

# MICROBIOLOGICAL VERIFICATION FOR THE USE OF THERMOPLASTICS IN PROSTHETIC TREATMENT OF DENTITION ISSUES IN CHILDREN

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## **INTRODUCTION**

The available scientific literature holds it that dentofacial anomalies and deformations in child population are the top-rated maxillofacial issues observed currently [10]. The data reported regarding the dentition defects prevalence vary a lot ranging from 5.45% to 49.69%, depending on the area. Early extraction of temporary and permanent teeth (most often due to complicated decay) is an important etiological factor behind the development of dentition deformations [1, 4]. Clinical manifestations of early tooth loss feature diversity and depend on the location, the history, the accompanying occlusion pathology, the child's age, etc. [3]. Early tooth loss leads not only to disorders, both morphological and functional, which manifest themselves through a change in the tongue position (infantile swallowing, mouth breath), developing poor habits, disturbed facial aesthetics and speech articulation [2, 7]. The most common orthopedic treatment in pediatric practice is prosthetics with removable laminar dentures. Orthopedic structures designed to compensate for dentition defects have an adverse effect on the oral cavity microbiocenosis, the mucous membrane and the periodontal tissue. A significant degree of denture colonization with bacterial and fungal agents may result in allergization, disrupted terms and the process of the patient's adjustment to the denture, as well as prosthetic stomatitis [5, 6, 8, 9]. Recently, there has been considerable interest in bacterization affecting the basis of dentures made of various materials.

## **Aim:**

to study of the spectrum, the occurrence rate and the pathogenicity features of microorganisms that are found on removable laminar dentures made of thermoplastics and acrylic plastics that are used to design prosthetics for children with prematurely lost teeth.

To complete the task set for the study, we carried out an orthopedic treatment using removable laminar dentures for 75 children (aged 5 to 15) with dentition issues. As far as the premature tooth loss etiology was concerned, the leading cause behind that was complicated tooth decay (69 children); 5 children had defects of posttraumatic origin, while another child was found to have multiple congenital edentulism. All the children had removable laminar dentures made for them — 43 patients had the dentures performed from acrylic plastics, 32 — from a thermoplastic belonging to polyamides (nylon). The dentures under study were in the respective children's continuous use for 3–5 months.

To study the contamination of the removable acrylic prostheses with microorganisms, the samples were taken from the base surface with a sterile cotton swab, area — 1 cm<sup>2</sup>. The material was delivered to the bacteriological laboratory within 1 hour. In the laboratory, the material was subjected to culture titration in sodium chloride 10<sup>-2</sup>, 10<sup>-4</sup> isotonic solution. The inoculation onto solid nutrient medium was performed from the initial and subsequent dilutions. The microorganisms cultivation was carried out under respective aerobic, anaerobic and microaerophilic conditions in a thermostat at a temperature of 37° C for 24–48 hours. To carry out a comprehensive study of aerobic and anaerobic microflora, the inoculation was done onto both Russian-made and foreign nutrient media (BBL<sup>®</sup>, US). The anaerobes type was determined on the API systems by the French company *bio Mérieux* (API 20 A); streptococci — API 20 Strept; staphylococci — API 20 Staph; *H.pylori* — API 20 Campy. The blood media Schaedler Agar and Columbia Agar were used for studying hemolytic activity, whereas egg yolk & salt agar medium — for lecithinase activity. Besides, the bacteria capacity to inactivate lysozyme, and to produce catalase, RNAase, caseinase and urease were

also identified. The experimental data were processed employing the STATISTICA (Stat Soft Russia) and BIOSTAT application software.

## RESULTS

When studying the microflora from the bases of acrylic plastics dentures, 14 microorganisms genera were detected, 3 of which showed signs of pathogenic capacity (*Staphylococcus* spp., *Bacillus* spp., *Peptostreptococcus* spp.). However, the surface of the thermoplastic dentures brought only 7 microorganisms genera ( $p < 0.01$ ) while bacteria of the *Streptococcus* spp., *Peptostreptococcus* spp., *Porphyromonas* spp., *Bifidobacterium* spp., *Veillonella* spp., *Micrococcus* spp., *Leptotrichium* spp., *Actinomyces* spp. genera were not to be detected. Besides, no pathogenic microbes were found. Apart from that, the frequency of identifying *Bacillus* spp., *Peptostreptococcus* spp., *Candida* spp. in patients using acrylic dentures was significantly higher compared to the cases using thermoplastic dentures. In quantitative terms, there were more microorganisms detected on the dentures made of acrylic plastic. Here comes the respective data: *Peptostreptococcus* spp. — 7.2 CFU/cm<sup>2</sup>; *Bifidobacterium* spp. — 6.7 CFU/cm<sup>2</sup>; *Peptococcus* spp. and *Actinomyces* spp. — 6.3 CFU/cm<sup>2</sup>; *Veillonella* spp. — 6.2 CFU/cm<sup>2</sup>; *Porphyromonas* spp. — 5.8 CFU/cm<sup>2</sup>; *Leptotrichium* spp. — 5.3 CFU/cm<sup>2</sup>; *Streptococcus* spp. — 5.2 CFU/cm<sup>2</sup>; *Micrococcus* spp. — 4.4 CFU/cm<sup>2</sup>; *Staphylococcus* spp. — 4.2 CFU/cm<sup>2</sup>. The following microorganisms were identified in quantities below 4 CFU/cm<sup>2</sup> (which is the normal value): *Lactobacillus* spp., yeast-like fungi of the *Candida* spp. genus, *Bacillus* spp., the *Enterobacteriaceae* spp. family. As for the surface of thermoplastic dentures, only 4 types of microorganisms were identified there in amounts exceeding 4 CFU/cm<sup>2</sup>, namely: *Peptostreptococcus* spp. — 6.2 CFU/cm<sup>2</sup>; *Peptococcus* spp. — 6.02 CFU/cm<sup>2</sup>; *Staphylococcus* spp. — 4.9 CFU/cm<sup>2</sup>; the *Enterobacteriaceae* spp. family — 4.2 CFU/cm<sup>2</sup>, with smaller amounts isolated for *Lactobacillus* spp. — 4.0 CFU/cm<sup>2</sup>; *Bacillus* spp. — 3.8 CFU/cm<sup>2</sup>; *Candida* spp. — 3.2 CFU/cm<sup>2</sup>. Three types of microorganisms demonstrating the signs of pathogenicity (hemolytic and lecithinase activity) were detected on dentures fabricated of acrylic plastics: *Staphylococcus* spp., *Bacillus* spp., and *Peptostreptococcus* spp.

## CONCLUSIONS

1. The microbiological study stands proof to a wide range of microorganisms colonizing the base

surface of removable laminar dentures worn by children.

2. The frequency of identifying different bacteria genera and yeast-like fungi, including those with signs of pathogenic activity, depends on the material used to manufacture the denture.
3. The surface of acrylic dentures is colonized by twice as many microorganisms genera as that of thermoplastic dentures.
4. Unlike acrylic dentures, no bacteria with signs of lecithinase and hemolytic activity were identified on the surface of nylon prostheses, which – from a microbiological standpoint – presents quite a serious reason favoring the use of thermoplastics as a structural material to manufacture removable laminar dentures for children.

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