



**PHOTOACTIVATED DISINFECTION: A REVIEW**

**Sharma Yesh., Chaudhary Devendra., Nagpal Ravi., Bishnoi Atul., Gandhi Bhupesh and Kar Ankita**

Department of Conservative Dentistry and Endodontics, Maharaja Ganga Singh Dental College, Sriganganagar, Rajasthan

**ARTICLE INFO**

**Article History:**

Received 7<sup>th</sup> November, 2017

Received in revised form 13<sup>th</sup>

December, 2017

Accepted 3<sup>rd</sup> January, 2018

Published online 28<sup>th</sup> February, 2018

**ABSTRACT**

To promote root canal disinfection and debris removal and improve successful treatment we need effective irrigating solutions and proper instrumentations. The effective elimination of bacteria requires the initial cleaning of the canal by removal of the smear layer and the breakup of the biofilm leaving the bacteria accessible to the disinfecting agent. Materials which will remove the smear layer and or disturb the biofilm structure includes sodium hypochlorite, EDTA, citric acid and photo activated disinfection process.

**Key words:**

Photosensitizer, Toluidine blue O

(TBO), Antimicrobial.

*Copyright©2018 Sharma Yesh et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.*

**INTRODUCTION**

Root canal treatment is based on cleaning, shaping and sealing the root canal system<sup>(1)</sup>: the main objectives are the complete dissolution of residual pulpal tissue, the elimination of bacteria from the root canals, and the prevention of recontamination after treatment<sup>(2-5)</sup>. To increase efficacy of mechanical preparation and bacteria removal, instrumentation must be supplemented with active irrigating solutions. Irrigating solutions are considered to be essential for successful endodontic treatment<sup>(6-10)</sup>. Mechanical preparation cannot effectively eliminate bacteria from the root canal system<sup>(11, 12)</sup>. The objectives of irrigation are both mechanical and biologic<sup>(13)</sup>: the mechanical purpose involves flushing out debris, lubricating the canal and dissolving organic and inorganic tissue; the biologic function is related to their antimicrobial effect.

A Photosensitizer is non-toxic dye (PS), and it is low intensity visible light which, in the presence of oxygen, combine to produce cytotoxic species. The principle on which it operates is that Photosensitizer molecules attach to the membrane of the bacteria. Irradiation with light at a specific wavelength matched to the peak absorption of the Photosensitizer leads to the production of singlet oxygen, which causes the bacterial cell wall to rupture, killing the bacteria<sup>(14, 15)</sup>. Photosensitizer and light source when used independently produce no effect on bacteria or on normal tissue; their combination alone has an effect on the pathogens<sup>(16, 17)</sup>. TBO is available in low, medium and high viscosities. All solutions have the same concentration of active ingredients. The PAD principle is not only effective

against bacteria, but also against other micro-organisms including viruses, fungi and protozoa. Photosensitizer and a powerful red light are combined together in this treatment. The Photosensitizer is a watery solution of toluidine blue O (TBO) that attaches to the membranes of microorganisms and binds itself to their surface, absorbs energy from the light and then releases this energy to oxygen (O<sub>2</sub>), which is transformed into highly reactive oxygen species (ROS), such as oxygen ions and radicals. The reactive oxygen species reacts strongly and destroys the microorganisms instantly and effectively.

**How Photoactivated Disinfection Work**

This method of disinfection used in both caries and endodontics has become available. Photosensitizer molecules attach to the membrane of the bacteria is the principle on which its working. Irradiation with light at a specific wavelength matched to the peak absorption of the photosensitizer leads to the production of singlet oxygen, which causes the bacterial cell wall to rupture killing the bacteria.

An important aspect of this system is that the two components when used independently of one another produce no effect on bacteria or on normal tissue. It is only the combination of photosensitizer and light which produces the effect on the bacteria<sup>(18-20)</sup> for endodontic use consisting of a small diode laser connected to a delivery fibre, disposable hand piece and emitter.

This is used in conjunction with a 12.7mg/l solution of the photosensitizer, toluidine chloride. This is a pharmaceutical grade of the vital stain, Toluidine blue O. This system has been evaluated in the laboratory and bacterial kills of the order of 10<sup>9</sup> have been achieved under conditions comparable to those found clinically. The common bacteria associated with

**\*Corresponding author: Sharma Yesh**

Department of Conservative Dentistry and Endodontics,  
Maharaja Ganga Singh Dental College, Sriganganagar,  
Rajasthan

endodontic infections such as *Fusobacteriumnucleatum*, *Prevotellaintermedia*, *Streptococcus intermedius* and *Peptostreptococcus micros*. It has also been shown that the PAD system will kill *Enterococcus faecalis* which is regarded as one of the contaminants associated with canals which have recurrent infections.<sup>(21)</sup>

The emitter is a flexible hollow tube coated internally with a light diffusing material of a comparable size to the tip of an ISO standard #40 file. The light is emitted over a 15 mm length of the tip with a uniform energy density. This energy density is increased by 30% at the tip. After completion of canal preparation, the canal is inoculated with the photosensitizer solution which is left in situ for a fixed period of time (60 seconds) to permit the solution to come into contact with the bacteria and diffuse through any biofilm structure.

The emitter is then placed in the root canal and irradiation carried out for 120 seconds. This has been demonstrated in the laboratory study to kill high concentrations of bacteria generally found in root canals.

### **Functions**

- It kills all bacteria associated with all types of oral lesions
- It saves time and enables endodontictreatment in a single visit
- It works only at the infection site, reducing the need for other local and systemic
- antimicrobials
- It compliments minimally invasive treatment as a simple, adjunct to your usual
- restorative procedure
- It improves and speeds up the healing process
- It is painless and welcomed by patients especially children
- It is safe, with no known side-effects

### **And significant benefits for patients**

- Less likelihood of failed root canal treatment
- Less complex treatment of periodontal pockets
- Less likelihood of implant failure
- Less need for aggressive antimicrobials and systemic antibiotics
- Less risk of pulpal exposure in treating deep decay
- Less trauma for children and dental phobics

### **CONCLUSIONS**

The results of the study show that the PAD technique was successful in eliminating all the culturable bacteria when the correct combination of photosensitizer and correct energy dose are used and where both the light and the photosensitizer reach the bacteria. It highlighted the need for care in the use of the emitter to ensure that it is not bent too tightly or trapped in the canal.

### **References**

1. Torabinejad M, Walton RE. Endodontics. Principles and practice. St Louis, Missouri: Saunders Elsevier; 2009.
2. Abou-Rass M, Piccinino MV. The effectiveness of four clinical irrigation methods on the removal of root canal debris. *Oral Surg Oral Med Oral Pathol.* 1982;54(3):323-328.

3. Briseno M BM, Wirth R, Hamm G, Standhartfinger W. Efficacy of different irrigation methods and concentrations of root canal irrigation solutions on bacteria in the root canal. *Dent Traumatol.* 1992;8(1):6-11. doi:10.1111/j.1600-9657.1992.tb00218.x.
4. Kaplan AE, Picca M, Gonzalez MI, Macchi RL, MolgatiniSL. Antimicrobial effect of six endodontic sealers: an in vitro evaluation. *Dent Traumatol.* 1999;15(1):42-45. doi:10.1111/j.1600-9657.1999.tb00748.x.
5. Mickel AK, Nguyen TH, Chogle S. Antimicrobial activity of endodontic sealers on *Enterococcus faecalis*. *J Endod.* 2003;29(4):257-258. doi:10.1097/00004770-200304000-00006.
6. Brown JI, Doran JE. An in vitro evaluation of the particle flotation capability of various irrigating solutions. *J Calif Dent Assoc.* 1975;3(3):60-63.
7. D'Arcangelo C, Varvara G, De Fazio P. An evaluation of the action of different root canal irrigants on facultative aerobicanaerobic, obligate anaerobic, and microaerophilic bacteria. *J Endod.* 1999;25(5):351-353. doi:10.1016/S0099-2399(06)81170-2.
8. Jeansonne MJ, White RR. A comparison of 2.0% chlorhexidine gluconate and 5.25% sodium hypochlorite as antimicrobial endodontic irrigants. *J Endod.* 1994;20(6):276-278. doi:10.1016/S0099-2399(06)80815-0.
9. Siqueira JF, Batista MM, Fraga RC, de Uzeda M. Antibacterial effects of endodontic irrigants on black-pigmented Gram-negative anaerobes and facultative bacteria. *J Endod.* 1998;24(6):414-416. doi:10.1016/S0099-2399(98)80023-X.
10. Sundqvist G, Figdor D, Persson S, Sjogren U. Microbiological analysis of teeth with failed endodontic treatment and the outcome of conservative retreatment. *Oral Surg Oral Med Oral Pathol.* 1998;85(1):86-93.
11. Shabahang S, Pouresmail M, Torabinejad M. In vitro antimicrobial efficacy of MTAD and sodium hypochlorite. *J Endod.* 2003;29(7):450-452. doi:10.1097/00004770-200307000-00006.
12. Yesilsoy C, Whitaker E, Cleveland D, Phillips E, Trope M. Antimicrobial and toxic effects of established and potential root canal irrigants. *J Endod.* 1995;21(10):513-515. doi:10.1016/S0099-2399(06)80524-8.
13. Hargreaves KM, Cohen S. Pathways of the pulp. 10th edition. St Louis, Missouri: Mosby Elsevier; 2011.
14. Burns T, Wilson M, Pearson GJ. Sensitisation of cariogenic bacteria to killing by light from a helium-neon laser. *J Med Microbiol.* 1993;38(6):401-405. doi:10.1099/00222615-38-6-401.
15. Bonsor SJ, Nichol R, Reid TMS, Pearson GJ. Microbiological evaluation of photo-activated disinfection in endodontics (An in vivo study). *Br Dent J.* 2006;200(6):337341. doi:10.1038/sj.bdj.4813371.
16. Schlafer S, Vaeth M, Horsted-Bindslev P, Frandsen EVG. Endodontic photoactivated disinfection using a conventional light source: an in vitro and ex vivo study. *Oral Surg Oral Med Oral Pathol.* 2010;109(4):634-641.
17. Burns T, Wilson M, Pearson G J. Sensitisation of cariogenic bacteria to killing by light from a helium neon laser. *J Med Microbiol* 1993; 38: 401-405.

18. Williams J, Pearson G J, Wilson M, Colles J. Use of a novel light source as a means of killing bacteria using PAD. *Caries Res* 2003; 37: 190-193.
19. Williams J, Pearson G J, Colles J, Wilson M. The antibacterial effect of TBO on bacterial colonies in a collagen matrix and carious dentine. *Caries Res* 2004; 38: 530-536.
20. Lee M T, Bird P S, Walsh L J. Photo-activated disinfection of root canals: a new role for lasers in endodontics. *AustrEndod J* 2004; 30: 93-98
21. Williams J A, Colles M J, Pearson G J, Wilson M. Effectiveness of photo-activated disinfection against endodontic bacteria in planktonic suspension and in artificial and human root canals. *J Dent* (pending publication).

**How to cite this article:**

Sharma Yesh *et al* (2018) 'Photoactivated Disinfection: A Review', *International Journal of Current Advanced Research*, 07(2), pp. 9964-9966. DOI: <http://dx.doi.org/10.24327/ijcar.2018.9966.1666>

\*\*\*\*\*