

Cytotoxicity of Sodium Hypochlorite, Chlorhexidine and Propolis on Human Periodontal Ligament Fibroblast Cell

Latief Mooduto¹, Clarrisa Fredline², Galih Sampoerno¹, Setyabudi Goenharto¹,
Fikarini Hadi Puteri³, Dian Agustin Wahjuningrum^{1*}

1. Departement of Conservative Dentistry, Faculty of Dental Medicine, Universitas Airlangga, Surabaya, Indonesia.
2. Conservative Dentistry Specialist Program, Faculty of Dental Medicine, Universitas Airlangga, Surabaya, Indonesia.
3. Faculty of Biosciences and Medical Engineering, Universiti Teknologi Malaysia, Johor Bahru, Darul Ta'zim, Malaysia.

Abstract

Irrigation is one of important step in endodontic therapy. During irrigation, the irrigation liquid may leak to to periapical tissue which may delay periodontal ligament healing process. Therefore, irrigation solution must have minimal cytotoxic properties. Sodium hypochlorite (NaOCl) and chlorhexidine (CHX) is the most common irrigation solution. Propolis contains flavonoid and phenolic acid that can be considered as an alternative irrigation solution.

The aim of this study is to find the cytotoxicity of sodium hypochlorite, chlorhexidine and propolis on human periodontal ligament fibroblast cell (HPDLFc).

HPDLFc was obtained from the apex of the first upper premolar. This cell was divided into several group and exposed to several concentration of NaOCl, CHX or propolis. The count of fibroblast will be measured by spectrophotometer. The percentage of cytotoxicity will be calculated to obtain lethal concentration (LC)50 value.

NaOCl is toxic at concentration of 0,25µl/ml or greater. CHX is toxic at concentration of 0,016 µl/ml or greater. Propolis is toxic at consentration of 92,70 µg/ml or greater.

NaOCl, CHX and propolis have cytotoxicity effect on HPDLFc at a certain concentration.

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Introduction

Endodontic treatment consists of 3 main procedures including preparation, sterilization and obturation. Preparation constitutes mechanical preparation that use instrument, and subsequently, followed by chemical preparation by means of irrigation. The two methods of root canal preparation called biomechanical preparation. The biomechanical preparation of the root canals occurs by three means: mechanical, chemical and physical.¹ Root canal irrigation is a key point in successful endodontic treatment.² Root canal irrigating agent are made from synthetic chemical as well as natural material. The common chemical irrigation materials used in endodontic treatments are

sodium hypochlorite (NaOCl) and chlorhexidine (CHX). NaOCl 0,5-5,25% is used in root canal treatment because it has a characteristic as a broad-spectrum antibacterial agent and is able to dissolve organic materials and necrotic tissues.³ Chlorhexidine (CHX) is considered as "gold standard" of oral antiseptic. Chlorhexidine has bactericidal properties and is effective against gram-positive and gram-negative, anaerobic and facultative anaerobic bacteria, as well as fungi and some viruses.⁴

Some natural ingredients are known to have antibacterial power so that natural irrigation materials can be used as an alternative to avoid the cytotoxic effects of chemical irrigation materials. One of the ingredients that can be used as an alternative to natural irrigation materials is propolis. Propolis is honeycomb derivative that contains flavonoid. Flavonoids have many functions such as antioxidant, anti-bacteria, anti-fungi, anti-virus, and anti-inflammation.⁵ Research showed that propolis had antibacterial power against *Enterococcus faecalis*, a bacteria that is frequently found in

*Corresponding author:

Dian Agustin Wahjuningrum

Department of Conservative Dentistry,
Faculty of Dental Medicine, Universitas Airlangga,
Surabaya, Indonesia.

E-mail: dian-agustin-w@fkg.unair.ac.id

some cases of root canal treatment failure.⁶ Other studies also suggested that propolis at a concentration of 1.5 mg / ml is not toxic to BHK-21 fibroblasts.⁷

The ideal irrigation material should have antibacterial properties and be able to dissolve organic and inorganic tissues and have minimum toxicity to periapical tissue. During the root canal irrigation process, the irrigation material may extrude to periapical tissue through periapical foramen. This may impair the healing and regeneration process of periodontal tissues³

The cytotoxicity of an irrigant can be seen from the median lethal concentration (LC50), which indicates the material's ability to cause 50% cell culture death⁷. A substance is said to be toxic if the percentage of living cells after exposure of the substance is less than 50%.⁸⁻⁹ The cells required in the regeneration of periodontal ligaments are fibroblast cells. The fibroblast cell is the first cell to come into contact when the irrigant extrude to the root canal. This cell is also the main cell that reacts to endodontic substances in the periapical tissues.¹⁰

Materials and methods

This research is an experimental laboratory research using post test only control group design. The number of samples required in this study is 2 in each group according to the calculation of lemeshow. This study was done with approval of ethical committee, with certificate no 158/HRECCFOOM/VIII/2017.

The materials used for this study were propolis solution (4 mg/ml, 2 mg/ml, 1mg/ml, 0.5 mg/ml, 0.25mg/ml, 0.125mg/ml), Sodium Hypochlorite (1µl/ml; 0.5µl/ml, 0.25µl/ml, 0.125µl/ml, 0.0625µl/ml, 0.03125µl/ml), chlorhexidine solution (1µl/ml, 0.5µl/ml, 0.25µl/ml, 0.125µl/ml, 0.0625µl/ml, 0.03125 µl/ml) And Human Periodontal Ligament Fibroblasts, phosphate-buffered solution, trypsin / EDTA, Dulbecco's modified Eagle's medium (DMEM) 10%, MTT, PBS, Stop Solution

Propolis Preparation

Propolis was extracted from *Apis mellifera*, obtained from beekeeping Lawang, and processed in Materia Medica, Batu, Lawang. One kilograms *Apis mellifera* were put in extractor tube, and ethanol 96% was added with 1:2 ratio. The mixture then shaken for 24 hours, and filtered.

The clear filtrate was evaporated subsequently, in 50-60 C to remove the remaining solvent and the obtained extract was viscous brown liquid.

Culture Preparation of HPDLFc

Upper first premolar tooth extracted for orthodontic interest is rinsed with saline solution. Tooth is placed in a 15 ml tube containing Dulbecco's modified Eagle's medium (DMEM) which has been added with fungizone and penstrep.

Tooth is scraped with tweezers on 1/3 apical then placed on a small petridish and covered with sterile glass deck, then a 10% complete DMEM medium is added, then put on a large petridish and incubated on a 5% CO₂ incubator.

Cells were observed to 90% confluent, then peridontal tissue was discarded and medium washed 3 times with PBS. Trypsin EDTA is added to the medium. Centrifuge for 5 minutes 1200rpm, then the supernatant formed discarded. A complete DMEM medium of 1 ml was added to the pellet and incubated in a 5% CO₂ incubator. If the cell looks 80% confluent, then the cell is ready for treatment.

Treatment Stage

On the 96 well plates, add each of the 100 ul cell suspension with a density of 2X10⁴ / 20,000 cells / well. Then let it stand for 1-2 hours. After that add 100 ul extract with various concentration dose. Incubation in CO₂ incubator for 24 hours (5% CO₂, 37°C temperature, 98% moisture).

After 24 hours see under a microscope. After that remove the existing medium. Add 100 ul MTT (5 mg MTT + 1 ml PBS + 9 ml complete medium RPMI) at each well. Incubate for 4-6 hours. Add Stop Solution 100ul at each well. Incubation overnight. Calculate the optical density value of ELISA Reader at 550 nm wavelength. The living fibroblast cells will be stained with formazan to blue colour, while the dead cell does not form blue colour.

Results

The result of reading by spectrophotometer will be known as optical density from each sample. Optical density results will be used to find the percentage of deaths caused by each material by using the formula:

$$\%Mortality = \frac{OD_{control} - OD_{sample}}{OD_{control}} \times 100\%$$

Based on the formula will be known concentration that cause % mortality closest to LC50. The result will then be analyzed with Probit Analysis to get LC50 value.

The concentration of NaOCl which gives the percentage of death closest to LC50 is 0.25µl / ml (Table 1). This result is incorporated into Probit Analysis so that the NaOCl concentration which causes LC 50 is 0.254 µl/ml.

Concentration	Optical Density			% Death
	Replication 1	Replication 2	Replication 3	
1µl/ml	0.119	0.150	0.174	87.1%
0.5µl/ml	0.499	0.506	0.444	57.92%
0.25µl/ml	0.584	0.537	0.564	52.17%
0.125µl/ml	0.619	0.627	0.633	45.47%
0.0625µl/ml	0.702	0.748	0.759	35.88%
0.03125µl/ml	0.718	0.590	0.825	38.06%
Control	1.256	1.009	1.180	

Table 1. Result of NaOCl.

The concentration of CHX which raises the percent of deaths closest to LC50 is 0.03125 µl/ml (Table 2). This result is incorporated into Probit Analysis so that the CHX concentration which causes LC 50 is 0.016 µl/ml.

Concentration	Optical Density			% Death
	Replication 1	Replication 2	Replication 3	
1µl/ml	0.1	0.101	0.104	93.00%
0.5µl/ml	0.082	0.088	0.091	93.92%
0.25µl/ml	0.075	0.071	0.071	94.89%
0.125µl/ml	0.11	0.13	0.125	91.54%
0.0625µl/ml	0.354	0.418	0.417	47.23%
0.03125µl/ml	0.724	0.767	0.776	47.23%
Control	1.467	1.443	1.383	1.431

Table 2. Result of Chlorhexidine.

The concentration of CHX which raises the percent of deaths closest to LC50 is 125 µg/ml. This result is incorporated into Probit Analysis so that the CHX concentration which causes LC 50 is 92,70 µg/ml. Furthermore, the concentration for propolis can be seen in table 3.

Concentration	Optical Density			% Death
	Replication 1	Replication 2	Replication 3	
4000 µl/ml	0.027	0.016	0.008	88.74%
2000 µl/ml	0.036	0.037	0.032	88.30%
100 µl/ml	0.061	0.053	0.065	86.97%
500 µl/ml	0.093	0.085	0.083	80.79%
250 µl/ml	0.116	0.105	0.123	74.83%
125 µl/ml	0.213	0.226	0.231	50.77%
Control	0.478	0.466	0.415	0.453

Table 3. Result of Propolis.

Discussion

This study was conducted to determine the cytotoxicity of each irrigation material that is NaOCl, CHX and propolis. NaOCl is the most commonly used irrigation solution in the endodontic due to its antimicrobial ability and its ability to dissolve organic material.⁹ The results of the cytotoxicity test of NaOCl showed that NaOCl can cause 50% of cell death at concentrations of 0.254 µl/ml. That concentration shows that NaOCl is very toxic at low concentrations.

Sodium hypochlorite solution in its function as an irrigation solution will release chlorine ions and hydroxyl ions. Chlorine ions will cause an increase in free radical formation that will increase ROS (Reactive Oxygen Species). The release of hydroxyl ions can cause cell death through 2 mechanisms, by increasing ROS directly or by decreasing ATP.¹⁰

A decrease in ATP may cause disruption of cellular metabolism. When the oxygen supply to the cell is reduced, it will cause anaerobic glycolysis to increase. Anaerobic glycolysis will result in a decrease in pH that can decrease cellular enzyme activity. A decrease in ATP also causes the failure of the Ca²⁺ pump causing damage to cellular components.¹¹⁻¹³

Reactive Oxygen Species (ROS) is a type of oxygen derived from free radicals that play an important role in cellular damage. ROS is produced normally in mitochondrial respiration but will be degraded by the body's immune system. Excess free radicals are commonly referred to as oxidative stress involved in cell damage. The presence of free radicals causes lipid peroxidation reactions on the plasma membrane and organelle. The bonding between Fatty acid and unstable free radicals can cause damage to more severe membranes. Free radicals can also cause the oxidation of amino acid chains, the formation of covalent bonds of proteins, and the oxidation of proteins. This will lead to the destruction of protein structures, increasing proteasome protein degradation. In addition, free radicals can cause DNA damage and cross-linking DNA chains. It is the mechanism that causes cell death that shows high levels of NaOCl cytotoxicity.¹¹⁻¹³

Chlorhexidine (CHX) is considered a "gold standard" as an oral antiseptic. Chlorhexidine has bactericidal properties and is

effective against gram-positive and gram-negative, anaerobic and facultative anaerobic bacteria, as well as fungi and some virus.¹⁴ The results of the CHX cytotoxicity study showed that CHX could cause 50% cell death at concentrations of 0.016 µl/ml. The concentration shows that CHX is very toxic at low concentrations. This is less appropriate with the American Association of Endodontic study which states that CHX has a low toxicity.¹⁵

Chlorhexidine solution can cause an increase in intracellular calcium. Increased calcium can cause leakage of lysosomal enzymes. It increases the enzyme that has potential for cell death: phospholipase that cause membrane damage, proteases which lead to membrane and cytoskeletal proteins damage, endonuclease to breakdown the DNA and chromatin, and ATPase that accelerates the reduction of oxygen. Continuous increase of calcium will cause calcium buildup. The buildup of calcium in mitochondria can lead to the opening of mitochondrial permeability transition pore which will cause stimulation of tricarboxylic acid reactions and electron flowing. This may lead to an increase in ROS and result in failure of oxidative phosphorylation and reduced ATP. The process can lead to an increase in cell death, which indicates high chlorhexidine cytotoxicity.¹⁶

Propolis is a product produced by insects (honeybee) *Apis mellifera*. High polyphenol content in propolis has important function as an antibacterial, anti-viral, anti-fungal, antioxidant, anti-inflammatory, and boost the immune system.¹⁷

The effect of propolis on dental pulp regeneration occurs because of its ability to inhibit inflammatory reactions, infections, and pulp necrosis. Propolis also stimulates the formation of dentine tubules through stimulation of the stem cells. Stimulation of the dental pulp is due to its flavonoids content. Because of its ability to reduce inflammation in periapical tissues and protective effects on periodontal tissues, propolis can be used for root canal disinfection.¹⁷ Use of propolis as an antibacterial can be considered for its antimicrobial ability equivalent to NaOCl.¹⁸

The results of cytotoxicity of propolis showed that propolis can cause 50% cell death at concentration 92,70 µg/ml. The concentration indicates that propolis is a safe enough material for periodontal tissue. Kumar Research, (2013)

states that Propolis is considered safe in low doses. Propolis has a lower cytotoxicity in gingival fibroblasts than chlorhexidine.

High doses of propolis may also cause cytotoxicity in the periodontal tissues. Propolis contains high phenolic acid and flavonoids. Properties Phenolic components such as coumaric acid, cinnamic acid, Pinocembrin and other derivatives cause the opening of mitochondrial permeability pore. The opening of mitochondrial permeability pore causes depolarization resulting in reduced ATP in the cell. Reduced ATP in this cell is the cause of cell death. The mitochondrial membrane damage can also cause DNA damage that can also end up into cell death.¹⁹⁻²⁰

Conclusions

Based on the result of this study, sodium hypochlorite was recorded toxic at 0.254 µl/ml, chlorhexidine was found toxic at 0.016 µl/ml, and propolis extract was considered toxic at 92,70 µg/ml concentration. Future research is required in order to investigate the efficacy of propolis extract prior being applied as an alternative irrigation solution.

Declaration of Interest

The authors have no conflicts of interest relevant to this article.

References

1. Maciel Filho MD, Zotarelli-Filho IJ, Main Predictors of Root Canal Endodontical Treatment: Systematic Review. *Int J Dentistry Oral Sci.* 2018;5(2):595-600.
2. Hapasalo M, Shen Y, Wang Z, Gao Y. Irrigation in endodontics. *Br Dent J* 2014;216(6):299-303.
3. Navarro E.,Gonzales RMP., Ferrer LCM. Cytotoxic effects of two acid solutions and 2.5% sodium hypochlorite used in endodontic therapy. *Med Oral Patol Oral Cir Bucal* 2010;15(1):90-94
4. Gomes, Brenda PFA, Vianna, et al. Endodontics. *Br Dent J* 2013;24(2):89-102
5. Al-Shaher,Abdul., Wallace J, Agarwal S, Bretz W, Baugh D. Effect of propolis on human fibroblast from the pulp and periodontal ligament. *J of Endod* 2004;30(5):359-361
6. Mattigatti S, Jain D, Moturi S, Varma S, Rairam S. Antimicrobial effect of conventional root canal medicaments vs propolis against *Enterococcus faecalis*, *Staphylococcus aureus*, and *Candida albicans*. *J Contemp Dent Pract* 2012;1(3):305-309
7. Kartika, Ceples D; Kunarti S; Subiyanto A. Genotoxicity test of propolis extract, mineral trioxide aggregat, and calcium hydroxide on fibroblast BHK-21 cell cultures. *Dent J MKG* 2015;48(1):16-21.
8. Wisnu SJ, Hendrik SB, Lia IM. Fibroblast cell viability effectiveness between the highlands and lowlands coconut water (*Cocos Nucifera L.*). *J of Int Dent and Med Res.* 2016;3(9): 237-241.

9. Marion JJC, Manhaes, Frederico C, et al. Efficiency of different concentrations of sodium hypochlorite during endodontic treatment. *Dental Press Endodontic* 2012;2(4):32-37.
10. Hidalgo E., Bartolome,Rosa., Dominguez C. Cytotoxicity mechanisms of sodium hypochlorite in cultured human dermal fibroblasts and its bactericidal effectiveness. *Chem Biol Interact* 2002;139:265-282.
11. Chang, YC, Huang FM, Tai KW, Chou MY. The effect of sodium hypochlorite and chlorhexidine on cultured human periodontal ligament cells. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2001;92:446-450.
12. Kumar V, Abbas AK, Aster. JK. Robbin, Contran .Pathologic basis of disease. Ninth Edition. Canada:Elsevier Saunders; 2015:31-68
13. Estrela C, Estrela CRA, Barbin EL, Spano JCE, Marchesan MA, Pecora JD. Mechanism of action of sodium hypochlorite. *Braz Dent J*; 2002;13(2):113-117
14. Gomes BPF, Vianna ME, Zaia AA, Almeida JFA, Souza FFJ, Ferraz CCR. Chlorhexidine in endodontics. *Br Dent J* 2013;24(2):89-102
15. Colleagues for Excellence : Root Canal Irrigants and Desinfectants. Anonim. American Association of Endodontists Endodontics; 2011. AAE 1-7
16. Giannelli M, Chellini F, Margheri M, Tonelli P, Tani A. Effect of chlorhexidine digluconate on different cell types: a molecular and ultrastructural investigation. *Toxicol In Vitro* 2008; 22(2):308-317
17. Kaihena M. Propolis Sebagai Imunostimulator Terhadap Infeksi *Mycobacterium tuberculosis*. Prosiding FMIPA Universitas Pattimura; 2013; ISBN: 978-602-97522-0-5:69-78.
18. Al-Qathami H, Al-Madi E. Comparison of sodium hypochlorite, propolis, and saline as root canal irrigants:a pilot study. *Saudi Dent J* 2003;15(2):100-103
19. Campos JF, Uilson PDS, Paola DSDR, et al. Antimicrobial, antioxidant, anti-inflammatory, and cytotoxic activities of propolis from the stingless bee *Tetragonisca fiebrigi* (Jataí). *Evid Based Complement Alternat Med* 2015;2015:1-11
20. FX Ady Soesetjjo, Win Darmanto, Dwi Prijatmoko, Sri Hernawati. The effect of nickel as product of recasting nickel chromium on gingival fibroblasts apoptosis. *J of Int Dent and Med Res* 2015;8(1)25-30.