

Periodontal inflammation and the role of C-reactive protein

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Periodontitis is a chronic and infectious inflammatory disease that leads to the destruction of the supporting structures of the teeth and includes local inflammation (1-6). Periodontal disease can induce a systemic inflammatory response associated with increased C-reactive protein (CRP) levels (7-12). Periodontitis is a multifactorial disease that occurs in bacteria, and genetic and environmental factors influence it. Proinflammatory cytokines are involved in the host immune response to periodontal pathogens through association with the inflammation phenomenon (13-20). Increased CRP levels are associated with various

diseases such as cardiovascular diseases, periodontal diseases, spine and other inflammatory diseases and can be an effective biomarker for predicting future risks of periodontal diseases (21-45).

Even in healthy subjects, higher levels of serum CRP are associated with a greater risk of atherosclerosis and cardiovascular complications. CRP is one of the nonspecific mediators produced in various inflammatory situations. Its concentration increases rapidly following inflammation (1-3). It is calculated that about 10% of the adult population and about 30% of people over 50 suffer from severe

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periodontitis (1, 4, 6). As CRP is considered a major biomarker of systemic inflammation, its positive association with periodontal disease has been explored by several epidemiological, clinical and microbiological analyses (9, 10, 46, 47).

Sargolzai et al. (48) conducted a case-control study to investigate the relationship between the acute-phase reaction molecule and periodontal status, showing higher plasma concentration of CRP in the periodontal status compared with periodontally healthy subjects (control group) ($p = 0.008$). As the infective nature of periodontal diseases can affect the amount of plasma CRP, the severity of periodontitis has been positively associated with levels of CRP ≥ 0.3 mg/dL (48).

Similarly, Jayaprakash et al. (15) compared three groups (individuals with periodontitis, gingivitis and healthy group). They proved that the periodontitis group was associated with a higher mean CRP level (2.49 ± 0.47 ng/mL) than the other 2 groups (1.40 ± 0.32 ng/mL and 0.56 ± 0.20 ng/mL, respectively). In addition, an interestingly significant discrepancy in CRP was observed between the gingivitis subjects and the healthy group (15).

A recent review (49) reported that chronic and aggressive periodontitis diagnoses were consistently associated with higher levels of CRP and high-sensitivity-CRP ($p < 0.001$). Patients with aggressive periodontitis exhibited an average of more than 50% higher levels of CRP ($p = 0.0039$) than patients with chronic periodontitis. Intensive non-intensive non-surgical periodontal treatment induced an immediate increase of high-sensitivity-CRP followed by a progressive decrease, whilst non-intensive non-surgical periodontal treatment consistently decreased high-sensitivity-CRP after treatment up to 180 days ($p < 0.001$). Therefore, continuous observation with daily clinical practice by physicians and surgeons, continuous scientific research, and further discoveries can improve the long-term outcome of patients with periodontitis and other similar diseases and give them the correct clinical value for the CRP marker (50-77). Rahmati et al. (78) linked periodontal disease to systemic inflammation by showing a positive correlation between levels of CRP and immunoglobulin G of *Porphyromonas gingivalis* (*P. gingivalis*), a major bacterium colonized in the subgingival environment (79, 80).

Furthermore, limited reports suggested that control of local periodontal infection was associated with a decrease in levels of serum inflammatory markers (78). Noack et al. (18) found out that the extent of increase in CRP levels in periodontitis patients depends on the severity of the disease. They conducted a study on 174 subjects, reporting statistically significant increases in CRP levels in subjects with periodontal disease when compared to healthy controls (18). Rapone et al. (81) demonstrated significant reductions in CRP in patients who received non-surgical periodontal treatment compared with control group individuals (81). These findings provide robust evidence that periodontitis is associated with systemic inflammation as measured by serum CRP levels.

The extent of increase in CRP levels in periodontitis patients depends on the severity of the disease after adjusting for age, smoking, body mass index, triglycerides and cholesterol (18, 82-132). Investigations emphasized the role of moderate elevated CRP plasma levels as a risk factor for cardiovascular disease. Therefore, the positive correlation between CRP and periodontal disease might be a possible underlying pathway in the association between periodontal disease and the observed higher risk for cardiovascular disease in these patients. However, further studies are needed to confirm this correct association.

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