



Evaluation of Cytotoxic Potential of Various Endodontic Irrigants on Earlichs Ascitic Cells: An Invitro Study

KEYWORDS

cytotoxicity, Earlichs ascitic cell, 2.5% sodium hypochlorite, 2% chlorhexidine, 2% iodine potassium iodide, physiologic saline.

Dr. Shreema S Shetty

Sr.lecturer, Dept of conservative dentistry and endodontics
A.B.Shetty institute of dental sciences, Derlakatte, Mangalore

Dr. Darshana Devadiga

Professor, Dept of conservative dentistry and endodontics
A.B.Shetty institute of dental sciences, derlakatte, mangalore

Prof(Dr). Mithra .N hegde

Senior Professor and Head
Dept of conservative dentistry and endodontics,
A.B.Shetty institute of dental sciences, derlakatte, mangalore

ABSTRACT

The aim of this study was to investigate the *in vitro* cytotoxic effects of 2.5% sodium hypochlorite, 2% chlorhexidine, 2% iodine potassium iodide and physiologic saline. Earlichs ascitic cells were used *invitro* to evaluate the cytotoxicity of the irrigating solutions. The cells were cultured in the peritoneal cavity of Swiss Weister Mice by periodical transplantation of 0.2-0.5ml of sterile suspension in 0.9% saline (containing approx. 5×10^6 cells/ml). The cells were harvested 10-11 days after transplantation. Results were evaluated calculating means and standard deviations. Data were statistically analyzed by Kruskal-Wallis test ($p < 0.005$). All the test irrigants showed variable level of cytotoxicity, with 2.5% sodium hypochlorite having the highest level of toxicity and saline having the least.

INTRODUCTION:

The goal of root canal treatment is to eliminate bacteria, bacterial products and debris from the root canal system, which is accomplished by mechanical action of endodontic instruments and with irrigants. However every root canal system has a complex anatomy with spaces such as webs, fins and anastomoses.¹ The use of irrigating solutions is essential to ensure bacterial colony minimization and elimination of necrotic tissue remnants.

Numerous endodontic irrigants are currently in use for endodontics, such as sodium hypochlorite, ethylene diamine tetra acetic acid, chlorhexidine gluconate and physiologic saline. Each irrigant has different properties, and several studies have compared their antimicrobial effect, chemical properties and biocompatibility to establish an ideal solution to be used in root canal treatment. It is highly desirable that the chemical agents selected as endodontic irrigants possess favorable properties, such as antimicrobial activity, dissolution of organic tissues and assists in root canal treatment, inducing favorable reaction of periapical tissues, reducing patient discomfort with minimal tissue toxicity and inflammatory response.^{2, 3}

A potential complication of irrigation is the forced extrusion of the irrigant and debris through the apex into the periapical area⁴ which may occur in vital and non-vital cases in matured teeth and intact apices.⁵ Tissue cytotoxicity therefore is a major concern while selecting an endodontic irrigant for therapeutic purposes.

Sodium hypochlorite has been widely recommended as an irrigating solution to aid in the chemo-mechanical debridement of the root canal system because of its dissolving action on pulp tissues and its antimicrobial properties.^{6, 7, 8, 9.}

Various studies analyzing the antimicrobial efficacy and residual activity of endodontic irrigating solutions like chlorhexidine, 2% iodine potassium iodide and physiologic saline are known.^{10, 11, 12.} However the studies on the cytotoxic potential of these irrigants are very limited. Cell cul-

ture tests for evaluating toxicity has been used as a rapid screening assay in first order *invitro* tests and for assessment of acute cytotoxic potential of the substance. Hence the present study is taken up to evaluate the cytotoxicity of routinely used irrigants on Earlichs ascitic cells.

AIM AND OBJECTIVE OF THE STUDY:

To determine and compare the cytotoxic potential of four endodontic irrigants solution such as 2.5% sodium hypochlorite, 2% chlorhexidine gluconate, 2% iodine potassium iodide, and physiologic saline on cultured Earlichs Ascitic cells.

MATERIALS AND METHODS:

2.5% sodium hypochlorite,

2% chlorhexidine gluconate,

2% iodine potassium iodide and

Physiologic saline

The study was conducted at the Central Research Lab, A.B.S.M.I.D.S, Derlakatte, Mangalore, India. The Earlichs ascitic cells were obtained from the department of applied zoology, Mangalore University. Earlichs cells were cultured in the peritoneal cavity of Swiss Weister Mice by periodical transplantation of 0.2-0.5ml of sterile suspension in 0.9% saline (containing approx. 5×10^6 cells/ml). The cells were harvested 10-11 days after transplantation, by aspiration and were sedimented by centrifugation for 15 mins at 1000 xG at room temp. Contaminating erythrocytes, if any were lysed by a brief hypotonic shock. After washing and resedimentation, the cells were resuspended in phosphate buffer solution. Cell counting was done by using a suitable aliquot of harvested and washed cells which were suspended in 0.4% trypan blue dye prepared in buffer. The suspension was then agitated gently and kept aside for five minutes. An aliquot of the sample after thorough but gentle shaking was charged into haemocytometer and these

cells were observed under microscope. The cells were then placed in a multi well plates along with the four test irrigants and placed in an incubator at 37°C. Cell viability was assessed using ELISA readings at the end of 12hrs and 24 hrs.

The samples were divided into four groups

Group 1 -test group

Physiologic saline

Group 2-test group

2.5% sodium hypochlorite

Group 3-test group

2% chlorhexidine gluconate

Group 4- test group

2% iodine potassium iodide

Data was collected at the end of 12 and 24 hrs and subjected to statistical analysis with **Kruskal –**

Wallis test

Results:

Table I

TEST IRRIGANTS	Mean at 12 hrs	Mean at 24 hrs
2.5%NaOCl	0.132000	0.114667
2%CHX	0.429000	0.750333
2% IKI	0.541000	0.810667
saline	1.021000	1.553000
P value	0.043	0.024
<0.005-significant		

ELISA Readings of cell viability at the end of 12 and 24 hrs. Statistical analysis using Kruskal-Wallis test.

Table 1 shows the mean values of the test irrigants at the end of 12 hrs with p value-0.043 hence significant difference among the irrigants. The mean values of the test irrigants at the end of 24 hrs with significant p value of 0.024.

Physiologic saline showed the least cytotoxicity followed by 2% IKI, 2% CHX, and the most toxic being the 2.5% NaOCl at the time periods.

DISCUSSION:

The debridement of a root canal system with the use of mechanical instruments and irrigants reduces the number of microorganisms, giving a favorable outcome in root canal therapy. The use of cytotoxic irrigants can cause either complications during the course of root canal treatment or may interfere with the repair process. Irrigating solutions should not only be assessed for antibacterial properties but the biological repercussion of their accidental extrusion on host tissue should also be considered. Thus, an ideal irrigant would be one that combines maximum antibacterial activity, and solvent effect on organic and inorganic tissues, with minimal cytotoxic effect on periapical tissue.¹³

In the present study we have used Earlich's ascitic cell line as these are easily procured and showed results. The number of viable cells inversely represents the level of cytotoxicity of the test materials.

The present investigation was aimed at determining comparative cytotoxicity of 2.5% sodium hypochlorite, 2% iodine potassium iodide, 2% chlorhexidine and physiologic saline on Earlich's ascitic cells under in-vitro conditions. The irrigants that were tested showed variable levels of cytotoxicity and was statistically very significant at both 12 hrs and 24 hrs time intervals respectively. 2.5% sodium hypochlorite was most toxic followed by 2% chlorhexidine and 2% iodine potassium iodide, while saline was least cytotoxic. These results are in accordance to a study which measured the cytotoxicity of several endodontic irrigants on cultured gingival cells and found that 2% IKI was significantly less cytotoxic than 2.5% NaOCl.¹⁴

Sodium hypochlorite is an effective antimicrobial agent on endodontic flora having some tissue dissolving properties and is most commonly used irrigant fluid in root canal preparations. The antibacterial efficacy of the solution is due to the ability to oxidize and hydrolyze cell proteins and osmotically draws fluid out of cells due to its hypertonicity. The pH of Sodium hypochlorite is between 11-13 and when the hypochlorite comes in contact with tissue proteins nitrogen, formaldehyde and acetaldehyde are released breaking the peptide links with dissolution of the protein, releasing hydrogen from the amino group which gets replaced by chlorine forming chloramines, which has antimicrobial action. As a consequence to these properties, NaOCl is highly toxic at high concentrations and tends to induce tissue irritation on contact.¹⁵ To identify the safest concentration of sodium hypochlorite that is both nontoxic and endodontically effective, several concentrations ranging from 0.25% to 5.25% have been tested and reported in literature¹⁶. 2.5% NaOCl used in this study is the optimum concentration recommended in endodontics.¹⁷

In the present study 2% CHX showed lower cytotoxic potential on Earlich's ascitic cells compared to 2.5% sodium hypochlorite but higher than 2% IKI, these results are in agreement with Gomes-Filho et al.¹⁸ Cytotoxicity of chlorhexidine could be attributed to the inhibition of mitochondrial activity and protein synthesis.¹⁹

This study suggests that irrigating fluids may cause detrimental effects on vital tissues, however the clinician should use appropriate irrigant depending on the clinical situation. Sodium hypochlorite showed highest toxicity, however its efficiency as one of the ideal root canal irrigant due to excellent antimicrobial efficacy, good tissue dissolving property and lubricant action during instrumentation cannot be provided by any other irrigant at present. 2% iodine potassium iodide and physiologic saline though showed lower levels of cytotoxicity, its other properties such as antimicrobial effect and tissue dissolving property is weak compared to 2.5% sodium hypochlorite. 2% chlorhexidine has lower level of cytotoxicity and also has good antibacterial properties, thus can be used in most of the cases including cases with open apex.

Conclusion

The present study was an assessment and understanding of a cellular event and within limitations of this study, following conclusions were drawn.

2.5% sodium hypochlorite had the most cytotoxic activ-

ity and saline showed the least cytotoxic potential at the end of 12hrs and 24 hrs time period respectively. Further research will help shed light on other features such as the tissue reactions that occur when irrigants are applied in the root canal.

REFERENCE

1. Ferraz CC, Gomes BP, Zaia AA, Teixeira FB, Souza FJ Filho. In vitro assessment of the antimicrobial action and the mechanical ability of chlorhexidine gel as an endodontic irrigant. *J Endod*. 2001;27(7):452-5. | 2. Spangberg L, Engstrom B, Langeland K. Biologic effect of dental materials. Part III. Toxicity and antimicrobial effect of endodontic antiseptics in vitro. *Oral Surg Oral Med Oral Pathol*. 1973;36:856-71. | 3. Türkün M, Gökay N, Özdemir N. Comparative investigation of the toxic and necrotic tissue dissolving effects of different endodontic irrigants. *Istanbul Univ Dishekim Fak Derg*. 1998;32:87-94. | 4. INGLE: Text book of endodontics, fifth edition. | 5. Salzeber RM, Brilliant JD. An in vivo evaluation of the penetration of an irrigating solution in root canals. *J Endod* 1977;3:394-8. | 6. Hand RE, Smith ML, Harrison JW. Analysis of the effect of dilution of the necrotic tissue dissolution property of sodium hypochlorite. *J Endod* 1978;4:60-64. | 7. Rosenfeld EF, James GA, Buckner SB. Vital pulp tissue response to sodium hypochlorite. *J Endod* 1978;4:140-146. | 8. Bystrom A, Sundqvist G. Bacteriologic evaluation of the effect of 0.5 percent sodium hypochlorite in endodontic therapy. *Oral Surg Oral Med Oral Pathol* 1983;55:307-12. | 9. Yesilsey C, Whitaken E, Cleveland D, Phillips E, Trope M. Antimicrobial and toxic effects of established and potential root canal irrigants. *J Endod* 1995;21:513-515. | 10. Jeansonne MJ, White RR. A comparison of 2% chlorhexidine gluconate and 5.25% sodium hypochlorite as antimicrobial endodontic irrigants. *J Endod* 1994; 20:276-8. | 11. White RR, Hay GL, Janer LR. Residual antimicrobial activity after canal irrigation with chlorhexidine. *J Endod* 1997;23:229-31. | 12. Matthias Zehnder, Dr. med. dent. Root canal irrigants. *J Endod* 2006;32:389-398 | 13. Esther Navarro-Escobar, Maria Paloma Gonzalez-Rodriguez, Carmen Maria Ferrer-Luque. Cytotoxic effects of two acid solutions and 2.5% sodium hypochlorite used in endodontic therapy. | 14. Brian D. Barnhart, DMD, Augustine Chuang, PhD, Jurandir J. Dalle Lucca, MD, PhD, Steven Roberts, DDS, Frederick Liewehr DDS, MS and Anthony P. Joyce, DDS. An in vitro evaluation of the cytotoxicity of various endodontic irrigants on human gingival fibroblasts. *J Endod*. August 2005;31(8):613-615. | 15. Hauman CHJ, Love RM. Biocompatibility of dental materials used in contemporary endodontic therapy: A review. Part 1. Intracanal dugd and substances. *Int Endod J* 2003;36:75-85. | 16. Helling J, Chandler NP. Antimicrobial effect of irrigant combinations within dentinal tubules. *Int Endod J* 1998;31:18-14. | 17. Gomes BPPA, Ferraz CCR, Vianna ME, Berber VB, Rexeira FB Souza-Filho FJ. In vitro antimicrobial activity of several concentrations of sodium hypochlorite and chlorhexidine gluconate in the elimination of *Enterococcus faecalis*. *Int Endod J* 2001;34:424-438. | 18. Filho JEG, Aurelio KG, Costa MMT, Bernabe PFE. Comparison of the biocompatibility of different root canal irrigants. *J Appl Oral Sci*. 2008;16(2):137-44. | 19. Yu-Chao Chang, Fu-Mei Huang, Kuo-Weitai, and Ming-Yung Chou. The effect of sodium hypochlorite and chlorhexidine on cultured human periodontal ligament cells. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2001;92:446-50. |