

## Dental conference II

# Dental Caries

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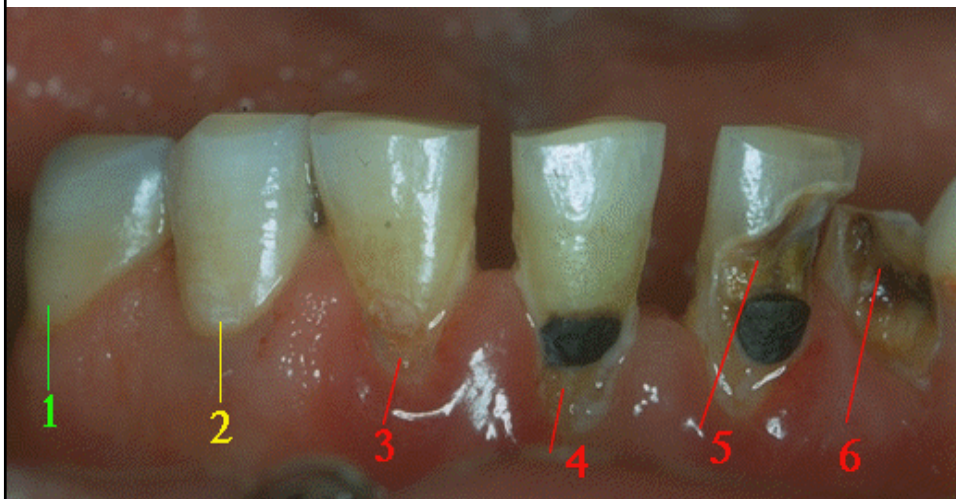


COLUMBIA UNIVERSITY

*School of Dental and  
Oral Surgery*

## Dental Caries

Demineralization of the tooth surface caused by bacteria



### **Chemicoparasitic theory (1890): microbiological basis of dental caries**

- Proposed in 1890 by W. D. Miller in his book "The microorganisms of the human mouth" based upon the work done in Robert Koch's laboratory in Berlin
- Acid and parasite
- Showed that the degradation of carbohydrate-containing foods resulted in acid formation and was able to demonstrate this process *in vitro* with isolated oral bacteria and extracted teeth.
- Concluded that dental caries was caused by multiple species of oral bacteria
- No specific bacteria was implicated – “non-specific”



### **Miller's major conclusion**

- Dental caries was caused by multiple or all species of oral bacteria
  - ❖ “Non-specific plaque hypothesis”
- Proper prevention is therefore is to remove or minimize multiple bacterial species
  - ❖ Practice of tooth brushing, flossing and professional tooth cleaning



## The specific plaque hypothesis and dental caries

- In 1924, Clark isolated streptococci from human carious lesions, and named *Streptococcus mutans*
- In 1960, Keyes showed that ‘caries-free’ hamsters develop dental caries only when caged together with ‘caries-active’ hamsters
  - ❖ Infectious and transmissible
- The bacteria previously referred to as *S. mutans* are actually seven distinct species now called mutans streptococci (MS)
- MS are the principal etiological agents of dental caries



## Microbial etiology of dental caries

- Mutans Streptococci (MS)
  - ❖ Requires a relatively high proportion (2-10%) of *mutans streptococci* within dental plaque.
  - ❖ Possess adherence activity (to tooth surface)
  - ❖ Produce higher amounts of acid from sugars than other bacterial types, and possess acid tolerance
  - ❖ Produce extracellular polysaccharides from sucrose.
- *Lactobacilli*
  - ❖ Dentin, root caries, acidogenic, acid tolerant
- *Actinomyces viscosus*
  - ❖ Acidogenic and acid tolerant



## Current diagnosis and treatment

- Future diagnostics using microbiology
  - ❖ Detection and monitoring of cariogenic bacteria
  - ❖ others
- Potential preventive measures based on microbiological principle
  - ❖ Preventing bacteria from colonizing tooth surface
  - ❖ Local and topical antimicrobial agents
  - ❖ Replacement therapy



## Mutans Streptococci

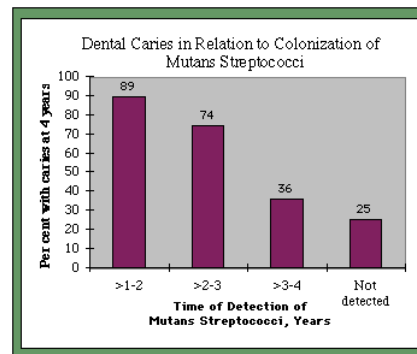
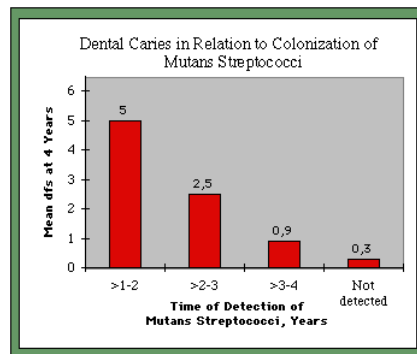
The Mutans Streptococci		
Species	Serotype	Host
<i>S. mutans</i>	c, e, f	Human
<i>S. Sobrinus</i>	d, g	Human
<i>S. cricetus</i>	a	Human, animal
<i>S. ferus</i>	-	Rat
<i>S. ratti (rattus)</i>	b	Human, rodents
<i>S. macacae</i>	-	Monkey
<i>S. downei</i>	h	Monkey





## Mutans Streptococci - prevalence

- Global distribution – found in all populations
- High counts -  $10^6$ /ml saliva
- Usually, serotype c (*Streptococcus mutans*) is the dominating serotype. One person can have several serotypes (both *Streptococcus mutans* and *Streptococcus sobrinus*).



## **Lactobacilli**

- Gram-positive bacteria which are commonly isolated from the oral cavity.
- Cariogenic, highly acidogenic organisms, however, has low affinity for tooth surfaces.
- Associated more with carious dentine and the advancing front of caries lesions rather than with the initiation of the disease.
- Usually lactobacilli comprise less than 1% of the total cultivable microflora. However, their proportions and prevalence may increase at advanced caries lesions both of the enamel and of the root surface.



## **Sugar metabolism of cariogenic bacteria**

- Acid production (lactate) from glucose and fructose
- Formation of extracellular polysaccharides (glucose polymer, fructose polymer) from the energy of the disaccharide bond of sucrose. (glucosyltransferase, fructosyltransferase)
  - ❖ Increase the thickness of plaque substantially
  - ❖ Changing the chemical nature of its extracellular space from liquid to gel.
  - ❖ The gel limits movement of some ions, protects the plaque biofilm from salivary buffering. Plaque which has not had contact with sucrose is both thinner and better buffered.



## The metabolism of *S. mutans*

- Key to the pathogenesis of dental caries
  - ❖ The fermentation of these carbohydrates is the principal source of energy for *S. mutans*
    - Genome sequence shows that *S. mutans* can metabolize a wider variety of carbohydrates than any other G(+) microorganism
  - ❖ The glycolytic pathway leads to the production of pyruvate, to lactic acid (by LDH activity), formate, ethanol and acetate
  - ❖ The acidic environments are responsible for the damage of tooth structure
  - ❖ Acid tolerant – based on a membrane-bound, acid stable, proton-translocating ATPase



## Virulence factors of *S. mutans*

- Production of acid
- Adhesins
  - ❖ Wall-associated protein A (WapA)
  - ❖ *S. mutans* LraI operon (SloC)
  - ❖ Glucan-binding proteins A and C
- Adherence mechanism



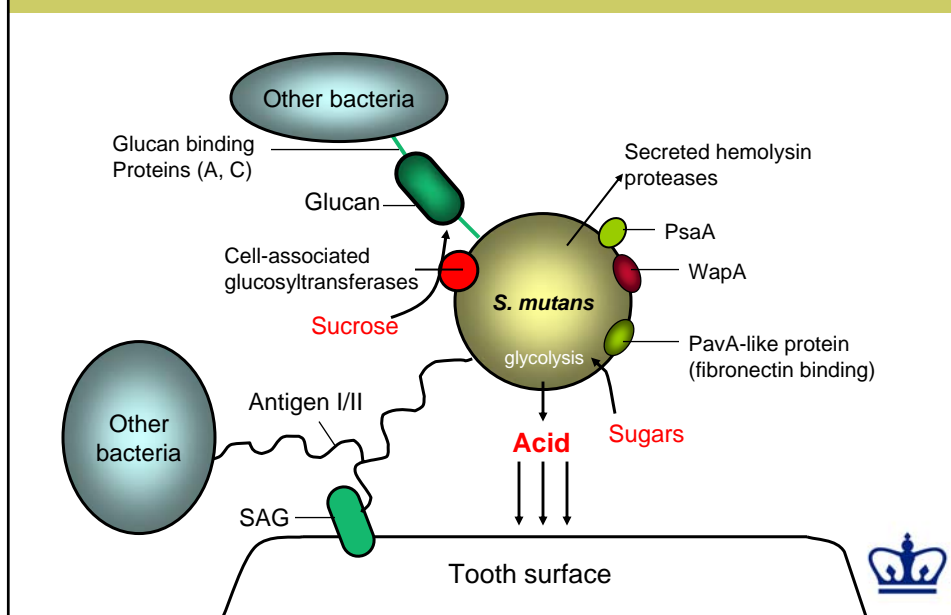


## Two methods of attachment

- Sucrose independent –using ionic and lectin like interaction
  - Adhere to salivary agglutinin glycoprotein (SpaP: Streptococcal protein antigen P, *aka* antigen I/II)
    - Isogenic mutants of SpaP
    - Passive immunization study
  - Adhere to other bacteria, the extracellular matrix and epithelial cell-surface receptors
- Sucrose dependent
  - Adhere to tooth surface by synthesizing glucans by glucosyltransferases
  - Glucan promotes cell-cell aggregation by interacting with surface-associated glucan binding protein



## Virulence factors of *S. mutans*

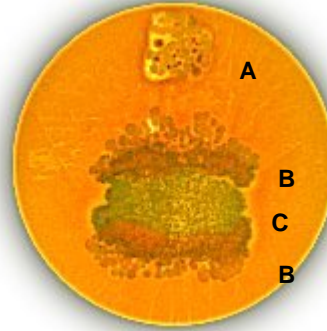


## Kiss Plates – ecological implications

**Regions "A" and "B"** The bacteria growing here are mostly staphylococci. Most of these will be *Staphylococcus epidermidis*. bright yellow, golden-colored, colonies which will probably be *Staphylococcus aureus*.

On the left side of region "A" above some colonies have produced a clear zone in the agar. This is known as beta-hemolysis.

**Region "C"** are much smaller than the ones in areas "A" and "B" and are light grey in color. This is typical of streptococci



## Tissue tropism

	density	frequency of occurrence in population		
esophagus				
stomach		lactobacilli		
small bowel				
duodenum		lactobacilli streptococci		
jejunum		Enterobacteria Bacteroides spp.		
ileum				
large bowel		<table border="0"> <tr> <td>Bacteroides spp. Fusobacterium spp. Strep. faecalis Escherichia coli</td> <td>enterobacteria Klebsiella spp. eubacteria bifidobacteria</td> </tr> </table>	Bacteroides spp. Fusobacterium spp. Strep. faecalis Escherichia coli	enterobacteria Klebsiella spp. eubacteria bifidobacteria
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fecal material		<table border="0"> <tr> <td>lactobacillus Staph. aureus Clostridium spp.</td> <td>streptococci Pseudomonas Salmonella</td> </tr> </table>	lactobacillus Staph. aureus Clostridium spp.	streptococci Pseudomonas Salmonella
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Bacteroides spp. bifidobacteria eubacteria	coliforms Strep. faecalis			

**density**  
 very low ( $10^2$ - $10^5$ /g) ■  
 low ( $10^6$ - $10^8$ /g) ■  
 medium ( $10^9$ - $10^{10}$ /g) ■  
 high ( $>10^{10}$ /g) ■

**frequency**  
 <10% ■  
 10-25% ■  
 25-75% ■  
 100% ■

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## Ecological basis of dental caries

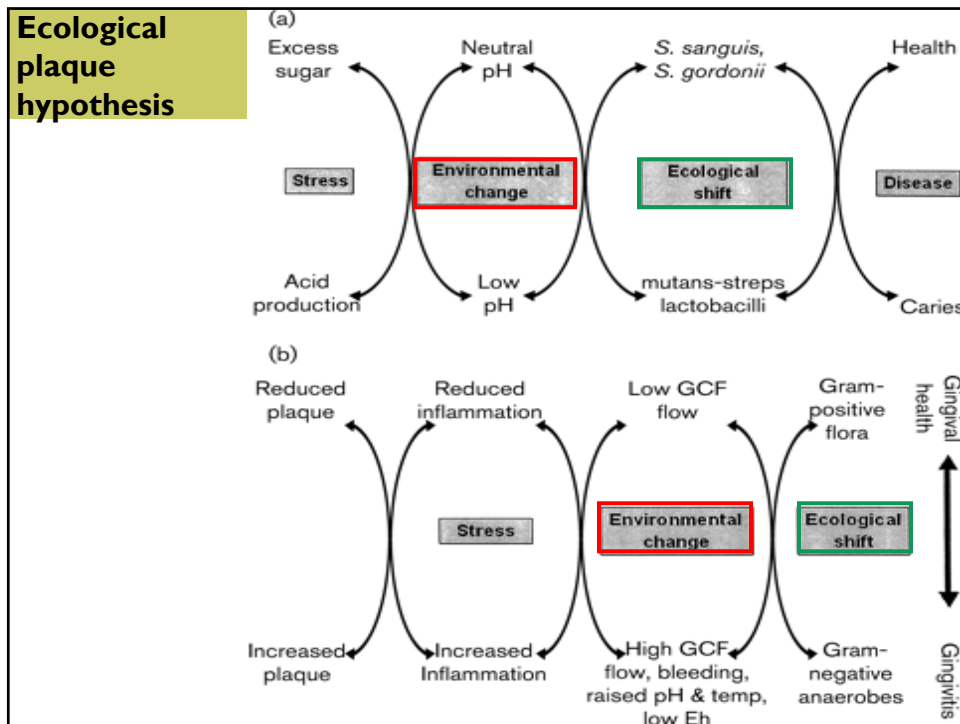
- Environmental changes
  - ❖ A variety of environmental signals in complex communities
- Ecological shift
  - ❖ The signal triggers adaptation to acid environment
- Biofilm characteristics



## Virulence properties of *S. mutans*

- Adhesion, acidogenicity, and acid tolerance
- Each of these properties works coordinately to alter dental plaque ecology.
- The ecological changes are characterized by increased proportions of *S. mutans* and other species that are similarly acidogenic and aciduric.
- The selection for a cariogenic flora increases the magnitude of the drop in pH following the fermentation of available carbohydrate and increases the probability of enamel demineralization.





**Novel approach to dental caries :  
Replacement therapy**

- Replacing a specific bacterial pathogen with a non-pathogenic strain, an effector strain
  - ❖ should not cause disease itself or disrupt the ecosystem to other disease state
  - ❖ must persistently colonize the host tissue at risk and thereby prevent colonization or outgrowth of the pathogen
  - ❖ should possess a high degree of genetic stability
- Possible life-long cavity protection
- Little or no risk of side effects
- Minimal patient education and compliance



## Replacement therapy for the prevention of dental caries

- Lactate dehydrogenase (LDH)-deficient mutants
  - ❖ *Streptococcus rattus* LDH mutants were shown to have little or no cariogenic potential *in vitro* and in various rodent models.
- Lantibiotic production
  - ❖ *S. mutans* strain (JH1000) produces a lantibiotic called mutacin 1140 capable of killing virtually all other strains of *mutans streptococci* against which it was tested.



## Construction of lactate dehydrogenase deficient mutant

- Deleting virtually all the *ldh* open reading frame in JH1140 (mutacin producing, supercolonizing strain,)
- Substituting the *ldh* ORF with the *adhB* ORF from *Zymomonas mobilis*
- The resulting clone BCS3-L1
  - ❖ No detectable lactic acid production
  - ❖ Less total acid production due to increased production of ethanol and acetoin
  - ❖ Less cariogenic than JH1140 in both gnotobiotic and conventional-rodent model
  - ❖ Strong colonization potential

