

Nanotechnology for Dentistry Applications

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Nanotechnology for Dentistry Applications

Edited by

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To my parents

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Preface

This collection highlights the applications of Nanotechnology for dentistry applications. There are 13 chapters contributed by the experts from different laboratories/regions. Nanotechnology applications in different fields of wide interest including dental caries and erosion and dental implants have been covered in detail. Chapters covering the nanotechnology applications for dental therapeutics and periodontal disease management are undoubtedly meant to connect the reader to the promising trends and alternative therapies. In addition, individual chapters with focus on nanotechnology applications in specialties like orthodontics, endodontics and prosthodontics have been included that are of interest to novice researchers in addition to professionals. A chapter on neurotoxicity of different nanomaterials used in dentistry needs a special mention as this emphasizes the need to proceed cautiously while exploring the new dimensions of 'Nano'. Contributors have mostly adopted a bottom-up approach. I have tried my best to avoid intrusion in the plan of contributing experts and this is probably the reason that individual chapters have come up with a sense of completeness in them.

I sincerely thank Michael Slaughter, Senior Commissioning Editor—Bioengineering, Medical Physics, Biophysics, IOP Publishing for giving me an opportunity to present this volume. I wish to thank Phoebe Hooper, ebooks Editorial Assistant, IOP Publishing for extending all the support during the different publication stages of this project. I sincerely thank the expert contributors for contributing to this volume in a timely fashion and helping me to meet the schedule.

Ashutosh Kumar Shukla, Prayagraj, India
June 2021

Editor biography

Ashutosh Kumar Shukla



With two decades of physics teaching and research experience, publications in peer reviewed journals, review articles, books and many edited volumes prepared in collaboration with experts from different countries, I intend to continue in academics.

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Chapter 1

Use of phosphate-based nanoparticles to enhance the effects of fluoride against dental caries and erosion

**Juliano Pelim Pessan, Caio Sampaio, Igor Zen, Dongmei Deng,
Rob Exterkate, Alberto Carlos Botazzo Delbem and Douglas Roberto Monteiro**

Fluoride therapy is considered one of the main strategies for dental caries control and is responsible for the substantial decrease in the prevalence of this disease worldwide. Nonetheless, despite the large body of evidence on the effects of fluoride on caries dynamics, concerns on its potential side-effects, the limited action against dental erosion, and the polarization of dental caries, have stimulated the study of alternative strategies to enhance the effects of conventional fluoridated products on dental caries and erosion. In this sense, the association of fluoride and polyphosphate salts has shown to be effective in enhancing enamel remineralization and reducing enamel demineralization and erosive wear, both in professionally-applied and self-application products; such effects have been recently reported to be enhanced by the use of nanoparticles. In addition to polyphosphates, nanoparticles of hydroxyapatite, silver, calcium fluoride, calcium sodium phosphosilicate, and bioactive glass, have demonstrated promising effects on variables related to dental caries and dental erosion. This chapter will present the main data on the association of fluoride and different nano-sized compounds, from studies with different levels of evidence, assessing the effects on enamel de- and re-mineralization, erosive tooth wear, and on dental biofilm. Insights on the mechanisms of action and future steps for research will also be addressed.

1.1 Introduction

The use of fluoride (F), in several vehicles and different modes of application, is regarded as one of the main strategies for dental caries control worldwide. Its main mechanism of action is related to its presence in the oral environment (e.g., biofilm, saliva, mucosa, tooth surfaces), even at low concentrations, where it is able reduce

demineralization (by protecting and/or incorporating into the apatite crystallites) and to catalyze remineralization [1, 2]. Furthermore, the application of high fluoride concentrations promotes the formation of calcium fluoride (CaF_2) globules on tooth surfaces, which are dissolved under acidic conditions, allowing the release of calcium (Ca) and F in the oral environment [2–4].

Robust evidence attests that F varnishes, gels, mouthwashes and toothpastes promote significant effects on the caries dynamic [5–8]. Nonetheless, the marked decrease in caries incidence and prevalence in most industrialized countries owing to the widespread availability of F, has been accompanied by increasing concerns on its side effects, such as acute or chronic (i.e., enamel fluorosis) toxicity [9, 10]. Furthermore, the polarization of this disease in low-income countries [11], as well as the lack of substantial action on dental erosion [12], has encouraged the search for novel strategies aiming to enhance the preventive effect of F-products, aiming to maximize the therapeutic effects, while minimizing unwanted side-effects.

Among the most studied compounds, cyclophosphates salts have been extensively assessed over recent years. It has been extensively documented that the addition of sodium trimetaphosphate (TMP) or sodium hexametaphosphate (HMP) in F-containing products substantially improves their protective effects on dental caries dynamics, under *in vitro*, *in situ*, and *in vivo* conditions [13–21]. Also, significant effects have been reported against dental erosion [22–29]. Taking into account the promising results described above, recent studies have further assessed the performance of these compounds when applied in the nano-size form, with more pronounced effects of nanoparticles over micrometric ones.

Special attention has also been given to silver nanoparticles, which have been shown to act synergistically with fluoride on microorganisms related to dental caries [30–33], besides demonstrating promising protective effects on enamel de- and re-mineralization processes [33]. Another agent comprehensively studied is nano-hydroxyapatite (nano-HAp). In spite of being often assessed alone, the incorporation of nano-HAp to F-vehicles has demonstrated promising beneficial effects on parameters related to dental caries, dental erosion and dentin hypersensitivity, due to its similar composition to the hard dental tissues, and to the increased surface area of nanoparticles, which may facilitate the availability of calcium phosphate ions to enamel [34, 35].

In addition, nano-sized CaF_2 has presented promising effects regarding parameters related to biofilms, mechanical behavior, and F release of restorative materials such as nanocomposites [36, 37] and resin-modified glass ionomer (RMGI) [38], resulting in the improvement of the preventive properties without compromising the mechanical capacity of the materials. Bioactive glass (nBAG) is another nanoparticle that has gained interest in recent years. It is often used on glass ionomer cement (GIC) and RMGI [39], as it is able to maintain a high alkaline pH that leads to a supersaturated ion environment, resulting in antibacterial effects [40]. Also, nBAG acts directly on the enamel and dentine remineralization, acting by dentine tubules occlusion and promoting rapid apatite formation [39–41].

Considering the context above, this chapter addresses the main findings on the association of F and nano-sized cyclophosphates (TMP and HMP), nano-HAp,

silver nanoparticles, nano-CaF₂, and nano bioglass, from studies with *in vitro*, *in situ* and *in vivo* protocols assessing the effects on enamel de-/re-mineralization, erosive wear, and on dental biofilms. Insights on the mechanism of action, future steps for research and the current level of evidence for each strategy will also be addressed. It is noteworthy that some of the technologies above have been also studied alone (i.e., without fluoride), but will not be addressed in the present chapter due to its scope.

1.2 Nano-sized sodium trimetaphosphate

Sodium trimetaphosphate (TMP) is an inorganic phosphate widely employed in the food and cosmetic industry for several decades. This polyphosphate has been shown to increase the effects of fluoridated products on de- and re-mineralization, tooth erosion, dentine tubule obliteration, and biofilm formation [20, 22, 23, 42]. When co-administered with fluoride in dentifrices, gels, varnishes or mouthwashes, the resulting therapeutic/protective effects are similar to or greater than those attained by using twice as much fluoride [22–24, 26, 27], which is highly desirable from a clinical standpoint. Regarding biofilm formation, TMP alone is known to promote a reduction in the metabolism and components of the cellular matrix, in addition to forming a less compact biofilm, the latter favoring acid neutralization by saliva through the biofilm's layers, thus preventing tooth demineralization and/or enhancing remineralization [20]. The synergism between fluoride and TMP observed in laboratory studies was confirmed in a randomized clinical trial, given that children who brushed with a toothpaste containing 500 ppm F containing TMP developed significantly fewer caries lesions than those who used a conventional (1100 ppm F) toothpaste [31].

In light of the promising results of conventional TMP (microparticulate) and considering the advantages of nanoparticles over micrometric ones, intensive research has focused on studies with nano-sized TMP (nTMP) over recent years. An *in vitro* study assessed the effects of fluoridated toothpastes (1100 ppm F) containing micrometric TMP or nTMP on enamel remineralization, showing that the enamel treated with nTMP-containing toothpaste became 62% harder compared with 1100 ppm F, and 32% harder than its counterpart containing micrometric TMP [42]. This study also showed that the nTMP-containing toothpaste was more effective in increasing enamel uptake by ~100% and ~150% compared with 1100 ppm F and TMP toothpastes, respectively. Similar effects have been reported on the protection of enamel against demineralization and erosive tooth wear. The use of a nTMP-containing toothpaste was 44% more effective in reducing demineralization and promoted enamel F uptake 73% higher than its counterpart with micrometric TMP [43]. In addition, the toothpaste supplemented with nTMP was 30% more effective against erosive tooth wear compared with micrometric TMP, in an *in vitro*/*ex vivo* protocol. Interestingly, the effects of the nTMP toothpaste were similar to those attained by the use of a 5000 ppm F toothpaste, reinforcing its potential use in erosion-prone patients, including children and adolescents. The main studies assessing the effects of nano-sized sodium trimetaphosphate on variables related to dental caries, erosion and biofilms are summarized in table 1.1.

Table 1.1. Summary of the main studies assessing the effects of nano-sized sodium trimetaphosphate related to different variables assessed

Author (year)	Technology	Protocol	Vehicle	Main findings
Silva <i>et al</i> (2019) [101]	nTMP	<i>In vitro</i>	GIC	1.25% CHX and 14% nTMP added to a GIC increased its antimicrobial/antibiofilm action and its ability to reduce enamel demineralization, with minimal effects on the mechanical properties of RMGIC.
Emerenciano <i>et al</i> (2018) [102]	nTMP	<i>In situ</i>	Toothpaste	1100 ppm NaF/nTMP promoted a greater protective effect against enamel demineralization and significantly affected the composition of biofilm formed <i>in situ</i> when compared to 1100 ppm NaF toothpaste.
Danelon <i>et al</i> (2018) [28]	nTMP	<i>In vitro</i>	Toothpaste	The addition of 3% nTMP to 1100 ppm NaF toothpastes significantly increased the protective effect against enamel erosion compared with its counterparts with mTMP or without TMP. This effect was not influenced by the presence of acquired enamel pellicle and saliva.
Danelon <i>et al</i> (2017) [43]	nTMP	<i>In vitro</i>	Toothpaste	Fluoride toothpaste containing nTMP at 3% significantly decreased enamel demineralization compared to its counterparts without TMP or supplemented with mTMP.
Souza <i>et al</i> (2016) [103]	nTMP	<i>In situ</i>	Toothpaste	The protective effect of 250 ppm NaF-nTMP dentifrice was similar to a conventional dentifrice (1100 ppm F) for most of the variables studied, having a more pronounced effect on the subsurface lesion.
Danelon <i>et al</i> (2015) [42]	nTMP	<i>In situ</i>	Toothpaste	Addition of 3% nTMP to a conventional toothpaste (1100 ppm F) promoted an additional remineralizing effect of artificial caries lesions compared with counterparts with mTMP or without TMP.

TMP: sodium trimetaphosphate; **nTMP:** nano-sized sodium trimetaphosphate; **mTMP:** micro-sized sodium trimetaphosphate; **NaF:** sodium fluoride; **RMGIC:** resin-modified glass ionomer cement; **CHX:** chlorhexidine.

These results taken together support the hypothesis that the effects of nTMP are similar to those reported for micrometric particles, but potentiated by the properties of nano-sized materials, such as their high ratio of surface area to volume, as well as a high percentage of atoms on the surface compared to larger particles, which makes them more reactive compared to micrometric particles [43]. In brief, TMP has been

suggested to retain charged ions of CaF^+ and Ca^{++} by replacing Na^+ from a cyclic structure [23]. At acidic pH, these linkages are broken, releasing Ca^{++} and CaF^+ , which can further take part in a series of events that ultimately would lead to the formation of neutrally charged species (CaHPO_4° and HF_0) that have a higher diffusion coefficient into the enamel than charged species [44]. Furthermore, the association of F and TMP has been shown to enhance the formation of CaF_2 deposits on the exposed tooth surfaces [22, 28, 42–45], which are known to be key players on the dynamics of both caries and erosion [4, 46–48].

1.3 Nano-sized sodium hexametaphosphate

HMP is an inorganic cyclophosphate that has demonstrated extensive effects on enamel de- and re-mineralization processes, on dental erosion, as well as on oral biofilms. Due to its great affinity to metallic ions (Mg^{2+} , Ca^{2+} , K^+ , Al^+ , Fe^{3+}), HMP interacts with the dental surface, which substantially reduces mineral solubility [14, 15, 18]. Due to these features, when co-administered with F, this phosphate enhances the effects of dentifrices or gels on enamel de- and re-mineralization processes, in comparison to conventional products not supplemented with HMP [13–15, 17]. A synergistic effect between F and HMP administered in the form of a gel was also observed on dental erosion in an *in situ* *ex vivo* model. It was shown that a low-F gel (4500 ppm F) promoted significantly lower enamel wear and mineral loss compared with a conventional formulation containing twice as much F (9000 ppm F) [49]. In addition to HMP's effects on the dental hard tissues, promising results have been demonstrated on biofilms *in vitro*. HMP, associated or not with other actives such as silver or F, was shown to have antimicrobial potential, besides interfering with the composition of the biofilm's extracellular matrix [50–52]. Although the mechanism by which HMP acts on biofilms is still not completely clear, it is possible that the great affinity that this phosphate presents to metallic ions (forming ionic complexes) helps HMP to bind to Ca^{2+} and Mg^{2+} from the bacterial cell walls, thus increasing cell permeability [53, 54].

Similarly to TMP, the great effect of HMP on the above-mentioned caries and erosion parameters has also encouraged the evaluation of this phosphate as nanoparticles (nHMP), given that reducing the size of the particles could enhance its effects in comparison to the commercial version of the product (i.e., microparticles) [55]. In that sense, although no evidence is available on the effects of nHMP over conventional HMP on dental erosion, *in vitro* and *in situ* studies attest to the additional benefits of nHMP over microparticles on enamel de- and re-mineralization processes, and on biofilms. The most studied vehicle for coadministration of F and nHMP is dentifrice, which has been shown to promote superior protective effects against enamel demineralization [55, 56], besides promoting an additional remineralizing effect of artificial caries lesions [57] compared with a F-toothpaste containing micrometric HMP. In addition to the effects on tooth enamel, the association between F and nHMP was shown to significantly reduce the cariogenicity of the dental biofilm formed *in situ*, as it significantly increased F and Ca concentrations and significantly reduced the amount of insoluble extracellular

Table 1.2. Summary of the main studies assessing the effects of nano-sized sodium hexametaphosphate related to different variables assessed

Author (year)	Technology	Protocol	Vehicle	Main findings
Danelon <i>et al</i> (2019) [57]	nHMP	<i>In situ</i>	Toothpaste	The addition of nHMP to a F-toothpaste was able to promote an additional remineralizing effect of artificial caries lesions compared with its counterparts with mHMP or without HMP.
Garcia <i>et al</i> (2018) [56]	nHMP	<i>In situ</i>	Toothpaste	F-dentifrice supplemented with nHMP demonstrated a greater protective effect against enamel demineralization and on the composition of biofilm when compared with a conventional F-toothpaste or a F-toothpaste containing mHMP.
Hosida <i>et al</i> (2018) [104]	nHMP	<i>In vitro</i>	GIC	HMP incorporation, especially in the nano-sized form, in restorative GIC increased antimicrobial activity and F release, and decreased enamel demineralization, despite reduced its physico-mechanical properties, in comparison to a conventional GIC without nHM.
Dalpasquale <i>et al</i> (2017) [55]	nHMP	<i>In vitro</i>	Toothpaste	The addition of nHMP to a F-toothpaste enhanced its protective effects against enamel demineralization when compared to its counterpart containing mHMP or a conventional F-toothpaste.

HMP: sodium hexametaphosphate; **nHMP:** nano-sized sodium hexametaphosphate; **mHMP:** micro-sized sodium hexametaphosphate; **GIC:** glass ionomer cement.

polysaccharides in comparison to its counterparts containing micrometric HMP or containing F alone [57]. Furthermore, the addition of nHMP to a GIC was shown to improve F release and its antimicrobial activity, in spite of reducing the physico-mechanical properties of the product [58]. Table 1.2 summarizes the main studies assessing the effects of nano-sized sodium hexametaphosphate on tooth structures and on biofilms.

1.4 Nano-hydroxyapatite

Hydroxyapatite (HAp) is one of the most studied compounds for the control of dental caries, erosion and/or hypersensitivity, since it is a mineral essentially composed by calcium and phosphate $[\text{Ca}_{10}(\text{PO}_4)_6(\text{OH})_2]$ found in dental enamel, dentine and bone [59]. Knowledge on the composition of the hard dental structures can help to better understand how nano-HAp might be an interesting alternative for the enhancement of F-vehicles.

Briefly, permanent dental enamel is an acellular and avascular structure composed mainly of inorganic material, essentially hydroxyapatite (accounting for ~85% of the composition), arranged as apatite crystals, which then form the enamel prisms. The remaining volume—disposed among the crystals—is composed of water (~12%) and organic material (~3%, mainly collagen) [2, 60, 61]. As for dentine, although its structure is also composed of mineral content in the form of hydroxyapatite, the volume is lower. Dentine tissue is constituted of ~47% of minerals, ~33% organic material and ~20% water, which makes dentine more prone to acid dissolution in comparison to enamel. Unlike dental enamel, dentine is a vascular and cellular tissue, which means that it is susceptible to response to outer stimuli [2, 62].

In turn, nano-HAp consists of a bioactive and biocompatible material, which acts by facilitating the availability of calcium phosphate ions to enamel, due to its similar composition to the hard dental tissues and to the increased surface area of the nanoparticles compared with micrometric ones [34, 35]. Although most of the studies have proposed the incorporation of nano-HAp in oral care products (e.g., toothpastes, gels and varnishes) as an alternative to F, this compound has also been studied in association with F, in products for the control of dental caries, erosion and dentine hypersensitivity. In brief, the effects of nano-HAp on variables related to dental caries have been assessed in a larger number of studies compared to those for dental erosion or dentin hypersensitivity. The data, however, is somehow conflicting. Although some studies reported that nano-HAp enhanced the protective and therapeutic effects of F-toothpastes on enamel de- and re-mineralization processes [63], most of them either did not include a suitable positive control group (i.e., a conventional F-dentifrice) or adopted a protocol insufficient to attest such promising trends, as detailed below.

The main studies assessing the effects of nano-HAp on several variables are described in table 1.3. A toothpaste containing nano-HAp combined with F led to a lower demineralization depth in comparison to a placebo toothpaste [35]; however, this study did not include a positive control group containing the active compounds alone, which hinders any conclusion on the actual effects of this association. Another work also observed that a toothpaste containing 7% nano-HAp and 1000 ppm NaF promoted a higher remineralizing effect compared with a F-only toothpaste. Nonetheless, the only parameter analyzed was surface hardness, and the experimental groups had to be adjusted prior to statistical analysis due to protocol limitations [64]. Besides F-toothpastes, the addition of nano-HAp to a fluoridated varnish was also shown to promote a higher remineralizing effect of enamel surface in comparison to a conventional F-varnish or to a paste containing casein phosphopeptide-amorphous calcium phosphate (CPP-ACP) [64]. Despite the interesting effects reported above, some methodological issues were identified, which suggest that further *in vitro* studies are still demanded prior their study under clinical conditions.

In addition to the above-mentioned findings, other studies have reported less promising trends on the effects of nano-HAp combined with F on caries-related variables. An experimental toothpaste containing nano-HAp, regardless of the

Table 1.3. Summary of the main studies assessing the effects of nano-hydroxyapatite related to different variables assessed

Author (year)	Technology	Protocol	Vehicle	Main findings
Ionescu <i>et al</i> (2020) [105]	Nano-HAp	<i>In vitro</i>	Toothpaste	F, Mg, Sr-carbonate substituted n-HAp toothpaste reduced the microbial colonization on resin-based composite.
Leal <i>et al</i> (2020) [66]	Nano-HAp	<i>In vitro</i>	Toothpaste	Nano-HAp did not improve the effect of dentifrices containing 5000 µg F/g on root dentin demineralization.
Demito <i>et al</i> (2019) [35]	Nano-HAp	<i>In situ</i>	Undefined product	Groups treated with nano-HAp combined with 9000 ppm NaF presented lower demineralization depth in relation to the negative control group.
Kooshki <i>et al</i> (2019) [64]	Nano-HAp	<i>In vitro</i>	Varnish	F-varnish containing nano-HAp promoted a higher remineralizing effect of enamel surface in comparison to a conventional F-varnish (not supplemented with nano-HAp) or to a paste containing casein phosphopeptide-amorphous calcium phosphate (CPP-ACP).
Soares <i>et al</i> (2018) [71]	Nano-HAp	<i>In vitro</i>	Gel	1.23% F gel containing nano-HAp modified the composition and morphology of the enamel surface.
Yu <i>et al</i> (2017) [78]	Nano-FHAp and nano-HAp	<i>In vitro</i>	Powder	nano-FHAp formulation showed higher plugging rate and penetrating depth into the tubules in comparison to F or nano-HAp.
Ebadifar <i>et al</i> (2017) [63]	Nano-HAp	<i>In vitro</i>	Toothpaste	The F-toothpaste containing nano-HAp was more effective than the F-toothpaste without nano-HAp for the purpose of remineralization.
Souza <i>et al</i> (2015) [68]	Nano-HAp	<i>In situ</i>	Toothpaste	Nano-HAp/F toothpaste was the only product able to significantly reduce dentine demineralization in comparison to toothpastes containing CPP-ACP + NaF, NaF alone or a placebo formulation. The test toothpaste also enhanced enamel remineralization compared to the placebo.

Taha <i>et al</i> (2015) [77]	Nano-FHAp	<i>In vitro</i>	Paste	Nano-FHAp pastes may offer immediate short-term relief of dentin hypersensitivity because of their ability to occlude tubules and to adhere to wet dentin surfaces; its long-term effect is due to ion release.
Comar <i>et al</i> (2013) [65]	Nano-HAp	<i>In vitro</i>	Paste	The experimental nano-HAp pastes, regardless of the addition of F, were unable to reduce dental demineralization.
Wang <i>et al</i> (2012) [70]	Nano-HAp	<i>In vitro</i>	Paste	nano-FAp paste with neutral pH value (7.5) for enamel erosion repair significantly enhanced the enamel surface hardness, reduced enamel mass loss and increased surface roughness.
Lin <i>et al</i> (2011) [69]	Nano-FHAp and nano- FAp	<i>In vitro</i>	GIC	The F release properties of the GIC was improved by incorporating nano-FAp or nano-FHAp, simultaneously maintaining a clinically sufficient bond strength when nano-FAp was added.
Jeong <i>et al</i> (2007) [67]	Nano- Carbonated apatite	<i>In vitro</i>	Toothpaste	The dentifrice containing 5% nano carbonated apatites and 25% silica was the most effective in remineralizing early caries lesion.

Nano-HAp: Nano-hydroxyapatite; **F:** fluoride; **Mg:** magnesium; **Sr:** strontium; **Nano-FHAp:** nano-fluorhydroxyapatite; **Nano-FAp:** nano-fluorapatite; **CPP-ACP:** amorphous casein-phosphate stabilized by casein phosphopeptides; **GIC:** glass ionomer cement.

addition of F, was unable to reduce dental demineralization compared with a placebo toothpaste [65]. Moreover, despite a toothpaste containing nano-HAp promoted protective effects against dentin demineralization similar to those observed for a 1100 ppm F toothpaste, no additional benefit was observed when nano-HAp was coadministered with F in formulations containing 1100 or 5000 $\mu\text{g F g}^{-1}$ [66]. Furthermore, a F-dentifrice containing 30% nano-HAp decreased the enamel surface hardness, while the incorporation of 5 or 15% nano-HAp into a F-dentifrice did not significantly promote an additional effect on the enamel surface hardness when compared to their counterpart without nano-HAp [67].

On the other hand, a well-designed *in situ* study compared the effects of a toothpaste containing 10% HAp, 0.2% NaF, nano-HAp/F with toothpastes containing amorphous casein-phosphate and NaF or NaF only and observed discrete differences among the treatments on dental de- and re-mineralization processes, although the nano-HAp containing toothpaste was the only one able to reduce

dentine demineralization (ΔZ) and to improve enamel remineralization ($\Delta\Delta Z$) compared to the negative control group (placebo) [68]. Furthermore, nano-HAp or nano-fluorhydroxyapatite (nano-FHAp), incorporated to a GIC led to a higher F release, without compromising its mechanical properties, in comparison to a conventional GIC not supplemented with nano-HAp or nano-FHAp [69].

Unlike for dental caries, little is available in the literature regarding the effect of nano-HAp associated with F on dental erosion. It was verified *in vitro* that a neutral pH (7.5) paste containing nano-HAp and F significantly enhanced the enamel surface hardness, avoided the enamel mass loss and increased surface roughness [70], which could be interesting for erosion repair. In addition, an acidulated phosphate F-gel (1.23% F) containing nano-HAp modified the composition and morphology of the enamel surface, in comparison to its counterpart without nano-HAp [71]. Due to the scarce data available on the effects of nano-HAp combined with F on dental erosion, this field still needs to be further explored in order to verify the actual effects of this combination for the control and/or treatment of dental erosion in humans.

Despite the robust body of evidence on the effect of nano-HAp alone on dentin hypersensitivity [72–77], the literature is scarce on the effect of nano-HAp associated with F for that purpose. It has been demonstrated *in vitro* that pastes containing nano-fluorhydroxyapatite (n-FHAp) may offer immediate short-term relief of dentin hypersensitivity because of their ability to occlude the tubules and to adhere to wet dentin surfaces [80]. Another study found that a new toothpaste containing nano-FHAp showed higher plugging rate and penetrating depth into the tubules in comparison to another product containing only F or nano-HAp [78].

Given the context above, it is safe to consider that the combination of nano-HAp and F is still an open topic for all the variables described in this section (i.e., dental caries, erosion and dentin hypersensitivity) due to the lack of more robust evidence on the action of these two compounds when co-administered. Thus, further studies should be performed to clarify the above-mentioned trends, preferably associating *in vitro* with *in situ* protocols, which are useful in providing different insights into mechanisms of action.

1.5 Silver nanoparticles

Fluoridated silver nanoparticles (or silver nanoparticles fluoride—SNF) have been proposed as an alternative to silver diamine fluoride (SDF), and are reported to have antimicrobial activity, along with the advantage of not staining dental and mucosa tissues [30, 79]. *In vitro* studies attest such effects against *Streptococcus mutans* [83, 84], and *Lactobacillus* [80], showing significant reductions on acidogenicity and adherence of these microorganisms [32]. The antimicrobial mechanism of SNF is related to their ability to penetrate the bacteria cell wall and cause denaturation of the plasma membrane, in addition to interruption on DNA replication, leading to damage to the bacterial membrane [81, 82]. SNF can also release Ag ions to the cell's interior and produce reactive oxygen species, disturbing protein synthesis and leading to cell lysis [83]. Due to their smaller particle size, this compound acts against both planktonic and colonized bacteria [84].

SNF also has the ability to prevent demineralization of sound enamel and to reduce the incidence of enamel caries lesions, with effects on both mineral loss and lesion depth, assessed by transverse microradiography [85]. The effects of solutions containing fluoride and SNF particles were shown to be dose-dependent, which were also able to promote increases in surface mineral density owing to mineral deposition [85]. Also, an *in vitro* study demonstrated that treatment of dentin subsurface lesions with a solution containing 5% NaF and 4000 ppm Ag nanoparticles promoted a similar remineralizing effect compared with 5% NaF alone, without promoting significant color changes compared with the respective controls (placebo or 5% NaF) [86]. Similar findings were observed in another *in vitro* study assessing enamel remineralization using optical coherence tomography, demonstrating that silver nanoparticles do not interfere with fluoride owing to the ionic stability of the latter, which do not react when associated with other biomaterials [87].

Another effect is related to the ability to not stain tooth and mucosa tissues [33, 86]. This is a clear advantage over SDF, as tooth staining has been widely documented as a side effect when applied to carious lesions, leading to a tooth black stain and minor injuries to the oral mucosa tissue [88]. An *in vivo* study showed the use of SNF had a success rate of 66.7% when compared to the control group (water) in arresting tooth decay and staining dental tissue [89]; this success rate is similar to that attained by SDF use (66.9%), as reported in a previous study [90]. Interestingly, a randomized clinical trial evaluated once a year the application of 5% SNF and 38% SDF in primary carious molar teeth, showing that both groups inhibited dentine caries progression and presented equivalent effects; SNF had a success rate of 77% and SDF 71%, the latter not leading to tooth staining [89]. As aforementioned about the staining, this black stain in carious tissue occurs due to the oxidation process of the ionic silver chloride contained in SDF formulation [86, 91], and with nanoparticle size reduction, leads to the non-teeth-staining due to the contact surface increase [92]. The main studies assessing the effects of SNF are summarized in table 1.4.

1.6 Nano-CaF₂

Unlike the above-mentioned agents, which have been added mostly to F-containing toothpastes or solutions, nano-CaF₂ has been extensively studied combined with restorative materials or with products for orthodontic cementation, such as composites and RMGIC, leading to promising effects on parameters related to biofilms and mechanical properties, besides enhancing their F release. The main results from studies assessing the effects of nano-CaF₂ are displayed in table 1.5.

It was shown *in vitro* that experimental composites containing nano-CaF₂ produced high F release at low filler levels. Furthermore, these composites presented higher flexural strength and elastic modulus in comparison to a control composite without nano-CaF₂ or a RMGIC [93]. Another study verified that a novel CaF₂ nanocomposite combined with chlorhexidine (CHX) reduced *S. mutans* biofilm formation, acid production, CFU-counting and metabolic activity, in comparison to commercial composites (containing or not F) or to an RMGIC. Although such

Table 1.4. Summary of the main studies assessing the effects of fluoride and silver nanoparticles related to different variables assessed

Author (year)	Technology	Protocol	Vehicle	Main findings
Aldhaian <i>et al</i> (2021) [85]	SNF	<i>In vitro</i>	Solution	Fluoride and silver nanoparticles reduced mineral loss and lesion depth in a dose-response manner.
Yin <i>et al</i> (2020) [86]	SNF	<i>In vitro</i>	Solution	NaF solution with AgNPs remineralized artificial dentine caries without significant tooth stain compared to its counterparts.
Yin <i>et al</i> (2020) [33]	SNF	<i>In vitro</i>	Solution	NaF solution with AgNPs showed antibacterial activity against SM and also no tooth staining effect .
Zhao <i>et al</i> (2020) [91]	SNF	<i>In vitro</i>	Solution	NaF + PEG-AgNPs and SDF had a similar remineralizing effect in artificial dentine caries. Moreover, NaF with PEG-AgNPs does not stain dentine caries.
Tirupathi <i>et al</i> (2019) [79]	SNF	RCT	Varnish and solution	Annual application of SNF has the same clinical efficacy as SDF in preventing the progression of dentinal caries and does not stain tooth.
Costa e Silva <i>et al</i> (2019) [87]	SNF	<i>In vitro</i>	Solution	SNF has an efficient effect in remineralizing dental enamel.
Teixeira <i>et al</i> (2018) [32]	SNF	<i>In vitro</i>	Toothpaste	SNF formulation had a better antibacterial effect compared to NaF dentifrices and similar action on the demineralization of enamel indicating their potential effectiveness to prevent caries.
Freire <i>et al</i> (2017) [31]	SNF	RCT	Solution	SNF decreased number of CFUs of SM, proving to be an effective dental biofilm inhibitor.
Santos Jr <i>et al</i> (2014) [89]	SNF	RCT	Solution	The use of SNF decreased risk of caries at seven days (81%) and five (72.2) and 12 months (66.7) when compared to control group (H ₂ O).
Targino <i>et al</i> (2014) [30]	SNF	<i>In vitro</i>	Solution	SNF proved to be antimicrobial agent, with low toxicity to living cells, and potential advantage of not staining teeth black.

RCT: Randomized clinical trial; **PEG-AgNPs:** Polyethylene glycol-coated silver nanoparticles; **SDF:** Sodium diamine fluoride; **SNF:** silver nanoparticles fluoride; **NaF:** Sodium Fluoride; **CFU:** colony-forming units; **SM:** *Streptococcus mutans*.

reductions were more evident for the CHX-containing CaF₂ composite, a substantial trend of decrease in metabolism and acid production was also observed for a nano-CaF₂ composite without CHX, in comparison to a F-free composite [36]. It was also verified from another nanocomposite containing CaF₂ that F release values

Table 1.5. Summary of the main studies assessing the effects of nano-sized calcium fluoride related to different variables assessed

Author (year)	Technology	Protocol	Vehicle	Main findings
Fei <i>et al</i> (2020) [95]	Nano-CaF ₂	<i>In vitro</i>	Pit and fissure sealant	Experimental sealant containing nano-CaF ₂ and dimethylaminohexadecyl methacrylate had increased hardness and increased F ion release compared with the commercial control. The pH in biofilm medium in contact with the experimental sealant was higher (pH 6.8) than that of commercial sealant (pH 4.7). No changes in paste flow and enamel bond strength were observed for the experimental sealant compared with the control.
Shin <i>et al</i> (2019) [96]	Nano-CaF ₂	<i>In vitro</i> and <i>in vivo</i> (animal)	Nano composite hydrogel	F released from nano-CaF ₂ in the composite hydrogel not only functioned as a stimulating agent for cell proliferation and migration, but also inhibited the growth of bacteria <i>in vitro</i> .
Yi <i>et al</i> (2019) [38]	Nano-CaF ₂	<i>In vitro</i>	Orthodontic cement	The novel F ion-rechargeable orthodontic cement containing nano-CaF ₂ presented acceptable enamel shear bond strength, good biocompatibility, and sustained F ion recharge and re-release (1.8-fold higher than a commercial formulation without nano-CaF ₂).
Yi <i>et al</i> (2019) [94]	Nano-CaF ₂	<i>In vitro</i>	Resin-modified glass ionomer cement (RMGIC)	The addition of Nano-CaF ₂ and dimethylaminohexadecyl methacrylate to a RMGIC led to stronger antibacterial and remineralization capabilities, and greater enamel hardness than the commercial control (GC Ortho LC), without compromising the orthodontic bracket-enamel shear bond strength and biocompatibility.
Cheng <i>et al</i> (2012) [36]	Nano-CaF ₂	<i>In vitro</i>	Nanocomposite	The novel CaF ₂ nanocomposite with chlorhexidine was shown to reduce biofilm formation, acid production, CFU and metabolic activity of biofilms.
Xu <i>et al</i> (2010) [37]	Nano-CaF ₂	<i>In vitro</i>	Nanocomposite	CaF ₂ nanoparticles produced high F release at low filler levels, thereby making room in resin for reinforcement glass.

Nano-CaF₂: nano-sized calcium fluoride; **F**: fluoride; **RMGIC**: resin-modified glass ionomer cement; **CFU**: colony-forming units.

exceeded releases of traditional and RMGIC materials. In addition, the experimental CaF₂-nanocomposite presented relatively high strength and sustained release of F ions in comparison to traditional composites or RMGIC [93].

Promising data have also been reported for the incorporation of nano-CaF₂ to RMGIC. The addition of nano-CaF₂ to a conventional RMGIC (GC Ortho LC, Fuji, Aichi-ken, Japan) reduced several parameters related to biofilms (i.e., metabolic activity, production of extracellular polysaccharides and lactic acid, total microbial counts, and the counts of total streptococci and *S. mutans*), in comparison to a conventional RMGIC or to an adhesive system for orthodontic cementation, especially when combined with dimethylaminohexadecyl methacrylate (DMAHDM). Furthermore, the RMGIC containing nano-CaF₂ promoted an increase in enamel hardness and a decrease in lesion depth of artificial enamel lesions [94]. In addition, another nano-CaF₂-containing orthodontic cement presented higher F release in comparison to a conventional RMGIC (GC Ortho LC, Fuji, Aichi-ken, Japan) [38].

The incorporation of nano-CaF₂ in a pit and fissure sealant was also shown to increase F release and hardness compared with a counterpart without nano-CaF₂ (Helioseal F, Ivoclar, Mississauga, ON, Canada) [95]. Moreover, a novel alginate nanocomposite hydrogel containing nano-CaF₂ showed that F released from the nano-CaF₂ in the composite hydrogel functioned as a stimulating agent for cell proliferation and migration, in addition to inhibiting bacteria growth *in vitro*. This combination has also been shown to promote a decrease in the bacterial load, in comparison to its counterpart without nano-CaF₂ [96].

1.7 Bioactive glass

In addition to the above-mentioned compounds, which have been studied more extensively in vehicles and modes of administration, other lesser studied compounds deserve attention, whose results are summarized in table 1.6.

Bioactive glass or bioglass (BAG) is another material with marked remineralizing effects on dental structures, and has been used as a strategy to enhance the effects of GICs [39, 40]. *In vitro* studies have shown that nanosized BAG particles create a supersaturate ionic environment on dentine tubules (leading to dentine tubule occlusion), and a fast apatite formation, which prevents dentine hypersensitivity compared to micrometric particles [40, 41]. Moreover, a study assessing enamel demineralization and antibacterial effects of orthodontic bonding resins showed that the addition of fluoride to BAG resulted in higher antibacterial activity in a concentration-dependent trend, enhanced protective effects against demineralization, and the ability to prevent white spot lesions in comparison with a commercially orthodontic bonding adhesive [41].

Furthermore, it has been shown that teeth sonochemically coated with magnesium fluoride (MgF₂) nanoparticles significantly inhibited *S. mutans* biofilm formation *in vitro* in comparison to uncoated teeth [97]. In addition, the incorporation of nano-chitosan (nano-CH) in a conventional GIC led to higher compressive strength, wear resistance, as well as F release for 7 days *in vitro*, in comparison to its counterpart without nano-CH [98].

Table 1.6. Summary of the main studies assessing the effects of nanoparticles of bioactive glass, magnesium fluoride, amorphous calcium phosphate and β -tricalcium phosphate, related to different variables assessed

Author (year)	Technology	Protocol	Vehicle	Main findings
Nam <i>et al</i> (2019) [41]	BAG	<i>In vitro</i>	BAG and OBA	BAG presented a higher antibacterial activity in a concentration-dependent, better anti-demineralization effect, and ability to prevent white spot lesion when compared to its counterpart.
Yli-Urpo <i>et al</i> (2004) [39]	BAG	<i>In vitro</i>	GIC and RMGIC	RMGIC with BAG had the ability to remineralize dentine <i>in vitro</i> .
Eshed <i>et al</i> (2013) [97]	Nano-MgF ₂	<i>In vitro</i>	Artificial teeth coated with MgF ₂ nanoparticles	The artificial tooth surface covered with an nano-MgF ₂ layer successfully inhibited <i>S. mutans</i> biofilm formation by over 60%.
Karimi <i>et al</i> (2019) [100]	Nano-ACP	<i>In vitro</i>	GIC	The working time of the formulated resin-modified glass ionomer decreased significantly upon increase of nano-ACP content from 5 to 20%. Nano-ACP-incorporated RMGICs showed improved photopolymerization and setting. The addition of nano-ACP to of RMGICs did not affect compressive strength or F release. The biocompatibility of the test RMGICs improved at ~20%. Alkaline phosphatase activity and osteogenic differentiation of mesenchymal stem cells noticeably increased after exposure to ACP-incorporated RMGIC.
Seyedlar <i>et al</i> (2019) [106]	Nano-TCP	<i>In vitro</i>	Solution	Nano-TCP solution was not more effective than the NaF 0.05 wt% in preventing demineralization.
Iafisco <i>et al</i> (2018) [99]	Nano-ACP	<i>In vitro</i>	Biomimetic amorphous calcium phosphate doped with F ions	The experimental material showed good ability to partially occlude the tubules of acid-etched dentin and to restore demineralized enamel into its native structure.

(Continued)

Table 1.6. (Continued)

Author (year)	Technology	Protocol	Vehicle	Main findings
Kumar <i>et al</i> (2017) [98]	Nano-CH	<i>In vitro</i>	GIC	Nano-CH GIC had significantly higher compressive strength values, flexural strength, wear resistance and higher F release for 7 days, compared with a conventional GIC.

Nano-ACP: nano-sized amorphous casein-phosphate; **Nano-TCP:** nano-sized β -tricalcium phosphate; **Nano-CH:** nano-chitosan; **Nano-MgF₂:** nano-sized magnesium fluoride; **NaF:** sodium fluoride; **GIC:** glass ionomer cement; **F:** fluoride; wt%: weight percent; **BAG:** bioactive glass; **RMGIC:** resin modified glass ionomer cement; **OBA:** orthodontic bonding adhesive.

Furthermore, the effects of a nano-biomimetic amorphous calcium phosphate doped with F ions were assessed on dental remineralization and dentin tubules occlusion. This compound was shown to promote partial occlusion of the tubules of acid-etched dentin and to restore demineralized enamel into the original structure, with no significant influence on the chemical-physical features of ACP, apart from the quicker conversion in the crystalline phase when immersed in aqueous solution [99]. Nano-ACP was also evaluated when incorporated to an RMGIC, resulting in enhanced alkaline phosphatase activity, without compromising the material's compressive strength or F release [100]. Such effects noticeably increased osteogenic differentiation of mesenchymal stem cells after exposure to ACP-incorporated RMGIC [100].

1.8 Conclusions

Considering the above-mentioned context on the nanoparticles presented, most of these compounds can be considered as promising alternatives for the enhancement of the F-vehicles on dental caries (effects on dental hard tissues and biofilms), on dental erosion and on dentine hypersensitivity. Despite relevant data on the mechanisms of action of these technologies achieved by *in vitro* protocols, it is important to emphasize that the literature is still scarce on data from *in vivo* studies. Thus, future research should focus on *in situ* and/or *in vivo* methodologies, as they are paramount in the determination of the actual effects of these nanoparticles.

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Chapter 2

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Chapter 3

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Chapter 4

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