



Predominant Cultivable Microflora on Spent Minocycline Strips

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INTRODUCTION

Local delivery of antimicrobial agents into periodontal pockets offers further possibilities in periodontal therapy. A considerable number of agents using different vehicles have been developed. Some clinical studies showed the agents tested to be as effective as conventional mechanical therapy, however in most studies the agents were adjunctive to mechanical therapy. A clinical project was carried out to investigate if local delivery of minocycline strips could produce added clinical effects in residual periodontal pockets one month after a course of non-surgical periodontal therapy. The present investigation was carried out to study the short-term effects of the minocycline strips on subgingival microbiology.

MATERIALS & METHODS

Subjects:

- 14 adults patients (8 tests, 6 controls) randomly selected from a group of 32 periodontitis patients who participated in a double-blind randomized parallel clinical trial on a local delivery Minocycline Strip (Vehicle-polycaprolactone, Dong Kook Pharmaceutical Co., Seoul, Korea).
- Bleeding on probing (BOP) and probing depth (PD) were measured using Florida Probe (Gainesville, FL) one month after non-surgical periodontal therapy.
- Strips (minocycline or control) were inserted into all residual periodontal pockets (PD \geq 5 mm) of the participants, 2 times for 3 days each, one month after a course of non-surgical therapy. Strips were also placed into sample sites for 60 sec and then removed (day 0) to study the microbiology of the site at baseline. Each subject contributed one site.
- Strips were retained by Coe-pak®. (GC American Inc.)
- Chlorhexidine mouth rinses twice daily were performed during the period of strip retention.

Laboratory investigations:

- Spent minocycline and control strips retrieved at days 0, 3 and 6 were subjected to:
 - anaerobic culture using Columbia blood agar supplemented with 5% defibrinated horse blood, 5 mg/l hemin and 500µg/l menadione
 - culture for coliform bacteria using MacConkey agar
 - yeast culture using Sabouraud's dextrose agar

RESULTS

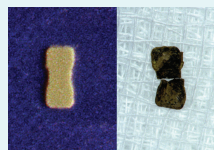


Figure 1. Minocycline strip used in the study. Left: new minocycline (test) strip; right: 3 day spent minocycline strip.

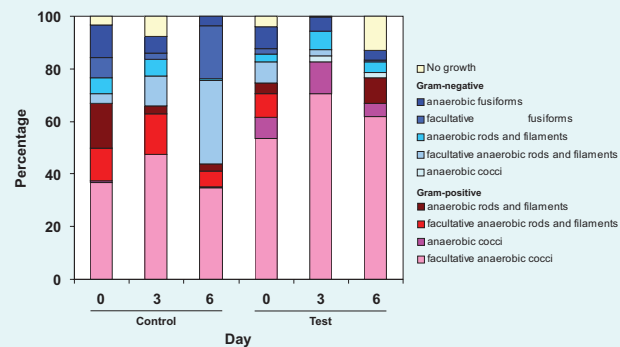


Figure 2. Relative mean proportion of predominant cultivable bacterial types from spent minocycline (test) and control strips. Significant reduced proportion of gram-negative rods and fusiforms was observed on day-6 test spent minocycline strips than on day-6 control strip ($P < 0.05$, Bonferroni multiple comparison).

Table 1. Demographic data and clinical parameters of subjects.

	Test	Control
n	8	6
Age (years) ^a	48.0 + 6.5	46.7 + 8.4
% Female	50.0	33.3
Oral condition post initial therapy		
%BOP ^a	45.7 + 20.7	43.0 + 22.0
No. of teeth with PD $>$ 5mm ^a	3.1 + 1.6	4.7 + 2.5
No. of sites with PD $>$ 5mm ^a	4.1 + 2.4	8.8 + 6.0
Sampling site PD (mm) ^a	7.3 + 2.0	7.5 + 1.0

^a mean + SD

Table 2. Prevalence of isolation on spent minocycline (test) and control strips^a

	Test			Control		
	day 0	day 3	day 6	day 0	day 3	day 6
Gram-positive						
Facultative anaerobic cocci						
<i>Gemella haemolysans</i>	37.5	0	37.5	33.3	33.3	16.7
<i>Gemella morbillorum</i>	62.5	62.5	37.5	50	33.3	50
<i>Granulicatella adiacens</i>	0	0	25	0	0	0
<i>Micrococcus</i> spp.	25	0	0	16.7	0	16.7
<i>Staphylococcus auricularis</i>	12.5	12.5	0	0	0	33.3
<i>Staphylococcus lentus</i>	0	25	0	0	0	16.7
<i>Streptococcus constellatus</i>	0	0	0	0	16.7	33.3
<i>Streptococcus equinus</i>	25	0	12.5	0	16.7	0
<i>Streptococcus intermedius</i>	25	12.5	25	16.7	0	33.3
<i>Streptococcus mitis biovar 1^b</i>	50	37.5	37.5	16.7	0	0
<i>Streptococcus oralis</i>	50	62.5	37.5	33.3	66.7	16.7
Anaerobic cocci						
<i>Anaerococcus prevotii</i>	62.5	25	12.5	0	0	16.7
Facultative anaerobic rods						
<i>Peptostreptococcus micros</i>	37.5	12.5	12.5	0	0	0
<i>Actinomyces naeslundii</i>	12.5	0	0	50	0	33.3
Gram-negative						
Anaerobic cocci						
<i>Veillonella</i> spp.	0	25	25	0	0	0
Facultative anaerobic rods						
<i>Kingella kingae</i>	25	0	0	0	0	0
Anaerobic rods						
<i>Campylobacter gracilis</i>	25	12.5	0	33.3	16.7	0
<i>Prevotella melaninogenica</i>	25	12.5	0	0	0	0
Facultative anaerobic fusiforms						
<i>Capnocytophaga gingivalis</i>	25	0	12.5	66.7	33.3	16.7
Anaerobic fusiforms						
<i>Fusobacterium necrogenes</i>	25	0	12.5	16.7	0	0
Non-oral						
Lost/undefined spp	25	37.5	25	33.3	50	16.7
	50	12.5	37.5	66.7	83.3	50

^a Only species with frequency of isolation \geq 20% in any sample are included.

^b Significantly higher prevalence of isolation from test than control spent (minocycline) strips, Fisher exact test, $P = 0.01$.

Table 3. List of minor microbes isolated^a

Anaerobic culture	Gram positive	Gram negative
Facultative anaerobic cocci	<i>Enterococcus faecalis</i>	Facultative anaerobic rods
<i>Enterococcus faecalis</i>	<i>Kocuria varians</i>	<i>Enterobacter aerogenes</i> ^b
<i>Kocuria varians</i>	<i>Lactococcus lactis</i> subsp. <i>cremoris</i>	<i>Enterobacter cloacae</i> ^b
<i>Lactococcus lactis</i> subsp. <i>cremoris</i>	<i>Haemophilus paraprofitus</i>	<i>Enterobacter gergoviae</i> ^b
<i>Leuconostoc</i> spp.	<i>Leuconostoc</i> spp.	<i>Haemophilus paraprofitus</i>
<i>pneumoniae</i> ^c	<i>Staphylococcus aureus</i>	<i>Klebsiella pneumoniae</i> subsp.
<i>Staphylococcus aureus</i>	<i>Staphylococcus capitis</i> ^b	<i>Klebsiella oxytoca</i> ^b
<i>Staphylococcus epidermidis</i>	<i>Staphylococcus epidermidis</i>	<i>Pseudomonas aeruginosa</i> ^b
<i>Staphylococcus hominis</i> ^b	<i>Staphylococcus lugdunensis</i>	Anaerobic rods
<i>Staphylococcus saccharolyticus</i> ^b	<i>Staphylococcus xylosum</i>	<i>Bacteroides vulgatus</i> ^b
<i>Streptococcus mutans</i>	<i>Streptococcus mutans</i>	<i>Campylobacter rectus</i>
<i>Streptococcus pneumoniae</i>	<i>Streptococcus pneumoniae</i>	<i>Prevotella denticola</i>
<i>Streptococcus salivarius</i>	<i>Streptococcus salivarius</i>	<i>Prevotella disiens</i>
<i>Streptococcus sanguinis</i>	<i>Streptococcus sanguinis</i>	<i>Streptococcus intermedius</i>
Anaerobic cocci	<i>Actinomyces israelii</i>	<i>Streptococcus pneumoniae</i>
<i>Papillophilus asaccharolyticus</i>	<i>Actinomyces meyeri</i>	<i>Streptococcus pneumoniae</i>
Facultative anaerobic rods	<i>Clostridium histolyticum</i>	Facultative anaerobic fusiforms
<i>Fusobacterium nucleatum</i>	<i>Actinomyces odontolyticus</i>	<i>Capnocytophaga ochracea</i>
<i>Fusobacterium perfoetans</i> ^b	<i>Actinomyces pyogenes</i>	<i>Capnocytophaga sputigena</i>
<i>Fusobacterium varium</i>	<i>Lactobacillus casei</i>	Anaerobic fusiforms
<i>Fusobacterium spp.</i>	<i>Lactobacillus jensenii</i>	<i>Fusobacterium nucleatum</i>
	Anaerobic rods	<i>Fusobacterium perfoetans</i> ^b
	<i>Actinomyces israelii</i>	<i>Fusobacterium varium</i>
	<i>Actinomyces meyeri</i>	<i>Lactobacillus casei</i>
	<i>Clostridium histolyticum</i> ^b	<i>Lactobacillus jensenii</i>
	<i>Cullisella aerofaciens</i> ^b	Anaerobic rods
	<i>Propionibacterium acnes</i>	<i>Enterobacter sakazakii</i> ^b
	<i>Propionibacterium granulosum</i> ^b	<i>Raoultella terrigena</i> ^b
		Yeast culture
		<i>Candida albicans</i>
		<i>Candida guilliermondii</i>
		<i>Candida parapsilosis</i>
		<i>Trichosporon mucoides</i> ^b

^a Species with frequency of isolation $<$ 20% in any sample.

^b Microbes that are not normally considered as members of the oral or oropharyngeal flora.

^c Also isolated from coliform culture.

CONCLUSION

- 1) Minocycline (1.4 mg/strip) in polycaprolactone vehicle suppressed some bacteria but did not eliminate the subgingival colonization of the strip by microbial plaque species,
- 2) Predominant cultivable microbes from spent test and control strips were gram-positive cocci. Small amounts of gram-negative rods were also found colonizing spent strips,
- 3) *Enterobacteriaceae* colonization of spent test strips in the subgingival pocket environment was observed, indicating that it might be in the best interest of the patients to remove the minocycline strips after a shorter period of time,
- 4) Minimal amounts of yeast were recoverable from spent test and control strips within the study time period,
- 5) The microbiota colonizing the spent test strips from residual periodontal pockets of patients one month after non-surgical therapy was largely compatible with periodontal health.

ACKNOWLEDGEMENT

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