

AMWC
April, 3 – 5 , 2014
Montecarlo

BYCURE GROUP
ESPANSIONE GROUP
LEVEL +1, HALL RAVEL, H8

PHOTOBIOSTIMULATION (PBS) WITH INFRARED LED LIGHT (E-LIGHT® D TECHNOLOGY) AS AN ADJUNCTIVE THERAPY IN CHRONIC PERIODONTITIS: A PRELIMINARY STUDY

Giovanni Mauro, MD, DDS

Visiting Professor and Clinical Director
of the II Level University Master
in Oral and Perioral Aesthetics
University of Parma (Italy)
(www.giovannimauro.com)



Introduction

The final scope of periodontal treatment is the removal of supragingival and subgingival plaque biofilm from the root surface, to reduce or arrest the progression of periodontal disease by mechanical debridement.



Non-surgical treatment of chronic periodontitis, mainly consists of mechanical debridement (scaling and root planing SRP) and usually results in significant clinical improvement. However, SRP alone may fail to eliminate subgingival bacteria located in areas inaccessible to periodontal instruments.



Adjunctive procedures to periodontal therapy, such as locally delivered or systemic antibiotics have been evaluated. Although the adjunctive use of antibiotics may be effective in the elimination of periodontal germs, the frequent use of antibiotics could lead to side effects or to the development of bacterial resistance.

Is there a role for other less invasive adjuvant therapies in managing periodontal disease?



Pubmed search (Medline) keywords:
led light periodontal:

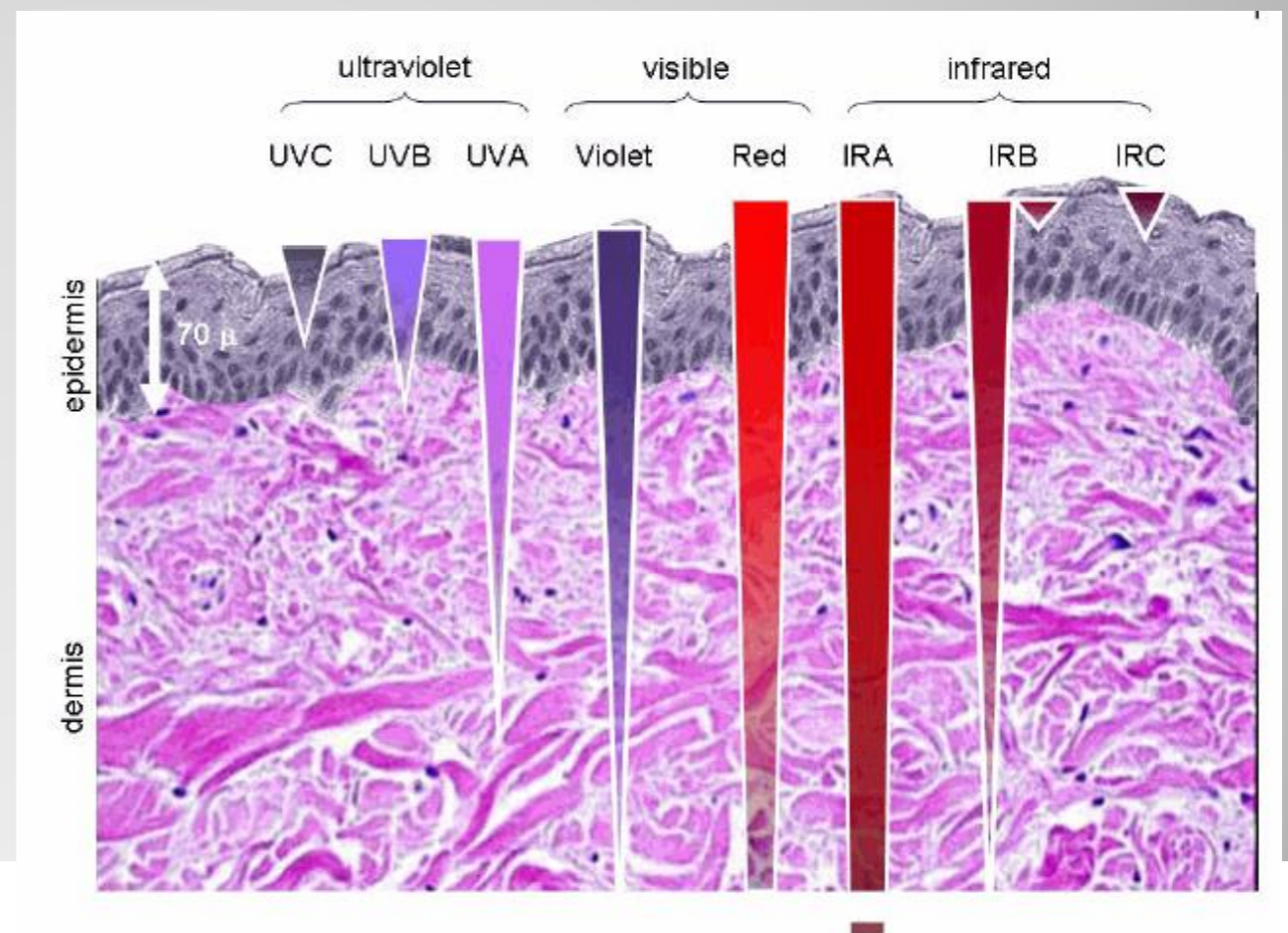
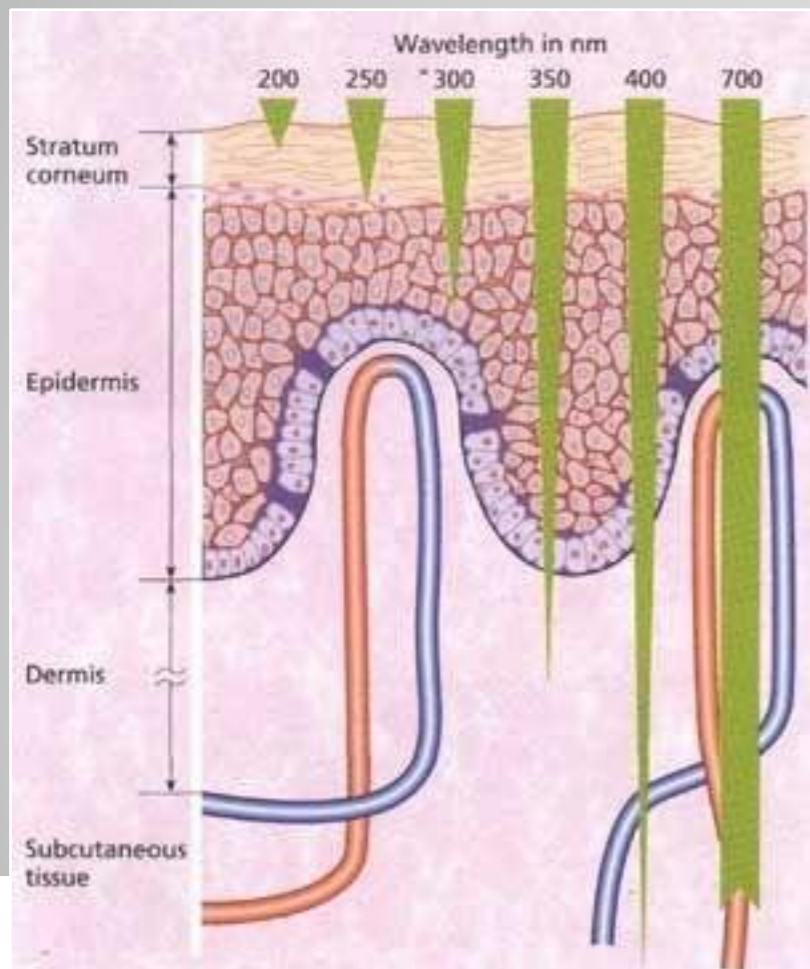
13 papers, all publised between 2012 and 2014

Most recent literature show evidence of
a possible role of led light as an adjunctive therapy
(PBS) of periodontal conditions

**Advantages of the use of
an extraoral infrared light source as
a photobiostimulatory adjuvant therapy for
periodontal diseases**

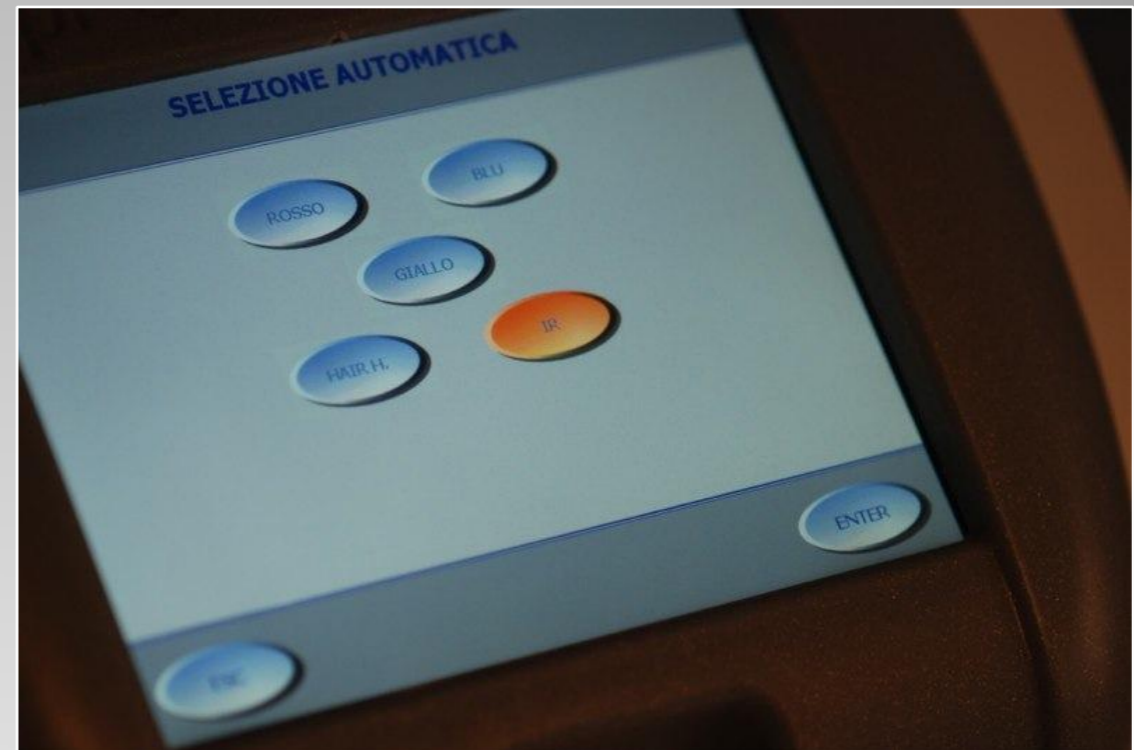
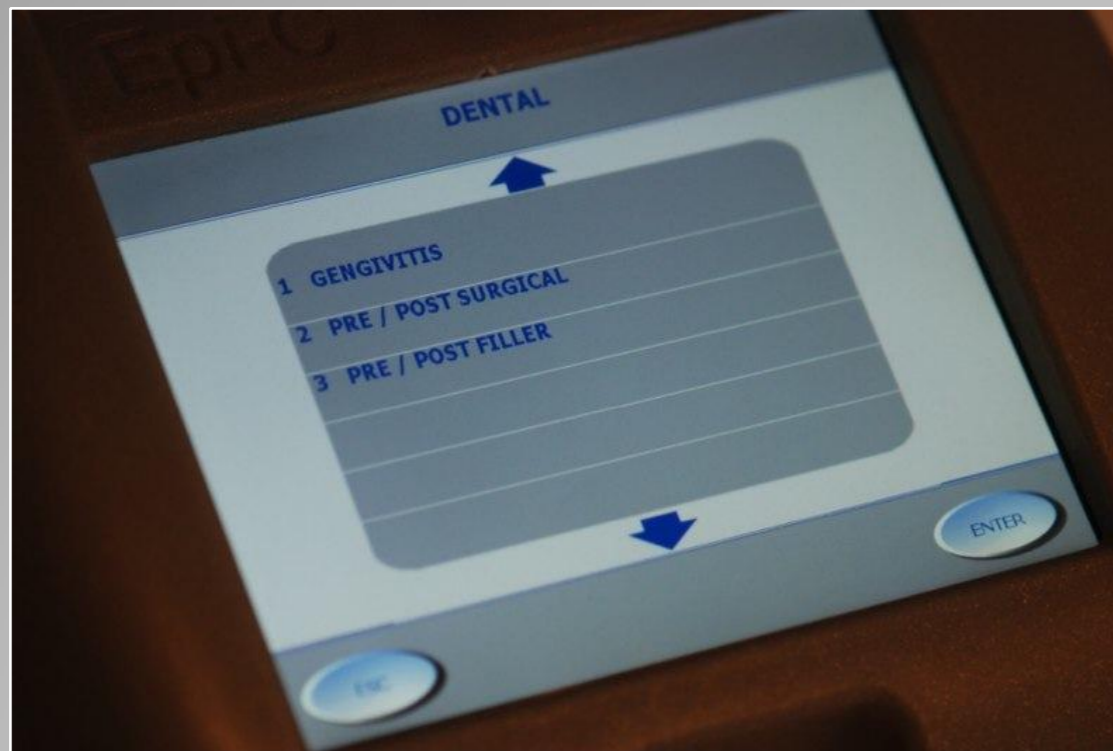


- 1) Higher the wavelength, greater the depth of penetration of the light:
infrared led light has a capability to penetrate deeper than red light in oral tissues.



2) The extraoral application allows a cleaner technique and a simpler disinfection of the device than an intraoral one.





This preliminary study intends to evaluate the photobiostimulatory (PBS) effect of an 835 nm infrared light-emitting diode (**E-Light D® _ Espansione Group, Bologna, Italy**) administered extraorally according to a specific protocol as an adjunctive therapy in chronic periodontitis.

Methods

Protocol for the use of an IR red light device (**E-light D[®] _Espansione Group, Bologna, Italy**) as an adjuvant therapy in chronic periodontal diseases

PRS scoring
pre and post
treatment

- Code 0: gingival health
- Code 1: gingivitis
- Code 2: presence of factors that worsen the capability of maintaining a correct dental hygiene
- Code 3 e 4: suspected periodontitis

PERIODONTAL SCREENING & RECORDING					
S ¹	S ²	S ³			
S ⁶	S ⁵	S ⁴			
SEXTANT SCORE			MONTH	DAY	YEAR

10 chronic
periodontal patients
**PRS scoring = 3 in at
least 1 sextant**

- 5 treated with standard mechanical treatment (US plus full mouth scaling)
- 5 treated with standard mechanical treatment (US plus full mouth scaling) and IR according to the following protocol (in green)

Methods

Protocol for the use of an IR red light device
(**E-light D[®] _Espansione Group, Bologna, Italy**) as an
adjuvant therapy in chronic periodontal diseases

PSR 0 : prevention light protocol

- 2 E-Light D[®] sessions of 20', each 10 days

PSR 1: prevention medium protocol

- 3 E-Light D[®] sessions of 20', each 10 days, the first one after the US seance

PSR 2: prevention intensive protocol

- 4 E-Light D[®] sessions of 20', the first one after the US seance, the other each 10 days during the periodontal therapies

PSR 3 to 4: adjuvant protocol to

- Mechanical non surgical therapy (US + FS)
- Pharmacological therapy
- Surgical therapy

- 6 E-Light D[®] sessions of 20', each 7 days, the first one after the US seance during the periodontal therapies

Results

- All the patients recovered well; the group who underwent the **E-light D[®] (Espansione Group, Bologna, Italy)** procedure, reported less pain and discomfort when compared with the US/SRP only group.
- After the last session, the PSR was reduced to an average of 1,8 in the US/SRP group and to an average of 1 .0 in the US/SRP + E-light D procedure



Discussion

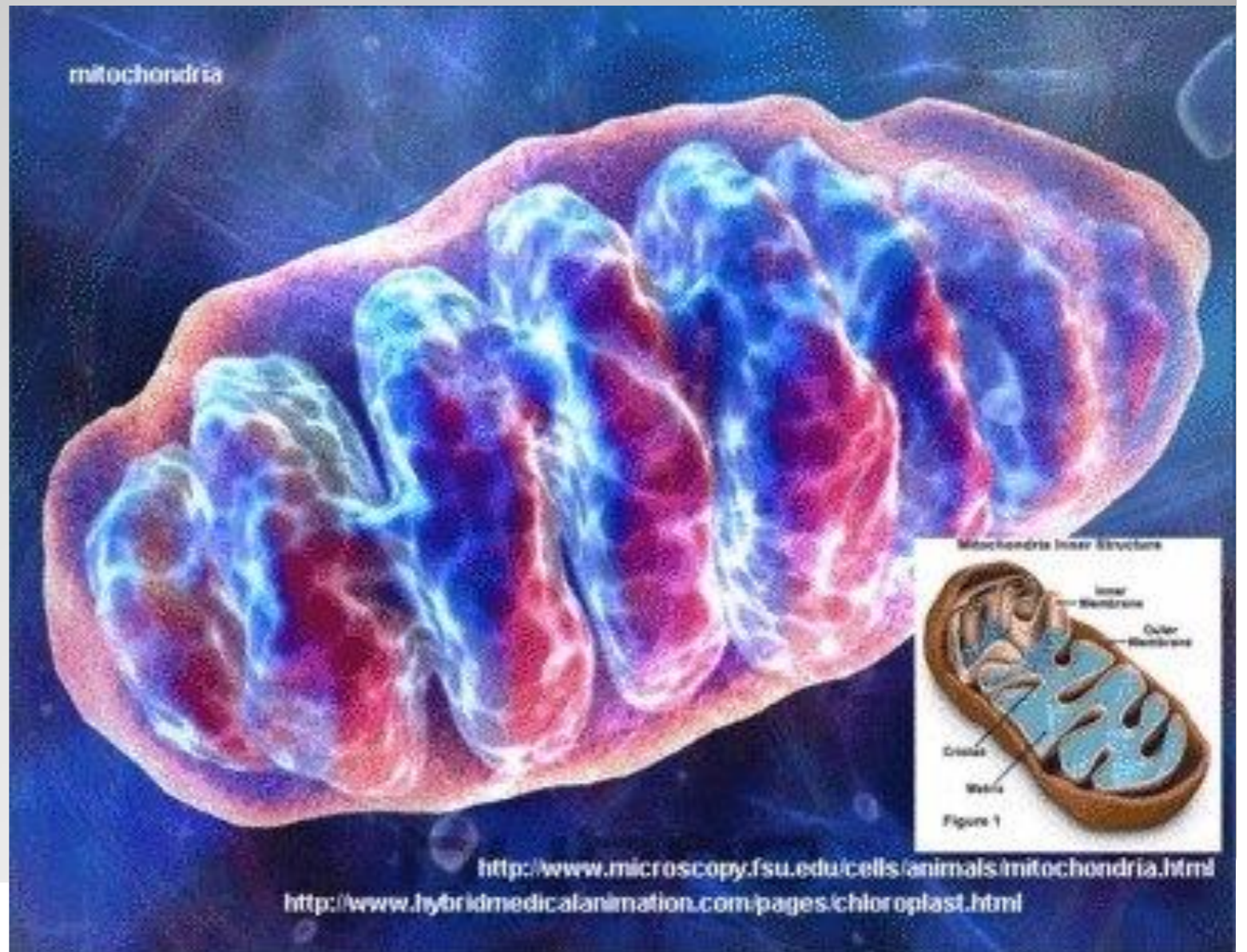
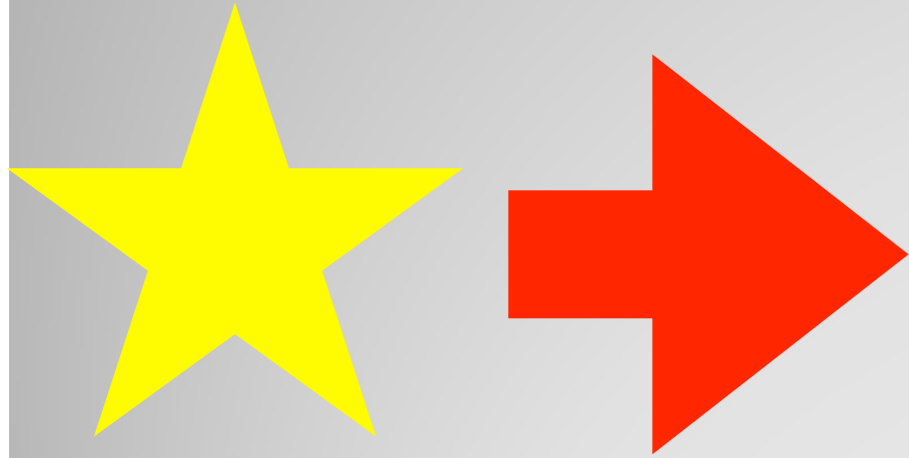
Suggested mechanisms of IR phototherapy

- By damaging pathogenic germs involved with the periodontal disease directly or through photosensitization of disinfectant substances (photodynamic therapy)
- By decreasing bone loss at furcations sites
- By increasing fibroblasts metabolism

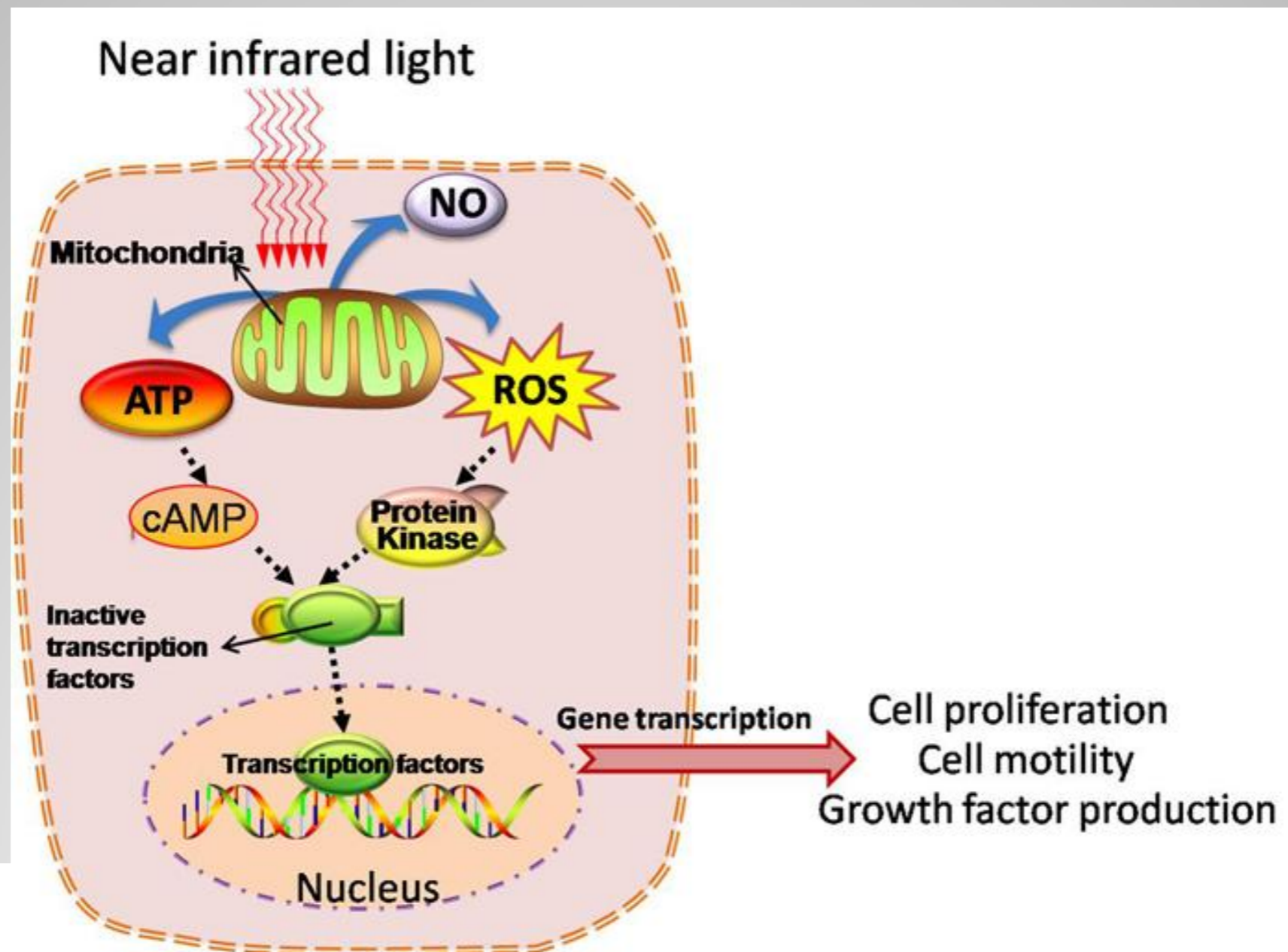
Perspective indications of IR phototherapy

- Prevention of gingivitis progression to a periodontitis as an adjuvant therapy in synergy with conventional treatments
- Management of a periodontitis as an adjuvant therapy in synergy with conventional treatments
- Non surgical treatment of advanced periodontitis when antibiotics failed or cannot be used (immunodepression)

- Near IR led **E-light D[®] (Espansione Group, Bologna, Italy)** light increases periodontal fibroblasts metabolism...



- ...by increasing the AMPc production, activation of transcriptional factors, and the consequent activation of genes coding for cell proliferation and growth factors production



Conclusions

- Within the bounds of a preliminary study it can be concluded that the **E-light D® (Espansione Group, Bologna, Italy)** treatment is a promising adjunctive procedure for the treatment of chronic periodontal disease.
- It presents some advantages:
 - **E-light D® (Espansione Group, Bologna, Italy)** can be easily implemented in the conventional therapeutical protocols and may improve their treatment outcome.
 - **E-light D® (Espansione Group, Bologna, Italy)** can be a useful tool for those refractory cases who cannot undergo an antibiotic therapy
 - **E-light D® (Espansione Group, Bologna, Italy)** can be a useful tool in preventing the gingivitis progression to a periodontitis as an adjuvant therapy in synergy with conventional treatments



Bibliography

- Cieplik F, Spivak A, Leibl C, Gollmer A, Regensburger J, Tabenski L, Hiller KA, Maisch T, Schmalz G. Blue light kills *Aggregatibacter actinomycetemcomitans* due to its endogenous photosensitizers. *Clin Oral Investig*. 2013 Dec 3.
- Chang PC, Wang CY, Chong LY. Controlling periodontal bone levels with multiple LED irradiations. *Lasers Med Sci*. 2013 Aug 11.
- Eick S, Markauskaite G, Nietzsche S, Laugisch O, Salvi GE, Sculean A. Effect of photoactivated disinfection with a light-emitting diode on bacterial species and biofilms associated with periodontitis and peri-implantitis. *Photodiagnosis Photodyn Ther*. 2013 May;10(2):156-67.
- Chui C, Aoki A, Takeuchi Y, Sasaki Y, Hiratsuka K, Abiko Y, Izumi Y. Antimicrobial effect of photodynamic therapy using high-power blue light-emitting diode and red-dye agent on *Porphyromonas gingivalis*. *J Periodontal Res*. 2013 Dec;48(6):696-705.
- Mongardini C, Di Tanna GL, Pilloni A. Light-activated disinfection using a light-emitting diode lamp in the red spectrum: clinical and microbiological short-term findings on periodontitis patients in maintenance. A randomized controlled split-mouth clinical trial. *Lasers Med Sci*. 2014 Jan;29(1):1-8.
- Bassir SH, Moslemi N, Jamali R, Mashmouly S, Fekrazad R, Chiniforush N, Shamschiri AR, Nowzari H. Photoactivated disinfection using light-emitting diode as an adjunct in the management of chronic periodontitis: a pilot double-blind split-mouth randomized clinical trial. *J Clin Periodontol*. 2013 Jan;40(1):65-72.
- Lim W, Kim J, Kim S, Karna S, Won J, Jeon SM, Kim SY, Choi Y, Choi H, Kim O. Modulation of lipopolysaccharide-induced NF- κ B signaling pathway by 635 nm irradiation via heat shock protein 27 in human gingival fibroblast cells. *Photochem Photobiol*. 2013 Jan-Feb;89(1):199-207.
- Pereira CA, Costa AC, Carreira CM, Junqueira JC, Jorge AO. Photodynamic inactivation of *Streptococcus mutans* and *Streptococcus sanguinis* biofilms in vitro. *Lasers Med Sci*. 2013 May;28(3):859-64.
- Chang PC, Chien LY, Ye Y, Kao MJ. Irradiation by light-emitting diode light as an adjunct to facilitate healing of experimental periodontitis in vivo. *J Periodontal Res*. 2013 Apr;48(2):135-43.
- Fonseca PD, de Lima FM, Higashi DT, Koyama DF, Togninho Filho Dde O, Dias IF, Ramos Sde P. Effects of light emitting diode (LED) therapy at 940 nm on inflammatory root resorption in rats. *Lasers Med Sci*. 2013 Jan;28(1):49-55.
- Choi H, Lim W, Kim I, Kim J, Ko Y, Kwon H, Kim S, Kabir KM, Li X, Kim O, Lee Y, Kim S, Kim O. Inflammatory cytokines are suppressed by light-emitting diode irradiation of *P. gingivalis* LPS-treated human gingival fibroblasts: inflammatory cytokine changes by LED irradiation. *Lasers Med Sci*. 2012 Mar;27(2):459-67.
- Schwarz F, Sculean A, Rothamel D, Schwenger K, Georg T, Becker J. Clinical evaluation of an Er:YAG laser for nonsurgical treatment of peri-implantitis: a pilot study. *Clin Oral Implants Res*. 2005 Feb;16(1):44-52.
- Primo FL, de Paula LB, de Siqueira-Moura MP, Tedesco AC. Photobiostimulation on wound healing treatment by CIAIPc-nanoemulsion from a multiple-wavelength portable light source on a 3D-human stem cell dermal equivalent. *Curr Med Chem*. 2012;19(30):5157-63.