Emanuela Carla dos Santos (Organizadora)



Emanuela Carla dos Santos (Organizadora)

Comunicação Científica e Técnica em Odontologia

Atena Editora 2019

2019 by Atena Editora

Copyright © da Atena Editora

Editora Chefe: Prof^a Dr^a Antonella Carvalho de Oliveira Diagramação e Edição de Arte: Lorena Prestes e Karine de Lima Revisão: Os autores

Conselho Editorial

Prof. Dr. Alan Mario Zuffo - Universidade Federal de Mato Grosso do Sul Prof. Dr. Álvaro Augusto de Borba Barreto - Universidade Federal de Pelotas Prof. Dr. Antonio Carlos Frasson - Universidade Tecnológica Federal do Paraná Prof. Dr. Antonio Isidro-Filho - Universidade de Brasília Profa Dra Cristina Gaio - Universidade de Lisboa Prof. Dr. Constantino Ribeiro de Oliveira Junior - Universidade Estadual de Ponta Grossa Profa Dra Daiane Garabeli Trojan - Universidade Norte do Paraná Prof. Dr. Darllan Collins da Cunha e Silva - Universidade Estadual Paulista Prof^a Dr^a Deusilene Souza Vieira Dall'Acqua – Universidade Federal de Rondônia Prof. Dr. Eloi Rufato Junior - Universidade Tecnológica Federal do Paraná Prof. Dr. Fábio Steiner - Universidade Estadual de Mato Grosso do Sul Prof. Dr. Gianfábio Pimentel Franco - Universidade Federal de Santa Maria Prof. Dr. Gilmei Fleck - Universidade Estadual do Oeste do Paraná Prof^a Dr^a Girlene Santos de Souza - Universidade Federal do Recôncavo da Bahia Profa Dra Ivone Goulart Lopes - Istituto Internazionele delle Figlie de Maria Ausiliatrice Profa Dra Juliane Sant'Ana Bento - Universidade Federal do Rio Grande do Sul Prof. Dr. Julio Candido de Meirelles Junior - Universidade Federal Fluminense Prof. Dr. Jorge González Aguilera - Universidade Federal de Mato Grosso do Sul Prof^a Dr^a Lina Maria Goncalves – Universidade Federal do Tocantins Profa Dra Natiéli Piovesan – Instituto Federal do Rio Grande do Norte Prof^a Dr^a Paola Andressa Scortegagna – Universidade Estadual de Ponta Grossa Profa Dra Raissa Rachel Salustriano da Silva Matos - Universidade Federal do Maranhão Prof. Dr. Ronilson Freitas de Souza - Universidade do Estado do Pará Prof. Dr. Takeshy Tachizawa - Faculdade de Campo Limpo Paulista Prof. Dr. Urandi João Rodrigues Junior - Universidade Federal do Oeste do Pará Prof. Dr. Valdemar Antonio Paffaro Junior - Universidade Federal de Alfenas Prof^a Dr^a Vanessa Bordin Viera – Universidade Federal de Campina Grande Prof^a Dr^a Vanessa Lima Gonçalves - Universidade Estadual de Ponta Grossa

Dados Internacionais de Catalogação na Publicação (CIP) (eDOC BRASIL, Belo Horizonte/MG)

Prof. Dr. Willian Douglas Guilherme - Universidade Federal do Tocantins

C741 Comunicação científica e técnica em odontologia [recurso eletrônico] / Organizadora Emanuela Carla dos Santos. – Ponta Grossa (PR): Atena Editora, 2019. – (Comunicação Científica e Técnica em Odontologia; v. 1)

Formato: PDF

Requisitos de sistema: Adobe Acrobat Reader.

Modo de acesso: World Wide Web.

Inclui bibliografia

ISBN 978-85-7247-229-6

DOI 10.22533/at.ed.296190104

1. Dentistas. 2. Odontologia – Pesquisa – Brasil. I. Santos, Emanuela Carla dos. II. Série.

CDD 617.6069

Elaborado por Maurício Amormino Júnior - CRB6/2422

O conteúdo dos artigos e seus dados em sua forma, correção e confiabilidade são de responsabilidade exclusiva dos autores.

2019

Permitido o download da obra e o compartilhamento desde que sejam atribuídos créditos aos autores, mas sem a possibilidade de alterá-la de nenhuma forma ou utilizá-la para fins comerciais. www.atenaeditora.com.br

APRESENTAÇÃO

A Odontologia vem ampliando cada vez mais sua área de atuação dentro do campo da saúde. Hoje aliamos o conhecimento teórico de base às novas tecnologias e técnicas desenvolvidas através de pesquisas para elevar a qualidade e atingir

excelência na profissão.

Diante da necessidade de atualização frequente e acesso à informação de qualidade, este E-book, composto por dois volumes, traz conteúdo consistente

favorecendo a Comunicação Científica e Técnica em Odontologia.

O compilado de artigos aqui apresentados são de alta relevância para a comunidade científica. Foram desenvolvidos por pesquisadores de várias instituições de peso de nosso país e contemplam as mais variadas áreas, como cirurgia, periodontia, estomatologia, odontologia hospitalar, bem como saúde do trabalhador da Odontologia

e também da área da tecnologia e plataformas digitais.

Espero que possam extrair destas páginas conhecimento para reforçar a

construção de suas carreiras.

Ótima leitura!

Profa. MSc. Emanuela Carla dos Santos

SUMÁRIO

CAPÍTULO 11
OS CONTEÚDOS DE CIRURGIA E TRAUMATOLOGIA BUCOMAXILOFACIAIS NA FORMAÇÃO DO CIRURGIÃO-DENTISTA GENERALISTA
Karine Angar Adair Luiz Stefanelli Busato Alan Carlos Corradine Binotto Aurelício Novaes Silva Júnior Pedro Antônio Gonzáles Hernandez
DOI 10.22533/at.ed.2961901041
CAPÍTULO 216
ANSIEDADE EM PACIENTES SUBMETIDOS A EXODONTIA DE TERCEIROS MOLARES: RELAÇÃO ENTRE ANSIEDADE ODONTOLÓGICA E CORTISOL SALIVAR
Marcus Antonio Brêda Júnior Valdemar Mallet da Rocha Barros Darklison Pereira Santos Fabíola Singaretti de Oliveira Ricardo José de Holanda Vasconcellos Ricardo Viana Bessa Nogueira DOI 10.22533/at.ed.2961901042
CAPÍTULO 3
INFLUÊNCIA DOS DENTIFRÍCIOS NAS PROPRIEDADES FÍSICA E MECÂNICA DE COMPÓSITOS RESINOSOS Mayara Zaghi Dal Picolo Suelem Chasse Barreto Josué Junior Araujo Pierote Carlos Tadeu dos Santos Dias Luis Alexandre Maffei Sartini Paulillo
DOI 10.22533/at.ed.2961901043
CAPÍTULO 4
MONITORING OF ABFRACTION LESIONS BY CONFOCAL LASER MICROSCOPY METHOD Cristiane Aparecida Nogueira Bataglion Flávia Cassia Cabral Rodrigues Shelyn Akari Yamakami César Bataglion Juliana Jendiroba Faraoni Regina Guenka Palma Dibb DOI 10.22533/at.ed.2961901044
CAPÍTULO 5
ANÁLISE DA RUGOSIDADE SUPERFICIAL DO ESMALTE DENTAL BOVINO SUBMETIDO A AGENTES CLAREADORES Ana Paula Martins Gomes Ana Maria Martins Gomes Antônio Augusto Gomes Elâine Cristina Vargas Dadalto Lilian Citty Sarmento Luciana Faria Sanglard Renata De Oliveira Guaré
DOI 10 22533/at ad 29619010/5

CAPITULO 668
ANÁLISE DAS PLACAS OCLUSAIS E DA QUALIDADE DE VIDA DE PACIENTES TRATADOS COM DIAGNÓSTICO DE DISFUNÇÃO TEMPOROMANDIBULAR
Lea Maria Franceschi Dallanora Camila Karen Fillipiaki
Analu Buzanello Fábio José Dallanora
Mariana Machado T. de M. Costa
Leonardo Flores Luthi
Grasieli de Oliveira Ramos Acir José Dirschnabel
Bruna Eliza de Dea
DOI 10.22533/at.ed.2961901046
CAPÍTULO 779
DISFUNÇÃO TEMPOROMANDIBULAR EM POLICIAIS MILITARES
Raísa Rebeka Silva de Araújo
Lorenna Mendes Temotéo Brandt Alessandro Leite Cavalcanti
DOI 10.22533/at.ed.2961901047
CAPÍTULO 886
RAPID PROTOCOL OF LLLT IN PATIENTS WITH MIOFASCIAL PAIN AND MOUTH OPENING LIMITATION: PRELIMINARY RESULTS
Vitória de Oliveira Chami
Anna Carolina Teixeira Centeno Gisele Jung Franciscatto
Débora do Canto Assaf
Tatiana Bernardon Silva
Vilmar Antônio Ferrazzo Mariana Marquezan
DOI 10.22533/at.ed.2961901048
CAPÍTULO 9
AVALIAÇÃO DA PADRONIZAÇÃO DO CALIBRE APICAL DE CONES DE GUTA-PERCHA E O EFEITO
DA PERDA DE PESO DESTES CONES APÓS A DESINFECÇÃO POR DIFERENTES LÍQUIDOS
Cássia Bocchino Seleme Ana Flávia Pereira Heck
Elisa Karina Donda
Maria Isabel Anastacio Faria de França
Alexandre Roberto Heck Egas Moniz de Aragão
Alessandra Timponi Goes Cruz
Guilherme Jun Cucatti Murakami
DOI 10.22533/at.ed.2961901049
CAPÍTULO 10
AVALIAÇÃO IN VITRO DA PRODUÇÃO E EXTRUSÃO DE DEBRIS COM INSTRUMENTOS RECIPROCANTES
Karina Domingues Holzmann
Tainara Caroline Cogo de Oliveira Júlio Cezar Chidoski-Filho
Fábio André dos Santos
Aline Cristine Gomes Matta Fabrício Rutz da Silva
r abholo hatz da Oliva

DOI 10.22533/at.ed.29619010410

Larissa Raimundi

CAPÍTULO 11
DETECÇÃO DO 40 CANAL EM PRIMEIROS MOLARES SUPERIORES UTILIZANDO QUATRO MÉTODOS CLÍNICOS DIFERENTES
Layse Ribeiro Schuster
Simone Helena Ferreira Gonçalves
Ana Paula Martins Gomes Gabriela Marcelle Almeida Santos
Carlos Xavier Muniz
Juliana Boa Sorte de Oliveira
DOI 10.22533/at.ed.29619010411
CAPÍTULO 12131
IMPACTO DE DIFERENTES INSTRUMENTOS ROTATÓRIOS NA DISTRIBUIÇÃO DE ESTRESSE DURANTE O TRATAMENTO DE CANAIS RADICULARES
Júlia Adornes Gallas
Shelyn Akari Yamakami
Igor Bassi Ferreira Petean
Ana Paula Macedo
Aline Evangelista Souza-Gabriel Manoel Damião de Sousa Neto
Regina Guenka Palma-Dibb
DOI 10.22533/at.ed.29619010412
CAPÍTULO 13144
MEDIDA DA ACIDEZ E ALCALINIDADE DE PASTAS ENDODÔNTICAS ASSOCIADAS À ALOE VERA
Jorge Pereira Júnior
Nayane Chagas Carvalho Alves
Juliana Cordeiro Cardoso
Diana Santana de Albuquerque
Maria Amália Gonzaga Ribeiro
DOI 10.22533/at.ed.29619010413
CAPÍTULO 14155
ANÁLISE DAS CONDIÇÕES BUCAIS, PARÂMETROS SALIVARES, DIETA E HIGIENE ORAL QUANTO AO RISCO DE CÁRIE E EROSÃO DENTAL EM PACIENTES OBESOS INDICADOS PARA CIRURGIA BARIÁTRICA
Laís Renata Almeida Cezário Santos
Laís Brandão Nobre
Ana Clara de Almeida Silva
Barbara Maria Cavalcante Lôbo
Geisa Gabriella Rodrigues de Oliveira Evanisa Helena Maio de Brum
Kristiana Cerqueira Mousinho
Sylvia Amélia Vasconcelos de Albuquerque
Natanael Barbosa dos Santos
DOI 10.22533/at.ed.29619010414
CAPÍTULO 15172
ODONTOGERIATRIA: SAÚDE BUCAL DE IDOSOS RESIDENTES EM INSTITUIÇÕES FILANTRÓPICAS DE LONGA PERMANÊNCIA

Emanuela Carla dos Santos Daniela Faglioni Boleta Ceranto
Eliana C Fosquiera DOI 10.22533/at.ed.29619010415
CAPÍTULO 16184
CÁRIE DE RADIAÇÃO – EFEITOS DA RADIOTERAPIA DE CABEÇA-E-PESCOÇO NA DENTINA RADICULAR: IMPLICAÇÕES CLÍNICAS E TERAPÊUTICAS Marilia Mattar de Amoêdo Campos Velo Marina Ciccone Giacomini Letícia Ferreira de Freitas Brianezzi Giovanna Speranza Zabeu Rafael Simões Gonçalves Cassia Maria Fischer Rubira Paulo Sérgio da Silva Santos Linda Wang DOI 10.22533/at.ed.29619010416
CAPÍTULO 17199
EFEITOS DO ALENDRONATO DE SÓDIO NO REPARO ÓSSEO Fernanda Tiboni Suyany Gabrielly Weiss Jennifer Tsi Gerber Allan Fernando Giovanini Rafaela Scariot DOI 10.22533/at.ed.29619010417
CAPÍTULO 18209
INFLUÊNCIA DA HIPOSSALIVAÇÃO NO PH BUCAL E NA PRESENÇA DE NITRITO NA SALIVA Amanda Rafaela da Silva Amorim Mayara Ricardo Moraes Mariana de Lyra Vasconcelos Herculano Ramirez Floro Alonso Kelly de Moura Ferreira Lilianny Querino Rocha de Oliveira José de Amorim Lisboa Neto Camila Maria Beder Ribeiro Girish Panjwani DOI 10.22533/at.ed.29619010418
CAPÍTULO 19217
RELAÇÃO ENTRE PH SALIVAR E PRESENÇA DE NITRITO NA CAVIDADE BUCAL ATRAVÉS DA ANÁLISE BIOQUÍMICA DA SALIVA
Amanda Rafaela da Silva Amorim Mayara Ricardo Moraes Mariana de Lyra Vasconcelos Herculano Ramirez Floro Alonso Kelly de Moura Ferreira José de Amorim Lisboa Neto Camila Maria Beder Ribeiro Girish Panjwani DOI 10.22533/at.ed.29619010419

Ligia Dalastra

Alice Ribeiro Danielli

CAPITULO 20227
ANÁLISE BIOQUÍMICA DA SALIVA PARA DETECÇÃO DA PRESENÇA DE NITRITOS
Amanda Rafaela da Silva Amorim
Mayara Ricardo Moraes
Mariana de Lyra Vasconcelos
Herculano Ramirez Floro Alonso Kelly de Moura Ferreira
José de Amorim Lisboa Neto
Camila Maria Beder Ribeiro Girish Panjwani
DOI 10.22533/at.ed.29619010420
CAPÍTULO 21235
ESTUDO COMPARATIVO DA ESTRUTURA DO FÍGADO ENTRE RATAS JOVENS, ADULTAS E IDOSAS
Andréia Affonso Barretto Montandon Eleny Zanella Balducci
José Paulo de Pizzol Júnior
Cleverton Roberto Andrade
DOI 10.22533/at.ed.29619010421
CAPÍTULO 22250
APLICAÇÃO LOCAL DO LÁTEX DA HANCORNIA SPECIOSA GOMES A 2.5% NÃO FAVORECE A NEOFORMAÇÃO E NEM A MINERALIZAÇÃO ÓSSEA EM RATOS
Francielly Andressa Felipetti
Juliana dos Santos Neves Ingrid Grazielle Sousa
Pedro Duarte Novaes
DOI 10.22533/at.ed.29619010422
CAPÍTULO 23
COMPUTADORIZADA E ESCANEAMENTO ÓTICO PARA FABRICAÇÃO DE GUIA CIRÚRGICO"
Eduardo Mendes de Paula Vinícius Fabris
Fernando Esgaib kayatt
Flávio Domingues das Neves
Milena Bortolotto Felippe Silva
Ricardo Raitz
Ricardo Raitz DOI 10.22533/at.ed.29619010423
DOI 10.22533/at.ed.29619010423
DOI 10.22533/at.ed.29619010423 CAPÍTULO 24
CAPÍTULO 24
CAPÍTULO 24
CAPÍTULO 24
CAPÍTULO 24

CAPÍTULO 26296
AVALIAÇÃO MULTIPROFISSIONAL DO FREIO LINGUAL E DA MAMADA DA DÍADE MÃE-BEBÊ RELATO DE EXPERIÊNCIA
Danielly Cunha Araújo Ferreira Marília Neves Santos Laíza Fernandes Martins Marcela Magna Gomes Araújo Godoy Camila Raíssa Oliveira Gontijo Alessandra Maia de Castro
DOI 10.22533/at.ed.29619010426
CAPÍTULO 27
DEFEITOS DE DESENVOLVIMENTO DO ESMALTE NA DENTIÇÃO DECÍDUA: AMELOGÊNESE, CARACTERÍSTICAS CLÍNICAS, FATORES ETIOLÓGICOS E PERINATAIS
Elisa Miranda Costa Ana Carolina Mendes Pinheiro Judith Rafaelle Oliveira Pinho Cecília Cláudia Costa Ribeiro Erika Bárbara Abreu Fonseca Thomaz DOI 10.22533/at.ed.29619010427
CAPÍTULO 28325
EFFECT OF ND:YAG LASER AND FLUORIDE TREATMENT ON THE PERMEABILITY OF PRIMARY TOOTH ENAMEL Juliana Jendiroba Faraoni Shelyn Akari Yamakami Danielle Torres Azevedo Juliana dos Reis Derceli Walter Raucci Neto Regina Guenka Palma-Dibb DOI 10.22533/at.ed.29619010428
SOBRE A ORGANIZADORA337

CAPÍTULO 24

CORROSION RESISTANCE AND ANTI-BIOFILM EFFECT OF ROCK ROSE REMEDY: A POTENTIAL PREVENTIVE MEASURE IN IMPLANT THERAPY

Ana Beatriz Sliachticas Monteiro

Dentistry School, Health Institute of Nova Friburgo, Federal Fluminense University, Rio de Janeiro, Brazil

ABSTRACT: Staphylococci is the leading etiologic agent of implant-related infection. In presence of rock rose (Helianthemum nummularium) floral remedy, we evaluated the corrosion behavior of commercially pure titanium as well as quantified the Staphylococcus aureus biofilm formation. To analyze the corrosion resistance of pure titanium, electrochemical corrosion tests were performed. We submitted pure titanium samples into a physiological (pH 6.50) or pathogenic (pH 2.50) artificial saliva environment at 37oC. For the in vitro static biofilm assays, a multivirulent Staphylococcus aureus strain was used for assessment of biofilm formation over pure titanium disks in the absence/presence of rock rose floral. Triplicates were performed for both corrosion tests and biofilm experiments. P values were determined by two-way analysis of variance for pairwise comparisons (corrosion) and Student's t-test (biofilm assays). Results were considered significant when p-value < 0.05. Rock rose floral treatment reduced Staphylococcus aureus biofilm formation on titanium surface and promoted a higher titanium corrosion resistance

in artificial saliva at low pH. We have shown that rock rose remedy can prevent bacteria adhesion over the pure titanium in a healthy oral environment (pH 6.50) and did not interfere in the titanium corrosion response.

KEYWORDS: Corrosion; Titanium; Staphylococcus aureus; Peri-Implantitis; Rock Rose; Floral

INTRODUCTION

Community-associated methicillinresistant Staphylococcus aureus (CA-MRSA), has been associated with severe infections and high mortality rates. The pathogenesis of pneumonia [1], endocarditis [2], catheter and skin [3] infection caused by USA300 clone have been extensive researched. On an oral environment, both Staphylococcus aureus and Staphylococcus epidermidis were able to grow as part of the subgingival biofilm on hydroxyapatite disks and on titanium surfaces. Although Staphylococcus aureus is a non-oral bacteria, when integrated to the oral microflora leads to either aggressive periodontitis or periimplantitis [4,5].

Peri-implantitis is an infectious disease that occurs in the tissue surrounding a dental implant with loss of supporting bone resembling periodontitis on natural teeth [6,7]. Prognosis of the affected implant will be contingent upon early detection and treatment [8]. Peri-implantitis therapies depend on the amount of bone loss and on the esthetic impact of the implant, comprising a nonsurgical or a surgi- cal phase. The former includes debridement by mechanical means, ultrasonic, or laser devices, either alone or combined with antiseptic and/or antibiotic agents. For the surgical phase regenerative techniques are usual approaches [9]. In this light, implantoplasty, chemical decontamination or debridement could modify the titanium implant surface favoring bacteria biofilm accumulation. Excessive mechani- cal stress, poor design of the implant and titanium corrosion are also important factors in the onset and development of peri-implantitis. [10-13].

Titanium and its alloys have been widely used either for orthopedic replacements or dental implants [14] because of their low specific mass, good mechanical properties, high corrosion resistance and adequate biocompatibility [15]. The corrosion resistance of titanium is due to the formation of a stable film of titanium oxide on its surface; however, depending on the conditions of the medium where the tita- nium is exposed, dissolution of this oxide may occur at some points, especially within an acidic environment [16]. Many electrochemical techniques are used to evaluate the stability of this passive film of titanium oxide, such as anodic polarization, impedance spectroscopy, electrochemical noise, etc. These techniques intend to obtain parameters related to the titanium-solution interaction. The presence of ag- gressive agents may lead to the dissolution of the passive film on the titanium surface. For instance, low pH that occurs during infections along with fluoride ions represent harmful conditions to titanium [17-19].

Titanium corrosion and wear processes of dental implants can release ions or debris into the tissue resulting on a hypersensitivity response reported in susceptible patients [20]. The titanium oxide film over part of the surfaces reduces to a very low intensity the trans- formation of metal into ions. This oxide film passivates the surface and also strongly reduces the corrosion [21]. The passivation, however, does not mean immunity against corrosion. Indeed, several situations can increase the instability of the passive film, such as pitting, fret- ting, galvanic effects, and again the low pH [22].

Artificial saliva is a common medium used to simulate the oral environment for corrosion evaluation. The effect of pH as low as 3.0 tends to increase the roughness of pure and Ti-6Al-4V in saliva [23] predisposing to Staphylococcus aureus adhesion. In this sense, the use of adjuvant therapies that could avoid biofilm-related infections are welcome, as long as they do not interfere with the titanium oxide film stability. Hence, the search for treatment that could reduce the problems related to implant failure is desirable.

Floral therapies are recognized by the World Health Organization - WHO as an alternative treatment. Furthermore, knowing that the Brazilian experience in medicine and dentistry has shown that these therapies do not produce side effects, as well as being available at low cost to patients [24], we hypothesized that rock rose floral therapy could intervene with bacteria adhesion without jeopardizing the titanium corrosion

properties especially in low pH medium. The performed assays were intended to verify this hypothesis.

MATERIALS AND METHODS

In vitro static biofilm assays

For in vitro static biofilm assays, the overnight culture of a multivirulent methicillin resistant wild-type strain Staphylococcus aureus (USA300) were diluted 1:100 in TSB supplemented with 0.5% glucose (TSB-G). Diluted bacteria were mixed with 20% pooled human plasma and used for assessment of biofilm formation on commercially pure titanium (Ti-CP) samples that were fixed to the bottom of a 12-well polystyrene plate with Lubriseal grease (Thomas Scientific) and sterilized by ultraviolet irradiation. Multi-well plates were incu- bated at 37°C with shaking at 100 rpm for one hour and then further incubated at 37°C without shaking for 24h. The wells were washed three times with phosphate buffered saline to remove non-adherent cells. Adherent biofilms were fixed with methanol, stained with crys- tal violet and washed three times with sterile water. Biofilm biomass formed on the pure titanium samples were determined by solubiliz- ing crystal violet with 33% acetic acid as previously described elsewhere [25] and measured at 490-nm light wavelength using microtiter plate reader (Biorad). Pretreated titanium samples were immersed into 2.0 mL of rock rose floral (Helianthemum nummularium from Healing herbs® Bach Flower Essences, Ltd) for 18h before adding Staphylococcus aureus culture. All biofilm biomass experiments were performed in triplicates, and at least three separate experiments were performed with similar results.

Unpaired Student's t-test with the Tukey multiple comparison post-hoc test, was used to assess the statistical significance of between- group differences in bacterial count in vitro biofilm biomass.

Electron microscopy

Fixed titanium samples were processed according to standard methods and sputter coated with gold and analyzed using JEOL JCM- 5000 Neoscope scanning electron microscope.

Corrosion tests

The corrosion test apparatus consisted of a standardized three-electrode cell. A silver-silver chloride electrode (Ag/AgCl at 3M potas- sium chloride) was used as the reference electrode and a platinum foil used as the counter electrode. The working electrode was repre- sented by commercially pure titanium (Ti-CP) samples which were embedded in an autopolymerizing epoxy resin with 1.0 cm2 of exposed area. Prior to each measurement, the sample surface was abraded using a 600 grade emery

paper under water flow, subsequently washed with double-distilled water, degreased with ethanol and dried with warm air. The temperature of the electrochemical cell was maintained at 37.0 ± 0.2 °C using a thermostat system. A computer controlled potentiostat (Reference 600 model, Gamry Instruments) was employed to carry on the electrochemical tests.

The artificial saliva solution was used as the electrolyte, respecting the following composition: KCl 960 mg, NaCl 674 mg, MgCl2 41

mg, K2HPO4 274 mg, CaCl2 117 mg, D-sorbitol 24.0g, carboxymethyl cellulose 8.0g, completed with deionized water to a final volume of

L [26]. The pH was adjusted to 6.50 or 2.50 using sufficient lactic acid at 25oC. The electrolyte was used in the corrosion tests with or without the addition of rock rose floral (Helianthemum nummularium) at a concentration of 2.0 mL·L-1. The artificial saliva solution was used as the electrolyte, respecting the following composition: KCl 960 mg, NaCl 674 mg, MgCl2 41 mg, K2HPO4 274 mg, CaCl2 117 mg, D- sorbitol 24.0g, carboxymethyl cellulose 8.0g, completed with deionized water to a final volume of 1.0 L [26]. The pH was adjusted to 6.50 or 2.50 using sufficient lactic acid at 25oC. The electrolyte was used in the corrosion tests with or without the addition of rock rose floral (Helianthemum nummularium) at a concentration of 2.0 mL·L-1.

The electrochemical corrosion tests on the titanium samples consisted of 1) the open circuit potential measurements during 86,400s, one measurement every 60s 2) the electrochemical impedance spectroscopy (EIS) measurements performed at the corrosion potential of 8 mV sine wave perturbation in a frequency range from 20 kHz to 3 mHz with 10 points per frequency decade and 3) the potentiadynamic polarization with an applied potential scan rate of 0.30 mV·s-1. Initial potential started 0.25 V below the corrosion potential and the final potential was 2.0 V vs. Ag/AgCl reference. All measurements were repeated at least three times for each condition to obtain representa- tive results.

Statistical analysis

The presented statistical analysis consists of a factor analysis to verify if the pH and/or the presence of the floral influences the fol- lowing corrosion parameters: corrosion potential (Ecorr), corrosion current density (Jcorr), passivation current (Jpass) and polarization resistance (Rp). The analysis consists of an ANOVA 2 using two factors (pH and the presence of rock rose floral), with two levels each. The two levels for each factor were:

- Hydrogenionic potential: pH of 2.50 and 6.50;
- · Rock rose floral: with and without floral.

For ANOVA 2 factor analysis, the following model describes each observation:

$$y_{ijk}=\mu+\tau_i+\beta_j+(\tau\beta)_{ij}+\epsilon_{ijk}$$

where μ is the medium global effect, τ_i is the i-th effect of the factor A and β_i is the j-th effect of the factor B, the $(\tau\beta)_i$ is the ij-th effect of interaction of the factors A and B. ϵ_i ijk is a random error centered at zero.

The ANOVA 2 analysis verifies whether the factors: pH and floral presence or the interaction among them are significant for a given sta- tistical level. The significance evaluation can be based in a P-value obtained from F statistics, where a higher P-value than a chosen factor means that the given variable is significant. In this work, this factor was arbitrarily chosen as 0.05.

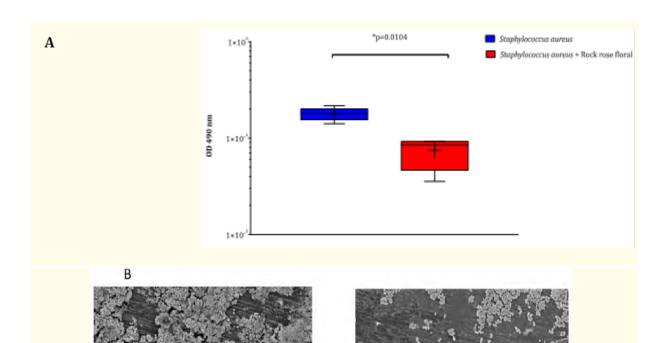
Results

In this paper, we essentially performed two types of tests, both important regarding factors in the onset of peri-implantitis. One test is the assessment of Staphylococcus aureus biofilm formation over pure titanium disks and the other is the electrochemical evaluation of titanium in artificial saliva with and without floral remedy.

Titanium surface treated with rock rose floral do not form Staphylococcus aureus biofilm

The in vitro biofilm formed on the titanium surface treated with rock rose floral had only 20% of the biofilm biomass regularly formed by the USA300 strain on pure titanium surfaces, indicating that the floral remedy interfered with the bacteria attachment, as shown in figure 1A.

Scanning electron microscopic observation of the titanium surface revealed the structure of the biofilm established by USA300 strain composed of bacterial microcolonies within a matrix. From biomass assay with floral treated titanium, visual evaluation of representative biofilm images appeared with a total biofilm volume significantly lower, looser and thinner on the surface. Taken together, these results strongly indicate that the rock rose floral remedy severely attenuated Staphylococcus aureus attachment on pure titanium surface. The surface attachment reduction is clearly noted in figure 1B.



Staphylococcus aureus

Staphylococcus aureus + Rock rose floral

Figure 1: In vitro biofilm assays for Staphylococcus aureus (USA300) on pure titanium surface. (A) Biomass quantification of biofilm formed on pure titanium. Pure titanium samples were affixed to bottom of microtiter plate, and biofilm allowed developing in TSB-G with 20% pooled human plasma. For A, representative images of biofilms after staining with crystal violet are shown at the bottom of x-axis, and biofilm mass was dissolved in acetic acid and quantified at optical density at 490 nm wavelength. P values were determined by unpaired Student's t test, with the Tukey multiple comparison post-hoc test. Staphylococcus aureus + Rock rose floral *, P = 0.0104 vs. Staphylococcus aureus. SEM images (B) of 24h biofilm on pure titanium samples and on floral treated titanium samples.

Table Analyzed	Transform of USA300 versus Rock rose on titanium
Column B	Staphylococcus aureus + Rock rose floral
vs.	vs.
Column A	Staphylococcus aureus (USA300)
Unpaired t test	
P value	0.0001
P value summary	***
Significantly different (P < 0.05)?	Yes
One- or two-tailed P value?	Two-tailed
t, df	t=5.7 df=11
How big is the difference?	
Mean ± SEM of column A	-0.7544 ± 0.02145, n = 9
Mean ± SEM of column B	-1.156 ± 0.09905, n = 4
Difference between means	-0.4012 ± 0.07037
95% confidence interval	-0.556 to -0.2463
R squared (eta squared)	0.7471
F test to compare variances	
F, DFn, Dfd	9.48, 3, 8
P value	0.0104
P value summary	*
Significantly different (P < 0.05)?	Yes

Supplementary data from figure 1A

Rock rose floral confers corrosion resistance to pure titanium

Figure 2 shows the representative results of the open potential versus time. As a general tendency, the potential increased as soon as the specimens were immersed in the artificial saliva solutions and then stabilized after 24h exposure in all cases. Higher open potential is a good indicator of a corrosion resistant response on the surface for a given medium. The steady-state value represents the corrosion potential.

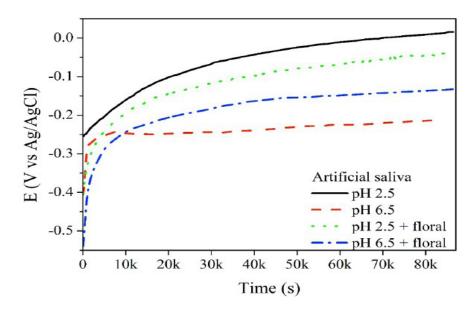


Figure 2: Evolution of open potential during 24h for the Ti-CP in the artificial saliva at different pH and in the presence and in the absence of the rock rose floral.

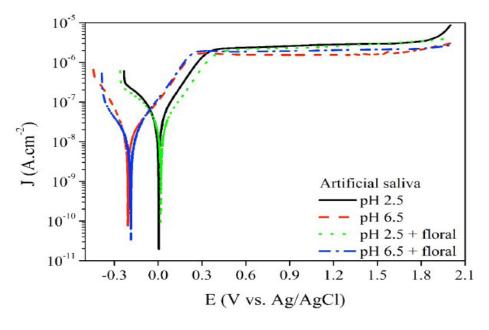


Figure 3: Potentiodynamic polarization curves obtained for Ti-CP in artificial saliva at 37°C, in two pH in the presence and in the absence of the rock rose floral.

Figure 3 presents the potentiodynamic polarization curves of Ti-CP in artificial saliva at different pH in the presence and in the absence of floral at 37°C.

The corrosion potential (Ecorr) and the corrosion current density (jcorr) obtained

by fitting the Tafel plots and passivation current (jpass) are shown in table 1.

Artificial saliva	рН	E _{corr} (V <i>vs.</i> Ag/ AgCl)	J _{corr} (μΑ·- cm ⁻²)	J _{pass} (μΑ·- cm ⁻²)
without floral	6.50	-0.21 ± 0.02	0.026 ± 0.005	2.38 ± 0.48
	2.50	0.02 ± 0.03	0.180 ± 0.011	2.43 ± 0.34
with floral	6.50	-0.12 ± 0.02	0.016 ± 0.004	1.97 ± 0.07
	2.50	-0.02 ± 0.02	0.042 ± 0.008	2.48 ± 0.29

Table 1: Corrosion parameters of Ti-CP in the artificial saliva.

Corrosion parameters of Ti-CP in the artificial saliva at 37°C in two pH and in the presence and in the absence of rock rose floral. Results are presented as mean ± standard deviation.

The Jcorr increase in the acidified artificial saliva was reported in the literature [27,28], the obtained results were therefore expected. A statistical analysis with ANOVA 2 (P < 0.05) demonstrated that the rock rose floral presence improves corrosion resistance of Ti-CP in artificial saliva. The effect is accentuated in the acidified pH (Figure 4), which is an attempt to mimic the oral infection effect [29].

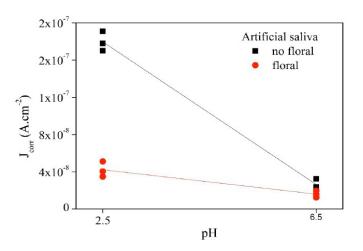


Figure 4: Effect of pH and rock rose floral on corrosion current density.

The reduction of pH increases the corrosion current density most likely because of the instability of the passive film. However, it is an important effect that the floral acts as a corrosion inhibitor at low pH. The corrosion is reduced to approximately a quarter of the artificial saliva without floral. Some interaction also can be observed at pH and rock rose floral because the lines are concurrent. In the normal condition of saliva, i.e. pH around neutrality, the rock rose floral has practically no effect because the film is very protective. Nonetheless, in low pH the rock rose floral, such as in the case of infection, the floral presents a positive response in regards to the corrosion of Ti-CP. The passivation current density does not show significant variations under different test conditions.

The EIS spectra in the Nyquist plot obtained at the corrosion potential for the different pH with and without the rock rose floral are presented in figure 5. The smaller

diameter of the semicircle observed with the artificial saliva at pH 2.50 was expected due to the aggres- siveness of the electrolyte, as was the larger diameter for the artificial saliva at pH 6.50.

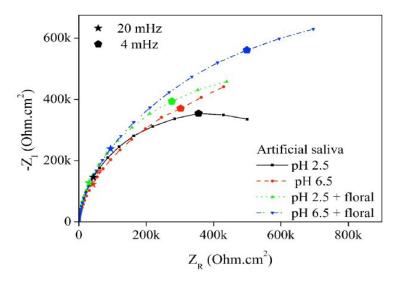


Figure 5: Nyquist plot for Ti-CP in the artificial saliva at 37°C in different pH and in the presence and absence of the rock rose floral.

An equivalent circuit model (Figure 6), which can be used to model passive layers [30], was applied in adjusting the experimental data. The model Rs represents the ohmic resistance of the solution and Rp stands for the polarization resistance whose value is a measurement of electron transfer across the passive surface. Although the accurate relationship between Rp and the corrosion intensity is complex in passive systems, an increase of Rp values to more corrosion resistant material is observed.

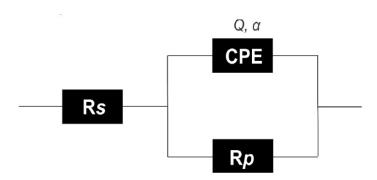
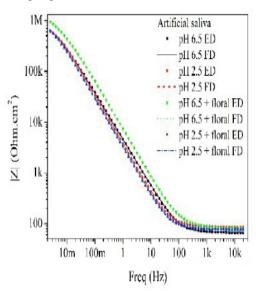


Figure 6: Equivalent circuit employed to fit the EIS data.

For passive alloys, the phase presents a large frequency span with high angle. To model this behavior, a simple combination of resis- tance and ideal capacitance is not adequate. To fit this type of EIS diagram, a Constant Phase Element (CPE) is ordinarily used to model the electrochemical impedance systems. This CPE impedance is defined as $Z_CPE=1/[(Q(iw))]^{\alpha}$, with $-1 \le \alpha \le 1$. The constant iis the complex number (i^2=-1), and w is the angular frequency. The parameters α and Q are associated with time constant distribution of electrochemical processes. The constant phase element is introduced in the circuit instead of a pure double layer capacitor to improve the fitting

accuracy by



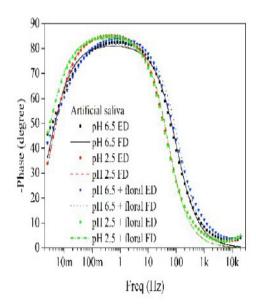


Figure 7: EIS spectra (bode representation) for Ti-CP in artificial saliva at 37°C - experimental data (ED) and model fitted data (FD).

the incorporation of surface heterogeneity to the model [31,32]. The α value is associated with the non-uniform distribution of current and potential related to surface defects. The fitted results are depicted in the curves of figure 7 as well as in the parameters of table 2.

	рН	CPE		R _p (MOhm⊷ cm ²)
		Q (μMho⋅cm- -2⋅s ^{α-1})		cm ²)
without floral	6.50	32.4 ± 1.2	0.906 ± 0.008	2.07 ± 0.57
	2.50	43.9 ± 2.3	0.936 ± 0.029	0.89 ± 0.16
with floral	6.50	45.0 ± 5.7	0.936 ± 0.004	2.87 ± 0.39
	2.50	44.6 ± 1.4	0.952 ± 0.010	1.34 ± 0.35

Table 2: Electrochemical parameters from EIS plots for Ti-CP in the artificial saliva Electrochemical parameters obtained from EIS plots for Ti-CP in the artificial saliva at 37°C in dif- ferent pH and without or with rock rose floral. Results are presented as mean ± standard deviation).

DISCUSSION

Peri-implantitis, as osteomyelitis and others orthopedic implant infections, are considered a Staphylococcus spp. biofilm-associated infection. Although the complex mechanism required of the bacteria to form a functional biofilm is still under investigation, it is well known that the process is derived from the initial adhesion between bacteria and host tissue or even a biomaterial surface. Due to the capacity of Staphylococcus aureus to efficiently attach onto biomaterial surfaces, it can be detected on dental implant surfaces within an hour following surgical insertion [33].

In the present study, we observed that USA300, a community-associated

methicillin-resistant Staphylococcus aureus (CA-MRSA), formed a strong biofilm on pure titanium disks pre-coated with human plasma and that this biofilm formation was inhibited when rock rose floral remedy was added to the culture medium. Regarding Staphylococcus aureus, the adhesion step is an active process mediated by the microbial surface components recognizing adhesive matrix molecules (MSCRAMMs). Examples include the clumping factor A and B (clfA, clfB), fibronectin binding protein A and B and serine-aspartate repeat protein-encoding C, D and E (sdrCDE) proteins which are covalently catalyzed anchoring to the cell wall by a sortase (A) enzyme [25,34].

The mechanism by which rock rose floral remedy reduced USA300 biofilm formation on titanium could be either related to inhibition of sortase A proteinaceous biofilm or just because of its antibacterial effect. To this end, our preliminary results have shown no differences between the growing curve of USA300 in presence or in absence of rock rose floral remedy (data not shown).

Titanium-based implants are widely used in modern clinical practice but their "optimal" properties in terms of porosity and topology as well as their roughness and hydrophilic parameters, are a subject of intense debate. Recent in vitro results have shown a possibility to optimize the surface of an implant with maximal repelling of bacteria (Staphylococcus aureus, Staphylococcus epidermidis) and improve- ment in human osteogenic and endothelial cell adhesion, proliferation and differentiation [35-37].

Healthy peri-implant tissue plays an important role as a biological barrier to the agents that cause peri-implant disease [38]. Low pH produced by inflammation response and the bacteria biofilm formation expose the titanium to corrosion-avoiding osteointegration. We confirmed that the acid pH reduces the Rp value, indicating that in these conditions the corrosion is more intense. The presence of the rock rose floral remedy enhances this parameter showing that the corrosion resistance of the pure titanium increased in this medium. The ANOVA 2 shows that the two-factor analysis presents a synergic effect on corrosion current density, passivation current density and polarization resistance (Table 3).

P-values	J _{corr}	J _{pass}	Rp
рН	+++	-	++
Floral	+++	-	+++
Interaction	+++	-	-

Table 3: Statistical analysis results for Jcorr, Jpass and Rp.

+++ strong (P-value < 0.01); ++ medium (P-value < 0.05); - weak (P-value > 0.1).

These facts reinforce the hypothesis that the floral act strongly on corrosion current density and polarization resistance. Additionally, the pH and the floral exhibit

interaction. This interaction can be understood as a synergy, in the sense that the increase of pH, from 2.50 to 6.50, and adding the floral, reduces the corrosion current density in artificial saliva. In other words, under physiological conditions, the corrosion intensity of pure titanium is inferior than under pathogenic status. The passivation current density, on the other hand, does not change regardless the pH and floral.

CONCLUSION

Within the limitations of the present study, it can be shown that rock rose remedy prevented bacteria adhesion over the pure titanium. Moreover, in artificial saliva similar to a healthy oral environment (pH 6.50), it did not seem to interfere with the titanium corrosion re- sponse. The electrochemical parameters related to corrosion behavior worsen at pH 2.50 in comparison to pH 6.50, but interestingly the presence of rock floral (Helianthemum nummularium) reduces the loss of corrosion resistance, acting as a natural corrosion inhibitor in low pH. In summary, rock rose floral reduces the bacterial attachment in a normal saliva environment and increases the corrosion resistance of commercially pure titanium in acidified buccal environments.

BIBLIOGRAPHY

Diep B., et al. "IVIG-mediated protection against necrotizing pneumonia caused by MRSA". Science Translation Medicine 8.357 (2016): 124.

Chan L., *et al.* "Comparative efficacies of tedizolid phosphate, vancomycin, and daptomycin in a rabbit model of methicillin-resistant Staphylococcus aureus endocarditis". *Antimicrobial Agents and Chemotherapy* 59.6 (2015): 3252-3256.

Le V., *et al.* "Critical Role of Alpha-Toxin and Protective Effe cts of Its Neutralization by a Human Antibody in Acute Bacterial Skin and Skin Structure Infections". *Antimicrobial Agents Chemotherapy* 60.10 (2016): 5640-5648.

Thurnheer T and Belibasakis G. "Integration of non-oral bacteria into in vitro oral biofilms". *Virulence* 6.3 (2015): 258-264.

Mombelli A and Décaillet F. "The characteristics of biofilms in peri-implant disease". *Journal of Clinical Periodontology* 38.11 (2011): 203-213.

Belibasakis G., *et al.* "Peri-implant infections of oral biofilm etiology". *Advances in Experimental Medicine and Biology* 830 (2015):69-84.

Heitz-Mayfield L and Lang N. "Comparative biology of chronic and aggressive periodontitis vs perimplantitis". *Periodontology 2000* 53 (2010): 167-181.

Prathapachandran J and Suresh N. "Management of peri-implantitis". *Dental Research Journal* 9.5 (2012): 516-521.

Schwarz F., *et al.* "Efficacy of alternative or adjunctive measures to conventional treatment of perimplant mucositis and peri-implantitis: a systematic review and meta-analysis". *International Journal of Implant Dentistry* 1.1 (2015): 22.

Berglundh T., *et al.* "A systematic review of the incidence of biological and technical complications in implant dentistry reported in prospective longitudinal studies of at least 5 years". *Journal of Clinical Periodontology* 29.3 (2002): 197-212.

Lee C., *et al.* "Prevalences of peri-implantitis and peri-implant mucositis: systematic review and meta-analysis". *Journal of Dentistry* 62 (2017): 1-12.

Safioti L., et al. "Increased Levels of Dissolved Titanium Are Associated With Peri-Implantitis - A Cross-Sectional Study". *Journal of Periodontology* 88.5 (2017): 436-442.

Pozhitkov A., *et al.* "Interruption of Electrical Conductivity of Titanium Dental Implants Suggests a Path Towards Elimination of Corrosion". *PLoS One* 10.10 (2015): e0140393.

Yetim T. "An investigation of the corrosion properties of Ag-doped TiO2-coated commercially pure titanium in different biological environments". *Surface and Coating Technology* 309 (2017): 790-794.

Qarni M., *et al.* "Effect of incremental equal channel angular pressing (I-ECAP) on the microstructural characteristics and mechanical behaviour of commercially pure titanium". *Materials and Design* 122 (2017): 385-402.

Danieli C., *et al.* "Titanium Corrosion Mechanisms in the Oral Environment: A Retrieval Study". *Materials* 6.11 (2013): 5258-5274.

Alves A., *et al.* "Corrosion mechanisms in titanium oxide-based films produced by anodic treatment". *Electrochimica Acta* 234 (2017):16-27.

Li Y and Xu J. "Is niobium more corrosion-resistant than commercially pure titanium in fluoride-containing artificial saliva?" *Electrochimica Acta* 233 (2017): 151-166.

Wang Z., *et al.* "Comparison of the corrosion behavior of pure titanium and its alloys in fluoride-containing sulfuric acid". *Corrosion Science* 103 (2016): 50-65.

Siddiqi A., *et al.* "Titanium allergy: could it affect dental implant integration?" *Clinical Oral Implants and Research* 22.7 (2011): 673-680.

Shah R., et al. "Titanium corrosion: implications for dental implants". European Journal of Prosthodontic and Restorative Dentistry 24 (2016): 171-180.

Aziz-Kerrzo M., *et al.* "Electrochemical studies on the stability and corrosion resistance of titanium-based implant materials". *Biomaterials*22.12 (2001) 1531-1539.

Barão V., *et al.* "Stability of cp-Ti and Ti-6Al-4V alloy for dental implants as a function of saliva pH - an electrochemical study". *Clinical Oral Implants and Research* 23.9 (2012): 1055-1062.

Guaita M and Högl B. "Current treatments of bruxism". *Current Treatment Options in Neurology* 18.2 (2016): 10.

Foster T. "The remarkably multifunctional fibronectin binding proteins of Staphylococcus aureus". *European Journal of Clinical Microbiology and Infections Diseases* 35.12 (2016): 1923-1931.

Porto I., *et al.* "A comparative effect of mouthwashes with different alcohol concentrations on surface hardness, sorption and solubility of composite resins". *Oral Health Dental Management* 13.2 (2014): 502-506.

Abey S., *et al.* "Electrochemical behavior of titanium in artificial saliva: Influence of pH". *Journal of Oral Implantology* 40.1 (2014): 3-10.

Vieira A., *et al.* "Influence of pH and corrosion inhibitors on the tribocorrosion of titanium in artificial saliva". *Wear* 261.9 (2006): 994-1001.

Matos I., et al. "Corrosion in artificial saliva of a Ni-Cr-based dental alloy joined by TIG welding and conventional brazing". *Journal of Prosthetic Dentistry* 114.2 (2015): 278-285.

Qian C., *et al.* "Electrochemical impedance investigation of Ni-free Co-Cr-Mo and Co-Cr-Mo-Ni dental casting alloy for partial removable dental prosthesis frameworks". *Journal of Prosthetic Dentistry* 116.1 (2016): 112-118.

Córdoba-Torres P. "Relationship between constant-phase element (CPE) parameters and physical properties of films with a distributed resistivity". *Electrochimica Acta* 225 (2017): 592-604.

Orazem M and Tribollet B. "Electrochemical Impedance Spectroscopy. 2nd edition". New Jersey: John Wiley and Sons (2008).

Salvi G., *et al.* "One-year bacterial colonization patterns of Staphylococcus aureus and other bacteria at implants and adjacent teeth". *Clinical Oral Implants and Research* 19.3 (2008): 242-248.

Moormeier D and Bayles K. "Staphylococcus aureus biofilm: a complex developmental organism". *Molecular Microbiology* 104.3 (2017): 365-376.

Gasik M., *et al.* "Titanium implants with modified surfaces: meta-analysis of in vivo osteointegration". *Material Science and Engineering* 49 (2015): 152-158.

Wang Q., et al. "Microstructure and corrosion resistance of pure titanium surface modified by double-glow plasma surface alloying". *Material Design* 49 (2013): 1042-1047.

Liu Y., *et al.* "Combinatorial development of antibacterial Zr-Cu-Al-Ag thin film metallic glasses". *Science Report* 6 (2016): 26950.

Ramos U., *et al.* "Comparison between two antimicrobial protocols with or without guided bone regeneration in the treatment of periimplantitis. A histomorphometric study in dogs". *Clinical Oral Implants and Research* 28.11 (2017): 1388-1395.

Agência Brasileira do ISBN ISBN 978-85-7247-229-6

9 788572 472296