

<b>Tooth Decay:</b>  Active process of tooth damage resulting from interactions between bacteria, teeth and food	<b>Host Factors (Part 2): (cont)</b>  > Inhibits tooth demineralization > Enhances remineralization <b>Genetics</b>  <b>Age:</b> - 60-90% of school going children - 100% of adults (65-75years) have missing teeth - As people age, caries rates and cavity severity increases <b>Carbohydrate (CHO) level:</b> -Type of CHO -Amount of CHO -Frequency of CHO -Local effect of CHO -Consistency and refinement of CHO	<b>Salivary Flow:</b>  Salivary glycoproteins Washing effect of saliva Buffering effect SIga Antibacterial non-immunological enzymes CHO accumulate in poorly rinsed area	<b>Bacterial Role in Caries (cont)</b>  Enamel invasion demonstrates microscopically
<b>Primary Factors for Caries to Occur:</b> >Host >Time >Substrate >Micro-organisms			<b>Characteristics of Non-Cario-genic Biofilm:</b>  Lower levels of <i>S.mutans</i> and lactobacilli  Higher levels of <i>Actionmyces</i> , <i>S.sanguinis</i> , <i>Veillonella</i>  Lower concentrations of lactic acid and higher concentrations of acetic and propionic acids
<b>Host Factors:</b>  -Tooth -Age  -Fluoride -Morph-ology  -Carbohydrate -Nutrition leve		<b>Caries Factors</b>  <b>Protective Factors:</b> -Saliva -Antimicr-obials -Fluoride -Effective diet  <b>Pathological Factors:</b> -Bacterias -Absence of saliva -Dietary habits	<b>Characteristics of Cariogenic Bacteria:</b>  Rate of sucrose consumption is higher  Rate of lactic acid formation  Synthesis more intercellular glycogentype -type polysacch-arides  Intra- and extracellular -polys-accharides enhance lactic acid production and colonisation
<b>Position of tooth:</b> - Upper>Lower, due to salivary action - Post>Anterior, due to pits and fissures <b>Morphology:</b> - Teeth with stagnation area (ie. Malposed teeth, Crowded teeth) <b>Smooth Surfaces:</b> - Interproximal area at contact - Buccal at cervical third - Lingual at cervical half	<b>Host Factors (Part 2):</b>  <b>Structure of Tooth:</b> > Pits and fissures increase propensity for caries formation > So does depth features <b>Fluoride:</b> >Acts by reducing enamel solubility > Inhibits tooth demineralization > Enhances remineralization <b>Genetics</b>  <b>Age:</b> - 60-90% of school going children - 100% of adults (65-75years) have missing teeth - As people age, caries rates and cavity severity increases <b>Carbohydrate (CHO) level:</b> -Type of CHO -Amount of CHO -Frequency of CHO -Local effect of CHO -Consistency and refinement of CHO	<b>Bacterial Role in Caries</b>  Germ free animals do not develop caries  Antibiotics fed to animals are effective in reducing incidence and severity of caries  Unerrupted teeth do not develop caries  Oral bacteria can demineralise enamel and dentin in vitro and produce caries-like lesions  Bacteria can be isolated from carious lesions	<b>Aetiology of Caries</b>  <i>Streptococcus mutans</i> : primary agent  <i>S.sobrinus</i>  <b>Secondary Invaders:</b> After initial weakening of enamel >Lactobacilli > <i>Actinomyces</i>



### Streptococcus mutans:

Facultative anaerobes

Gram positive

Does not colonize teeth uniformly

Weak ability to absorb to teeth

Low salivary concentrations available for attachment

Antagonises growth of *S.sanguinis*:

- Acid production
- bacteriocins

### Secondary Invaders:

Divided into 2 main groups:

1. **Homofe** Fermentation of glucose produces lactic acid (eg. *L.casei*, *L.acidophilus*)
2. **Heterofermen-** Fermentation produces lactic acids plus acetate, ethanol, carbon dioxide (eg *L.fermentum*)

Rarely isolated in initial caries but predominate in deep cavities

### Actinomyces:

Gram positive non-sporing bacillus

Microaerophilic

Normal microflora of the oral cavity

Acidogenic

Several species implicated but mostly: *A.naeslundii*, *A viscosus*

### Insoluble Glucans

Gram positive Cocci	Gram negative Cocci**
<i>S. mutans</i>	<i>A. viscosus</i>
<i>S.sanguinis</i>	<i>A.naeslundii</i>

>**Caries free adults:**

- Streptococcus sanguinis* predominates over *Strep.mutans*

>**High Caries adults:**

- Strep.mutans* prevail over *Strep.sanguinis*

>*Strep.sanguinis* from caries free individuals showed higher H2O2 production than high caries adults

### Role of Strep.mutans:

Several different species:

- \**S.mutans*, *S.sobrinus*, *S. species*:

*S.mutan* serotypes c,e,f and *S.sobrinus* serotypes d and g are species most commonly found in humans.

>Serotype c most prevalent followed by d and e

### Role of Strep.mutans in Caries:

Cariogenic and initiate caries on smooth tooth surfaces

### Characteristics of *S.mutans*:

- > Potent acidogenic
- >Highly aciduric
- >Synthesize extracellular polysaccharides: Glucan and Levan
- > Synthesize and store intercellular glycogen-like polysaccharides known as amylopectins

### Glucan vs. Levan

Glucan:	Levan:
Extracellular polysaccharide	Extracellular polysaccharide
Glucose polymer	Fructose Polymer
Water insoluble	Water soluble
Adhesive	Less adhesive

### Glucan Binding Protein:

- >*S.mutans* secretes 3 distinct proteins w/glucan binding activity (GBP-A,GBP-B and GBP-C)
- >Helps in binding of glucan to *S.mutans*

### Dextranases:

- >important constituent of dental plaque
- >enzyme produced by *strp.m*-mutans
- >destroy and thus bacteria can invade dextran-rich early plaque
- >when used as an antigen,can prevent colonization of organism in early dental plaque

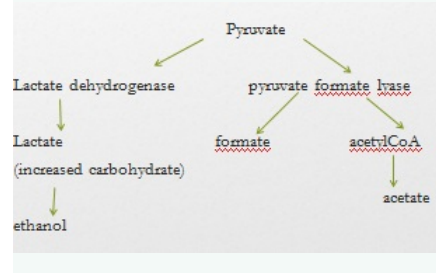
### Molecular Pathogenesis:

**S.mutans**

Mutans streptococci participate in the formation of biofilms on tooth surfaces. These biofilms are known as dental plaque(s). Sucrose is required for the accumulation of mutans streptococci. Also required for this accumulation are the enzymes glucosyltransferases (GTFs), which are constitutively synthesized by all mutans streptococci.

a | Initial attachment of mutans streptococci to tooth surfaces. This attachment is thought to be the first event in the formation of dental plaque. The mutans streptococcal adhesin (known as antigen I/II) interacts with  $\alpha$ -galactosides in the saliva-derived glycoprotein constituents of the tooth pellicle. Other moieties at the surface of mutans streptococci include glucan-binding protein (GBP), serotype carbohydrate and GTFs.

### Glucose Degraded by Bacteria:



### Embden-Meyerhof Pathway

### Molecular Pathogenesis:

#### S.mutans

b | Accumulation of mutans streptococci on tooth surfaces in the presence of sucrose. In the presence of sucrose, GTFs synthesize extracellular glucans from glucose (after the breakdown of sucrose into glucose and fructose), and this is thought to be the second event in the formation of dental plaque. The mutans streptococcal protein GBP is a receptor-like protein that is distinct from GTFs, and it specifically binds glucans. GTFs themselves also have a glucan-binding domain and can therefore also function as receptors for glucans. So, mutans streptococci bind pre-formed glucans through GBP and GTFs, and this gives rise to aggregates of mutans streptococci..

### Stages of Caries Development:

1. Enamel becomes decalcified
2. Small white spot appear
3. Discolouration becomes pronounced
4. Tooth surface softens and decay penetrates through enamel into dentine
5. Caries spreads laterally and in depth
6. Cavitation occurs

#### Smooth Surface Caries:

Rarely on buccal and lingual surfaces

Mostly on approximal tooth surfaces just below contact points

*S.mutans* found mostly on white spots

*S.sobrinus* found on caries active sites

#### Pit or Fissure Caries

Most caries prone sites: molars, premolars and lingual surface of maxillary incisors

*S.mutans*: -strongest association

*S.sobrinus* - more frequently on molars than anterior teeth

### Pit or Fissure Caries (cont)

*S.salivarius*, *S.sanguinis*, *L.acidophilus*, *L.casei*, *Actinomyces* also found

#### Recurrent Caries:

> Associated with existing restoration

>S. mutans and lactobacilli

#### Root Surface Caries:

Seen on cementum and/or dentine when the root is exposed to oral environment

Mostly middle-aged and older adults affected

Prevalent in primitive communities

Associated bacteria: Actinomyces, Rothia dentocariosa, S. mutans, lactobacilli

Deeper caries: Propionibacterium, Bifidobacteria, Eubacteria

#### Rampant Caries:

Risk Groups:

>Xerostomic patients (S. mutans, lactobacilli)

>"nursing bottle" (S. mutans, L. fermentum, L. plantarum )

#### Caries prevention:

1. Healthy Diet
2. Plaque control
3. Teeth brushing
4. Application of fluoride on tooth surfaces

### Caries prevention: (cont)

5.Applications of sealants on tooth surfaces

#### Fluoride in Saliva:

Speeds up crystal precipitation, forming a fluorapatite-like coating more resistant to caries than original tooth structure

#### Food W/ Anticariogenic Effect:

Milk	Contains lactose
Cheese	Casien Phosphatase
Fibrous Foods	Raw veg and grains
Sugar substitutes	xylitol, mannitol, sorbitol
Tea	green and black tea

#### Vitamin D

Reduces risk of cavities by producing **cathelicidin** and **defensin**.

> These proteins have antibacterial effects to fight bacteria that causes caries