sealer and MTA fillapex sealer with means of 5113.00CFU and 3077.00CFU respectively, while the lowest number of bacteria grew in the plates of AH26 sealer with a mean of 1345.15CFU.

Conclusions: Most antibacterial activities of each enterococcus faecalis and lactobacillus bacteria sample was for AH26 sealer and MTA fillapex sealer. The lowest antibacterial activity was for ADseal sealer.

Keywords: Endodontics sealers, Antibacterial activity, Microorganisms
ارزیابی فعالیت ضد میکروبی سه نوع سیلر مختلف انذودنتیک، به روش آزمایشگاهی

چکیده

مقدمه: ردش و تنکیب میکروگرگ‌های یا بیماری‌های درون کانال ریشه، ممکن است باعث اطراف ریشه را تخریب کرده و باعث ایجاد شایعه بری ایکال‌گیرد. بنابراین حذف کامل میکروگرگ‌ها از کانال ریشه همواره مهم‌تر می‌باشد.

انذودنتیک بوده است، هیچ‌کدام از مواد دندانی‌سازی سیل کامل با دیاپار های جوهر فراهم نمی‌کند و همچنین فضاهای میکروبی در این بین‌ها، دیواره‌های بی‌طرف‌ای می‌باشند که میکروگرگ‌های این‌فرش ما توان نفوذ کنند که این خود نتیجه بیشتری بر ضرورت حذف فاصله می‌کند. از این نگاهی احتمال حذف فضای داخل آن را افزایش می‌دهد.

مواد و روش: برای مطالعه اثر میکروبا سیلر MTA Fillapex، AH26 و ADseal، سه‌گروه خاکسازی می‌شود. سیلر MTA Fillapex، یک ویژگی اصلی آن ایجاد حضور فضای داخل جلوگیری از اتکان‌بردن به داخل آن می‌باشد.

نتیجه گیری: یافته‌های نشان داد که سیلر MTA Fillapex بهتر در حضور CFU 1345.15 می‌باشد. تفاوت‌های آماری بین سیلر AH26، CFU و سیلر AH26 در حضور CFU 1345.15 می‌باشد.

واژگان کلیدی: سیلرهای انذودنتیک، اثر انلاین، میکروگرگ‌های میکروسکوپیک
Introduction

One of the major aims of endodontic treatment is sealing the root canal system, which is directly related to the omission of microorganisms and their products by means of cleansing, mechanical shaping, irrigating with antibacterial solutions, filling the root canal and using the anti-bacterial dressing in sessions of treatments if necessary (calcium hydroxide) (1-3).

This process does not completely sterilize root canals (4). Proliferation of the remaining microorganisms may damage the surrounding tissues of the root and cause periapical lesions (5). The presence of bacteria and infection may cause apical periodontitis (6). Thus the root canal filling materials must be anti-bacterial or anti-microbial (7).

Adding anti-bacterial agents to the endodontic sealers is a method which leads to antimicrobial activity of sealers (1). Nowadays, the different sealers with specific formula such as resin, calcium hydroxide and MTA (Mineral Trioxide Aggregate) based sealers are manufactured. Resin based sealers like AH26 (Dentsply, Detrey, Konstanz Germany) are applied commonly and are useful for posterior and anterior teeth. ADseal (Meta, Michigan, United States) is a newly developed resin based sealer which a limited data about its anti-microbial features is available (8). MTA fillapex is a MTA base sealer which has useful features like insolubility in wet environment, lack of allergic reactions after treatment and dimensional stability and appropriate setting time (9-10).

al-Khatib et al. were the first promoters for the investigation of anti-bacterial endodontic sealers in 1990 (11). From then on, some researchers used a similar model to investigate the anti-microbial features of sealers, while the different microorganisms sensitivity to antimicrobial agents following contact test is different (12-13).

In this study, Enterococcus faecalis and lactobacilli were used. With regard to the significance of the study and lack of relevant studies, we aimed to investigate the anti-bacterial features of the different types of sealers to improve endodontic treatment outcome choosing the proper sealer in clinics, and prevent from further problems.

Methods

The present study was an experimental study and the endodontic sealers such as ADseal (Meta, United States), MTA fillapex (Angelus, Brazil) and AH26 (Dentsply, Detrey, Germany) were investigated and compared.

The microorganisms of enterococcus faecalis (1394 PTCC) and lactobacilli (1643 PTCC) were prepared from the samples in standard species of Asre-Enghelab Corporation, Tehran, Iran. This study was conducted in the microbiology laboratory of the Faculty of Medicine of Babol, Iran. To study the effect of each sealer on specific bacteria, 10 samples of each case were prepared.

In this study, 60 plates were measured and after 48 hours, the effect of sealers on the bacterial growth was investigated and 10 plates were selected for the control group. Firstly, the microtubes were placed in autoclave and sterilized.

Then, the sealers were prepared based on the manufacturer’s instruction and immediately, 0.1 cc of each sealer was added to the micro tube through a syringe and distributed homogeneously on the wall of the micro tube. 1.49 cc of nutrient broth was added to the micro tube through a sampler and then 0.01 cc of bacterial suspension solution containing 1500000 bacteria was added to the micro tube.

Finally micro tubes contained 1.50cc solution containing 1500000 bacteria. The micro tube lid was closed and kept in autoclave at 37°C for 24 hours. With respect to the anaerobic feature of lactobacilli, the micro tubes and plates were placed in an anaerobic jar.

Culturing the Microorganisms on the Blood Agar Medium:

24 hours after the incubation of the microtubes, their lids were opened and 0.01cc of the solution was added to the plate containing blood agar through the sampler.

After sterilizing the metal loop, it was used to distribute the entire solution on the plate. Then, all the petteries were incubated at 37°C for 24 hours, the number of microorganisms cultured was counted based on colony count.

Bacterial Counting:

The number of colonies on each plate was counted. Any decrease in the number of bacteria on each plate indicated the effect of anti-bacterial activity of sealer.

Analysis:

The mean of log 10 CFU (Colony Forming Unit)/ml and Standard Deviation (SD) of bacteria was calculated and the mean, standard deviation,
distribution and data were analyzed by MANOVA and the comparison of intergroup data by TUKEY TEST using SPSS Version 18. The data from counting CFU in each group were compared and a p-value of 0.05 was determined for identifying the significance of the result.

**Controlling the Positive Group:**

(They are involved in the study for approving the bacteria purity and ensuring the bacteria growth during testing): 0.01 cc of enterococcus faecalis and lactobacilli bacteria grown was poured by a sampler on the separate blood agar culture medium.

**Controlling the negative group:**

(For ensuring the disinfection of tested sealers): 0.1 cc of AH26, MTA Fillapex and ADseal sealer was poured by Syringe on the separate blood agar culture medium. All of the 70 plates were placed in the incubator at 37 °C for 24 hours and the number of CFU colonies in plates was counted by colony count and the data were analyzed using SPSS Version 18.

**Results**

The analysis of the data showed that for enterococcus faecalis bacteria, AH26 sealer with mean growth (1482/40CFU) in each plate had the most anti-

bacterial effect and ADseal (5352/00CFU) had the least anti-bacterial effect (p≤0.001) (table1) (figure 1). Also, with regard to lactobacilli, the most anti-bacterial effect was related to the AH26 sealer (1207/90 CFU) and the least anti-bacterial effect was related to the ADseal (4874/00CFU) (p≤0.001) (table1) (figure2). In each bacterium, the sealers were significantly different based on the p-value count (table1).

In the positive control group, the bacteria grew completely on the plate and this rejected the presence of growth restricting infection while in the negative control group, no bacteria grew on the plate, and this rejected the possibility of infection from the sealers or plates.

On the average, the greatest number of bacterial loss in each plate (8454/85CFU) was observed for AH26 sealer and MTA Fillapex (6923/00CFU) and the least number of bacterial loss belonged to ADseal (4887/00CFU).

The ANOVA test determined the significant difference between the studied sealers regarding the anti-bacterial effect (p≤0.001) (figure 2). The most amount of bacterial growth in ADseal plates was 5113/00CFU and the least amount of bacterial growth in AH26 sealer plates was 1345/15CFU. (p≤0.001) (table 1).

![Figure 1. Mean number of lost bacteria on all plates of Enterococcus Faecalis and Lactobacillus with regard to the type of sealer](image1)

*AH=AH26, MTA=MTA Fillapex, AD=ADseal, EF=Enterococcus Faecalis, LB=Lactobacillus

![Figure 2. Mean number of grown bacteria in each plate with regard to the type of sealer and bacteria](image2)

AH=AH26, MTA=MTA Fillapex, AD= ADseal
In the anti-
-ergic. The result showed that r-
yogenes, t on both bacteria and ZOE
staphylococci aurous was investigated. The results
showed that AH26 had the most anti-
activity of three different sealers: ADseal, MTA
Fillapex and AH26 on enterococcus faecalis and
lactobacillus were examined. In a study by Al-khatib et
al. the anti-microbial effect of tubliseal, calciobiotic,
sealapex, hypocal, nogenol, eucapercha and AH26
sealers on the streptococcus mutants, staphyloccoci
aurous, bacteriodus endodontalis were investigated.

Various kinds of sealers and both anaerobic and
aerobic bacteria and control groups were investigated.
The result was similar to the result of the current study
and showed that AH26 sealer had the most effect on
both the aerobic and anaerobic microorganisms. And in
contrast to our study, the cavity was created on the agar
jelly for pouring the sealers and microbial suspension
must have not been distributed on agar surface, it
should have been mixed with culture medium. The
number of samples and plates for each sealer and
bacteria was not identified either.

In Pumarola et al. study, the anti-microbial effect
of traitementspad, N2 universal, diaket, endomethasone,
tublisealapex and AH26 on 120 species of
staphyloccoci aurous was investigated. The results
showed that diaket and treatment had the most anti-
bacterial features (14). In our study, AH26 (like diaket
has epoxy) had the most anti-bacterial effect. In the
study by Chong et al. the anti-microbial effect of ZOE,
glass ionomer cement and amalgam on the
streptococcus miller and enterococcus faecalis was
investigated. The result showed that glass ionomer
cement had the most effect on both bacteria and ZOE
placed the second, and Amalgam did not show anti-
bacterial features (15).

According to our study, anaerobic bacteria were
grown under anaerobic conditions in order to be
matched with clinical conditions however, they did not
use the control group. In Torabinejad et al. study, the
anti-microbial effect of MTA and ZOE sealer and
amalgam was investigated on 9 species of optional
anaerobic bacterium and 7 species of obligatory
anaerobic bacterium. The results showed that MTA
affected on some optional anaerobic bacterium (16). In
our study, MTA sealer had effect on anaerobic bacterium.

In a study by Abulkadar et al. the anti-microbial
effect of Ketac-Endo tubliseal, sealapex, apexit, and
roth on porphyromonas gingivalis, peptostreptococcus
micros and capnocytophagaochracea was investigated.
The result showed that roth’s antibacterial effect was
more than the tubliseal and apexit on peptostreptococcus
micros (4). Like our study, the use of the oral anaerobic
bacteria was very important. But, the sample size was
restricted to two plates while in the present study; the
number of samples in each group was 10 plates that
was adequate.

In the study by Heling et al. the anti-microbial
effect of sealapex, Ketac-Endo, AH26 sealers on
enterococcus faecalis was investigated. The result
showed that AH26 had the most anti-bacterial effect
(17). Similar to our study, they used different kinds of
sealers with various bases but they did not use the
control groups.

In the study by Gorduysus et al. the anti-microbial
effect of Endo-Fill sealer on the staphylocccus
aureus, streptococcus pyogenes, E. Coli and
pseudomonas aeruginosa was investigated. The result
showed that Endo-Fill did not show any anti-bacterial
features (18).

The anti-microbial feature of new sealers was
investigated in their study while the number of samples
was not identified, and Escherichia coli were not
considered as the oral pathogens.

In Mickel et al. study, the anti-microbial effect of
apexit, roth, CRCS and sealapex on the streptococcus
miller was investigated. The result showed that roth
had the most anti-bacterial effect and there was no
significant difference between apexit and CRCS (12).
The processes of study were illustrated in details and

Table 1. Mean amount of grown bacteria in each plate with regard to the type of sealer and bacteria

<table>
<thead>
<tr>
<th>bacteria</th>
<th>sealer</th>
<th>AH26 Mean±SD</th>
<th>MTA Fillapex Mean±SD</th>
<th>ADseal Mean±SD</th>
<th>P-value</th>
<th>Total Mean±SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enterococcus Faecalis</td>
<td></td>
<td>1482.40±532.553</td>
<td>3282±354.520</td>
<td>5352±321.310</td>
<td>&lt;0.001</td>
<td>3372.13±1656.791</td>
</tr>
<tr>
<td>Lactobacillus</td>
<td></td>
<td>1207.90±311.223</td>
<td>2872±368.504</td>
<td>4874±489.403</td>
<td>&lt;0.001</td>
<td>2984.63±1571.747</td>
</tr>
<tr>
<td>P-value</td>
<td></td>
<td>0.176</td>
<td>0.02</td>
<td>0.02</td>
<td></td>
<td>0.357</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1345.15±447.273</td>
<td>3077±409.995</td>
<td>5113±471.683</td>
<td>&lt;0.001</td>
<td></td>
</tr>
</tbody>
</table>
the positive and negative control groups were used in the study which was so significant.

Siqueira et al. studied the anti-microbial effect of Grossman’s, EWT, sealer 26, AHplus, and sealerplus on 8 optional anaerobic bacteria and 2 obligatory anaerobic bacteria and showed that there was no significant difference between the sealers and most of the sealers had the anti-bacterial features (19). They investigated the wide spectrum of bacteria and various sealers described the processes of research in details similar to our research. However, they studied Escherichia coli bacterium which was not related to microbial floor of infected tooth root canal.

Tanomaru-Filho et al. compared the anti-bacterial effect of MTA and AH26 sealer and portland cement and concluded that AH26 had more anti-bacterial activity than MTA and portland cement and MTA and portland cement had similar anti-microbial features (20), while in our study, AH26 sealer had more anti-microbial activity than MTA sealer.

Conclusions
With regard to enterococcus faecalis and lactobacillus bacteria, AH26 sealer had the most anti-bacterial effect and ADseal had the least anti-bacterial effect.

Acknowledgments
The authors would like to thank the Dental Material Research Center of Faculty of Dentistry of Babol for supporting this study.

Funding: This study was a part of thesis and research project (Grant No: 9032530) which was supported and funded by Babol University of Medical Sciences.

Conflict of interest: There was no conflict of interest.

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