Clinical Evaluation of a Papain-Based Gel for the Chemo-Mechanical Removal of Caries in Children

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Abstract

Aim: To evaluate and compare the efficacy and acceptability of a papain based chemomechanical caries removal gel, Carie-care, against Carisolv gel and conventional air-rotor cavity preparation.

Study design: This study was designed as a split-mouth, randomized controlled trial with three treatments being compared in the same subject.

Materials and Methods: The study was conducted on 30 children in the age group of 8-15yrs, each having at least three permanent molar teeth with non-pulpally involved carious lesions. Each of the three teeth was randomly assigned to be treated with either Carie-care, Carisolv or high-speed cavity excavation with air-rotor. The following assessments were made for each tooth: efficacy of caries removal, cavity entrance size, cavity preparation time, pain during treatment, requirement for local anesthesia and degree of patient co-operation.

Statistical Analysis: Within group and between group variances amongst the study groups were analyzed with parametric (ANOVA) and non-parametric (Kruskall Wallis H test) methods. Students ‘t’ test was used to test the significance of two means.

Results: The rate of complete caries removal was highest in airrotor group (86.7%) and least in Carisolv group (66.7%). No changes in cavity entrance size pre- and posttreatment were observed in the CMCR groups whereas a significant increase in cavity entrance size was observed (0.65 ± 0.55) in airrotor treated teeth. Mean values of time taken for procedure were 5:38 ± 0:30(SD) mm:ss and 5:50 ± 0:27(SD) mm:ss for Carie-care, Carisolv and airrotor, respectively. None of the patients treated with Carie-care had reported pain. In Carisolv and airrotor groups, mean values of pain scores were 0.2 ± 0.41 and 1.33 ± 0.55, respectively. Patients treated with CMCR gels did not request for local anesthesia but 8 (26.7%) of airrotor treated patients had required LA. The mean value for Frankl behavior rating scale was higher for CMCR groups (3.53 ± 0.51) as compared to that for the traditional method (2.43 ± 0.50).

Conclusion: Based on the results of this study, the CMCR methods were less invasive and painful and more acceptable for patients as compared to the conventional method. The only observed drawback with these methods was the lengthy procedure time. Between the two CMCR gels, Carie-care was observed to be less painful and marginally less time-consuming.

Key Words: Caries, Chemomechanical caries removal, Papain gel, Carisolv

Introduction

Recent paradigm shift in restorative dentistry emphasizes the need of minimal intervention and maximum conservation of tooth structure while treating carious lesions [1]. Chemomechanical caries removal (CMCR) is one of the developing treatment modalities in the field of minimally invasive dentistry involving the application of a chemical solution to the carious dentine thus enabling the exclusive removal of carious tissue in the demineralized zone and preserving the underlying sound dentin [2].

A plethora of CMCR methods have been experimented and developed over the years. Early studies involved using a solution, GK-101, containing the active ingredient, N-monochloroglycine (NMG) [3,4]. Later, the GK101 system was modified by replacing the glycine with aminobutyric acid (N monochloro- D-2 aminobutyrate) for the purpose of enhancing its efficacy (GK101E), commercially introduced in the early eighties as a two-bottle system, called Caridex [5,6]. Several clinical trials showed a high rate acceptability and preference of Caridex [7]. Continuous attempts to improve the product resulted in the development of Carisolv™ (MediTeam, Sweden), a gel-based system that can be applied with specially designed hand instruments [2].

Recently, Papacarie™ (Formula Eacao, Brazil) was introduced which owes its proteolytic action to papain, a unique endoprotein extracted from the papaya fruit [8]. One of the recent entrants in CMCR is Carie-care™, developed by Uni BioTech Pharma and the Vittal Mallya Scientific Research Foundation, India (Figure 1). Similar to Papacarie, this blue coloured gel consists of papain as its main ingredient. In addition, the preparation contains clove oil, an anti-inflammatory and analgesic essential oil, chloramines and dye. Till-date, limited research has been performed for determining the suitability of this product for the purpose of CMCR [9]. The aim of the present study was to evaluate the efficacy and acceptability of Carie-care in comparison with another gel formulation and conventional high-speed cavity preparation.

Materials and Methods

Prior approval for this study was obtained and parents/
burs until the cavity was caries free. Use of slow speed steel burs was avoided as they have been shown to result in excess removal of tooth structure, thermal damage, pulpal pressure and needless requirement for frequent anesthesia. Further, the creation of microcracks and enamel chipping is minimal with use of high speed burs and they are more efficient over a range of speeds [10].

The following assessments were made for each of the teeth operated in:

**Cavity entrance size**
The greatest diameter of the entrance size of each cavity was measured with a metallic structured caliper before and after removing the caries. Measurements were recorded in millimeters.

**Cavity preparation time**
The cavity preparation time for each technique was recorded using a stopwatch in minutes: seconds format. For the CMCR methods, the time taken from the beginning of gel application until the cavity was considered to be caries free was recorded. Time taken for local anesthesia administration was not included.

**Pain during treatment**
After the completion of each procedure, the severity of pain was assessed using the Wong Baker’s faces pain rating scale [11]. The scale shows a series of faces ranging from a happy face at 0 to a crying face at 10, indicating feelings from “no hurt” to "hurts worst". Each subject was asked to choose a face that best described their sensation.

**Degree of patient co-operation**
The degree of cooperation by the patient during each caries removal procedure was evaluated based on the Frankl behavior rating scale [12]. This four-point scale has ratings ranging from definitely negative (−−−) to definitely positive (+++). Each subject was asked to choose a rating based on their experience.

The prepared cavities were filled with light-cured composite to restore the teeth as well support any remaining undermined enamel. Each cavity was conditioned with 37.5% phosphoric acid (Scotchbond™ Etchant, 3M ESPE, USA). The next step included application and curing of a bonding agent (Adper™ Single Bond 2 Adhesive, 3M ESPE, USA) for a period of 15 seconds. Composite material (Filtek™ Z350 XT, 3M ESPE, USA) of requisite thickness was then applied in layers and cured for approximately 40 seconds.
Statistical Analysis
Within group and between group variances amongst the study groups were analyzed with parametric (ANOVA) and non-parametric (Kruskall Wallis H test) methods. Students ‘t’ test was used to test the significance of two means and paired ‘t’ test was used to compare changes in cavity entrance size before and after treatment. The statistical analysis was done using SPSS (v 15.0) software.

Results
Age of study subjects ranged from eight to fifteen years (mean age=9.80 ± 2.89 years). Study population included 16 (53.3%) males and 14 females (46.6%) (M:F ratio=1.14:1). Number of sites with complete caries removal were 24 (80%), 20 (66.7%) and 26 (86.7%) for Carie-care, Carisolv and airrotor, respectively. Statistically there was no significant difference among the groups with respect to caries removal rate (p>0.05).

No statistically significant intergroup difference for pre-treatment mean cavity entrance sizes among three groups was observed. No change was observed in the post-treatment cavity entrance sizes of CMCR groups whereas a statistically significant increase was observed in the airrotor group (p<0.001). ANOVA revealed a statistically significant intergroup difference for mean time taken for procedure among three groups (p<0.001) (Table 1).

None of the patients treated with Carie-care reported pain, whereas mean pain scores were 0.20 ± 0.41 and 1.33 ± 0.55 for Carisolv and airrotor groups, respectively. Intergroup comparison of pain scores revealed a statistically significant intergroup difference (p<0.001) (Table 2). Mean values of Frankl behavior rating scale in the both CMCR groups were the same whereas a lower value was observed in the airrotor group. Intergroup comparison of scores revealed a statistically significant intergroup difference (p<0.001) (Table 3).

Discussion
Although, CMCR agents have been predominantly based on inorganic compounds as their active ingredient, recent attempts involved developing products with natural and organic substances with caries dissolving properties. Papacarie and the more recently introduced Carie-care, are both based on papain, a papaya based extract, which acts as an endoprotein and is capable of breaking peptide bonds by a process of deprotonation, thus enabling the dissolution of infected dentin.

In the present study, efficacy of caries removal with Carie-care was similar to that of Carisolv. Previous studies comparing Papacarie with Carisolv [13,14] and airrotor [8,15-17] have found no significant differences in their capacity for complete caries removal. The results of this study suggested smaller post-treatment mean cavity sizes for both chemomechanical methods as compared to that of the traditional method. Similar findings were observed in a previous study in which the clinical efficacy of Carisolv was
evaluated [18]. The basis for smaller cavity sizes in CMCR methods may be the minimally invasive excavation protocol.

No significant differences were observed in the caries removal times between the Carie-care and Carisolv groups, although Carisolv treatment times were slightly on the higher side. Studies comparing Carisolv and Papacarie in this aspect have found similar results [13,14,19]. Cavity preparation times by means of airrotor were significantly lower than those of chemomechanical methods, in accordance with previous studies evaluating Carisolv [1,16,20-23] and Papacarie [13,14]. The reason for significantly higher caries removal times in the CMCR methods as compared to traditional method maybe explained by the time consuming step-by-step procedure involved in the former.

No pain was sensed by any of the children treated with Carie-care. Similar results were observed in a recent study that compared Carie-care with traditional method in treating carious lesions in five to seven years old children [9]. Most of the earlier CMCR studies had reported minimal or no pain during cavity preparation [1,13-15,24,25]. Probably one of the main reasons for the painless nature of CMCR treatment is that the amount of tooth structure removed is better controlled by the operator as compared to airrotor. High speed caries excavation frequently results in excess removal of sound tooth structure and proximity of the bur to the pulpal tissues may result in pain.

Patients in the present study exhibited more negative behavior when undergoing high-speed rotary caries excavation as compared to the chemo-mechanical methods. Similar observations were recorded in previous studies in which patient behavior in response to Carisolv treatment was recorded based on Frankl behavior rating scale [18] or other methods [22,26]. The reasons for the positive behavior of patients to CMCR as compared to the conventional method of drilling maybe manifold. Findings reveal the patients' concern about several aspects of rotary cavity excavation including pain/discomfort, requirement of local anaesthesia, noise and vibrations of the drill, etc.

Based on the findings of this study, Carie-care gel can be considered as similar, if not superior, to Carisolv gel in efficacy and acceptability as a CMCR agent in the pediatric population. Long-term studies are the need of the hour to further evaluate this product prior to recommending it for routine use in clinical practice.


