

**OIID 600**

**February 17, 2025**

**Innate Immunity to the Periodontal Biofilm**

**David A. Scott**

**Oral Immunology and Infectious Diseases**



# Biofilms and Periodontal disease

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Periodontal health has been traditionally characterized by a predominance of Gram-positive, facultative, and fermentative bacteria (e.g., streptococci and actinomyces), which form a biofilm on tooth surfaces in an orderly ecological succession.

The onset of periodontal disease is traditionally associated with a significant shift to Gram-negative, anaerobic, and proteolytic bacteria.

**(Contemporary microbiome studies are challenging this)**

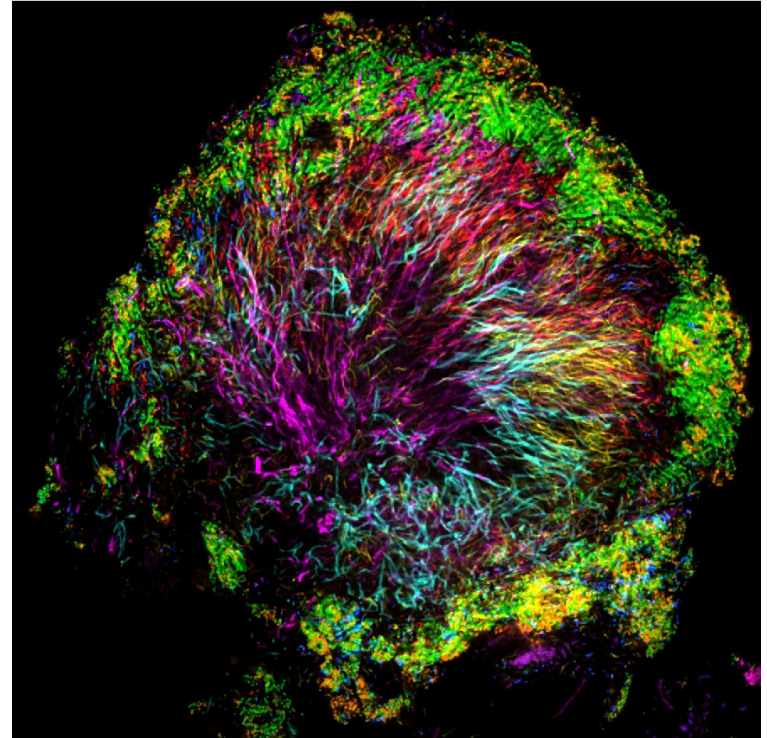


Image credit: Steven Wilbert and Gary Borisy, The Forsyth Institute

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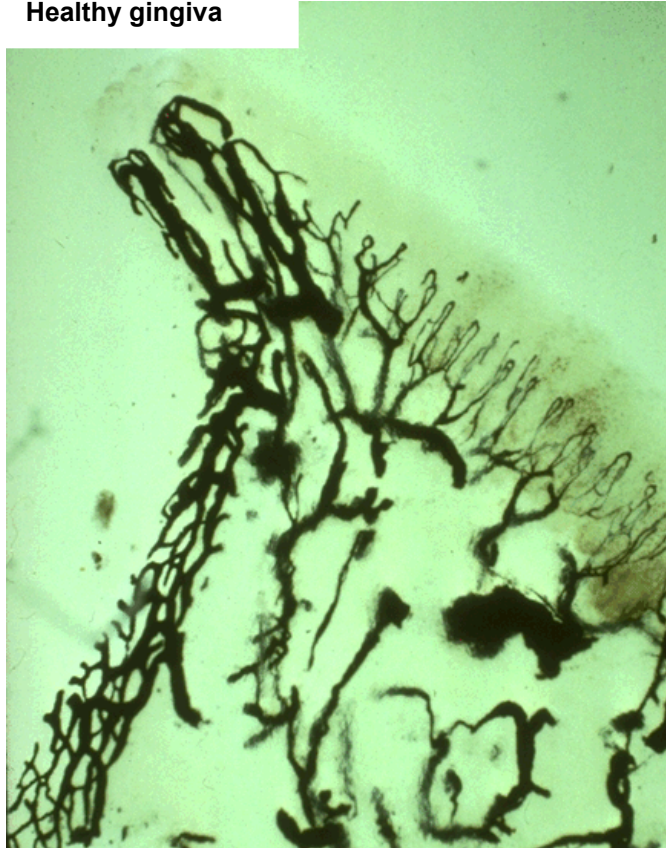
# **Innate Immunity from the Oral Perspective**

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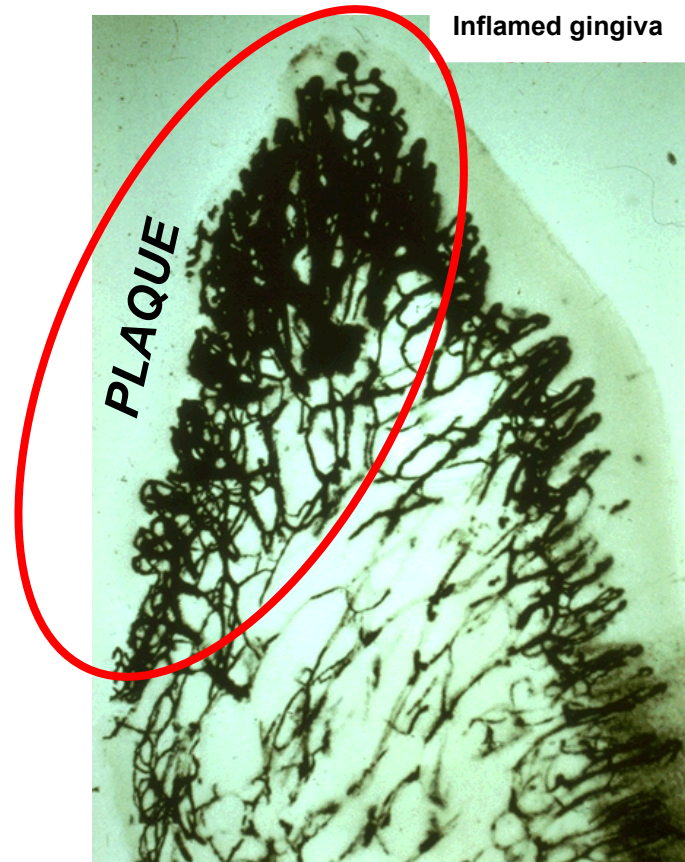
- (1) Vascular response**
- (2) Epithelium**
- (3) GCF**
- (4) Saliva**
- (5) Neutrophils**
- (6) Monocytes / Macrophages**

# (1) The vascular response

Healthy gingiva



Inflamed gingiva



© R. Attstrom, University of Malmo  
Used with permission

- Vessels of the gingival microvasculature enlarge and proliferate during inflammation.
- Alterations most pronounced adjacent to pocket epithelium, close to subgingival plaque.



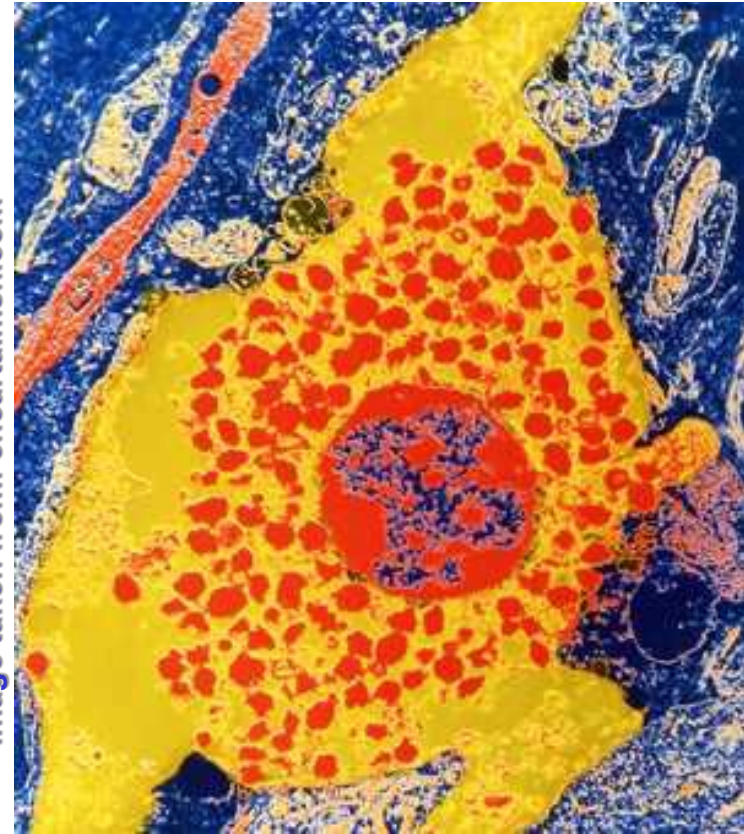
# Histamine

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- **Histamine**....induces endothelial contraction and endothelial gaps (edema)
  - Distributed in tissues but primary source is mast cells adjacent to vessels
  - Released on mast cell stimulation with:
    - Physical trauma
    - Epithelial breach
    - Host-derived stimuli
      - Anaphylatoxins (C5a and C3a)
      - Cytokines, e.g., IL-1, IL-8
    - Bacterial-derived stimuli
      - Fimbriae
      - LPS

Histamine (red granules) in mast cell

Image taken from: [encarta.msn.com](http://encarta.msn.com)



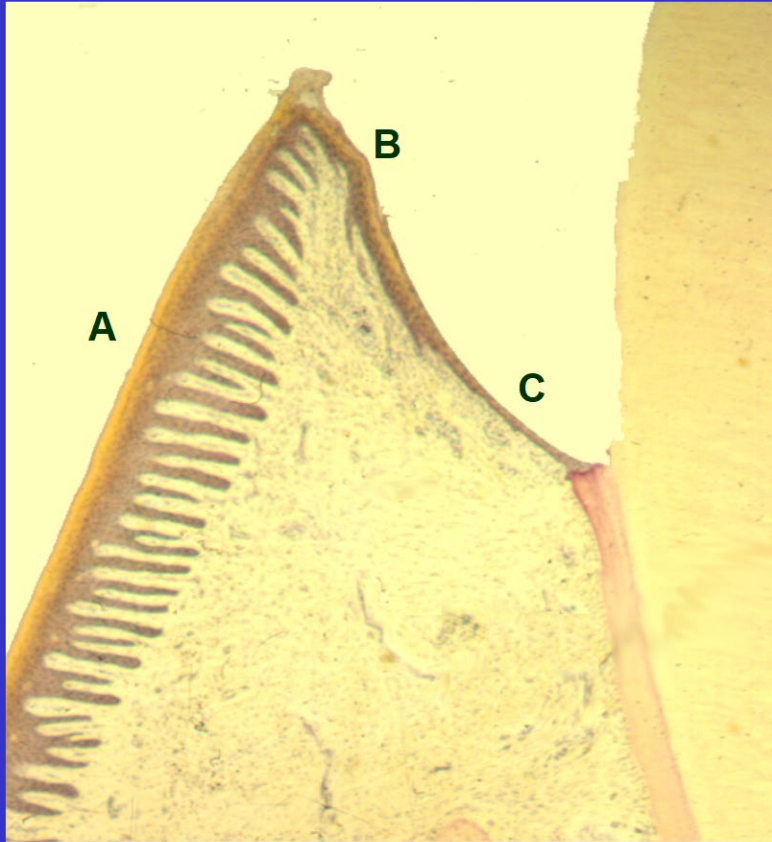
# Reflected in increased edema and bleeding on probing

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## (2) The epithelium

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A = ORAL

B = SULCULAR

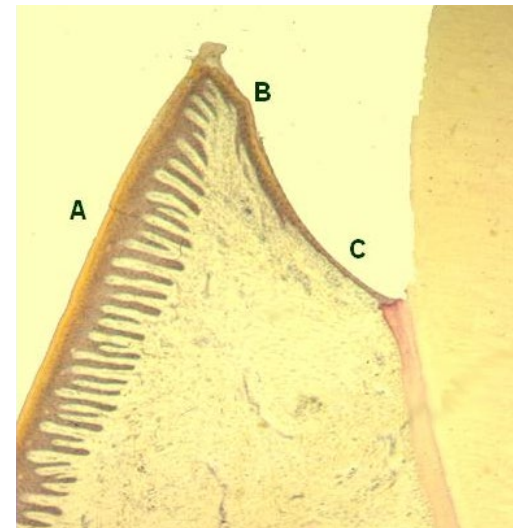
C = JUNCTIONAL  
EPITHELIUM

Image: [www.uwcm.ac.uk/study/dentistry/courses/lectures/periodo.ppt](http://www.uwcm.ac.uk/study/dentistry/courses/lectures/periodo.ppt)

# The junctional epithelium....

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- **The sulcular / junctional epithelium represents a physical barrier to plaque bacteria**
- **Dynamically facilitates leukocyte infiltration and migration to the gingival sulcus**

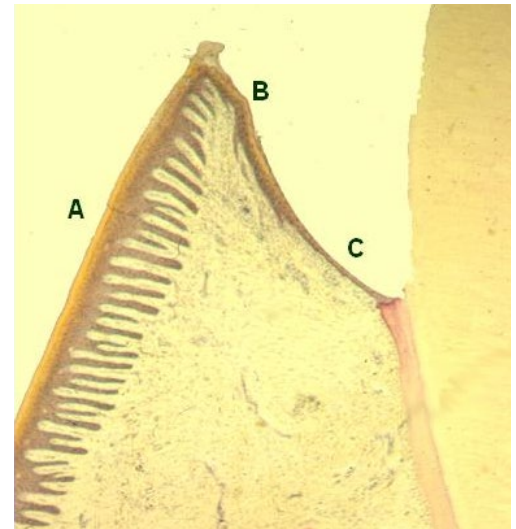




# The junctional epithelium....

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- Portal for an important inflammatory exudate (gingival crevicular fluid; GCF)



# **The junctional epithelium is not passive**

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- **Recognizes microbial challenges**

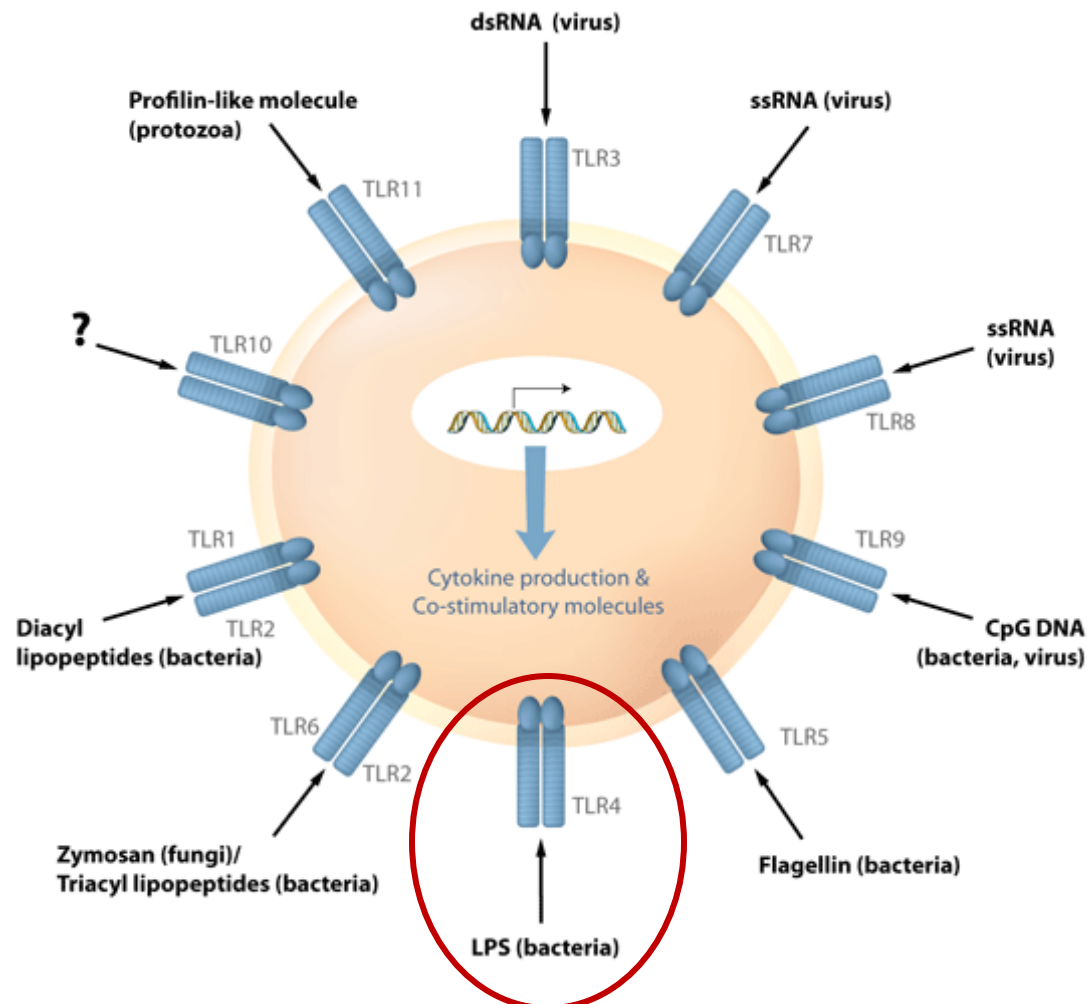
**The junctional epithelium expresses multiple receptors that recognize common molecular structures that are found in microbes but not humans.**

**Engagement of these receptors initiates the inflammatory response.**

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# The junctional epithelium is not passive

- Recognizes microbial challenges (e.g., Toll-like receptors)



# **The junctional epithelium is not passive**

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- **Produces potent antimicrobial proteins called defensins**
- **Defensins are antimicrobial molecules / “human antibiotics”.**
- **Defensins are chemotactic to leukocytes.**



# **The junctional epithelium is not passive**

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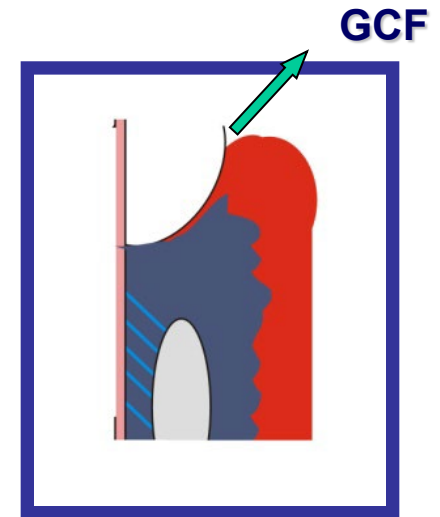
- **Produces small, chemotactic proteins called cytokines (IL-1, IL-8)**
    - **Pro-inflammatory**
    - **Chemotactic to leukocytes**
  - **Large regenerative capacity (heals easily)**
-

### (3) Gingival crevicular fluid (GCF)

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***Contains soluble molecules derived from....***

- ***Plasma***
- ***Connective tissue fluid***
- ***White blood cells***
- ***Junctional epithelium***
- ***Bacteria***

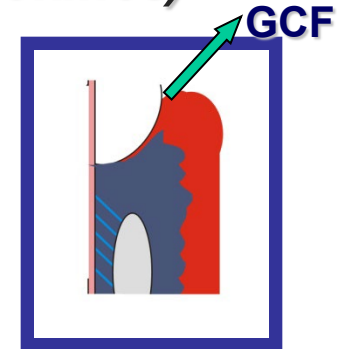


# GCF

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## ***Contains.....***

- ***Leukocytes (>90% neutrophils)***
- ***Inflammatory mediators (e.g. cytokines)***
- ***Bacterial metabolites***
- ***Tissue breakdown products***
- ***Systemic biomarkers***

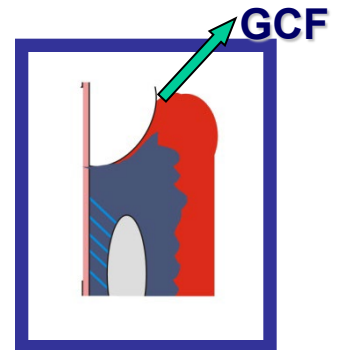


# GCF

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## ***Contains.....***

- ***Antibodies (from B cells...help kill microbes)***
- ***Lysozyme (attacks bacterial cell walls)***
- ***Ferritin (binds iron that bacteria require to survive)***
- ***Lactoferrin (binds iron that bacteria require)***
- ***Complement***
- ***Many other components***

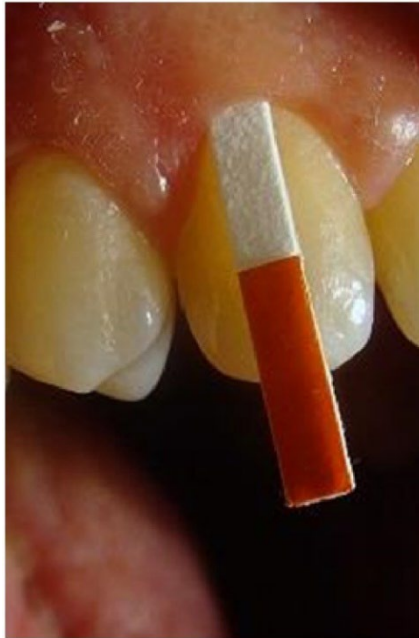




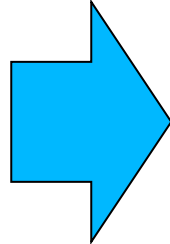
# GCF collection

# Measurement of GCF flow

# GCF analysis

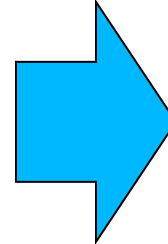


Aguiar et al,  
Biomed Int Res, 2017



**Periotron**

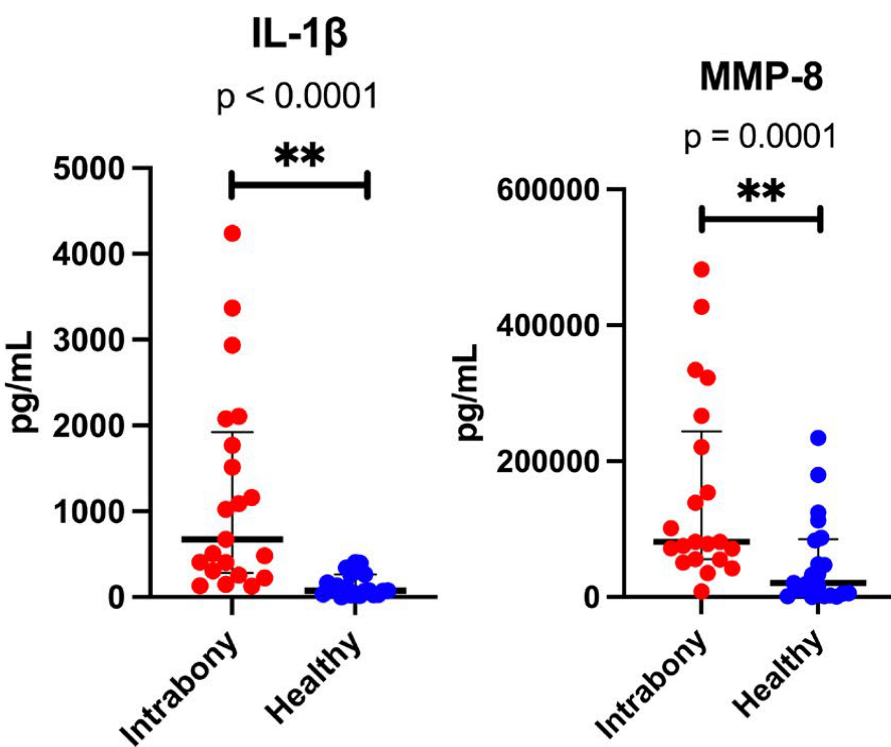
(we have one at ULSD)



- **Volume**
- **Cytokines**
- **Tissue breakdown products**
- **Systemic disease correlates**
- **Etc.**

## Molecular profiling of intrabony defects' gingival crevicular fluid

Vasiliki P. Koidou<sup>1,2</sup> | Eleni Hagi-Pavli<sup>2</sup> | Samantha Cross<sup>3</sup> | Luigi Nibali<sup>1,4</sup> | Nikolaos Donos<sup>1,2</sup>

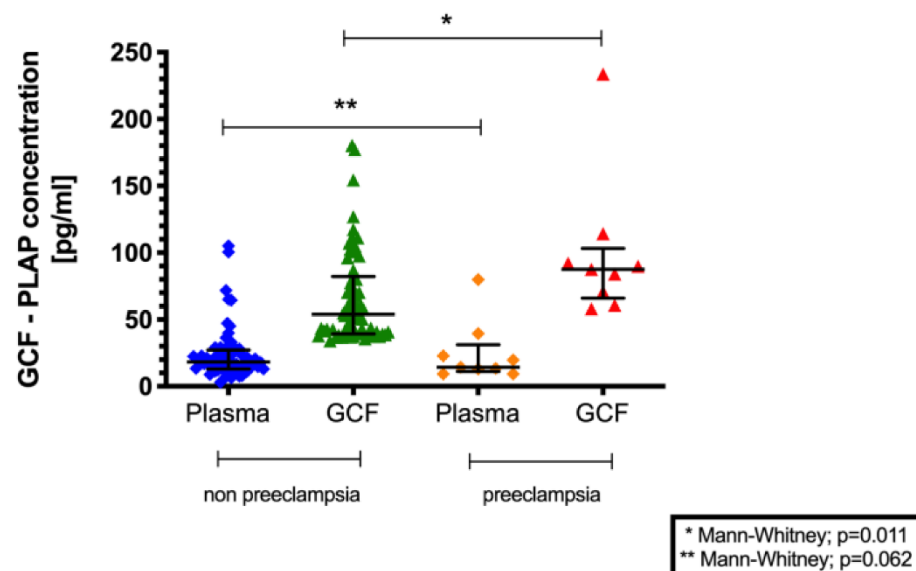


**Inflammatory and destructive disease markers**

## Article

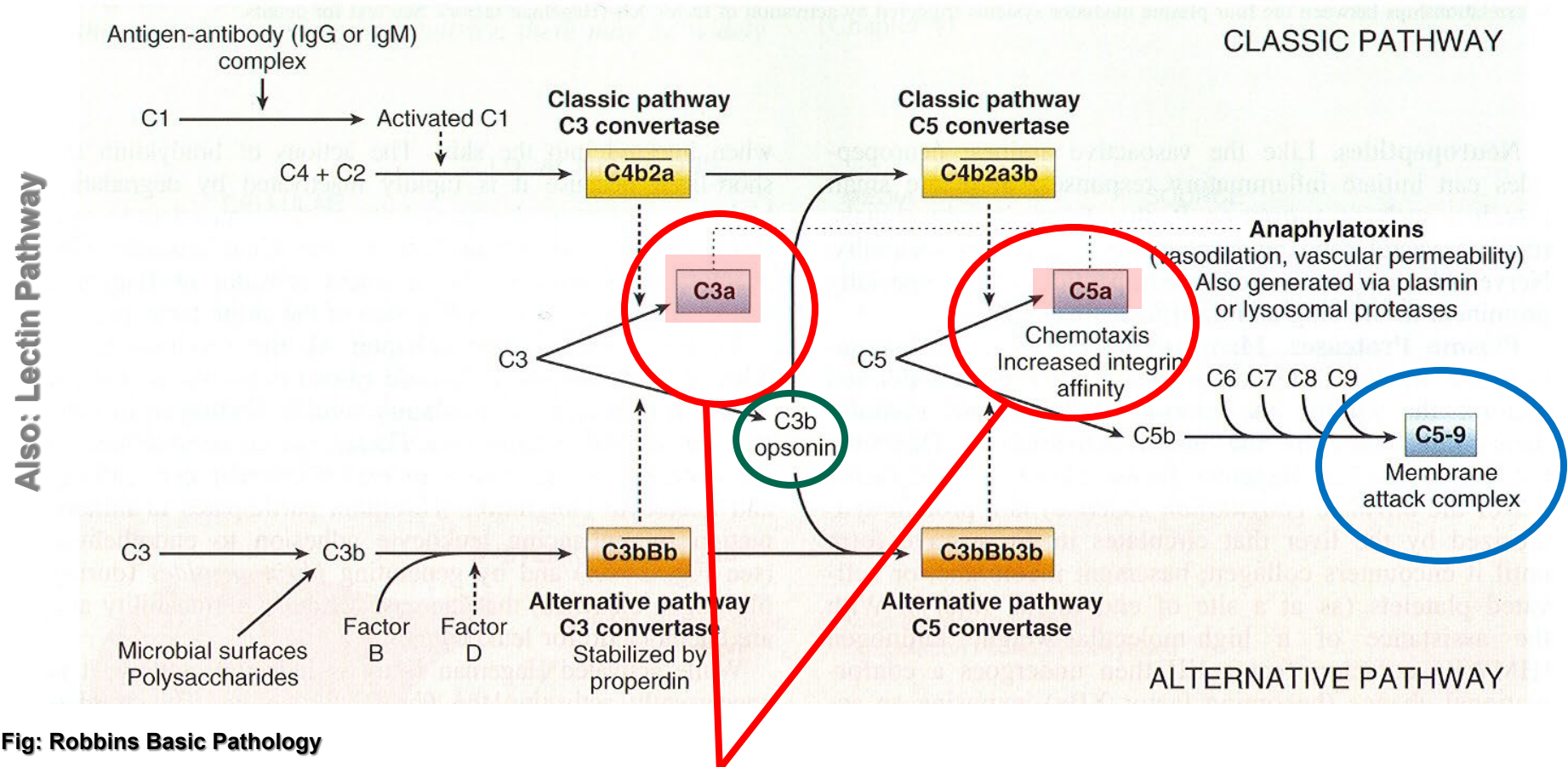
## Gingival Crevicular Placental Alkaline Phosphatase Is an Early Pregnancy Biomarker for Pre-Eclampsia

Alejandra Chaparro<sup>1,\*</sup>, Maximiliano Monckeberg<sup>2</sup>, Ornella Realini<sup>1</sup>, Marcela Hernández<sup>3</sup>, Fernanda Param<sup>1</sup>, Daniela Albers<sup>4</sup>, Valeria Ramírez<sup>5</sup>, Juan Pedro Kusanovic<sup>6,7</sup>, Roberto Romero<sup>8,9,10,11,12,13</sup>, Gregory Rice<sup>14,15</sup> and Sebastián E. Illanes<sup>2,16</sup>



**Pre-eclampsia marker**

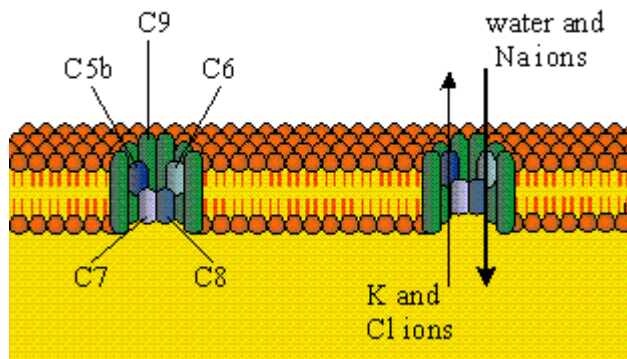
# Complement-mediated amplification of inflammation (C3a and C5a)



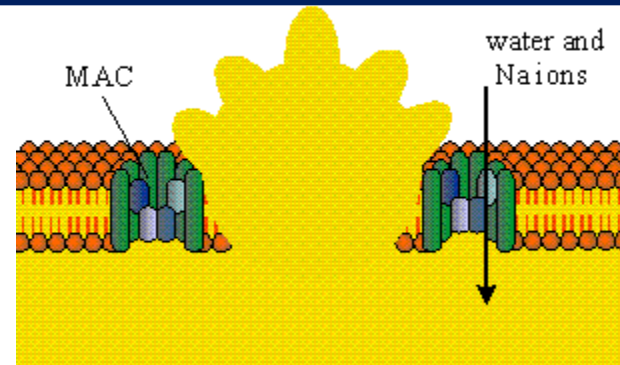
## C3a and C5a are anaphylatoxins

- induce histamine release from mast cells
- activate leukocytes
- chemotactic to leukocytes

# Complement-mediated bacterial killing

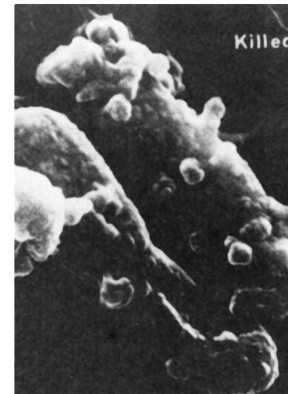
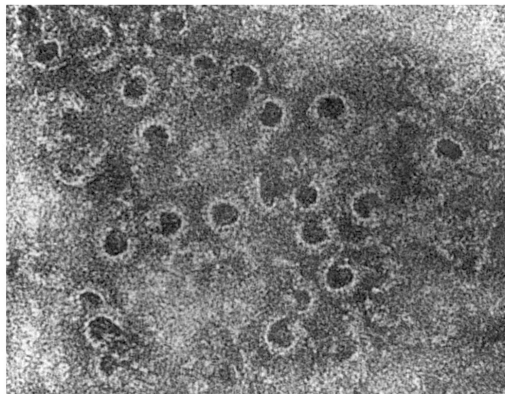


**MAC is a “hole puncher”**



**Lyses bacterial cells**

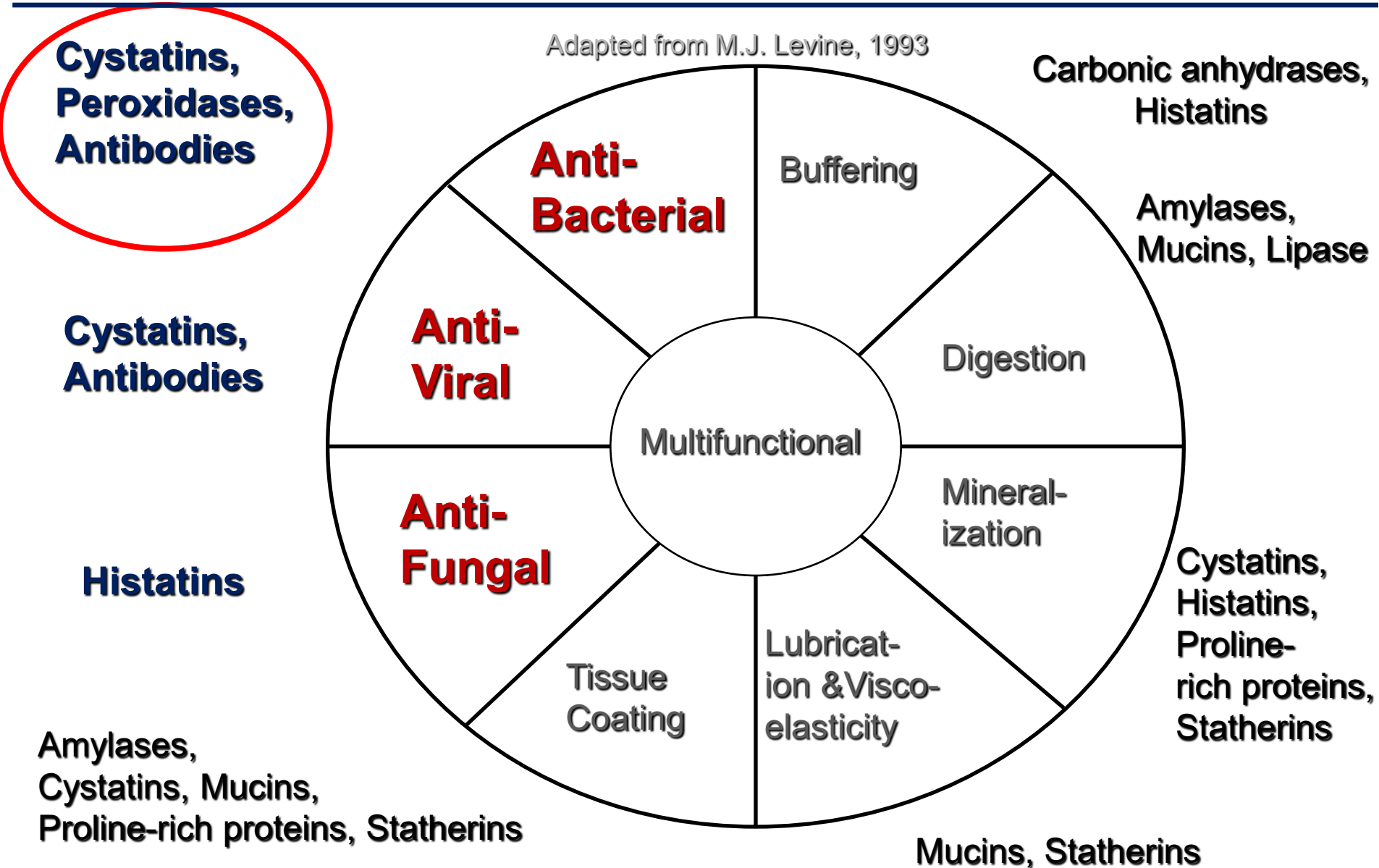
Example of complement-dependent bacterial killing. Membrane pores formed by the membrane attack complex (left) (transmission EM). Complement killed bacteria (right) compared to live ones (centre) (scanning EM)





# (4) Saliva

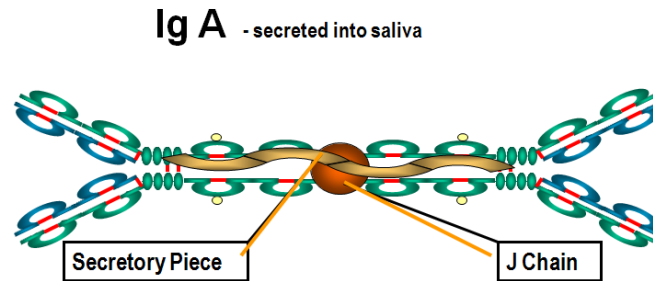
Adapted from M.J. Levine, 1993



# Antimicrobial proteins of saliva

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- **Secretory IgA**
- **Lactoferrin**
- **Lysozyme**
- **Cystatins** (inhibit activity of several bacterial proteases)
- **Histatins** (histidine-rich proteins that inhibit *C. albicans* and several bacteria and viruses)



# Thiocyanate

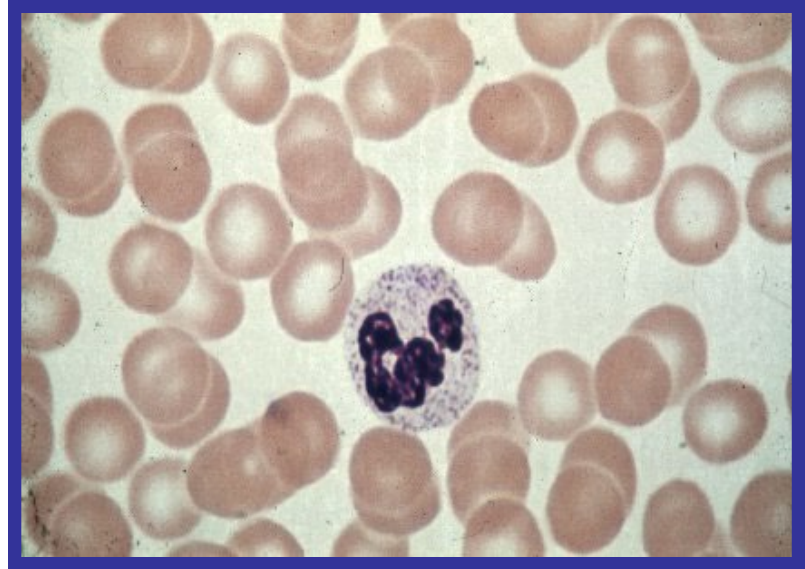
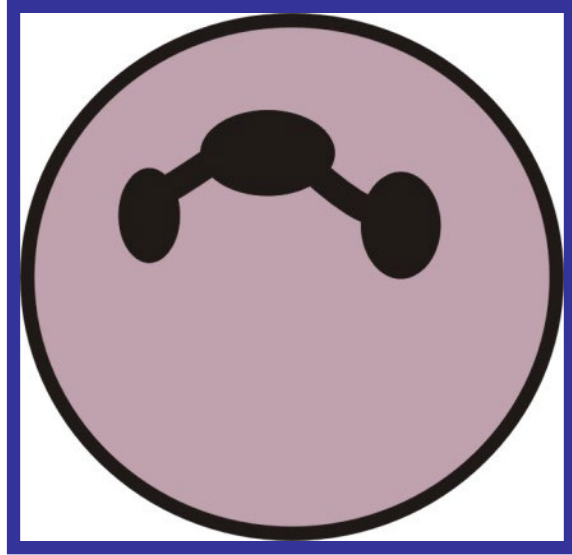
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- **Anti-bacterial**
  - **Considered key anti-cariogenic agent**
- 



## **(5) Neutrophils**

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- **Rapidly respond to the injury / infection**
  - **Contain large amounts of pre-formed anti-microbial and pro-inflammatory agents**

# Neutrophil ultrastructure

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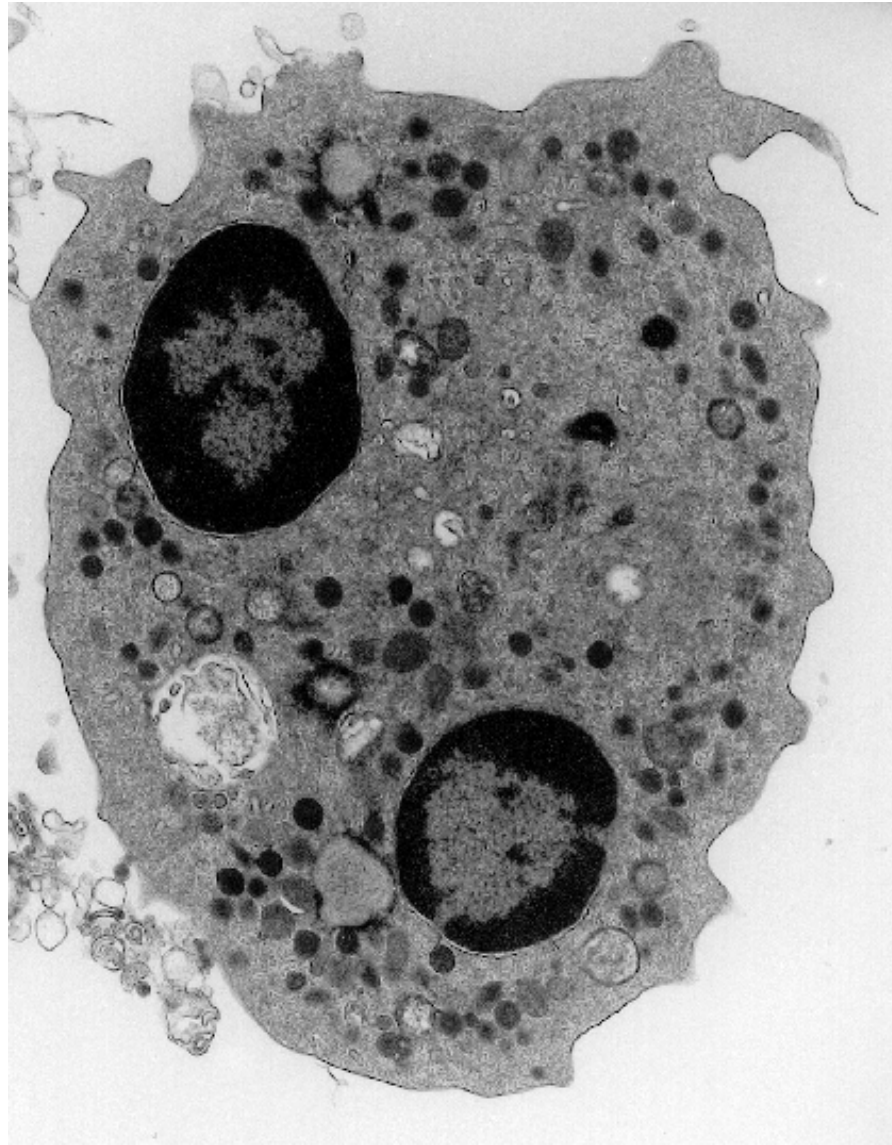


Image taken from: Krauss & Scott, *Frontiers Oral Biol*, 2012

## Primary granule

- *myeloperoxidase*
- *elastase*
- CD63, CD68<sup>a</sup>
- cathepsin G
- PR3<sup>b</sup>
- **defensins**
- azurocidin
- BPI protein

## Secondary granule

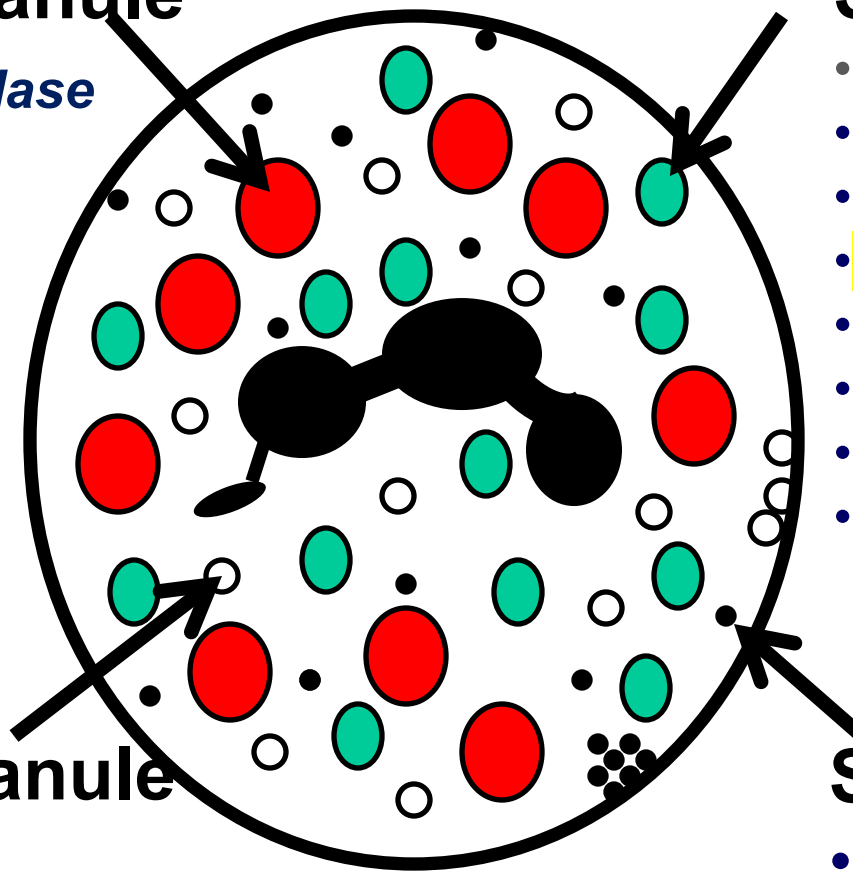
- CD11/CD18
- VAMP2<sup>c</sup>
- TNF-R
- **MMP-8, -9**
- **lactoferrin**
- hCAP18
- NGAL
- phox proteins<sup>d</sup>

## Tertiary granule

- CD11/CD18
- VAMP2
- TNF-R
- MMP-9, -25
- **lysozyme**
- phox proteins

## Secretory vesicle

- CD11/CD18
- VAMP2
- TNF-R
- **fMLP-R**
- MMP-25
- phox proteins
- TLRs<sup>e</sup>
- Fcγ-Rs
- CXC-Rs<sup>f</sup>
- CRs<sup>g</sup>



**Figure 3:** Contents of the intracellular membrane-bound compartments of human neutrophils

<sup>a</sup>CD63 and CD68 are degranulation markers; <sup>b</sup>Proteinase 3; <sup>c</sup>VAMP2 is key in granule membrane-cell membrane fusion and exocytosis; <sup>d</sup>NADPH oxidase subunits involved in ROS production (Gp91phox; p22phox); <sup>e</sup>TLR1, -2, -4, -6 and -8; <sup>f</sup>CRCX1, -2 and -4 as well as chemokine receptors 1, -2 and -3; <sup>g</sup>complement receptor 1 (CD35), c1qR.



# Neutrophil chemotaxis

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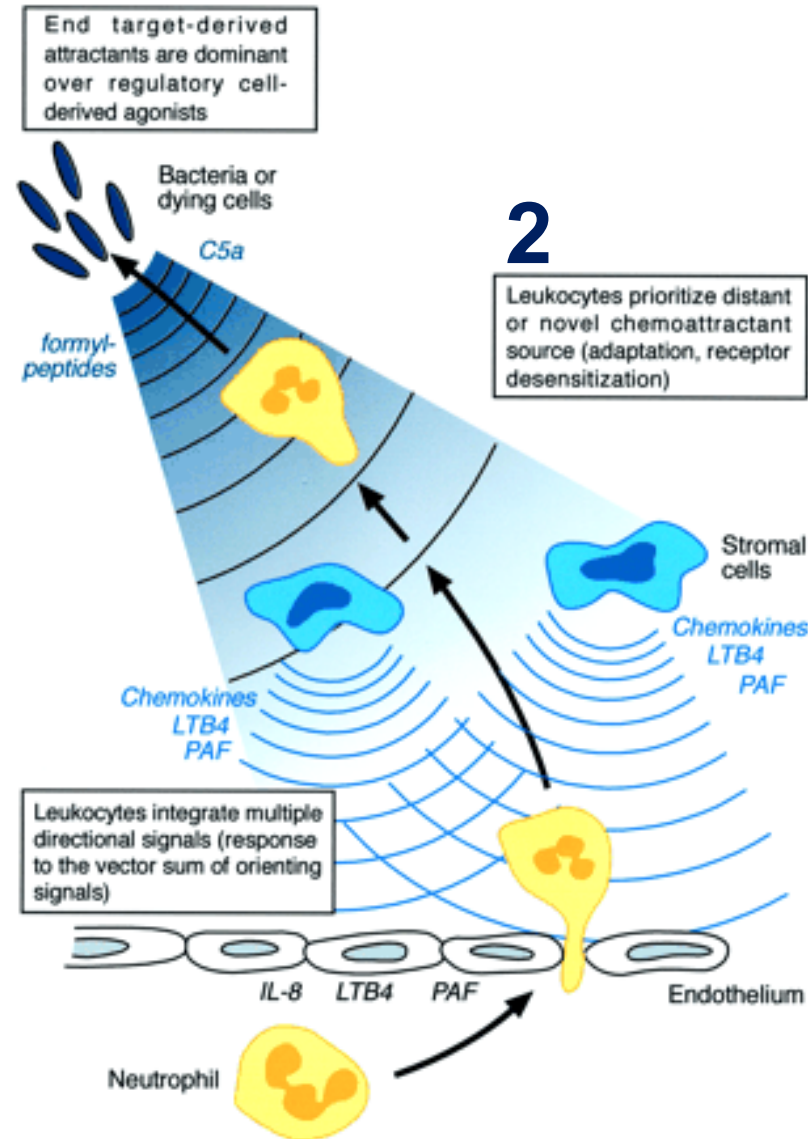


Image: Witko-Sarsat et al. Lab Invest 2000; 80: 615-653.

**Exogenous  
chemotactic  
signals  
prioritized**

- **Endogenous chemoattractants**
  - Complement proteins (C3a, C5a)
  - Arachidonic acid metabolites
  - Cytokines, esp. IL-8
- **Exogenous chemoattractants**
  - Microbial products
    - LPS
    - fMLP (bacterial peptides)

**Activated endothelium**



# Diapedesis

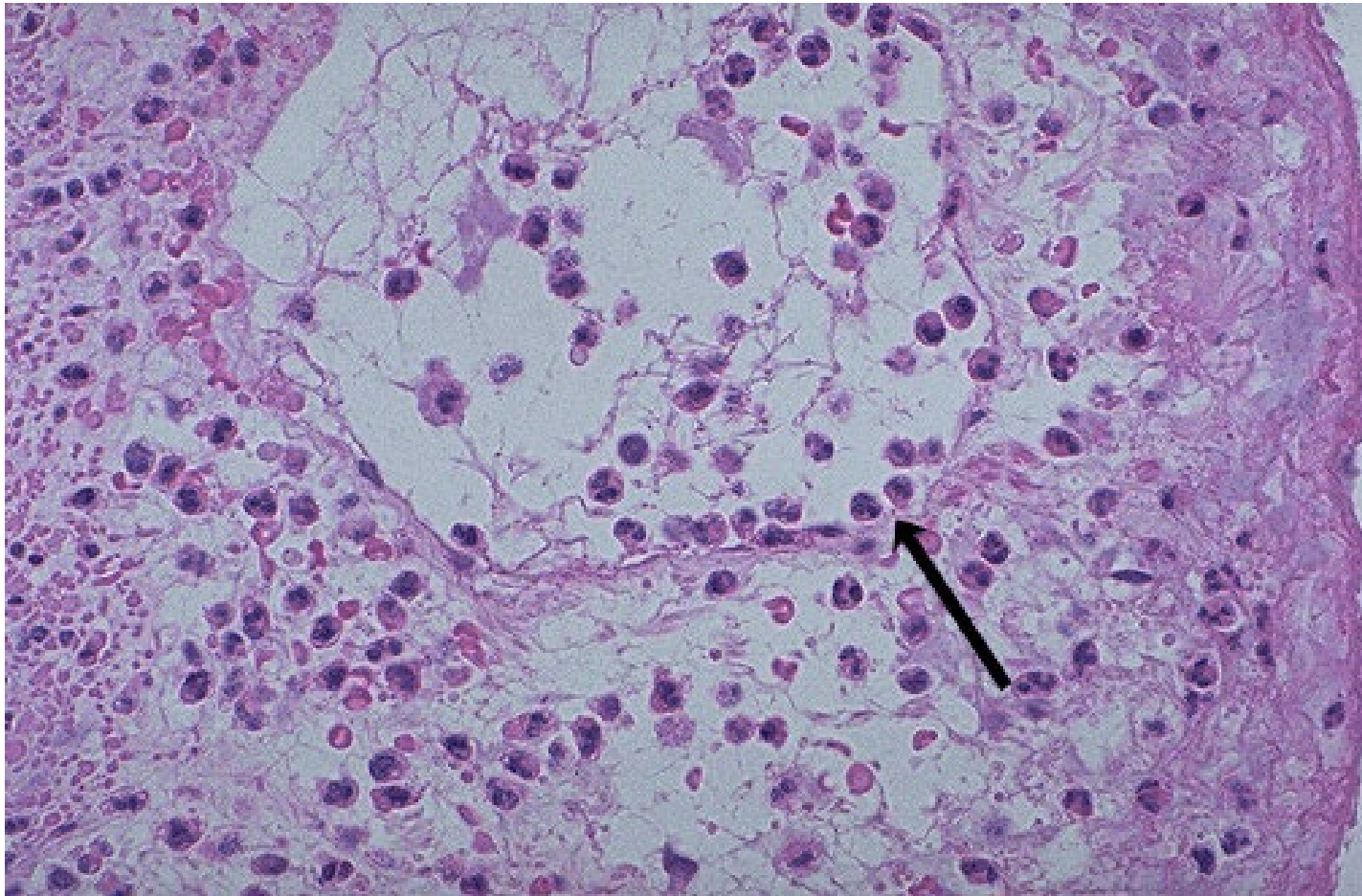


Image: medicine.sku.ac.kr/dataroom/Zinflammation-content.ppt

**Neutrophils (and other leukocytes) are margined along the dilated venule wall (arrow) are squeezing through (diapedesis) into extravascular space at sites of microvasculature activation (e.g. by histamine).**

# The Neutrophil “Wall”

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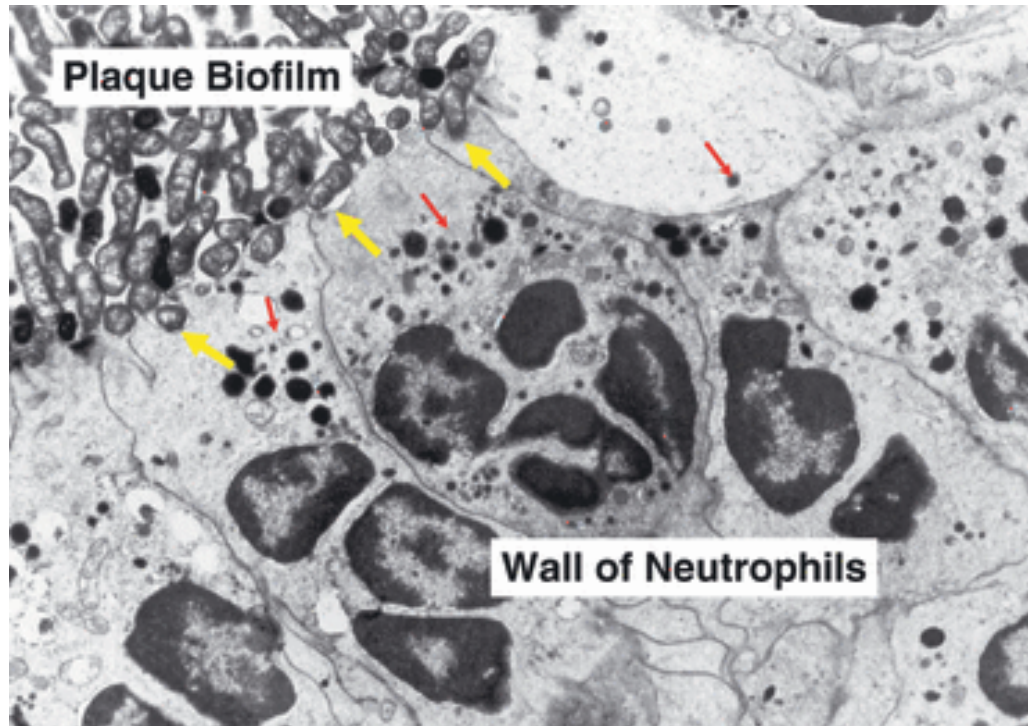


Image taken from: Krauss & Scott, *Frontiers Oral Biol*, 2012

# Phagocytosis

- 1. Recognition and attachment of particle/bacterium to leukocyte
- 2. Engulfment of particle and formation of phagocytic vacuole
- 3. Killing and degradation of ingested material

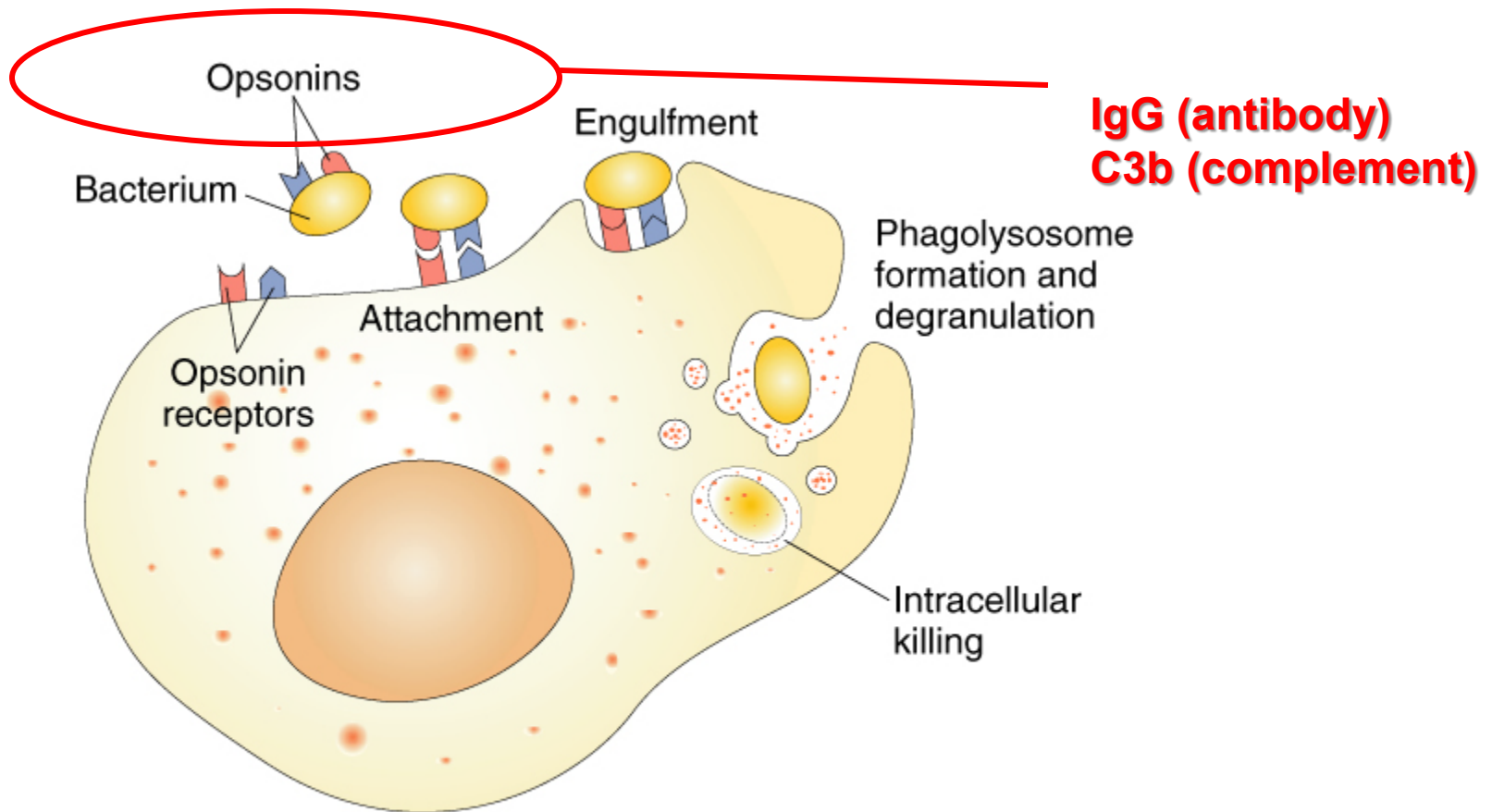


Figure 20-4 Phagocytosis of a particle (*e.g.*, bacterium): opsonization, attachment, engulfment, and intracellular killing.

# Phagocytosis

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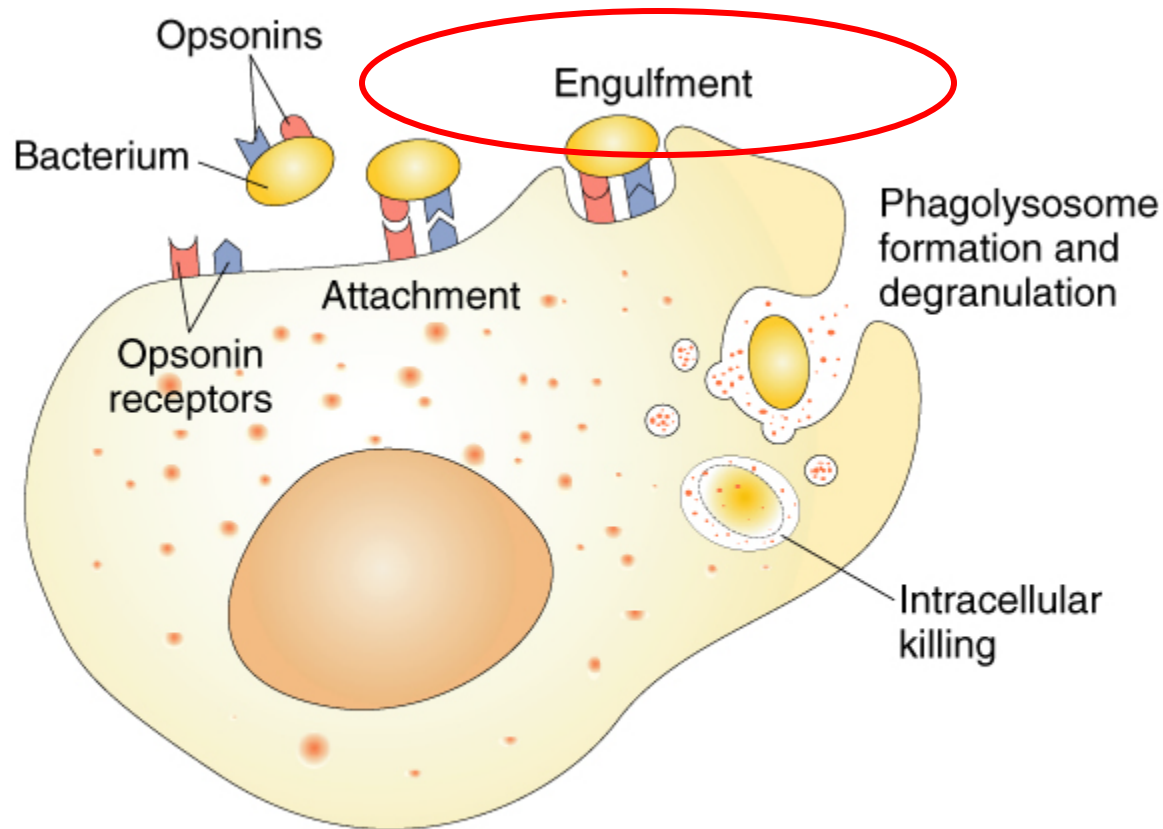


Figure 20-4 Phagocytosis of a particle (*e.g.*, bacterium): opsonization, attachment, engulfment, and intracellular killing.

# Phagocytosis

- 1. Recognition and attachment of particle/bacterium to leukocyte
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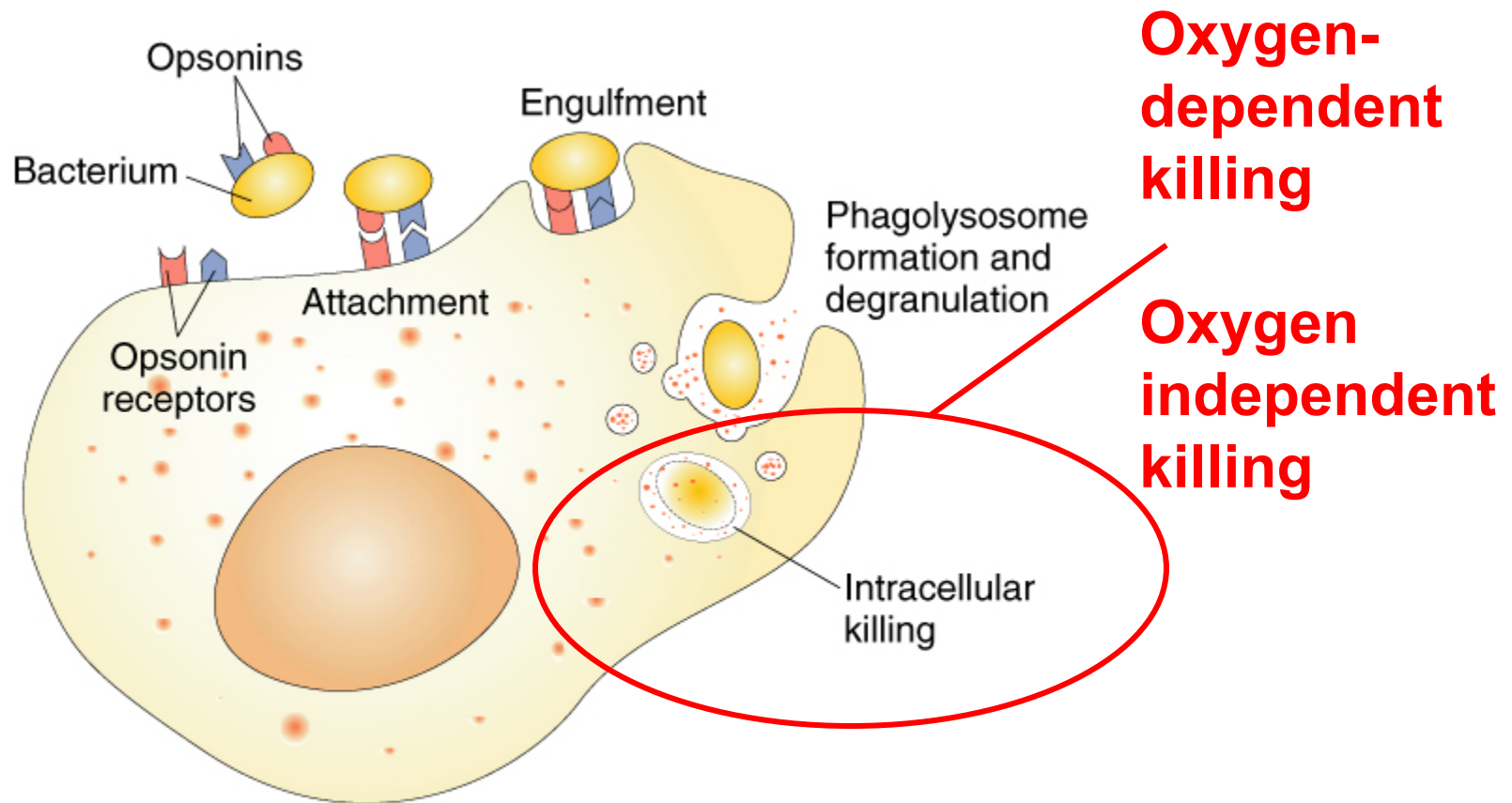


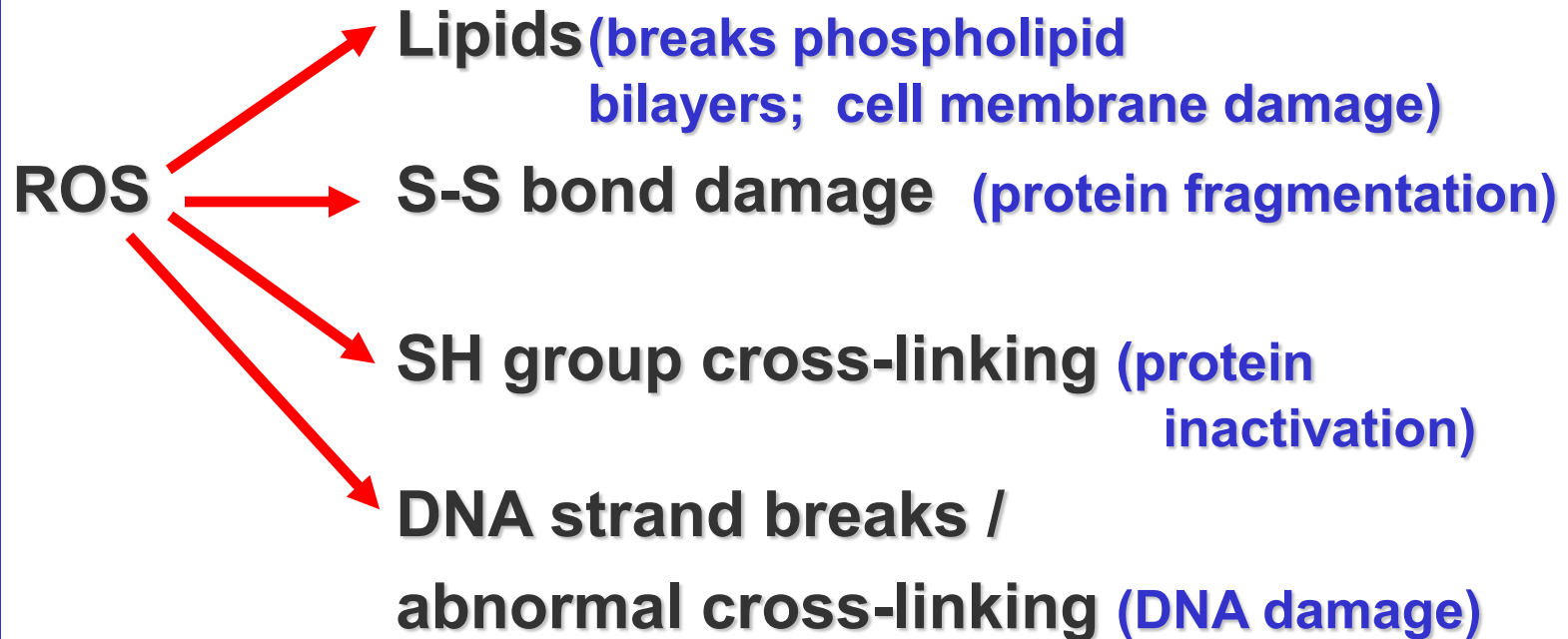
Figure 20-4 Phagocytosis of a particle (*e.g.*, bacterium): opsonization, attachment, engulfment, and intracellular killing.

# Reactive Oxygen Species (ROS) are generated by neutrophils from oxygen:

- Superoxide radical ( $\text{O}_2^{\cdot-}$ )
- Hydroxyl radical ( $\cdot\text{OH}$ )
- Nitric oxide radical ( $\text{NO}\cdot$ )
- Hydrogen peroxide ( $\text{H}_2\text{O}_2$ )
- Hypochlorous acid ( $\text{HOCl}$ ...**bleach**)



# Target molecules of ROS





## **NEUTROPHILS:**

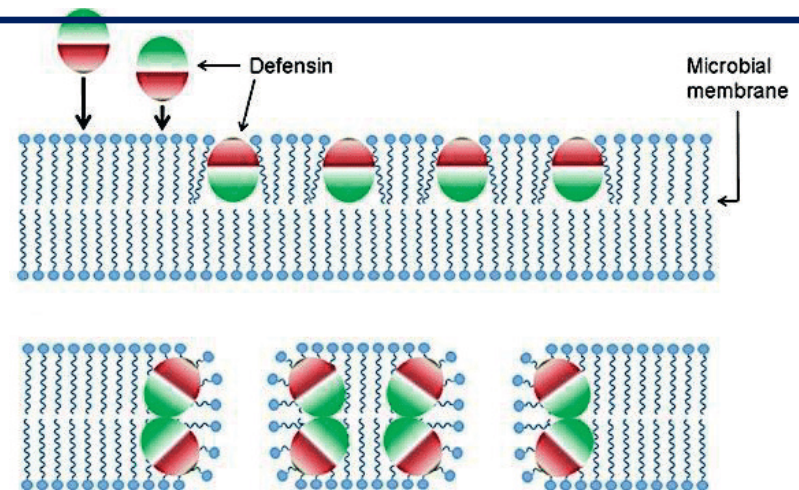
### **OXYGEN-*N*DEPENDENT KILLING MECHANISMS**

**Will still work efficiently in  
low oxygen / anaerobic environments  
such as deep periodontal pockets**

# NEUTROPHILS: OXYGEN-INDEPENDENT KILLING MECHANISMS

## *Defensins*

- Small peptide molecules that form transmembrane channels that allow the free flow of electrolytes, metabolites and water across bacterial cytoplasmic membranes
- Defensins are like “hole punchers”



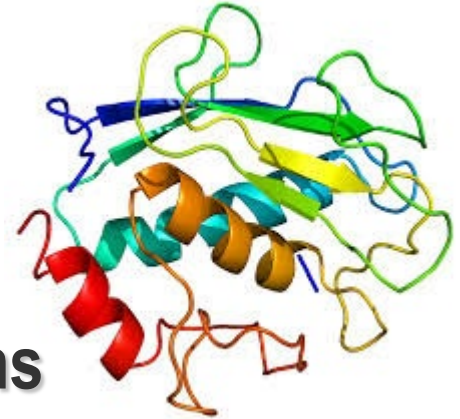
# NEUTROPHILS: OXYGEN-INDEPENDENT KILLING MECHANISMS

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## ***Matrix metalloproteinases***

*(MMP-8, MMP-9)*

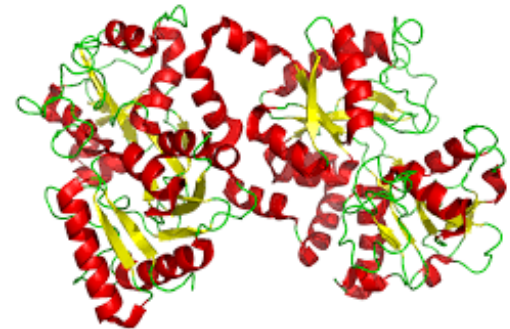
- Proteases that digest killed organisms



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## ***Lactoferrin***

- Sequesters free iron, depriving bacteria of this essential element



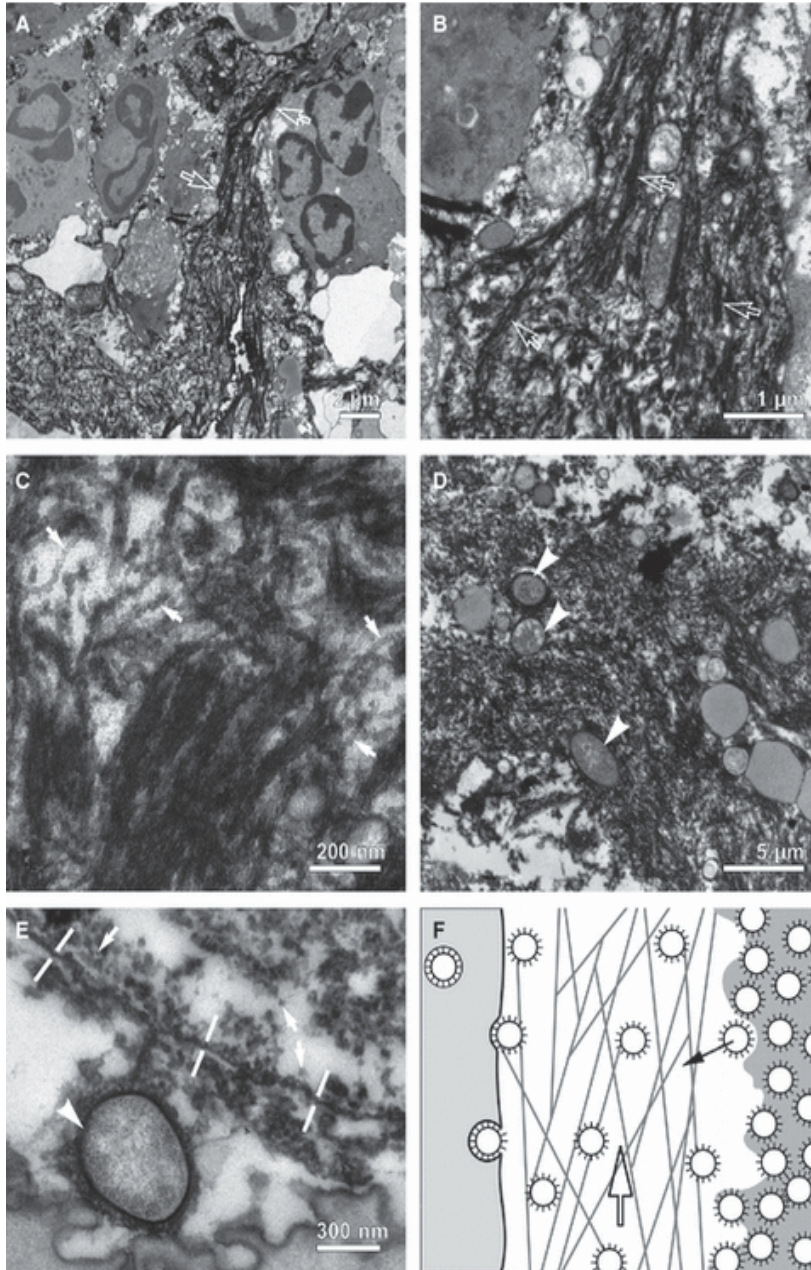
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# Extracellular neutrophil traps (NETs) in periodontitis.

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(A/B) Neutrophil extracellular traps on the pocket epithelium surface. The pronounced blackening is characteristic for neutrophil extracellular traps. The open arrows indicate neutrophil extracellular traps threads.

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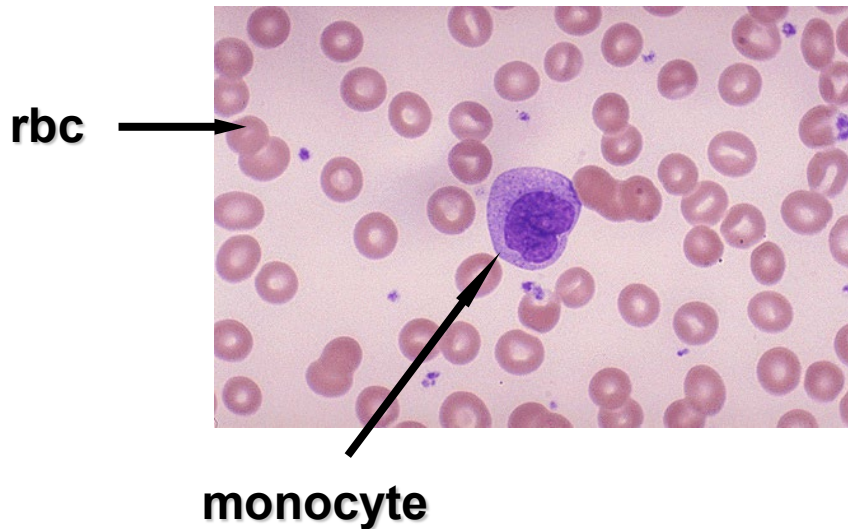
(E) A bacterium (solid white arrowhead) adherent to the epithelium surface is entrapped by neutrophil extracellular traps.

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# MONOCYTIC CELLS

- Monocytes & macrophages perform many of the same functions as neutrophils
- However, they are slower to react....
- But are longer lived



*Images:*

<http://medlib.med.utah.edu/WebPath/HEMEHTML/HEME003.html>;

<http://cellbio.utmb.edu/microanatomy>;

# Questions?

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