



# Potential of Barnacle Cement in Dentistry

Ang Qianbo Joseph<sup>1</sup>, Lee Jian Xing Clement<sup>1</sup>, Sng Jie Han Timothy<sup>1</sup>, A/P Hsu Chin-Ying Stephen<sup>2</sup>, Dr Gary Howard Dickinson<sup>3</sup>



<sup>1</sup>Hwa Chong Institution (College Section)

<sup>2</sup>National University of Singapore, Faculty of Dentistry - Department of Preventive Dentistry

<sup>3</sup>National University of Singapore, Tropical Marine Science Institute

## Abstract

The barnacle adheres tenaciously to underwater substrata by secreting cement. Lauded for its mechanical properties and water insolubility, barnacle cement was explored in this study for its potential in dental application. Its biocompatibility, speed of polymerisation, aesthetic appeal and acid-resistance was investigated. To study acid-resistance, teeth coated with barnacle cement were immersed in Coke and visual alterations were observed. The effect of Ca<sup>2+</sup> ions and electromagnetic radiations on cement polymerisation time was studied. Biocompatibility of barnacle cement was determined through toxicity assays with the flat worm *Caenorhabditis elegans*. Barnacle cement did not induce death of *C. elegans*. It was also of similar color to teeth, making it aesthetically appealing. Rate of barnacle cement polymerisation, however, was found to be slower than synthetic adhesives, and the cement was not resistant to acids. Thus, at present, the applicability of barnacle cement as a dental adhesive is limited. With further research on enhancing acid-tolerance and polymerisation rate, effective barnacle cement based dental adhesives may be possible.

## Introduction

Today, dental sealants are placed on pits and fissures of teeth to provide a physical barrier against cariogenic bacteria. However, harsh oral conditions obstruct adhesion and reduce effectiveness of current sealants in treating caries [1]. In vivo studies have also shown that certain dental adhesives (Admira Bond, Gluma Comform Bond) have cytotoxic effects [2]. Ideally, dental adhesives must bond permanently, be biocompatible, of high colour stability, can be handled conveniently by dentists [1] and insensitive to water contamination [3]. One possible adhesive is the barnacle cement. Barnacle cement is 90% protein, naturally occurring and is able to resist both enzymatic and chemical degradation at room temperature [4]. The cement is able to rapidly polymerise and adhere to a variety of substrates, and is insoluble once polymerised. When placed on a wet surface, barnacle cement was favored over other commercial dental adhesives such as zinc phosphate cement [5]. Past researches advocated the potential of barnacle cement in dentistry solely based on its mechanical properties and biochemical composition. Yet, other properties vital in dentistry such as acid resistance, biocompatibility, speed of polymerisation and aesthetic appeal have not been studied in context. Therefore, our study aims to investigate these properties of barnacle cement and determine its applicability as an alternative dental adhesive and sealant.

## Hypothesis of the study

*Amphibalanus amphitrite* barnacle cement possesses the necessary properties to act as a dental adhesive and sealant.

## Objectives of the study

To determine the applicability of barnacle cement as an effective and novel alternative dental adhesive by testing its biocompatibility and acid resistance, as well as determining its polymerisation rate and aesthetic appeal.

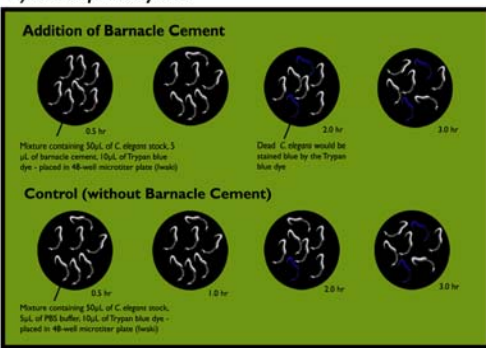
## Methods and Materials

### I) Preparation of Barnacle Cement - Dyeing and Extraction of Barnacle Cement



### II) Evaluation of Barnacle Cement in Dental Applications

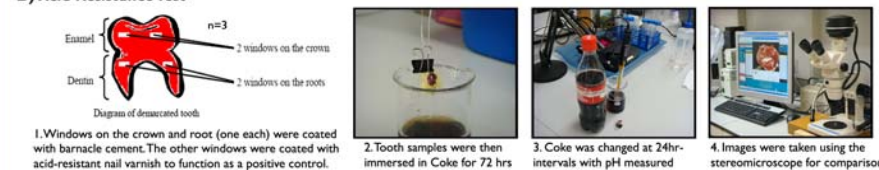
#### A) Biocompatibility Test



#### BIC) Morphological & Rate of Polymerisation Analysis



#### D) Acid Resistance Test



## Results

### A) Biocompatibility Test

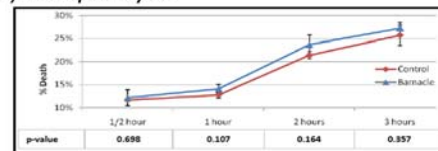


Fig 1. Mortality of *C. elegans* against time exposed to barnacle cement (n=3)

Biocompatibility test: barnacle cement did not cause death of *C. elegans*

### B) Morphological Analysis - Aesthetic Appeal

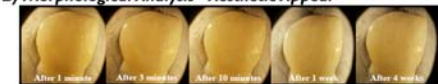


Fig 2. Barnacle cement on tooth surface (n=3)

Barnacle cement cannot be easily observed - good aesthetic appearance

### C) Rate of Polymerization Test



Fig 3. Polymerization of barnacle cement on glass slide (Under Stereomicroscope)

Appearance of the hardened cement indicates end of polymerization

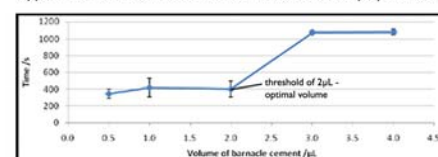


Fig 4. Time taken for barnacle cement to polymerise at varying volumes of barnacle cement (n=3)

Optimum volume of barnacle cement used determined to be ~2µL

#### Ensuring Integrity of Dyed Barnacle Cement

	1	2	3	4	Avg
Dyed	Start /s 52	45	47	38	45.5
Stop /s 275	290	309	303	303	294.25
Undyed	Start /s 54	53	55	51	53.25
Stop /s 288	302	254	283	283	281.75

Fig 5. Comparison of time taken for dyed & undyed barnacle cement to polymerise (n=4)

Ensuring Integrity: Difference in polymerisation time was insignificant

## Results (continued)

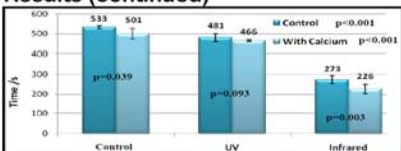
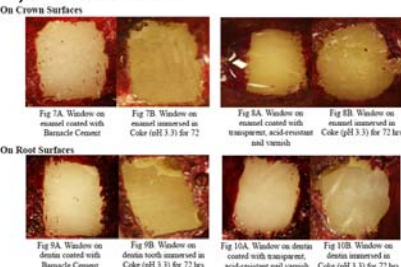


Fig 6. Comparison of time taken by barnacle cement to polymerise on teeth under exposure to calcium, UV light and infrared radiation (n=4)

### D) Acid Resistance Test



Layer of barnacle cement offered little protection to teeth immersed in Coke. Teeth that were coated with acid-resistant nail varnish remained constant (positive control for comparison).

## Discussion/Conclusion

- Barnacle cement does not induce mortality of *C. Elegans*.
- First scientific study on its biocompatibility.
- Long term biocompatibility characterised by mutagenicity, carcinogenicity, etc.
- Further animal and clinical studies needed
- Polymerised barnacle cement matched the shade of tooth surface very well
- Feasible in dental materials, where appearance is extremely important.
- Ca<sup>2+</sup> ions hastened polymerisation
- Infrared radiation increased rate of reaction
- However, UV light failed to do so as high ionising energy may have denatured cement proteins.
- Other catalysts required to further reduce the time of polymerisation in clinical context
- Windows of both enamel and dentin, coated with barnacle cement, were stained and eroded
- In a highly acidic medium, cement proteins might have denatured and lost their ability to function
- This occurred in the required extreme situations which are uncommon in oral conditions

## Future Work

- Carry out human cell culture tests to validate the biocompatibility
- Investigate the adhesion strength of cement to tooth surfaces in vitro
- Assess the effect of barnacle cement on remineralisation of enamel and dentin

## Acknowledgements

- Our research supervisor, Dr Carolina Un Lam, for her assistance in the project and her patience in helping us.  
- The laboratory technicians, Mdm Lim Cheng Fui, Mr Ng Kim Hoe, Ms Liu Yuan Yuan, for their assistance in using laboratory equipment and providing us with advice.

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