

The Effect of Coffee Brew on the Production of Superoxide Radical by Monocytes Exposed to Dental Bleaching Material

ABSTRACT

Aims: This study aimed to analyze whether robusta coffee brew (RCB) can inhibit the production of free radicals (superoxide radicals) by chronic inflammatory cells (monocytes) exposed to dental bleaching material carbamide peroxide (CP).

Methods: This experimental ex vivo study used the post-test-only control group design. The object was the ex vivo human monocytes isolated from peripheral blood veins using the gradient centrifugation method. The dental bleaching material was 10% CP. The coffee brew was prepared by steeping the roasted robusta coffee ground into 200 mL of boiled distilled water. Two concentrations of coffee brew were studied i.e. 3 g/200 mL and 6 g/200 mL. There were three experimental groups, i.e., 1) monocyte + CP (without RCB), 2) monocyte + 3 g/200 mL RCB + CP, and 3) monocyte + 6 g/200 mL RCB + CP. Production of superoxide radical was analyzed using the Nitroblue-tetrazolium (NBT) assay, which was indicated by the production of formazan (purple spots) by monocytes. The parameter was the number of monocytes that produced superoxide radicals (monocytes that expressed purple spots), which was identified under the light microscope. Data were analyzed using ANOVA and Least Significance Difference (LSD).

Results: Coffee groups demonstrated a significantly ($P < 0.05$) lower number of monocytes that produced superoxide radicals.

Conclusion: Robusta coffee brew demonstrated an antioxidant effect against superoxide radicals produced by monocytes exposed to dental bleaching material carbamide peroxide. The antioxidant activity of coffee brew might suggest its potential as an agent for protecting gingiva from the irritating effect of dental bleaching material.

Keywords: Antioxidant, Inflammatory cell, Dental bleaching, Robusta coffee

1. INTRODUCTION

The application of dental bleaching material carbamide peroxide (CP) produces free radicals that potentiate irritating gingival tissue, leading to chronic gingivitis. Carbamide peroxide 10% is commonly used as at-home bleaching material¹. Although CP 10% has been approved as a safe and effective ingredient for dental bleaching, however, CP can cause an irritating effect on gingiva^{2,3,4}. In this case, a small amount of CP can contact the marginal gingiva, potentially causing cell alterations⁵ and stimulating chronic inflammatory response^{6,7,27}.

The chronic inflammatory response mainly involves monocytic inflammatory cells known as the mononuclear phagocytic system (MPS). These phagocytic cells circulate in the blood and migrate through capillaries into tissue where they crawl between cells in search, phagocytize,

and destroy foreign substances or antigens. This is one important part of the body's innate immune system⁸.

During phagocytosis, monocytes activate the membrane-bound enzyme Nicotinamide Adenine Dinucleotide Phosphate oxidase (NADPH oxidase), which works to activate the respiratory burst. This monocyte respiratory burst produces Reactive Oxygen Species (ROS), namely superoxide radical (O_2^{\bullet}). Superoxide radicals will take electrons from nearby molecules to achieve chemical stability, while molecules that lose electrons become new free radicals, and attack any other molecules, leading to induce chain reactions. Thus, the production of superoxide radicals induces the production of any other ROS such as hydrogen peroxide (H_2O_2), and hydroxyl free radicals (OH^{\bullet}), the most reactive oxygen species. Excessive production of ROS in the body without adequate antioxidant production can result in oxidative stress^{9,10,11,12}. It plays a role in the pathogenesis of various inflammatory diseases, such as gingivitis and periodontitis³.

Oxidative stress can be reduced by antioxidant substances. Coffee is one of the major sources of antioxidants^{14,15}. Antioxidants are electron-donor compounds that can counteract or prevent the formation of free radicals^{11,13}. Robusta coffee has been reported to have an effect as an antioxidant derived from the content of polyphenols, chlorogenic acid^{14,15}, and flavonoids^{10,16}. This study aimed to study the effect of Robusta coffee brew (RCB) on the production of free radicals (superoxide radicals) by chronic inflammatory cells (monocytes) exposed to dental bleaching material carbamide peroxide (CP).

2. MATERIAL AND METHODS

2.1 Materials.

Robusta coffee ground was purchased from the factory of the Coffee State Plantation *PTPN XII*, East Java, Indonesia. Reagents for monocyte isolation, Phosphate Buffer Saline (PBS), and Hanks Balanced Salt Solution (HBSS) were purchased from Sigma, RPMI media from Roswell Park Memorial Institute, Lymphoprep (Fisher Scientific Inc.), Penicillin-streptomycin (Sigma), Fungizone (Gibco). The dental bleaching material was Whiteness perfect carbamide peroxide 10 % (FGM). Nitro Blue Tetrazolium (NBT) was purchased from Scytek. Syringe filter 0.2 μ m and 0.45 μ m were purchased from Whatman.

2.2 Preparation of robusta coffee brew (RCB)

The coffee brew was made by steeping roasted robusta ground coffee into 200 mL of boiled distilled water (90°C), according to the method by Susilawati et.al with some modifications¹⁷ It was made in two concentrations i.e, 1) RCB 3 g/200 mL, 2) RCB 6 g/200 mL. The procedure was as follows, 200 mL distilled water in a beaker glass was placed on a hotplate stirrer at a temperature of 90°C, and the coffee ground was then poured and steered with the speed of 60 rpm for 1 min. This coffee brew was left until the temperature reached around 25°C, and then filtered using a syringe filter 0.2 μ m. The filtrate of the coffee brew was kept in the refrigerator (4°C) until before being used for the experiment.

2.3 Preparation of dental bleaching material

Carbamide peroxide 10 % was taken as much as 10 mg by 214 Adam PW analytical balance, put in Eppendorf tubes, and dissolved with 50 mL of PBS⁶. After that, it was placed on a vortex to get a homogeneous solution, and filtered with a syringe filter of 0.45 μ m.

2.4 Preparation of Monocytes.

Monocyte was isolated from healthy human peripheral blood, according to the procedure recommended by Fisher Scientific Inc. (lymphoprep brochure), with some modifications. An

amount of 6 mL blood was taken intravenously in the human cubital fossa, then put in the two heparin tubes (3 mL) and shaken. Blood samples in each tube were then poured into falcon tubes (15 mL) using a micropipette, diluted using Hanks Balanced Salt Solution (HBSS) with a ratio of 1:1, and then mixed until homogenous. Blood diluent was then layered on 3 mL lymphoprep solution and centrifuged (900 rpm for 20 min at 20°C). Centrifugation resulted in four layers (plasma, mononuclear, lymphoprep, polymorphonuclear erythrocytes). The second layer containing mononuclear cells was carefully taken using a micropipette, then inserted into one other falcon tube and rinsed (twice) using RPMI media containing 5 µL fungizone, and 20 µL penicillin-streptomycin. The pellet of the monocyte was re-suspended in 1200 µL HBSS and divided into three groups namely, a control group and two treatment groups. Each group was represented in triplicate.

2.5 Experimental Procedure and NBT Assay.

The first step was monocyte isolation and preparation. A total of three plastic six-well plate cultures were prepared and given a sterile coverslip inside the bottom of each well. The amount of 100 µL monocyte suspension was taken (using a micropipette) and put on the coverslip. The plastic well plate culture was then incubated for 5 min at 37°C and added 1 mL RPMI media to each well, and incubated for 30 min at 37°C. The plastic well plate culture was taken from the incubator shaker, and then observed under an inverted microscope, by gently rocking it to see the attachment of the cell. Cells in each well were washed with RPMI media three times carefully to remove the unattached cells (lymphocytes), then observed again under an inverted microscope to ensure the homogeneity of monocytes. Afterward, the RPMI media was replaced with HBSS; then, the cell was ready to be treated.

The next step was coffee treatment and NBT assay. Group coffee 1 was treated with 3 g RCB, and coffee 2 with 6g RCB, and the control group was not treated with RCB (without coffee). (3) All of the groups were then exposed to 20 µL of carbamide peroxide 10 % and were given 250 µL NBT test solution. The summary of the experimental groups was as follows: 1) monocyte + CP (without RCB) + NBT, 2) monocyte + 3 g RCB + CP + NBT, and 3) monocyte + 6 g RCB + CP + NBT. All of the wells were incubated for one hour in a shaker incubator at 37°C. After incubation, the glass cover on the well plate culture was taken, and the monocytes attached were washed twice using HBSS, aerated, and then fixed with methanol. Furthermore, they were subjected to the counter-stain Safranin solution and ready for examination microscopically using the light microscope magnification 400 and 1000.

2.6 Radical superoxide identification.

Production of superoxide radicals was demonstrated by monocytes expressing purple-formazan particles (positive NBT cells). The percentage of positive NBT cells was determined by randomly calculating the number of positive NBT cells in four fields of view (each slide). Three observers carried out the examination using a light microscope magnification 400 times. The antiradical activity of RCB could be seen from the number of cells that do not produce superoxide radicals¹⁷

2.7 Statistical analysis

Data were analyzed with the normality test Shapiro Wilk and homogeneity test using the Levene test. One-way ANOVA was used to determine the difference between the overall treatment and LSD to detect a significant difference between groups.

3. RESULTS

The number of monocytes that produced superoxide radicals was significantly ($P < 0.05$) lower in the coffee groups than in the control group (Table 1). Coffee brews of 6 gr/200 mL affected the reduced significance superoxide radicals than 3 gr/200 mL. The results of the microscopic

examination demonstrated the expression of superoxide radicals (purple spots of formazan) by monocytes (Figure 1).

Table 1. The effect of robusta coffee brew on the production of superoxide radicals by monocytes exposed to carbamide peroxide

Groups	The number of monocytes that produced superoxide radicals ($X \pm SD$)
Monocytes + 10% CP (without coffee, control)	89 ± 2.50
Monocytes + RCB 3 gr/200 mL + 10% CP	$61 \pm 7.23^*$
Monocytes + RCB 6 gr/200 mL+ 10% CP	$43 \pm 5.10^*$

* Significantly different ($P < 0.05$) compared to control group (without coffee)

RCB: Robusta Coffee Brew; CP: carbamide peroxide

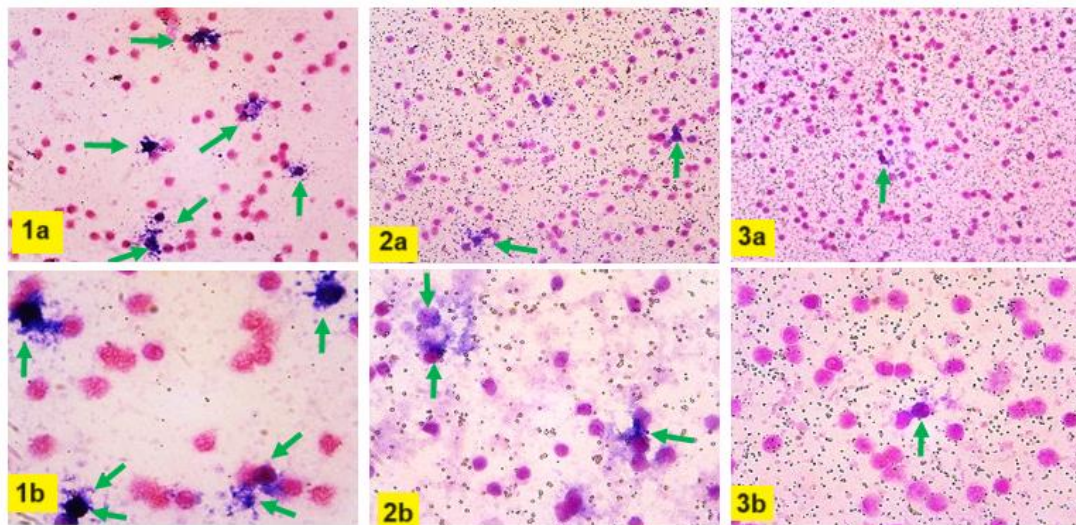


Figure 1. The effect of robusta coffee brew on the production of superoxide radicals by monocytes exposed to carbamide peroxide. The green arrow indicated monocytes that produce superoxide radicals (purple-formazan). Microscopic feature (a) 400x magnification and (b) 1000x magnification. 1) Control Group: monocytes + 10% CP (without coffee); 2) Coffee Group 1: monocytes + RCB 3 gr/200 mL + 10% CP; 3) Coffee Group 2: monocytes + RCB 6 gr/200 mL+ 10% CP. RCB= robusta coffee brew; CP= carbamide peroxide.

4. DISCUSSION

Home bleaching is a tooth whitening technique performed by patients themselves under the supervision of a dentist using 10-20% carbamide peroxide^{5,18}. This technique is relatively easy; the patient applies dental material whitening using a special tray without gingival tissue isolation. This differs from the in-office bleaching technique in which gingival tissue is isolated with a rubber dam or protective gel to prevent material penetration into soft tissue^{18,19}. Carbamide peroxide 10 to 35% has been suggested as a safe option for bleaching vital teeth²⁰. Bleaching effects are primarily based on the effects of carbamide peroxide, releasing about 33% of its content as hydrogen peroxide (H_2O_2) acts as a powerful oxidizing agent (ROS). It can give rise to agents known to be effective bleaching agents^{3,21,22}. Despite the positive effect (teeth whitening) of bleaching, it may have some side effects, such as dentin sensitivity and

irritation of the oral soft tissues in contact with the bleaching gel^{1,7}, in addition to the possibility of cell mutation²³.

The present study showed that the dental bleaching material carbamide peroxide could induce the production of a high amount of superoxide radical by monocytes. ROS are fundamental for monocytes to eliminate foreign substances; however, excessive production of ROS can cause detrimental effects. Dental bleaching material is a foreign material for the human tissue and, therefore, could induce the activation of phagocytes such as monocytes^{24,25}. The initial response of monocytes is the activation of NADPH oxidase, which will trigger a respiratory burst, forming superoxide radicals. It is the first ROS produced by monocytes that can trigger the production of other ROS⁹. The content of the active ingredient H₂O₂ in bleaching dental material can further induce the formation of free radicals in the event of an oxidation reaction. The presence of H₂O₂ and superoxide radicals will form hydroxyl radicals, the most reactive ROS^{21,30}.

The present study found that the number of monocytes that produce superoxide radicals in the coffee group was lower than in the control group, which was not treated by coffee brew. This study highlights the potency of coffee as an antioxidant, which can mute the production of superoxide radicals and terminate free radicals chain reactions. The superoxide radical is the center of the redox reaction in phagocytes; it is easily converted to other ROS and causes excessive production of ROS, leading to oxidative stress. Inhibition of superoxide radicals would reduce the production of other ROS and oxidative stress, leading to protection against cellular oxidative damage¹⁷. The present study showed that the amount of intact monocytes in the coffee group was greater than in the control group, which was not treated with coffee.

Coffee contains antioxidant compounds that are capable of donating electrons and neutralizing oxidants or free radicals. Several compounds in coffee are well-known to have antioxidant properties, including caffeine, phenolics, and melanoidin. The antioxidant activity of caffeine was shown by the affinity to scavenge ROS such as superoxide radicals, and hydroxyl radicals, and the potency to decompose hydrogen peroxide¹⁵. Phenolics, mainly chlorogenic acids (CGAs), are known to be the main antioxidant component in coffee. Chlorogenic acids are powerful hydroxy radical scavengers. Melanoidin, a high molecular weight compound, brown colored, is produced during the Maillard reaction in coffee roasting. Other phenolics, such as flavonoid compounds contained in robusta coffee, also have the ability as antioxidants. Flavonoids can scavenge peroxy radicals. It is an effective inhibitor of lipid peroxidation and chelates redox-active metals, thus preventing the catalytic breakdown of hydrogen peroxide^{10,11}. Melanoidin has an affinity to scavenge hydroxyl and peroxy radicals, breaking the radical chain reaction by donating hydrogen and also chelating pro-oxidant transition metal ions¹⁵.

Results in the present study showed that the percentage of monocytes that produce superoxide radicals in the coffee group 6 g/200 mL suppressed the production of superoxide radicals more than in the group of 3 g/200 mL. Presumably, it was due to the more antioxidant content. However, it does not mean that the greater the dose, the better the antioxidant power. Further studies are needed to analyze the concentration of antioxidant substances in the coffee brew and whether a higher dose can demonstrate better antioxidant activity. Several factors could influence the concentration of antioxidant substances in coffee brew such as the type of coffee species, the post-harvest processing, the brewing technique, etc. In addition, an in vivo study is needed to perform, and also a clinical trial to prove the effectiveness of coffee brew in minimizing gingival inflammation.

The present study is concerned with the potency of coffee to protect gingival tissue against the irritable potency of dental bleaching material, however, it is also important to study the

effect of coffee on the dental bleaching process. The question emerged whether the antioxidant properties of coffee could influence the oxidation process of the dental bleaching procedure. In addition, the effect of the brown pigment of coffee brew on dental bleaching is also interesting to study.

5. CONCLUSION

Robusta coffee brew demonstrated antioxidant activity against superoxide radicals produced by monocytes exposed to dental bleaching material carbamide peroxide. The antioxidant activity of coffee brew might suggest its potential as an agent for protecting gingiva from the irritating effect of dental bleaching material.

ETHICAL APPROVAL

All of the experimental procedures have been examined and approved by The Ethical Committee of the Medical Research Faculty of Dentistry University of Jember, Indonesia (No. 022/UN.25.8/KEPK/DL/2018).

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