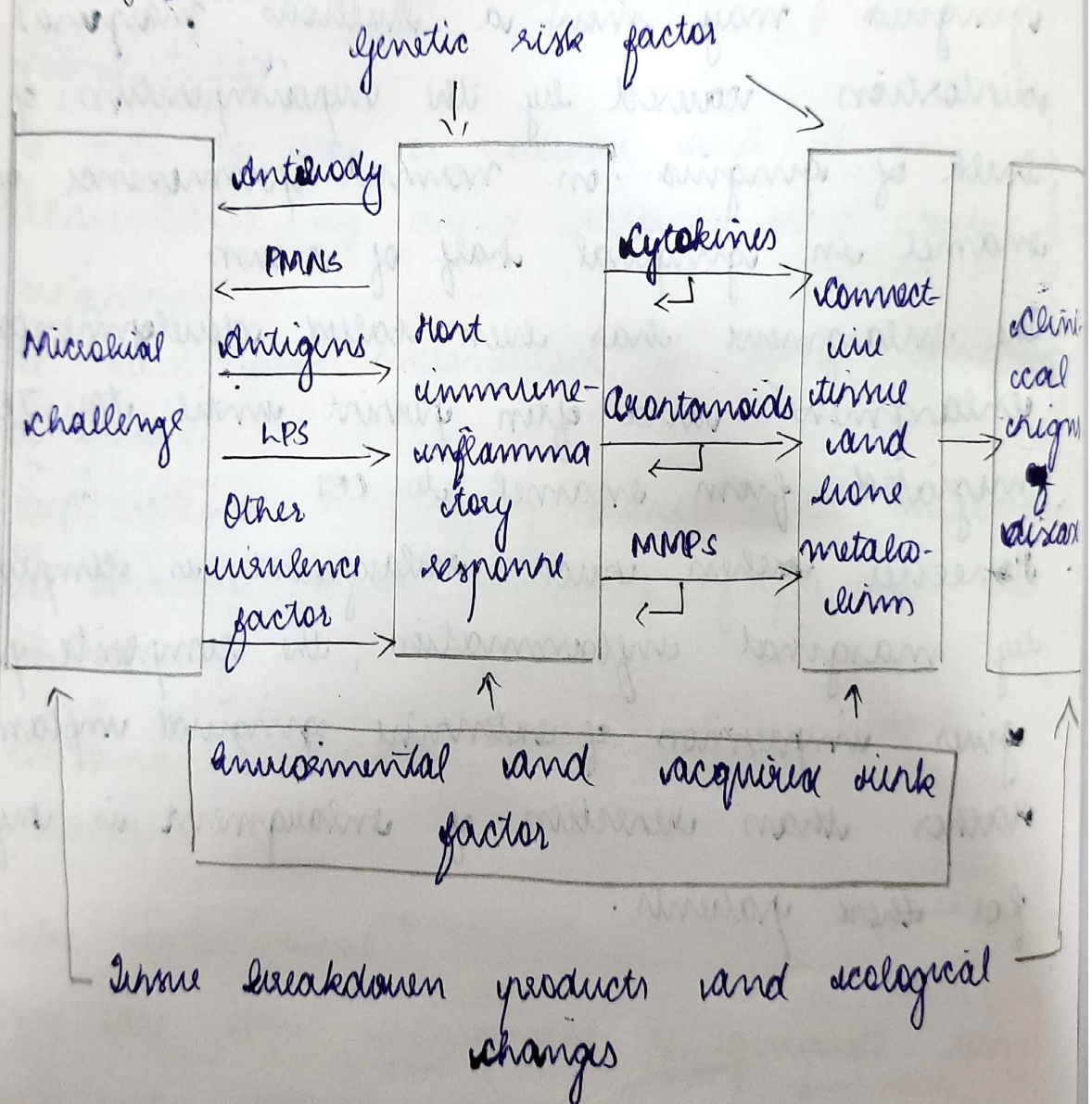


HOST MODULATION

It refers to the modulation of the immune response to suppress unwanted reaction to protect an organism against infectious disease is defined as host modulation.

Etiogenesis of periodontitis by Page and Kornman



New Model of pathogenesis

Plaque



Overgrowth of oral bacteria in susceptible individuals lead to gingival inflammation

Health

→ Gingivitis

→ Gingival inflammation
alter subgingival
microenvironment

Gingivitis

Host immune and inflammatory reaction together with genetic predisposition and environmental influence able to 'contain' infection

Overgrowth of 'periodontal pathogens' in biofilm

Periodontitis

Host immune and inflammatory reaction together with genetic predisposition and environmental influence unable to 'contain' infection

Periodontal balance

- Balance between periodontal disease and health

Risk factors (eg- genetics, smoking, diabetes)

Reduction of risk factors

Overproduction of pro-inflammatory or destructive mediators and enzymes (eg; IL-1, IL-6, PGE₂, TNF- α , MMPs)

Suppression of host-derived anti-inflammatory or protective mediators (eg; IL-4, IL-10, IL-1 α , TIMPs)

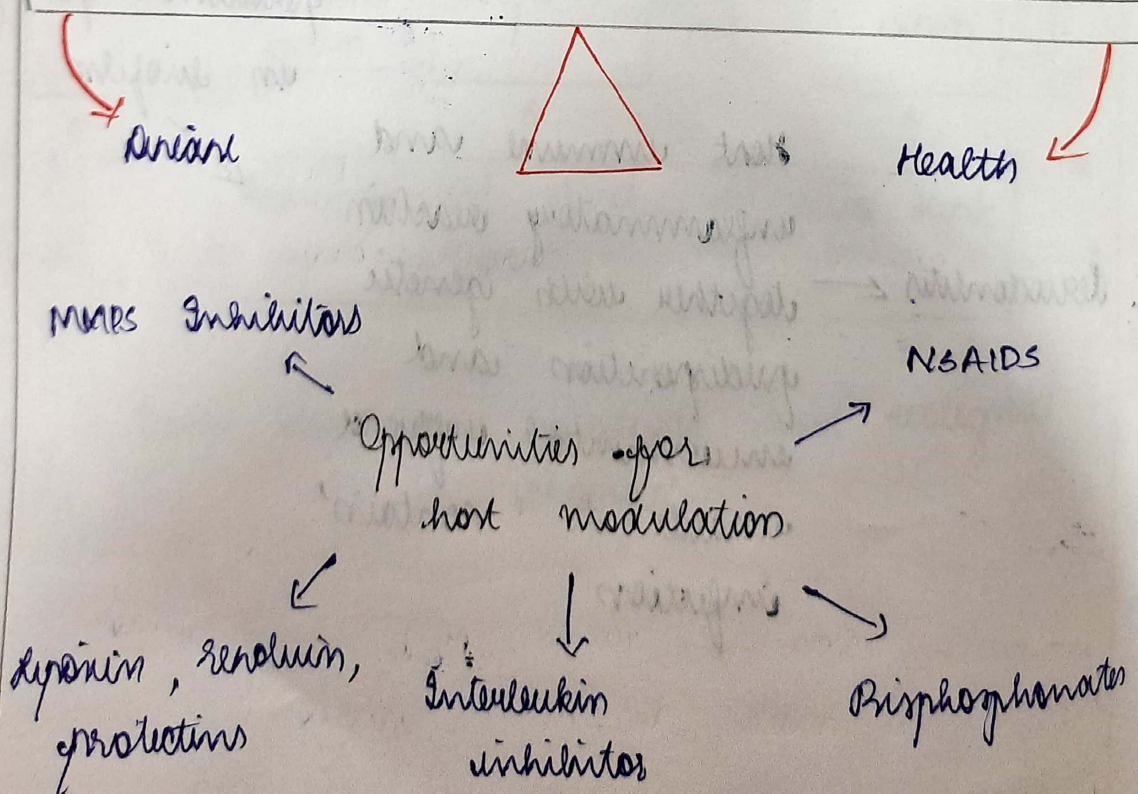
Underactivity or overactivity of aspects of host response

Host modulation therapy
Resolution of inflammation

Poor compliance, poor plaque control

DHL, SRP, surgery, antiseptics, antibiotics to reduce bacterial challenge

Subgingival disorders



NSAIDS

- 2 isoforms of COX are recognized

COX-1 is expressed
'constitutively'

Known as 'housekeeping'
enzyme

Functions include:

- gastric cytoprotection

- vascular homeostasis

- Platelet aggregation

- Kidney function

COX-2 is usually

undetectable in most tissue

Its expression is 'inducible'
during states of inflammation

Upregulated by pro
inflammatory cytokines
and stress

Classification

- Non selective COX inhibitors

Salicylates - Aspirin

- Difluniral

Pyrazolone derivatives - Phenylbutazone

- Oxphenbutazone

Inhale derivatives - Indomethacin

Propionic acid derivatives - Ibuprofen

- Naproxen

- Ketoprofen

Anthranilic acid derivatives - Mefenamic acid

Acetyl salicylic acid derivatives - Piroxicam

- Indoxicam

Pyrido-pyridol derivatives - Ketorolac

- analgesic - antipyretic with poor anti-inflammatory action

Para-amino phenol derivatives - paracetamol

Pyrazole derivative - Metamizole
- Propiphenazone

Preferential COX-2 inhibitors - Nimesulide

- Meloxicam

- Nabumetone

selective COX-2 inhibitors - Celecoxib

- Etoricoxib

- Valdecoxib

NSAIDs not used as an adjunctive in periodontal therapy

• GI upset

• Hepatic impairment

• Renal impairment

• Rebound effect

• Unwanted side effects of COX-2 inhibitors

• GI hemorrhage

Lipoxin, resolvins and protectins

Rationale

• Resolution of inflammation - biological pathway

• In acute agonist mediated, return to tissue haemostasis and biological pathway of restoring homeostasis

Thromboxin

Prostacyclin

Therapeutic management

Prostacyclin

Endogenous mediators

Thromboxin derived from arachidonic acid

Aspirin triggered thromboxin (ATL)

Prostaglandins

derived from omega 3-PUFA

Prostaglandins derived from docosahexanoic acid

Eicosapentaenoic acid

Docosahexanoic acid

Prostaglandin E series

Prostaglandin D series

Thromboxin

Produced within vascular lumen, primarily via platelet-leukocyte transcellular biosynthesis, enzymatically generated from arachidonic acid, an omega-6 fatty acid and are released during inflammatory response

Inhibit chemotaxis,
adhesion and
transmigration of
neutrophils

stimulate phago-
cytosis of apoptotic
neutrophils by
macrophages

Action of Liponin

In pleurants, liponin
and ATL inhibit IL-1 β
stimulated production
of IL-6 and IL-8

Inhibit chemotaxis,
IL-5 and eosinophil
recruitment by
eosinophils

Resolvin

- Derived from the omega 3 PUFAs, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA).
- The co-administration of capsaicin increases the stability and duration of action of resolvin and protects

Matrix metallo proteinase

- mmps are zinc dependent and calcium requiring endopeptidase enzyme.
- Degrade extracellular matrix protein during organogenesis, growth and normal tissue turnover
- Transcription of MMP gene is up regulated by pro inflammatory cytokines
- mmps produced by both resident and inflammatory cell of periodontium play role in physiological

and pathological events

- Fibroblast
- Keratinocyte
- Epithelial cell
- Mast cell
- Lymphocytes
- PMNs

Action of MMP inhibitors

- Inhibit the synthesis or release of these enzymes
- Block the activation of precursor forms of MMPs
- Stimulate the synthesis of endogenous tissue inhibitors of MMPs
- Protect the short endogenous inhibitors from proteolytic inactivation

Endogenous (synthetic) inhibitors

Zn and Ca chelating agents

Sulphur based inhibitors

Phosphorus containing peptides

Hydroxamic acid inhibitors

endogenous inhibitor

Pharmacological inhibitor

MMP transcription



Pro MMP

EMR



⊙ - synthetic MMP inhibitor

Active MMP

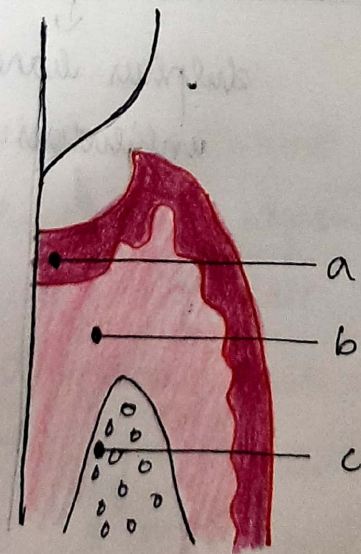
α_2 -macroglobulin →



androgen and clearance by low density lipoprotein-receptor-related protein

antimicrobial - done doxycycline

Mechanism of action



- a- Inhibition of production of epithelial-derived MMPs by inhibiting cellular expression and synthesis
- b- Direct inhibition of active MMPs by cation chelation
- Inhibition of oxidative activation of latent MMPs
- Downregulates expression of key inflammatory cytokines including IL-1, IL-6 and TNF- α
- Scavenges and inhibits production of reactive oxygen species produced by PMNs
- Inhibition of MMPs and ROS protects α_2 proteinase inhibitor, thereby indirectly reducing tissue proteinase activity
- Stimulate fibroblast collagen production
- c- Reduce osteoclast activity and bone resorption
- Blocks osteoclast MMPs
- Stimulate osteoclast activity and bone formation

Bisphosphonates

- Bone sparing agent
- Bisphosphonates are analogs of pyrophosphate in which the oxygen is replaced by carbon with various side chain
- It binds to the hydroxyapatite crystals of bone and prevents their dissolution by interfering with osteoclast function.
- Used extensively in the management of osteoporosis and other bone resorptive conditions

Classification

First generation
(alkyl side chain)

• Etidronate

Second generation
(amino terminal group)

• Clodronate

• Pamidronate

Third generation
(cyclic side chain)

• Bisphosphonate

Anti cytokine therapy

• Infliximab

- Allergic reactions
- Difficulty in breathing
- low BP

• Etanercept

- Infection
- Hypersensitivity

• Anakinra

- Infection
- Immunogenicity
- Malignancies

Other Agents

Statins

Osteoporosis

No inhibitors