

Cariogenic strains isolated and identified from dental plaque biofilm of caries active and caries free subjects.

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Abstract: Total 500 sample of caries active and caries free mouth collected from dental unit and analysed for isolation of pathogenic strains. Isolates showed variation in their pattern of percentage recovery according to disease diagnose in each subject. 450 sample considered to be positive for complex communities of colonizing and acid producing bacteria. The sub gingival, supragingival, and different multiple site were selected to collect plaque sample of particular oral disease diagnosed in patient. Streptococcus mutans bacteria was achieved higher in percentage of total positive cultures from plaque sample as compare to other streptococci group bacteria. The pattern of distribution of streptococci varied in different oral disease. Significant difference in pathogenic strain pattern recovered from male, Female and Children subject. Enterococci recovered more in female as compared to male subjects.

Keywords:-- Dental Plaque Biofilm, Streptococcus mutans, Streptococcus sanguis, Streptococcus mitis, Streptococcus salvaris, enterococcus.

INTRODUCTION

Microbial biofilm are complex communities of bacteria and are common in the human body and in the environment. In recent years, dental plaque has been identified as a biofilm. The biofilm undergoes maturation, and the resulting pathogenic bacteria complex can lead to dental caries, gingivitis, and periodontitis. In addition, dental biofilm, especially sub gingival plaque in patients with periodontitis, has been associated with various systemic disease and disorders, including cardiovascular disease, diabetes mellitus, respiratory disease, and adverse pregnancy outcomes. Oral streptococci has both harmless and harmful bacteria. "Mutans streptococci" are the most important bacteria associated with tooth decay. Streptococcus mutans, the microbial species most strongly associated with carious lesions, is naturally present in the human oral micro biota (Baron 1996). Our mouth consisting of microbial biofilm are complex communities of bacteria. Biofilm in the form of supragingival and subgingival plaque is the etiologic agent in dental caries and periodontal diseases. Over the past 50 years, the understanding and characterization of dental plaque have undergone significant evolution (Banaset al. 2007).

Dental caries is a transmissible infectious disease in which streptococcus mutans plays the major role. As in many infectious diseases, colonization by pathogens is required before the disease can occur. Streptococcus mutants are generally considered to be the principal etiological agent of

dental caries (Russell 2008). There is a range of virulence factors important for the establishment of Streptococcus mutans in the complex microbial community of dental biofilm. It has been estimated that there are over more than 600 different species prevalent with distinct subsets predominating at different habitats (Dewhristet al. 2010). Streptococcus mutans species of oral streptococci live in the oral cavity. Each species has developed specific specialized properties for colonizing different oral sites and constantly changing conditions to fight competing bacteria and to withstand external challenges. Imbalances in the microbial biota can initiate oral disease. Under special condition, commensal streptococci can switch to opportunistic pathogens, initiating disease and damaging the host.

The ability of bacteria to survive and persist in a given environment will depend, in part, on their inherent genetic plasticity, which determines their ability to respond to fluctuating local environmental condition or stresses. The micro biota resident in the oral biofilm is subjected to many variable environmental stresses, including the availability or lack of nutrients, acidic pH and exposure to organic acids. Biofilm in the form of supragingival and subgingival plaque is the etiologic agent in dental caries and periodontal diseases. Therefore, control of the dental plaque biofilm is a major objective of dental professionals and critical to the maintenance of optimal oral health.

MATERIALS AND METHODS

Dental plaque sample collection

500 dental plaque sample from caries active and caries free mouth were collected from Daman (U.T) And Vapi city of Gujarat state area. A comprised study of 500 sample including 200 male, 200 female and 100 children of both sexes. Adults ranging from 18 to 60 years and children from 5 to 16 years. The nature of work followed in this study were fully explained to all participants and the study was conducted with written informed consent. The subjects were screened using an exploratory survey and who volunteered in the study were interviewed using a questionnaire. Qualified subjects were assayed whether they had any chronic disease or had not received antibiotic therapy for at least 7 weeks. Further, subjects were diagnosed with particular oral disease by trained dentist. The clinical examination was conducted by trained dentist to assess intra-examiner reliability. The subgingival, supragingival, and different multiple sites were selected to collect plaque sample. Dental plaque samples were collected by using sterile tongue depressor to avoid contamination from other mouth parts and to aid a better vision of carious lesions.

Strain isolation and identification

Plaque sampling sites varied depending on the condition and disease diagnosis in individual subjects. The plaque samples were collected from subgingival and supragingival including region of mouth by using sterile disposable swab stick transferring sample to sterile tube container 1 ml sterile phosphate buffer saline. Samples were stored in cool place and then transported to laboratory. One hundred micro-litre of undiluted sample were spread on the surface of MS-agar plate using sterile swab. Cultures were incubated anaerobically for 48 hrs at 37°C. Count of more than 250 colonies (104 cells/ml) was considered as positive sample (Friedrich 1981). Isolated strains were identified based on colony morphology, characteristics and biochemical test results.

RESULTS AND DISCUSSION

The subgingival, supragingival, and different multiple sites were selected to collect plaque sample of particular disease diagnosis in patient. *Streptococcus mutans* bacteria was achieved higher in percentage of total 450 positive cultures from 500 plaque samples as compared to other streptococci group bacteria. Isolation of *Streptococcus* species was done using selective enrichment technique including culturing of sample on MS-agar (*Mitis-Salivarius* agar), which promotes growth of streptococci and suppresses other bacterial species (Carlsson 1967). Accordingly, four hundred and fifty samples were considered to be positive bacteria about

(104 cells/ml) (Friedrich 1981). Isolates were first identified depending on their gram-staining, microscopic examination and catalase test. The streptococci are gram positive, individual cocci which are spherical or ovoid and are arranged in chains under light microscope and may be considered as catalase negative bacteria as indicated by identification scheme of Friedrich.

Accordingly, four hundred and fifty isolates were found to be true streptococci (showed positive results) and fifty isolates showed negative results. Isolates were also identified depending on the colonial shape and form on the surface of MS-agar media. Isolates could be varied between, hard coherent, ripple, raised colonies that were identified as *Streptococcus mutans* which was considered as one of the most important etiological agent of dental caries (Loesche and W.J 1986), while other colonies showed characteristics of zooglycic form, which were firmly attached to agar which were considered as *Streptococcus sanguis* (Colman and Williams 1972) identification scheme. Other type of colonies produced a minute circular gum drop, pale-blue, large were considered as *Streptococcus salivarius*, the colonies that were small, flat, hard, blue in color with cupola centre were considered as *Streptococcus mitis* [Hamada]. Colony showing Blue Black, shiny, and slightly raised colonies considered as Enterococci.

Colonies were stained and assayed microscopically for their identification and characteristics. Further, by using KB005A Hi Strep™ Identification Kit biochemical analysis of strains were performed and data interpreted (Table 1,2,3,4). Oral streptococci differentiated by their ability to ferment certain sugars like mannitol, sorbitol and arginine and to adhere to smooth surface in the presence of sucrose (Hardie and Bowden 1976). Most isolated streptococcal strains that ferment mannitol and sorbitol in addition to various other sugars, and synthesize adherent water-soluble glucan from sucrose, are considered *Streptococcus mutans*, they do not usually deaminate arginine to produce ammonia. Here we isolated *Streptococcus mutans* by considering their characteristics to ferment mannitol, sorbitol and raffinose sugar. Along with sugar, Voges-Proskauer test and esculin hydrolysis positive test confirms *Streptococcus mutans* whereas, *Streptococcus mitis* does not ferment arginine about only 26-40% shows esculin hydrolysis test reactive. It is peroxidogenic, but shows negative test result for esculin, sorbitol, and mannitol fermentation test.

Table 1: Morphological characteristics of isolates from dental plaque sample

Colony Characteristics	ISOLATED STRAINS				
	A1	A4	A5	A7	A8
Form of colony	Irregular	Circular	Circular	Circular	Circular
Translucency and opacity	Opaque	Opaque	Opaque	Opaque	Opaque
Elevation of colony	Convex	Flat	Raised	convex	Raised
Surface of colony	Smooth	Hard	Smooth	Smooth	Smooth
Pigmentation	Pale Blue	Blue	Blue	Pale Blue	Blue-Black
Cell Shape	Cocas	Cocas	Cocas	Cocas	Cocas
Gram stain reaction	Positive	Positive	Positive	Positive	Positive
Spore stain	NO	NO	NO	NO	NO

Table: 2 Recovery of Strains on MS Agar from dental plaque sample (CFU %)

Clinical condition of Male subject	<i>S.mutans</i>	<i>S.salivarius</i>	<i>S.mitis</i>	<i>S.sanguis</i>	<i>Enterococci</i>
Caries Activ Mouth	3.2×10^8	2.0×10^8	1.6×10^8	2.0×10^8	1.6×10^8
Caries Free Mouth	1.7×10^8	1.6×10^7	1.2×10^7	1.0×10^7	1.8×10^8

Table: 3 Recovery of Strains on MS Agar from dental plaque sample (CFU %)

Clinical condition of Female subject	<i>S.mutans</i>	<i>S.salivarius</i>	<i>S.mitis</i>	<i>S.sanguis</i>	<i>Enterococci</i>
Caries Active Mouth	3.0×10^8	2.2×10^8	1.8×10^8	2.0×10^8	2.4×10^8
Caries Free Mouth	1.6×10^8	2.2×10^7	1.4×10^7	1.0×10^7	2.0×10^8

Table: 4 Recovery of Strains on MS Agar from dental plaque sample (CFU %)

Clinical condition of Children subject	<i>S.mutans</i>	<i>S.salivarius</i>	<i>S.mitis</i>	<i>S.sanguis</i>	<i>Enterococci</i>
Caries Active mouth	3.0×10^8	2.4×10^8	1.8×10^8	2.0×10^8	1.6×10^8
Caries Free Mouth	1.8×10^8	1.8×10^7	1.6×10^7	1.4×10^7	1.8×10^8

Streptococcus mitis and Streptococcus sanguis shows similar characteristics for esculin hydrolysis and β -galactosidase activity test. From isolated strains, all four important pathogenic dental plaque strains shows sucrose utilization except Streptococcus mutans. In Streptococcus mutans sucrose utilization is not detected appropriately.

Streptococcus mutans and Streptococcus salivarius shows similar characteristics for V.P, Esculine, PYR, ONPG test along with arginine, glucose, lactose sugar utilization but differ only in their characteristics to utilize sorbitol and mannitol sugars, further in this aspects detail analysis can be done (Table 5).

Table: 5 Biochemical Analysis of isolated strains from dental plaque

TEST	Isolated Strains				
	A 1	A4	A5	A7	A8
Voges-Proskauer's	+	-	+	-	-
Esculin hydrolysis	+	d	+	D	+
PYR	-	-	-	-	-
ONPG (β -galactosidase)	-	d	-	D	+
Arginine Utilization	-	-	-	+	+
Glucose	+	+	+	+	+
Lactose	+	+	+	+	+
Arabinose	ND	-	-	-	-
Sucrose	ND	+	+	+	+
Sorbitol	+	-	-	-	+
Mannitol	+	-	-	-	+
Raffinose	+	d	+	V	-

Note: Based on % strains showing reactions following symbols have been assigned from laboratory results and standard references.

0-10% = -

11-25% = [-]

26-75% = d

V = Variable reaction

76-89% = [+]

90-100% = +

ND = Not detected

On MS agar medium most streptococci show a characteristic colonial morphology which permits their provisional differentiation. Percentage of recovery of Streptococcus mutans were found more in caries active mouth as compare to caries free mouth. Level of Streptococcus mutans and Streptococcus salivarius were slightly similar as compare to other strains of streptococci. These isolated bacteria have been identified as the etiological agents of many oral mouth infection.

Dental plaque is such a complex microbial community growing as a biofilm on enamel surface. The etiology of both dental caries and various forms of periodontal disease has long been recognised to be bacterial accumulation and plaque composition (Marsh and Martin 1999). In previous studies it has been shown that there are many species prevalent with distinct subsets predominating at different habitats (Dewhirst et al. 2010). In various studies attempts are made to define the Knowledge concerning streptococci strains from dental plaque sample. In this experiment we were able to isolate the pathogenic strains in oral plaque sample collected from various disease diagnose pattern in

individual concern subject. Dental plaque is such a complex microbial community growing as a biofilm on enamel surface. From various disease diagnose pattern the isolated strains were calculated on basis of cfu and identified morphologically, microscopically, and performing biochemical test it was found that Streptococcus mutans were recovered higher in percentage as compare to other streptococci group bacteria. In previous studies there is a great deal of evidence has been accumulated which implicates Streptococcus mutans as a major etiological agent in the initiation of enamel caries (Jagtap and Karkera 2000). Here in our studies, we have isolated different strains of pathogenic streptococci which varied in different disease concern.

Pattern of isolation of streptococci varied in different diseases diagnose. On MS agar medium most streptococci show a characteristic colonial morphology which permits their provisional differentiation. Percentage of recovery of Streptococcus mutans were found more in caries active mouth as compare to caries free mouth. Level of Streptococcus mutans and Streptococcus salivarius were

slightly similar as compare to other strains of streptococci. These isolated bacteria have been identified as the etiological agents of many Oral Mouth infection (Table 6).

Table: 6 Bacterial profile of plaque sample from different disease diagnose and caries free mouth

Clinical Diagnose	Bacterial strains				
	<i>S.mutans</i>	<i>S.salivarius</i>	<i>S.mitis</i>	<i>S.sanguis</i>	<i>Enterococci</i>
Caries free mouth	+	+	++	±	++
Early onset of periodontitis	++	+	+	+	++
Dental Plaque	+++	++	++	+	+
Gingivitis	+++	+++	++	+	++
Burning mouth syndrome	+	+	+++	++	+
Aphthous stomatitis	+	++	++	++	+++

- ± **may be present**
- + **usually present at level < 10% of flora**
- ++ **levels<20%**
- +++ **levels>20%**

In various studies attempts are made to define the Knowledge concerning streptococci strains from dental plaque sample. In this experiment we were able to isolate the pathogenic strains in oral plaque sample collected from various disease diagnose pattern in individual concern subject. Dental plaque is such a complex microbial community growing as a biofilm on enamel surface . The etiology of both dental caries and various forms of periodontal disease has long been recognised to be bacterial accumulation and plaque composition (Marsh and Martin 1999). From various disease diagnose pattern the isolated strains were calculated on basis of cfu and identified morphologically, microscopically, and performing biochemical test it was found that Streptococcus mutans were recovered higherin percentage as compare to other streptococci group bacteria. In previous studies there is a great deal of evidence has been accumulated which implicates Streptococcus mutans as a major etiological agent in the initiation of enamel caries (Jagtap and Karkera 2000). In previous studies it has been shown that there are many species prevalent with distinct subsets predominating at different habitats (Dewhrist etal.2010).

The streptococcus have developed a harmonious relationship with human body over the period of time and reported the single most abundant microflora in human microbiome structure (Cvitkovitch etal. 2003). Although , most of these organisms are commensal, several bacterial species, including those that cannot be grown in vitro, has been associated with either periodontal healthcare disease(Moore WEC etal. 2000;Socransky etal.2005).Various species of the genus streptococcus , lactobacillus, lactococcus , enterococcus, staphylococcus, corny bacterium, veillonella

and bacterioids are the prominent bacteria commonly found in the oral cavity (Rogers 2008;Wang etal 2012).

The nature of bacteria ability to produce acid and tolerate acid environment are important that enable them to exhibit high dental caries (Svensater etal.1997).Biochemical properties of the isolates were tested according to Berger’s manual of systematic bacteriology (Bleiweis, etal. 1976). The following properties were determined : Catalase test, acid production from carbohydrates. Extensive taxonomic studies revealed that these organisms formed a fairly homogeneous group of non motile, catalase negative, gram positive streptococcal species (Carlsson , 1968). Oral streptococci differential by their ability to ferment certain sugars (especially mannitol and sorbitol) and to adhere to smooth surface in the presence of sucrose (Hardie and Bowden, 1976). Here in this experiment along with various acid production property by using various sugar streptococci characterised by B-galactosidase acidity which found positive by Streptococcus fecalis in higher percentage as compare to streptococcus mitis. Further strains were characterised by Esculin hydrolysis, PYR enzyme activity and acetoin production by using KB005A HiStrep™ Identification Kit.

CONCLUSION:

In the present study, we were able to isolate and identify important cariogenic oral bacterial strains which belonged to the species Streptococcus and Enterococcus. Streptococcus mutans is known to be a major causative bacterium of dental caries in humans and is occasionally isolated from different oral disease diagnosed in individual subjects.Streptococci

sanguis and enterococci recovered more in caries free mouth as compared to Streptococcus mutans. The percentage of Enterococci were found more in female as compared to male and children subject. Further research will be conducted to identify and study the cariogenicity, virulence, environmental factors and Antibiotic activity on isolated pathogenic dental plaque strain.

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REFERENCE

- [1] Aspiras MB, Ellen RP, Cvitkovith DG; Ellen; Cvithovith(2004). Activity of Streptococcus mutans growing in biofilms .
- [2] Argimon,S;Caufield,PW(2011).Distribution of putative virulence genes in Streptococcus mutans strains does not correlate with caries experience. Journal of clinical microbiology 49 (3): 984-992.
- [3] Arnold,R., Cole, Prince, McGhee(1977). Naturally occurring secretory immunoglobulin A antibodies to Streptococcus mutans in human colostrum and saliva.Infect. Immun. 14:355-362.
- [4] Ahn, Cho, Kim, Park, Lim, Kook, et al(2012). The antimicrobial effect of deglycyrrhizinated licorice root extract on streptococcus mutans UA159 in both planktonic and biofilm cultures.Anaerobe 18 (6): 590-596.
- [5] Alsaimary .I.E. (2008). Efficiency of some antibacterial agents against Streptococcus mutans associated with tooth decay. African Journal of Biotechnology Vol.8 (2).
- [6] Baker, N.C., and Thornsberry (1974). Antimicrobial susceptibility of Streptococcus mutans isolated from patients with endocarditis. Antimicrob. Agents Chemother 5:268-271.
- [7] Burne RA, Marquis RE (2000). Alkali production by oral bacteria and protection against dental caries. FEMS Microbiol Lett 193:1-6.
- [8] Balekjian, A.Y., Longton, Cole.J.S and Guidry (1977). The effect of disaccharides on the plaque-forming potential of Streptococcus mutans. J. Dent. Res 56:1359-1363.
- [9] Biswas.S. (2011). Role of vltab, an ABC transporter complex, in virulence tolerance in Streptococcus mutans. Antimicrobial agents and chemotherapy 55 (4): 1460-9.
- [10] Baron (1996). Microbiology of dental decay and periodontal disease. Medical Microbiology pp:99.
- [11] Butcher, Malcolm, Benson, Deng, Brewer, Garside (2011). Effect of Streptococcus mutans on dendritic cell activation and function. Journal of dental research, 90 (10): 1221-7.
- [12] Banas, Miller, Fuschino, Hazlett, Toyofuku, Porter (2007). Evidence that accumulation of mutans in a biofilm reflects natural selection rather than stress-induced adaptive mutation. Applied and Environment Microbiology. 73(1): 357-361.
- [13] Carlsson, J.(1965). Zooglyca-forming streptococci, resembling Streptococcus sanguis, isolated from dental plaque in man. Odontol.Revy. 16:348-358.
- [14] Carlsson, J.(1967). Presence of various types of non-hemolytic streptococci in dental plaque and in other sites of the oral cavity in man. Odontol. Revy 18:55-74.
- [15] Carlsson, J. (1968). Numerical taxonomic study of human oral streptococci. Odontol.Revy 19:137-160.
- [16] Carson, Hammer, Riley, et al. (2006).Melaleuca alternifolia(Tea Tree)oil: A review of antimicrobial and other medicinal properties. Clinical Microbiology Reviews 19(1): 50-62.

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- [17] Cornejo, Lefebure, Bitar, Pavinski.P.D, Lang, Richar (2012). Evolutionary and population genomics of the cavity causing bacteria *Streptococcus mutans*. *Mol.Biol.Evol.* 30 (4):881-893.
- [18] Cvitkovitch, et al.(2000). Genetic competence and transformation in oral streptococci. *Crit . Rev. Oral Biol. Med.*, in press.182:149-154.
- [19] Darlington(1979). Metabolism of sucrose by *Streptococcus sanguis* and its relevance to the oral environment. *NCTC.* 804.
- [20] Davison. J. (1999). Genetic exchange between bacteria in the environment. *Plasmid.*42:79-91.
- [21] Dowson, et al (1997). Horizontal gene transfer and the evolution of resistance and virulence determinants in *Streptococcus*. *SocApplBacteriolSymp Ser.*26:42S-51S.
- [22] Dewhirst, et al.(2010). The human oral microbiome. *JBacteriol.* 192:5002-5017.
- [23] Da Silva Bastos Vde, Freitas-Fernandes, Fidalgo, Martins, Mattos, de Souza, LC, et al. (2015). Mother-to-child transmission of *Streptococcus mutans*: a systematic review and meta-analysis. *Journal of dentistry.* 43(2):181–91.
- [24] Gurenlian .R(2007). The Role of Dental Plaque Biofilm in Oral Health. *Journal of Dental Hygiene.* No.5.
- [25] Gibbons, J.R., Berman.K.S, Knottner.P, Kapsimalis.B.(1966). Dental caries and alveolar bone loss in gnotobiotic rats infected with capsule forming streptococci of human origin. *Arch. Oral Biol.* 11:549-560.