Simulation of de - and remineralization processes in human dental enamel

Monica Paruş, Florin Brânza, Ioan Danila, Lucia Barlean

Iaşi, Romania

Summary

Hidroxyapatite (HAP) is the main inorganic component in teeth and bone structure and it is structurally similar to calcium hidroxyapatite. The aim of this study was to obtain data regarding HAP crystals architecture and regarding structural changes following de- and remineralization processes in the presence of fluoride ion in different concentrations (226 ppm F vs. 12.300 ppm F). Material and method. The authors elaborated the tridimensional crystalline model for HAP, fluorapatite (FAP) and carbohidroxyapatite (CHAP), using the Program VrmlPad 2.1TM and VRML View3.0TM. The processes of de- and remineralization of dental enamel in the presence and the absence of fluoride ion were simulated based on these initial models. The main conclusion was that the fluoride ion in high concentrations (fluoride gel) tends to accumulate on top of the HAP crystals whilst in low concentration (rinsing fluoride solution) the fluoride ion has the possibility to promote in depth remineralization.

Keywords: simulation, hidroxyapatite, demineralization, remineralization, fluoride.

Aim

Data regarding hidroxyapatite (HAP), fluorapatite (FAP) and carbonhidroxyapatite (CHAP) crystals architecture were published in previous studies [1,2]. Based on this structures the authors intended to simulate structural changes following de- and remineralization processes in the presence of fluoride ion in different concentrations (226 ppm F vs. 12.300 ppm F).

Material and method

The tridimensional crystalline model was elaborated using the Program VrmlPad 2.1TM and VRML View3.0TM [1,2,3,4,5].

Simulation of de - and remineralization processes

Simulation of demineralization process of enamel structures was performed first, to identify the most vulnerable positions in the crystalline network. Acid attack model was used for demineralization. The functional groups were represented by a single proton (H⁺). The following reactions were taken into consideration (to simplify, the reactions referred only to hidroxyapatite) [6,7,8]:

$Ca_{10}(PO_4)_6(OH)_2 + 20H^+ = 10Ca^{+2} + 6PO_4^{-3} + 2HO^{-3}$

Possible intermediary compounds:

PO₄³⁻, Ca²⁺ Possible partial reactions: PO₄³⁻ + 3 H⁺ \leftrightarrow HPO₄²⁻ + H⁺ HPO₄²⁻ + H⁺ \leftrightarrow H₂PO₄⁻ Ca²⁺ + H₂PO₄⁻ \leftrightarrow Ca(H₂PO₄)₂ Ca²⁺ + HPO₄²⁻ \leftrightarrow CaHPO₄ Initial reaction condition:

- Temperature: 37°C; pH: 4,3;

- Simulation volume: V=14310Å³. The volume used for ion counts, functional groups counts and atom counts corresponding to the concentration of any substances involved, was the volume corresponding to 3x3x3 groups of HAP elementary cells (27x510Å³).

The authors considered that chemical reactions took place according to the following steps [9]:

1. reactants diffusion from solution to enamel surface;

2. reactants diffusion into interprismatic spaces;

3. reactants adsorption at dental enamel surface;

4. chemical reaction with the enamel surface atoms;

5. desorption of reaction products from the enamel surface;

6. transfer of reaction products into the interprismatic liquid.

The kinetics of this processes was considered to be identical with HAP demineralization [10].

Results and discussions

1. With the intention to simulate *demineralization in the absence of fluoride ion* the authors estimated the presence of protonic groups as being 4 in the considered volume. 50% of the protons are statistically suitable for an attack. The acid attack can be visualized in *Figure 1* and in *Figure 2*:

After dissociation, carbonate molecules will leave the prismatic structure and will be released in solution, together with calcium ions. Calcium and phosphate ions will redeposit on the enamel crystal surface but carbonate ions will remain in the solution and will not participate in the reconstruction process. Figure 1. The moment before acid attack



The prismatic block, after partial dissociation following the acid attack can be visualized in *Figure 2*:

Figure 2. Partial dissociation of the prismatic block



The presence of protons (H^+) (gray color) represents the acidity of the solution, which will produce the molecular dissociation on lateral edges in the demineralization phase. According to previous studies [1,2] the packing density is lower on the edges and promotes preferential dissociation on that level.

The reduced dimensions of the protons will favor its access to superficial and subsuperficial areas of dental enamel and will promote the dissociation reactions mentioned above. The calcium atom, which leaves from the edge of hexagonal prism, will induce favorable conditions for another calcium atom and a phosphate group to leave the structure. These reactions will result in an area of massive molecular dissociation, which can be visualized in *Figure 3*:

Figure 3. Demineralized HAP prism



These reactions are peculiar to HAP dissolution in acid environment and were studied by Thoman [11] and Zhang and collaborators [12].

2. In the presence of fluoride ion, changes that occur at molecular level in HAP during demineralization process are represented in *Figure 4*. The protons (H^+) from solution will attack the edges of HAP prism inducing molecular dissociation and loss of mineral ions:

Figure 4. Molecular dissociation followed by mobilization of fluoride ions towards vacant positions



Remineralization in the presence of fluoride ion

At neutral pH and in the presence of fluoride ion, the following reactions can take place [7]: $Ca + 2F \rightarrow CaF_2$ $CaHPO_4 + F \rightarrow FHAP$ $Ca_8(HPO_4)_2 (PO_4)_4. 5H_2O + F \rightarrow FHAP$ $FHAP + F \rightarrow FAP$

In *Figures 5* and *6* we represented the changes that occurred at molecular level in the presence of fluoride ion in low concentration (rinsing solution, 226 ppm) comparing to high fluoride concentration (fluoride gel, 12.300 ppm). To simplify, simulation and calculations took into account only the fluoride ion and did not represent the real resulting structures (CaF2, FHAP/ FAP).

Figure 5. Positions of fluoride ions from solution (226 ppm F) on the edges of prismatic block



The newly formed structure (FAP, FHAP) will be more resistant to subsequent acid attacks because of their lower solubility. The low concentration fluoride solution allows the access of fluoride ions inside enamel prism and promotes in depth demineralization.

A high concentration compound (fluoride gel) will enable the development of FAP and FHAP-like deposits, mainly on crystal surface. This reaction can be observed in *Figure 6*:

Figure 6. Fluoride ions deposited on the surface of prismatic block after the use of fluoride gel (12.300 ppm)



The mineral deposits formed on the prism surface will reduce the porosity of superficial layer and will prevent mineral transfer to deep areas, resulting in incomplete remineralization.

Conclusions

1. Dissociation of crystalline structure following demineralization and reconstruction in the presence of fluoride ion (remineralization) was simulated.

References

1. Monica Pãruş, I. Dãnilã, Lucia Bârlean, F. Brânzã. Simularea computerizatã a structurii smaltului dentar. Abstract volume of "Zilele Facultatii de Medicina Dentara Iasi, 2006", 10th edition; pp 244-246.

2. Monica Pãruş. Rolul fluorului administrat local in remineralizarea leziunilor incipiente de smalt. PhD Thesis. Iaşi, June 2005.

3. Gen HE, Dall T, Weis A. Nucleation of apatite crystals *in vitro* by self-assembled dentin matrix protein. *Nature/Nature materials/2003*; 2: 552-558.

4. Ianovici V, Stiopul V, Constantinescu E. *Mineralogie*. Ed. Didactica si Pedagogica, Bucuresti

2. It was pointed out that in the presence of fluoride ion in high concentration (fluoride gel), minerals will deposit mainly on the surface of the crystals, while low fluoride concentrations (rinsing solution) could induce a more complete, in-depth remineralization.

3. The incomplete remineralization resulted from surface mineral deposits, blocks the pores and prevents the mineral transfer to deep areas. This action can be followed by a continuation of demineralization in deep areas and the histologically sound layer from the surface could hide a demineralization process below. In the presence of low fluoride ion concentrations, in depth remineralization becomes possible and sub-superficial demineralization is reduced.

4. Based on these findings it can be emphasized that, from a therapeutic point of view, high concentration fluoride products should be used only in high caries risk groups, in conjunction with a frequent use of a low concentration product (such as mouth rinsing solutions and toothpastes).

1979; pp 438-442.

5. Vainstein C. *Cristalografia moderna*, Vol I. Simetria cristalelor. Metode cristalografice structurale. Ed. Stiințifică și Enciclopedică, Bucuresti, 1989.

6. Mc Intyre J. The nature and the evolution of dental caries. In: Mount GJ, Hume WR Eds. *Preservation and restoration of tooth structure*. Mosby International Ltd 1998; pp 19-25.

7. Ten Cate JM, Featherstone JDB. Physico-chemical aspects of fluoride-enamel interactions. In Fejerskov O, Ekstrand J, Burt BA. *Fluoride in Dentistry*, 2nd Ed. Copenhagen Munksgaad 1996, 252-272.

8. Ten Cate JM, Featherstone JDB. Mechanistic

aspects of the interactions between fluoride and dental enamel. *Critical Reviews in Oral Biology and Medicine* 1991; **2**(2): 283-96.

9. Szekely J, Evans JV, Sohn HZ. *Gas-solid reactions*. Academic Press NY, 1976; pp 7-36.

10. Koutsoukos PG. *Current knowledge of calcium phosphate chemistry and in particular solid surfacewater interface interactions*. Scientific report. Institute of chemical engineering and high temperature chemical processes, Univ. of Patras, 2000.

11. Thoman JM, Voegel JC, Gramain PH. Kinetics of dissolution of hydroxyapatite powder. IV. Interfacial calcium diffusion controlled process. *Coloid & Surfaces*, 1991; **54**: 145-159.

12. Zhang J, Nancollas GH. Dissolution kinetics of calcium phosphates involved in biomineralization. In: *Advances in industrial crystallization*. Butterworth-Heinemann Ltd, Essex, GB, 1991; pp 47-62.

Correspondence to: Dr. Monica Păruş, Assist. Prof., PhD, DMD, Discipline of Preventive Dentistry, Faculty of Dental Medicine, "Gr. T. Popa" University of Medicine and Pharmacy. Universității Street, no. 16, Iași. E-mail: mparus@mail.dntis.ro