

# *Streptococcus Mutans* Serotype Analysis from Dental Plaque of Caries Patients in Banda Aceh Based on the GTF Gene

Santi Chismirina<sup>1,2</sup>, Suzanna Sungkar<sup>2</sup>, Muhammad Adlim<sup>3</sup>, Darmawi Darmawi<sup>\*4</sup>

## Abstract

**Background:** Dental caries is an oral disease that is widely suffered by the population of Aceh caused by *Streptococcus mutans*. *S. mutans* serotypes c and d are widely isolated in the human oral cavity. This research was focused on detecting the presence and variability of *S. mutans* in supragingival dental plaque of caries teenager and young adults' patients.

**Methods:** Subjects involved in this study were patients who treated at the Rumah Sakit Gigi dan Mulut of Dentistry Faculty of Universitas Syiah Kuala. The approach used in this research was molecular microbiology technique. To determine the presence of *S. mutans*, supragingival plaque from caries patients was cultivated in TYS20B. The culture findings were utilized to detect the presence of bacteria using PCR. The primers utilized in the PCR were *S. mutans* specific primers, GTFB (517 bp) for *S. mutans* serotype c and GTFI (712 bp) for *S. mutans* serotype d.

**Results:** Culture results on TYS20B media showed the growth of *S. mutans* colonies isolated from the supragingival plaque of research subjects. PCR results also revealed the presence of *S. mutans* in the supragingival plaques of caries patients, with the variability of *S. mutans* discovered to be a serotype c and a serotype d.

**Conclusions:** Based on the findings of this study, it can be concluded that *S. mutans* can be found in the supragingival plaques of caries patients with the serotypes c and d variability.

**Keywords:** Cariogenic, Dental Caries, *Streptococcus mutans*, Supragingival Plaque, TYS20B.

## Introduction

Aceh Province is one of the provinces in Indonesia with a high caries prevalence rate. Caries can arise at various ages, social levels, and levels of education (1-3). According to the American Academy of Pediatrics, oral infections continue to afflict children, particularly very young children. Efforts to combat the disease must be coordinated and include preventive, curative, rehabilitative, and promotional measures. To provide an effective result, the medications used must be compatible with the microorganisms that cause caries. Previous studies found a link

between the presence of *streptococcal mutans* in tooth plaque. As a result, the density of mutans streptococci in dental plaque predicts caries risk (4,5).

The main causative agent causing dental caries is *Streptococcus mutans* (*S. mutans*). *S. mutans* is the most isolated bacterium species from the human mouth and adheres to the tooth (6). This species is part of the oral flora; however, it has a role in the demineralization of teeth, causing tooth disease known as dental caries. Dental caries is an infectious illness that damages the teeth's hard tissues, notably the

1: Graduate School of Department of Mathematics and Science Application, Universitas Syiah Kuala, Banda Aceh, 23111, Indonesia.

2: Faculty of Dentistry, Universitas Syiah Kuala, Banda Aceh 23111, Aceh, Indonesia.

3: Department of Chemistry, FKIP, Universitas Syiah Kuala, Banda Aceh 23111, Aceh, Indonesia.

4: Faculty of Veterinary Medicine, Universitas Syiah Kuala, Banda Aceh 23111, Aceh, Indonesia.

# The first and the second authors contributed equally to this work.

\*Corresponding author: Darmawi Darmawi; Tel: +62 85370609444; E-mail: darmawi@usk.ac.id.

Received: 11 Apr, 2023; Accepted: 27 Jun, 2023

enamel and dentin, and is produced by a combination of factors such as substrate, host, time, and bacteria (7). These bacteria are also capable of causing endocarditis (8,9).

Bacteria adhering to the tooth surface will colonize and accumulate with the assistance of *glucosyltransferase* (Gtf) and *glucan binding protein* (Gbp) (10,11). The Gtf enzyme catalyzes the synthesis of *water-soluble glucan* (glucan of (1-6) linked glucose groups) and *water-insoluble glucan* (glucan of (1-3) bonded glucose groups) from sucrose breakdown, and Gbp is a glucan-binding receptor protein (12,13).

*Streptococcus mutans* and other normal flora species can be isolated from saliva, mucosal surfaces, and plaque that collects in tooth cavities or on the surface of healthy teeth (14,15). *S. mutans* can induce pathological alterations in the mouth (caries) as well as systemic infections (coronary heart infection/endocarditis). A person's immune status, on the other hand, is also determined by age, and in this case, the age of a toddler and/or the elderly can be classified as susceptible to infection (16,17).

Although the role of *S. mutans* in the process of tooth enamel demineralization is clearly known, this species can also be isolated from the subject's mouth with good oral hygiene without caries (18). In other words, the variety of strains in a person's mouth influences microbe coaggregation with other flora in the oral ecosystem. Thus, there is a possibility of clonal types that dominate certain habitats (oral niche) in the mouth in the case of *S. mutans* as part of oral flora on the one hand and as the cause of caries on the other (19,20).

The objective of this research was to detect the presence of *S. mutans* in the mouths of susceptible subjects and to examine its variability based on age differences in patients with dental caries. It was hoped that the findings of this study will aid in the development of preventive measures (such as vaccinations or competitive exclusion procedures) against germs that could cause this systemic disease.

## Materials and Methods

### Subjects

The stages carried out in this study were started with the determination of the research subject. Subjects involved in this study were subjects who treated at Rumah Sakit Gigi Mulut of Dentistry Faculty, Universitas Syiah Kuala, did not experience systemic disease and were not currently receiving antibiotic therapy. Selection was made after obtaining ethical approval. The research was started with the selection of research subjects and requests for approval/willingness of the subject or parents to participate in this research activity. Willingness to participate in the subject was stated in writing by signing the informed concerned sheet provided.

### Sample collections

The next step was to take supragingival plaque and detect the presence of *S. mutans* in it. The sample collection was done by using sterile sonde. The sample was put into a tube containing the transport media to be subsequently taken to the Dental Laboratory Skill of Dentistry Faculty, Universitas Syiah Kuala to detect the presence of *S. mutans* in supragingival plaque. The presence of *S. mutans* in the subject's supragingival plaque was done in 2 ways namely bacterial culture on selective media namely *Trypticase Soy with Sucrose and Bacitracin* (TYS20B) and PCR by using specific primers that tracked glucosyltransferases (Gtf).

### Detection of *S. mutans* by Polymerase Chain Reaction (PCR)

The *Polymerase Chain Reaction* (PCR) method was used to identify the variability of *S. mutans* serotypes. *S. mutans* serotypes were identified using specific primers capable of detecting the presence of each of the serotypes listed in Table 1. The programme is shown in Table 2.

The last stage of this study was the detection of *S. mutans* variability from the supragingival plaque of the subjects by the PCR method. This variability examination was first carried out by culturing the *S. mutans* that grew on

TYS20B in liquid media, namely *Trypticase Soy Broth* (TSB). *S. mutans* that grow on liquid media was used to isolate *S. mutans* DNA. The isolation process was carried out by extracting *S. mutans* DNA which was carried out

according to the procedure recommended by the TIANamp Bacteria DNA Kit (Tiagen) and in the extraction process lysozyme was used because *S. mutans* was a Gram-positive bacterium.

**Table 1.** Primary sequence for *Streptococcus mutans* serotyping.

Primer	Sequence	bp	Serotype
GTFB-F	5'-ACTACACTTTCGGGTGGCTTG G-3'	51	c
GTFB-R	5'-CAGTATAAGCGCCAGTTTCATC-3'		
GTFI-F	5'-GATAACTACCTGACAGCTGACT-3'	712	d
GTFI-R	5'-AAGCTGCCTTAAGGTAATCACT-3'		

**Table 2.** Amplification condition of *Streptococcus mutans* DNA using PCR.

Step	Temperature (°C)	Time	Cycle
Initial Denaturation	95	3 minutes	1
Denaturation	95	1 minute	
Annealing	57	30 second	3
Elongation	72	30 second	
Final Elongation	72	5 minutes	1

The extracted DNA was used as a template to be mixed with PCR Master Mix. The PCR tube was filled with a master mix PCR (12.5 µl), forward and reverse specific primers (2.5 µl each) and DNA template (3.5 µl) and H<sub>2</sub>O to reach a volume of 25 µl per tube. The filled PCR tube was then placed in a PCR machine namely thermal cycler (BioRad Lab, USA) for DNA amplification. Amplified DNA samples were analyzed by electrophoresis using 1.2% agarose. To run electrophoresis, a sample of 7 µl running PCR was taken which was injected into wells in 1.2% Agarose, one well was injected as a guide marker. Electrophoresis was run with a current of 100 mA and a voltage of 100 volts for 30 minutes. To see the PCR product produced, the Agarose was photographed using a gel documentation

system for visualizing DNA bands. The results were then analyzed to see the variability of *S. mutans* from caries patients with different age groups and the severity of caries.

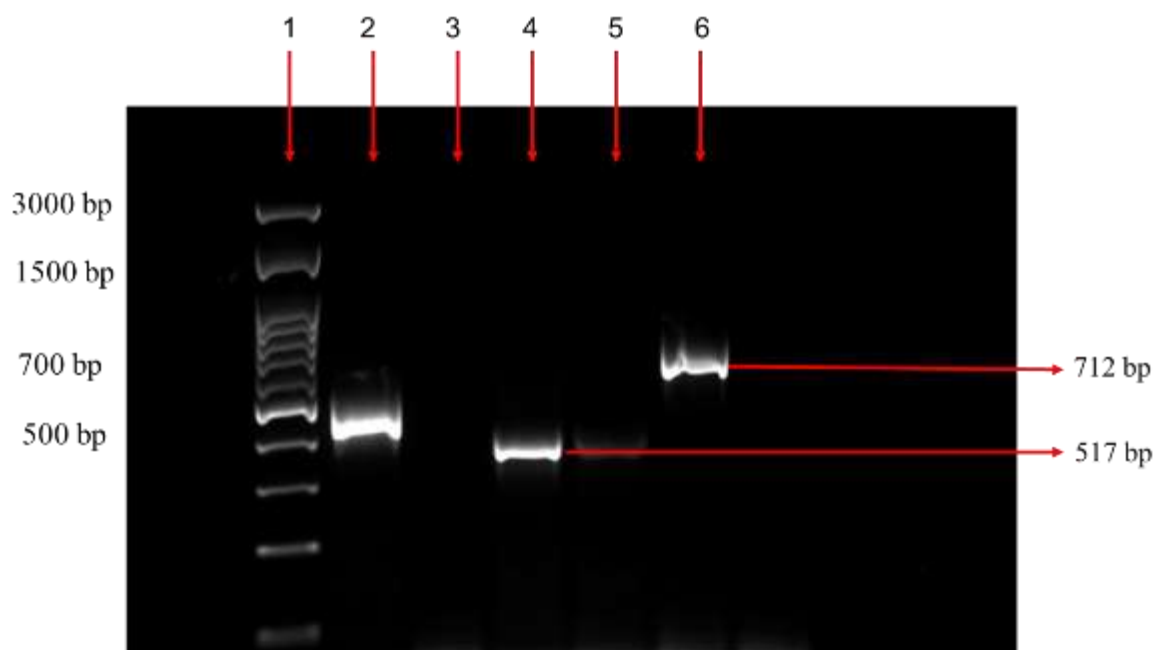
## Results

### *Subjects and samples*

The selection of research subjects yielded 34 patients who met the criteria for supragingival plaque retrieval. Bacterial culture of caries patients with supragingival plaque on selective media for the *S. mutans* species, TYS20B, was performed.

### *PCR*

The results of DNA amplification showed the presence of DNA bands at 517 bp and 712 bp (Fig. 1).



**Fig. 1.** *S. mutans* DNA bands amplification results by PCR. The lane 1 is a DNA marker, lane 2 is a positive control, lanes 3,5,6,8,9 are *S. mutans* serotype c DNA bands, and lanes 4,7,10 are *S. mutans* serotype d DNA bands.

## Discussion

*Streptococcus mutans* is a Gram-positive bacterium that grows in a facultative anaerobic atmosphere that requires 5%-10% CO<sub>2</sub> and 95% nitrogen and ammonia to survive (21,22). *S. mutans* will only become pathogenic under conditions of frequent and prolonged acidification of dental plaque. *S. mutans* is adapted to low pH and will increase the rate of acid production and drive the pH even lower, resulting in cariogenic plaque (23).

*Trypticase Soy With Sucrose and Bacitracin* (TYS20B) is one of the selective media for *S. mutans* (21,24). The culture results on YYS20B in this study demonstrated *S. mutans* colony characteristics, such as round colonies with flat edges, yellowish white colour, and a distinct yeast-like aroma. YYS20B selective media can separate streptococci mutant group bacteria, in this case *S. mutans*, from other bacteria in oral plaque. There were no morphological differences in colony growth between *S. mutans* serotypes c and d colonies. *S. mutans* serotype c is the most common serotype isolated from caries patients' plaque and saliva (25,26).

This serotype classification is based on the percentage of guanine and cytosine in the

DNA. The extracted DNA was used as a template for PCR, and the PCR products were visualized using electrophoresis. The visualization results revealed the presence of *S. mutans* in the study subject's plaque, which was indicated by the presence of bands or DNA bands based on markers with weights of 712 bp and 517 bp (Fig. 1). The figure shows that lane 1 is a DNA marker, lane 2 is a positive control, lanes 3,5,6,8,9 are *S. mutans* serotype c DNA bands, and lanes 4,7,10 are *S. mutans* serotype d DNA bands. The DNA amplification results obtained for all supragingival plaque samples (34 subjects consisting of 16 subject's teenager and 19 subjects' young adult).

The use of *Trypticase Soy with Sucrose and Bacitracin* (TYS20B) selective media to separate *S. mutans* species from other bacteria present in supragingival plaque was very effective and efficient. The presence of sucrose at a very high concentration of 20% in YYS20B was responsible for its ability. Only *S. mutans* species grew on YYS20B media at high sucrose concentrations. Furthermore, after 3 x 24 hours of incubation in anaerobic conditions, the *S. mutans* colony could grow

on the selective media. This significantly reduced the time required to grow and identify *S. mutans*. *S. mutans* in the human oral cavity is known to have two serotypes, c and d.

In this study, specific primers were used to trace *glucosyltransferase* (GTF) to detect the presence of *S. mutans* serotypes c and d. Gtf, encoded by the gtf B gene, is a major virulence factor of *S. mutans* that functions to synthesize glucan from sucrose (27). Glucan is required for bacterial attachment to the tooth surface, which leads to the formation of a dental biofilm known as dental plaque. In this study, the serotyping results of *S. mutans* revealed that serotype c was the most common serotype, followed by serotype d. This is consistent with the theory that serotype c is the most common. This is consistent with the theory that *S. mutans* serotype c is the most commonly isolated serotype from caries patients when compared to other serotypes (25,26).

## Acknowledgement

The authors would like to thank the administrators at the Oral Dental Hospital,

## References

1. Cianetti S, Lombardo G, Lupatelli E, Rossi G, Abraha I, Pagano S, Paglia L. Dental caries, parents educational level, family income and dental service attendance among children in Italy. *Eur J Paediatr Dent*. 2017;18(1):15-18.
2. Esberg A, Sheng N, Mårell L, Claesson R, Persson K, Borén T, Strömberg N. Streptococcus Mutans Adhesin Biotypes that Match and Predict Individual Caries Development. *EBioMedicine*. 2017;24:205-215.
3. Xu H, Tian J, Hao W, Zhang Q, Zhou Q, Shi W, et al. Oral Microbiome Shifts From Caries-Free to Caries-Affected Status in 3-Year-Old Chinese Children: A Longitudinal Study. *Front Microbiol*. 2018;9:2009.
4. Nanda J, Sachdev V, Sandhu M, Deep-Singh-Nanda K. Correlation between dental caries experience and mutans streptococci counts using saliva and plaque as microbial risk indicators in 3- 8- year-old children. A cross

Faculty of Dentistry, Syiah Kuala University. In addition, we would like to thank the patients who seek treatment at the Oral Dental Hospital of the Faculty of Dentistry, Syiah Kuala University for their participation in this project as subjects or parents.

## Funding

This research was conducted all thanks to the funding from Skim Lektor Kepala, Universitas Syiah Kuala of 2019.

## Conflict of Interest

The authors declare no potential conflict of interest regarding the publication of this work. In addition, the ethical issues including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, and redundancy have been completely witnessed by the authors.

## Ethics Code

The authors approved this study in Ethical Number: Ref: 75/KEPH/XII/2020.

5. sectional study. *J Clin Exp Dent*. 2015;7(1):e114-8.
6. Nishana E, Bhat SS, Sahana KS, Hegde SK, Bhat V, Kalal BS. Estimation of Salivary sCD14 in Children with Early Childhood Caries in Association with Pneumonia. *Rep Biochem Mol Biol*. 2019;8(2):132-138.
7. Damle SG, Loomba A, Dhindsa A, Loomba A, Beniwal, V. Correlation between Dental Caries Experience and Mutans Streptococci Counts by Microbial and Molecular (Polymerase Chain Reaction) Assay using Saliva as Microbial Risk Indicator. *Dent Res J*. 2016;13(6):552-9.
8. Soyolmaa M, Munguntsetseg L, Sharkhuu MO, Nishino M, Hulan U. PCR detection of Streptococcus mutans and Streptococcus sobrinus in Plaque Samples from Mongolian Mother-Child Pairs. *Pediatr Dent J*. 2011;21(2):154-159.

9. Lemos JA, Palmer SR, Zeng L, Wen ZT, Kajfasz JK, et al. The Biology of *Streptococcus mutans*. *Microbiol Spectr*. 2019;7(1):1–26.
10. Takahashi N, Nyvad B. The role of bacteria in the caries process: ecological perspectives. *J Dent Res*. 2011;90(3):294–303.
11. Cunha-Cruz J, Scott J, Rothen M, Mancl L, Lawhorn T, Brossel K, Berg J; Northwest Practice-based REsearch Collaborative in Evidence-based DENTistry. Salivary characteristics and dental caries: evidence from general dental practices. *J Am Dent Assoc*. 2013;144(5):e31–40.
12. Martins C, Buczynski AK, Maia LC, Siqueira WL, Castro GF. Salivary proteins as a biomarker for dental caries--a systematic review. *J Dent*. 2013;41(1):2–8.
13. Freires IA, Avilés-Reyes A, Kitten T, Simpson-Haidaris PJ, Swartz M, Knight PA, et al. Heterologous expression of *Streptococcus mutans* Cnm in *Lactococcus lactis* promotes intracellular invasion, adhesion to human cardiac tissues and virulence. *Virulence*. 2017;8(1):18–29.
14. Zero DT, Fontana M, Martínez-Mier EA, Ferreira-Zandoná A, Ando M, González-Cabezas C, Bayne S. The biology, prevention, diagnosis and treatment of dental caries: scientific advances in the United States. *J Am Dent Assoc*. 2009;140 Suppl 1:25S–34S.
15. Khan A, Qureshi B, Qureshi A, Imtiaz Y, Qadeer S. Correlation of Salivary Characteristics with High Risk of Dental Caries; A Clinical Investigation. *Future Dent J*. 2018;4(1):72–75.
16. Stookey GK. The Effect of Saliva on Dental Caries. *J Am Dent Assoc*. 2008;139: 139 Suppl:11S–17S.
17. Karaoğlu S, Akgül N, Akgül HM. The Association Between the DMFS Index and Levels of Salivary *Streptococcus Mutans* and *Lactobacilli* of Subjects Living in Erzurum, Turkey. *J Dent Sci*. 2010;5(2):70–74.
18. Smith DJ. Dental caries vaccines: prospects and concerns. *Crit Rev Oral Biol Med*. 2002;13(4):335–349.
19. Hancock RE, Sahl HG. Antimicrobial and host-defense peptides as new anti-infective therapeutic strategies. *Nat Biotechnol*. 2006;24(12):1551–7.
20. Aas JA, Griffen AL, Dardis SR, Lee AM, Olsen I, Dewhirst FE, et al. Bacteria of Dental Caries in Primary and Permanent Teeth in Children and Young Adults. *J Clin Microbiol*. 2008;46(4):1407–1417.
21. Niessen LC, Gibson G, Kinnunen TH. Women's oral health: why sex and gender matter. *Dent Clin North Am*. 2013;57(2):181–94.
22. Hamada S, Slade HD. Biology, immunology, and cariogenicity of *Streptococcus mutans*. *Microbiol Rev*. 1980;44(2):331–84.
23. Shukla C, Maurya RK, Singh V, Tijare M. Evaluation of changes in *Streptococcus mutans* colonies in microflora of the Indian population with fixed orthodontics appliances. *Dent Res J (Isfahan)*. 2016;13(4):309–14.
24. Jeevarathan J, Deepti A, Muthu MS, Rathna Prabhu V, Chamundeeswari GS. Effect of fluoride varnish on *Streptococcus mutans* counts in plaque of caries-free children using Dentocult SM strip mutans test: a randomized controlled triple blind study. *J Indian Soc Pedod Prev Dent*. 2007;25(4):157–63.
25. Saravia ME, Nelson-Filho P, Ito IY, da Silva LA, da Silva RA, Emilson CG. Morphological differentiation between *S. mutans* and *S. sobrinus* on modified SB-20 culture medium. *Microbiol Res*. 2011;166(1):63–7.
26. Sánchez-Acedo M, Montiel-Company JM, Dasí-Fernández F, Almerich-Silla JM. *Streptococcus mutans* and *Streptococcus sobrinus* detection by Polymerase Chain Reaction and their relation to dental caries in 12 and 15 year-old schoolchildren in Valencia (Spain). *Med Oral Patol Oral Cir Bucal*. 2013;18(6):e839–45.
27. Banas JA, Drake DR. Are the mutans streptococci still considered relevant to understanding the microbial etiology of dental caries? *BMC Oral Health*. 2018;18(1):129.
28. Bowen WH, Koo H. Biology of *Streptococcus mutans*-derived glucosyltransferases: role in extracellular matrix formation of cariogenic biofilms. *Caries Res*. 2011;45(1):69–86.