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Research Article

**A COMPARATIVE STUDY TO KNOW THE GREY MINERAL
TRIOXIDE AGGREGATE (MTA) ANTIBACTERIAL
ACTIVITY MIXED WITH DIFFERENT SUBSTANCES**¹Dr.Fatima Arshad, ²Dr.Muhammad Zeeshan Azam, ³Dr.Abrar UI Haq¹Fatima Memorial College Of Medicine and Dentistry, ²Medical Officer RHC Qazian , Gujar Khan , Rawalpindi, ³Medical Officer DHQ Hospital , Narowal.**Article Received:** January 2019**Accepted:** February 2019**Published:** March 2019**Abstract:**

Objective: The aim of this study was to investigate the in vitro antibacterial effects of Grey MTA mixed with different substances on a mix of *S aureus*.

Study Design: A Comparative Study.

Place and Duration: In the Pathology and Dental department of Lahore Medical and Dental College for one year duration from June 2017 to June 2018.

Methods: MTA was mixed with local anesthetic, 0.2% Chlorhexidine and water. 24 hour set test materials were kept on the inoculated media surface and for 48 hours in appropriate atmospheres were incubated at 37 degrees centigrade. As a positive control, Augmentin suspension was used. Dry, sterile tin foil discs were used as a negative control.

Results: Each material antibacterial effects were evaluated by determining the diameter of the inhibition zones in millimeters. Chlorhexidine group had higher zone of inhibition significantly ($P < 0.05$).

Conclusion: In conclusion, 0.2% Chlorhexidine gluconate substitution for water increase the Grey MTA antimicrobial activity.

Key words: MTA, Grey MTA, Chlorohexidine.

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INTRODUCTION:

The addition of mineral trioxide aggregate (MTA) by Torabinejad has been developed to maintain communication between the teeth and the external surfaces. This material was tested in an in vivo and in vitro study with a number of good sealing capacity and tissue behavior reports. New cement formation on the material has been experimentally reported in perforated furcation, root end and root canal of canine teeth. Dentine bridge was observed in the case of pulp coating and pulpotomy in monkey and canine teeth. Independent studies have shown that MTA shows antimicrobial capacity⁸. Since 2002, MTA has been marketed as ProRoot MTA (Tulsa I Dentsply, Tulsa, OK). ProRoot MTA is applied as an MTA powder mixed with sterile water supplied by the manufacturer. The mixture of MTA with chlorhexidine gluconate was previously reported in a study by Stowe et al.⁹. He found that replacement of chlorhexidine gluconate in 0.12% of water increased the antimicrobial activity of ProRoot MTA in tooth color. There is no published material on the effect of chlorhexidine gluconate on gray MTA. The purpose of this is the in vitro agar diffusion study determining whether the gray MTA has antimicrobial activity and determining whether the local anesthetic is 0.2% chlorhexidine gluconate substitute used instead of sterile water will increase this antimicrobial activity.

MATERIALS AND METHODS:

This Comparative Study was held in the Pathology and Dental department of Lahore Medical and Dental College for one year duration from June 2017 to June 2018.

The investigated microorganism was *Staphylococcus aureus* (15 MRSA strain No. 85/2082) from the microbiology department. The product tested was: Mineral Trioxide Aggregate® (MTA, Dentsply, Tulsa Dental, Tulsa, OK, USA)

Antimicrobial experiments

The strains were inoculated in 5 ml of brain heart infusion (BHI) and at 37 ° C were incubated for 48

hours. Using agar diffusion test, these substances were studied. Fifteen Petri dishes were inoculated with 20 ml BHI agar with 0.1 ml assay suspensions using sterile rods brushed from the medium to obtain growth at the junction. Three groups were evaluated; Ten examples per group. In the first group, the MTA was mixed with 0.2% chlorhexidine gluconate.

In the second group, MTA was mixed with distilled water from the material itself, and in the third group, the MTA was mixed with local anesthetic (1: 100,000 epinephrine, 2% xylocain with Dentsply Pharmaceutical). The MTA was mixed with these tools according to the manufacturer's instructions, using metal sleeves with a fixed amount of material and placed on the surfaces of the plates. The Augmentin suspension was used as a positive control. A negative control was dried and a sterile tin foil disk was used. The plates were aerobically incubated at 37 ° C for 48 hours. The diameters of the microbial inhibition zones were measured by a blind external controller. All tests were performed under aseptic conditions. Data from each MTA mixture group were subjected to an analysis of the t-test to determine whether there were significant differences in the inhibition sites between MTA / CHX, MTA / local anesthetic and MTA / water experimental mixtures. ANOVA was then used to determine the significant difference between all groups and post hoc tukey test was used to determine which group had a significant inhibition site. The confidence level was determined as $p > 0.05$.

RESULTS:

Data for inhibition sites are presented in Table 1. The MTA was always inhibitory, independent of the mixture used. The mean inhibition sites were 11.1 mm for MTA / CHX, 9.4 mm for MTA / water and 9.3 mm for MTA / local anesthesia. In the vicinity of MTA / CHX mixtures, greater inhibition sites were observed in all plates that were significantly different from the other groups when compared to MTA / water and MTA / local anesthetic mixtures.

TABLE 1: INHIBITION ZONE (mm)

Sample	Chlor-hexidine	Water	Local anesthetic
1	12.5 mm	9mm	8.5 mm
2	11.5 mm	8.5 mm	9.5 mm
3	11 mm	10.5 mm	9mm
4	10 mm	10 mm	10.5 mm
5	11 mm	9.5 mm	10 mm
6	12 mm	9mm	9.5 mm
7	10.5 mm	10mm	10mm
8	11.5 mm	9mm	8 mm
9	11 mm	8.5 mm	9mm
10	10 mm	9mm	9mm
Mean	11.1 mm	9.4 mm	9.3 mm

DISCUSSION:

In this study, the microorganism was selected to represent the aerobics in the infected root canals. Endodontic infection is polymicrobial in nature and lives in a symbiotic relationship to each microbiota, and cutting a member of this environment will cause destruction of the environment. It is better to test the material against *E. faecalis* because it is the most

frequently isolated microorganism from endodontically treated cases. *C. albicans* has been shown in chronic apical periodontitis root-filled teeth, but Alnazhan et al. Fresh and dried MTA showed antifungal. Torabinejad et al. Reported that MTA had no inhibitory effect against *E. faecalis*, *S. aureus* or *F. nucleatum*.



Fig. 1. MTA/CX group

In this study, MTA, *S. aureus*; This can be explained in different ways. First, the placement of the material was different. In both studies, the test materials were placed directly on the surface of the agar before

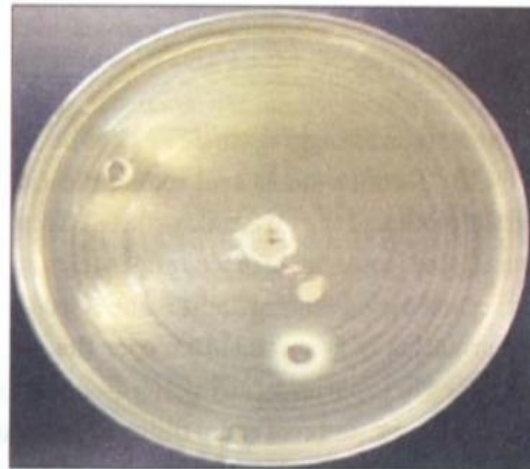


Fig. 2. MTA/LA group

incubation, but metal sleeves were used to have accurate and reproducible MTA volumes per sample. Another explanation may be the MTA's different formulation. In the previous study, "The Loma Linda

MTA used may be different from the commercial MTA which is available later, the MTA tested in this study is the third generation of the gray MTA shown above." In this study, MTA / CHX mixtures produced more inhibition sites than MTA / water and MTA / local anesthetic mixtures. Our results Stowe et al. 9 placed the cavities on the agar plates to increase the

diffusion of the material. But in a real situation, the material is only in contact with the fabric. In addition, gray MTA was used in this study. However, it can be concluded from our studies and studies that CHX in the MTA blends is the active ingredient that produces the improved antimicrobial response.

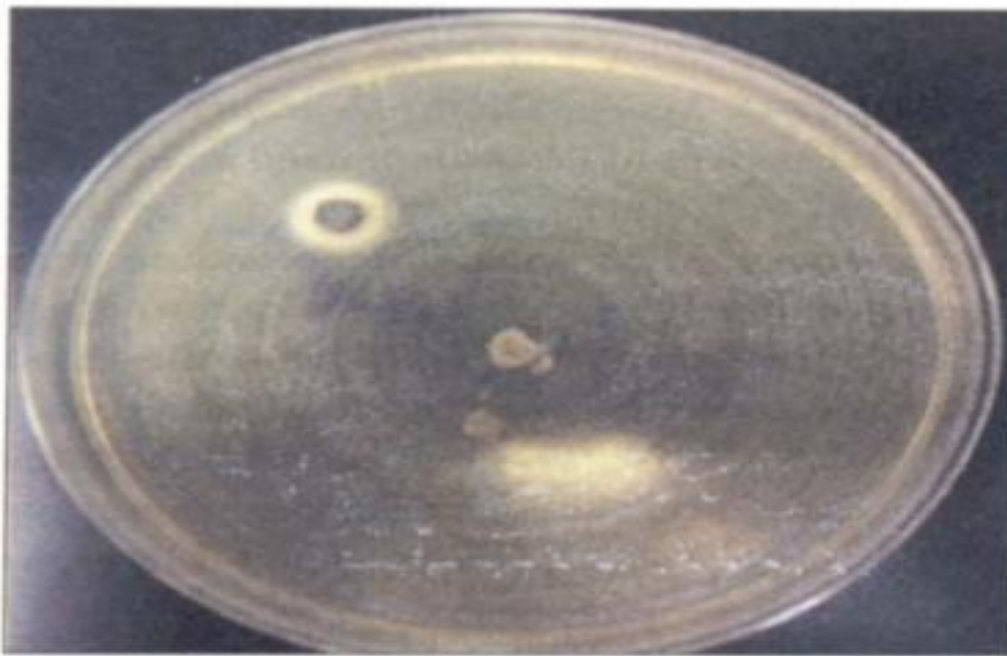


Fig. 3. MTA/water group

Changing the vehicle will produce new material, so it is necessary to examine the physical properties, chemical properties and basic analysis of this new material. Additional studies are needed to determine these properties and the effect of CHX on MTA.

CONCLUSION:

The use of 0.2% chlorhexidine gluconate with gray MTA increased the antimicrobial effect of in vitro material against *S. aureus*.

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