

May 04, 2023

Version 2

Biofilm growth with starch treatment V.2

 In 1 collection

DOI

<https://dx.doi.org/10.17504/protocols.io.eq2lypqzelx9/v2>

Bjørn Peare Bartholdy¹, a.g.henry¹

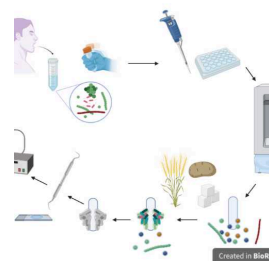
¹Leiden University

BYOC



Bjørn Peare Bartholdy

Delft University of Technology, Leiden University



Create & collaborate more with a free account

Edit and publish protocols, collaborate in communities, share insights through comments, and track progress with run records.

Create free account

OPEN  ACCESS



DOI: <https://dx.doi.org/10.17504/protocols.io.eq2lypqzelx9/v2>

Protocol Citation: Bjørn Peare Bartholdy, a.g.henry 2023. Biofilm growth with starch treatment. **protocols.io** <https://dx.doi.org/10.17504/protocols.io.eq2lypqzelx9/v2> Version created by **Bjørn Peare Bartholdy**



License: This is an open access protocol distributed under the terms of the **[Creative Commons Attribution License](#)**, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

Protocol status: Working

We use this protocol and it's working

Created: March 29, 2023

Last Modified: May 04, 2023

Protocol Integer ID: 79636

Keywords: biofilm growth with starch treatment, oral biofilm model with starch treatment, calcifying oral biofilm model, biofilm growth, starch treatment, polypropylene, deepwell plate, treatment

Funders Acknowledgements:

ERC European Union's Horizon 2020

Grant ID: STG-677576

Abstract

This is the main protocol to grow a calcifying oral biofilm model with starch treatments. It uses a 24 deepwell plate with the accompanying lid as substratum (polypropylene). The protocol takes 25 days to run, with daily tasks.

Modified from protocols by Sissons et al. (1991) and Extercate et al. 2010.

Image Attribution

Image created by Bjørn Peare Bartholdy using BioRender.com

Guidelines

The preferred substratum for inoculation is glass or hydroxyapatite. Plastic substrata can be used but are less effective, so surface treatment of the plastic is recommended (e.g. heated HCl or acetone).

Substrata should be autoclaved prior to use, both before and during the experiment.

Materials

Solutions

Artificial saliva

Protocol

NAME

Artificial saliva

CREATED BY

Bjørn Peare Bartholdy

Preview

CPMU

Protocol

NAME

CPMU

CREATED BY

Bjørn Peare Bartholdy

Preview

20% (v/v) sterile glycerol in dH₂O

5% (w/v) sucrose in dH₂O

0.25% (w/v) potato starch in dH₂O

0.25% (w/v) wheat starch in dH₂O

0.50% (w/v) equal parts wheat (0.25%) + potato (0.25%) in dH₂O

Equipment

24 deepwell polypropylene plates (w. lid containing pegs suspended from the lid)

Shaking incubator

Powder free nitrile gloves

Protocol materials

 Sucrose

Before start

Surfaces in the lab should be cleaned three times. Once with warm water and starch-free detergent, then with 5% NaOH, followed by a final cleaning with distilled water.

Saliva donor criteria

- Must have no/limited history of dental caries
- Must not have used antibiotics in the past 6 months
- Abstain from oral hygiene 24 hours prior to donation
- Refrain from eating and drinking (except water) 2 hours before donation

For experiments involving starches, donors should avoid eating starch-containing foods on the day of donation. To make this more bearable, saliva donation should take place in the morning before breakfast.

Prerequisites

Required solutions should be prepared beforehand.

- 20% (v/v) sterile glycerol in dH₂O
- Artificial saliva (required for day 0)
- Sucrose solution (required for day 0)
- Starch solutions (required for day 9)
- CPMU (required for day 15)

Protocol



NAME

Artificial saliva

CREATED BY

Bjørn Peare Bartholdy

Preview



Protocol

NAME

CPMU

CREATED BY

Bjørn Peare Bartholdy

Preview



Saliva collection

- 1 Saliva donors rinse their mouth with water for 30 seconds.
- 2 Stimulate saliva production by chewing tasteless gum or parafilm.
- 3 Collect the saliva by spitting into 50 ml plastic centrifuge tubes.

Note

Make sure donors wear gloves to avoid contamination with non-oral bacteria.

- 4 Make a 2-fold dilution of saliva in **sterile** [M] 20 % (v/v) glycerol and vortex the solution.

Day 0: Inoculation and feeding

- 5 Before inoculation, vortex the saliva solution again.
- 6 Pipette the saliva solution into the wells, so approx. 1-2 cm of the substratum is submerged.
- 7 Place the plate in the incubator at 36°C for 4 hours for static inoculation ⌚ 04:00:00
- 8 After inoculation, transfer the samples to a new plate containing the artificial saliva, and place in a shaking incubator at ↻ 30 rpm, 36°C for ⌚ 04:00:00

4h

4h



Protocol

NAME

Artificial saliva

CREATED BY

Bjørn Peare Bartholdy

[Preview](#)

8.1 Add  300 mL distilled (or deionized) dH₂O to a  1000 mL beaker, with stirring and heat  60 °C .

8.2 Add:

-  2.5 g

 Mucin from porcine stomach (Type III) **Merck MilliporeSigma (Sigma-Aldrich) Catalog #M1778**

-  5 g  Trypticase®; Peptone **Thermo Fisher Catalog #211921**

-  10 g  Oxoid®; Proteose Peptone **Thermo Fisher Catalog #LP0085B**

-  5 g  Bacto Yeast Extract **Becton Dickinson (BD)**

Let the reagents completely dissolve before continuing to the next step

8.3 Add:

-  2.5 g  KCl

-  0.35 g  NaCl

-  0.2 g  CaCl₂

-  0.74 g

 Sodium phosphate dibasic **Merck MilliporeSigma (Sigma-Aldrich) Catalog #7558-79-4**



- 0.54 g NaHCO₃
- 2.5 mg Hemin

8.4 Add the remaining 700 mL distilled (or deionized) dH₂O

8.5 Adjust to 7 with NaOH and stirring

8.6 Transfer to two 1000 ml bottles, so half of each bottle is filled.

15m

Autoclave at 121 °C , 1 Bar for 00:15:00 minutes

Safety information

Do NOT screw bottle caps on tightly.

Loosely screw the caps on the bottles or cover the tops with foil

8.7 Once the solution has cooled, add:

- 1 mg Menadione
- 0.3 g Urea
- 0.17 g L-Arginine **Catalog #A5006**

8.8 Store in fridge at ca. 4 °C

Occasionally test the pH to ensure it stays around 7

9 Transfer the samples to a plate containing a 5% (m/v) Sucrose solution for

6m

00:06:00 , then transfer back to the artificial saliva and leave Overnight .



Plates with lids (substratum) in the incubator. Sucrose treatment plates covered with sterilised foil at the back.

Day 1-2: Feeding

8h 12m

- 10 First thing in the morning, transfer the samples to a new plate containing a 5% (m/v)  Sucrose solution for  00:06:00 . While in the sucrose solution, add more artificial saliva to the wells on the original plate that have been partially depleted overnight. 6m
- 11 After the 6 mins. return the samples to the plate with **artificial saliva**, and cover up the sucrose plate and leave for  08:00:00 . 8h
- 12 After 8 hours, transfer the samples back to the plate with 5% (m/v)  Sucrose solution for  00:06:00 . Transfer back to the artificial saliva and leave  Overnight . Dispose of the sucrose. 6m

Day 3: Inoculation and feeding

8h

- 13 Repeat steps from saliva collection and Day 0: Inoculation and feeding.



8h

Expected result

A layer of clear plaque should be visible on the substrata

- 14 Prepare a new plate with artificial saliva. Transfer the samples from the inoculation plate to the **artificial saliva**.

Day 4: Feeding

8h

- 15 Repeat steps 10 through 12



8h

Note

Prepare a new plate of artificial saliva every third day throughout the experiment. Every other morning, top up the wells with artificial saliva (so ca. 1-2 mm of the substratum is submerged).

Day 5: Inoculation

- 16 Repeat steps 1 through 9

**Day 6-8: Feeding**

- 17 Repeat steps 10 through 12

**Day 9-14: Starch treatment**

8h 6m

- 18 Transfer the samples to a plate with the starch treatment(s) for 00:06:00 at

6m

60 rpm, 36°C

Example setup:

	1	2	3	4	5
A	Potato	Potato	Potato	Potato	Potato
B	Wheat	Wheat	Wheat	Wheat	Wheat
C	Potato + Wheat	Potato + Wheat	Potato + Wheat	Potato + Wheat	Potato + Wheat
D	Control	Control	Control	Control	Control

	1
A	Potato
B	Wheat
C	Potato + Wheat
D	Control

**Safety information**

If you are using multiple starch treatments within a single plate, take care to avoid cross-contamination.

- 19 Transfer the samples back to the artificial saliva plate for 08:00:00 at 30 rpm, 36°C 8h
- 20 Transfer the samples to a plate with the starch treatment(s) for 00:06:00 at 60 rpm, 36°C 6m
- 21 Transfer the samples back to the artificial saliva plate at 30 rpm, 36°C and leave Overnight

Day 15-24: Mineralisation**8h 30m**

- 22 Transfer the samples to a plate containing the calcium phosphate monofluorophosphate urea (CPMU) solution for 00:06:00 at 60 rpm, 36°C 6m

Protocol

NAME

CPMU

CREATED BY

Bjørn Peare Bartholdy**Preview**

- 22.1 Add 300 mL distilled (or deionized) dH₂O to a 1000 mL beaker, with stirring and heat 60 °C
- 22.2 Add:



-  1.55 g  Calcium Chloride
-  1.44 g  Sodium Phosphate monobasic
-  0.72 g
-  Sodium Fluorophosphate **Merck MilliporeSigma (Sigma-Aldrich) Catalog #344443**
-  0.08 g  Magnesium Chloride **Fisher Scientific Catalog #AC223210010**
-  30 g  Urea **P212121**

22.3 Add the remaining  700 mL and keep stirring until precipitate has completely dissolved
Store in fridge at  4 °C

23 Transfer the samples back to the **artificial saliva** for  02:00:00 at  30 rpm, 36°C

2h

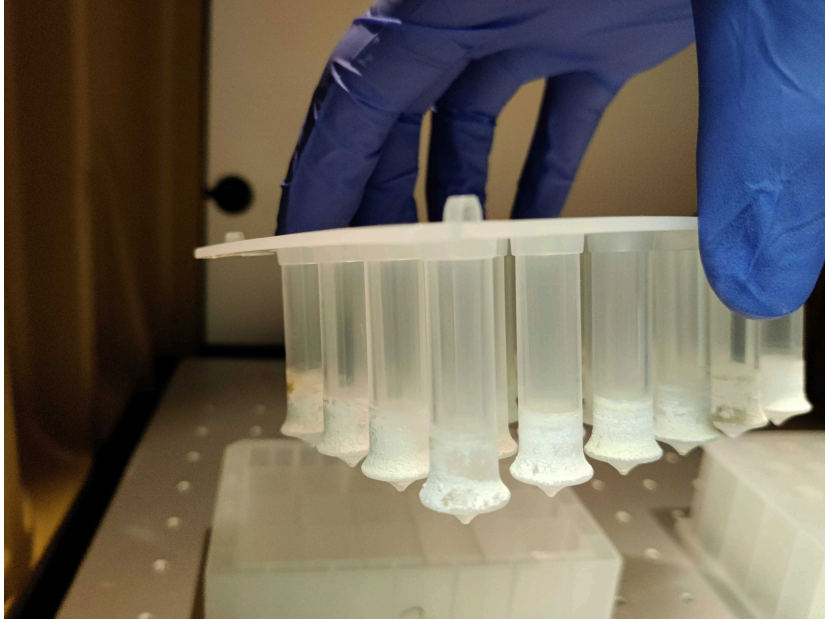
Put a lid on the plate with CPMU (or cover with foil) to prevent evaporation.

Repeat step 22 and 23, four more times every two hours.

24 Transfer the samples to a plate with the **starch treatment(s)** for  00:06:00 at  60 rpm, 36°C

6m

25 Transfer the samples back to the **artificial saliva plate** at  30 rpm, 36°C and leave  Overnight



Analysis

- 26 Samples should be dried before sampling.
Transfer to a new plate with no liquid and leave in the incubator.
- 27 Once dried, samples are processed like archaeological samples.

Protocol references

Exterkate, R. A. M., Crielaard, W., & Ten Cate, J. M. (2010). Different Response to Amine Fluoride by *Streptococcus* mutans and Polymicrobial Biofilms in a Novel High-Throughput Active Attachment Model. *Caries Research*, 44(4), 372–379. <https://doi.org/10.1159/000316541>

Sissons, C. H., Cutress, T. W., Hoffman, M. P., & Wakefield, J. S. J. (1991). A Multi-station Dental Plaque Microcosm (Artificial Mouth) for the Study of Plaque Growth, Metabolism, pH, and Mineralization: *Journal of Dental Research*. <https://doi.org/10.1177/00220345910700110301>