


Research Article

Isolation and diagnosis new strain of fungi causes gingivitis

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Abstract

An inflammation of the gum tissue, gingivitis is frequently brought on by a bacterial infection. Using the ITS1 sequence pattern identification approach, this study planned to isolate and identify novel fungi from the gingival region. According to the findings of the present investigation, the fungal isolates that were identified are belonging to the genus *Cystobasidium*, namely the species *Cystobasidium minutum*, *Cystobasidium terricola*, and *Cystobasidium slooffiae*. These strains were accurately diagnosed at the species levels, matched 96–99% of the reference sequences included within the Gen-Bank dataset. The three strains belong to *Cystobasidium minutum* were deposited under accession numbers **PX129019**, **PX129020**, and **PX129021**. Additionally, the study found polymorphic features that confirmed the presence of reducing mutations and other mutations that change amino acids. This suggests that there is intraspecific heterogeneity, which may indicate that these fungi can adapt to the oral environment in pathological sites like gingivitis. The documentation of the presence of *Cystobasidium* in the inflamed gingival area warrants future research into the colonization sites of this fungal genus, which has previously been documented in other environmental and clinical sources.

1. Introduction

One of the most common illnesses in the world, oral disorders have major negative effects on a person's health and finances, significantly lowering their quality of life. Gingivitis, loss of the tooth, cancer, and other oral disorders are the most common and serious conditions in the world [1]. Redness, inflammation, and bleeding of the gingiva are signs of gingivitis, but there is no disruption of connective tissue linkage. Most people have no knowledge of the illness or cannot identify it, and it is typically painful and rarely results in accidental bleeding [2]. Plaque buildup and inadequate oral hygiene are well-known and significant warning signs for gingivitis. The likelihood of subsequently acquiring periodontal disease may be linked to plaque buildup during infancy and adolescence [3].

A number of unrelated pathologic lesions with plaque, can appear in human gingiva and other mouth tissues; in certain cases, these lesions may be signs of an illness or systemically problem. They might also be pathologic alterations that are specific to gum tissues. A buildup of plaque and the ensuing gingival inflammation may influence the clinical course of these lesions even though plaque is not the primary source of them [4]. Although they are rare, unrelated to plaque bacterial gingival diseases might result from a particular bacterial infection or from a breakdown in the balance between innate resistance of the host and unrelated to plaque microorganisms [5]. *Porphyromonas gingivalis* and other periodontal microorganisms have evolved a variety of tactics to compromise the gingival epithelium's functional and structural integrity. Human epithelial cells are the site of adhesion, invasion, and replication for *P. gingivalis* [6]. In oral cavity, they commonly reside or colonize tongue, palate, buccal mucosa and also subgingival plaque of adults with severe periodontitis. Apart from *C. albicans*, more candidal species, such as *C. dubliniensis*, *C. glabrata*, *C. tropicalis*, and *C. krusei* [7].

Several dimorphic basidiomycetes are only identified in their asexual stage, and the huge polyphyletic genus *Rhodotorula* is usually home to those that are tinted in various shades of red. There are several species of these common yeasts that have some clinical significance

[8].

It is thought that immunodeficient individuals are more susceptible to opportunistic illnesses due to the widespread presence of the *Cystobasidium* yeast. In clinical settings, detection employing molecular identification is crucial for accurately diagnosing and treating rare yeast infections since *Cystobasidium* shares phenotypic similarities with *Rhodotorula*, an emerging opportunistic pathogen [9].

The research aims to identify new fungal causes of gingivitis.

2. Methodology

2.1. Sample collection

Sample collection was performed at the Dental Center in Nasiriya city, the study group included 20 gingivitis adults, with an age range of 25 to 35 years.

The following technique was employed to gather samples from the plaque which contact with gums' afflicted area, following the methodology of [10]: Patients' samples were collected under the careful observation of dental professionals. and in a very aseptic environment. To get rid of the saliva in the afflicted area, Distilled water was used for several times washing the gums of the patient. Then utilized little blasts of air. For every patient, plaques were scraped beneath the gums. Samples were taken without coming into contact with any cavities, abscesses, or irritation that might be present.

2.2. Samples activation

Samples were activated using B. H. I. Broth for 24 h. under 37°C after being delivered to the lab within two hours. Following that, each sample was diluted before being cultured in specific culture medium [11].

2.3. Diagnosis of fungi in the area of gingivitis

Potato dextrose agar and were used, this medium was made in accordance with the guidelines provided by the company that made it (Himedia), autoclaved, let cool down, and then 250 mg/L of chloramphenicol was used [12].

2.4. Molecular diagnosis

After cultured the conserved yeast samples on Sabouraud Dextrose Agar for 24 to 48 hours at 28°C, using saline suspension, the colonies were brought to a density of the McFarland standard of 0.5 at 530 nm. Microcentrifuge was used to centrifuge one ml of the cell solution for three minutes at 5,000. Following the manufacturer's instructions, The easy pure genomic DNA Kit was used for extracting the genome's DNA. [13]. The species-level identification of the yeast by employing the internal transcribed spacer (ITS) gene and yeast's D1/D2 domain sequence identification and polymerase chain reaction (PCR) amplified. To verify the identity of fungal isolates, the subsequent primers were employed for molecular diagnostics. The NCBI-Blast Alignment recognition tool (<http://www.ncbi.nlm.nih.gov/BLAST/BLAST.cgi>) was used to examine and process the nucleotide sequences. Table 1

Table 1: Primer used in molecular diagnosis

The Primer's Name	Sequences of primers	Size
ITS86 (L)	5' GTGAATCATCGAATCTTTGAAC'3	310bp
ITS4	5' TCCTCCGCTTATTGATATGC'3	

3. Result

Only Five isolates of colored yeast were obtained from patients with gingivitis after inoculation with SDA medium. For 72 hours, the prepared plates had been incubating at 30°C, according to color and colony form. Initial identification of these yeasts indicated that they belonged to the *Cystobasidium* genus. The isolated sample was stored at 4°C for molecular diagnosis.

Five fungal isolates were subjected to forward and reverse primer sequencing analyses of the amplified Internal Transcribed Spacers (ITS) of the ribosomal DNA sequence. Accurate molecular identification at the genus and species levels was made possible by the results' strong similarity with reference sequences in the GenBank database. According to Figure 1,2,3,6,7,8 *Cystobasidium minutum* was detected in three isolates (Samples 1,2 and 3), with sequence identity varying from 98 to 99 percent using the reference sequence Accession No. LC4731261. While samples two and three each contained a single gap and multiple polymorphisms, involving silent mutations, missense mutations, and insertions, some of which may have an impact on the structure of proteins or function, sample one had the full alignment with no gaps and 284 bases. According to Figure 4,9, with 96–97% agreement to the reference sequence NR_1747811, sample 4 was determined to be *Cystobasidium terricola*. It displayed minimal sequence divergence, with four gaps in the forward alignment and five in the reverse alignment, ranging from 299 of 311 to 291 of 300 bases. According to Figure 6, *Cystobasidium slooffiae* was 96–97% identical with reference sequence MK3364611 in sample 5. Along with deletions at important locations, the alignment showed a number of silent and missense changes, most notably ATA to ATG and CAA to CAC. Table 2

Score	Expect	Identities	Gaps	Strand
508 bits(275)	2e-139	281/284(99%)	0/284(0%)	/Plus
Query 10	TTTGGATTCCGAAGAGATGTCTGTTGAGTGTGTCATGAACTCTCAACCCCTATTTT	69		
Sbjct 246	TTTGGATTCCGAAGAGATGTCTGTTGAGTGTGTCATGAACTCTCAACCCCTATTTT	305		
Query 70	GTAATGAAATGGCGCGGGCTTGGATTATGGCTGTCTGTCGCGTAATTGCCGGCTCAGC	129		
Sbjct 306	GTAATGAAATGGCGCGGGCTTGGATTATGGCTGTCTGTCGCGTAATTGCCGGCTCAGC	365		
Query 130	TGAAATACACGAGCAACCTATTGAAATAGACGGTTTGACTTGGCGTAATAATTATTCG	189		
Sbjct 366	TGAAATACACGAGCAACCTATTGAAATAGACGGTTTGACTTGGCGTAATAATTATTCG	425		
Query 190	CTAAGGACGCTCTTCAAAATGTAAGAGGTGCTCTAATGCGCTTTAAAGCACTTAAG	249		
Sbjct 426	CTAAGGACGCTCTTCAAAATGTAAGAGGTGCTCTAATGCGCTTTAAAGCACTTAAG	485		
Query 250	CTTTAGACCTCAAATCAGTCAGGACTACCCGCTGAACTTAAGCA	293		
Sbjct 486	CTTTAGACCTCAAATCAGTCAGGACTACCCGCTGAACTTAAGCA	529		

Figure 1: Alignment statistics for *Cystobasidium minutum* (ITS1) gene for sample (1)

Score	Expect	Identities	Gaps	Strand
503 bits(272)	7e-138	283/288(98%)	1/288(0%)	Plus/Plus
Query 9	CTATTGGGTATTCCAGAAGAGTATGTCTGTTTGGAGTGTGTCATGAACTCTCAACCCCTA	68		
Sbjct 243	CTCTTTGGTATTCC-GAAGAGTATGTCTGTTTGGAGTGTGTCATGAACTCTCAACCCCTA	301		
Query 69	TTTTGTAATGAAATGGGCGCGGGCTTGGATTATGGCTGTCTGTCGCGTAATTGCCGGCT	128		
Sbjct 302	TTTTGTAATGAAATGGGCGCGGGCTTGGATTATGGCTGTCTGTCGCGTAATTGCCGGCT	361		
Query 129	CAGCTGAAATACACGAGCAACCTATTGAAATAGACGGTTTGACTTGGCGTAATAATTAT	188		
Sbjct 362	CAGCTGAAATACACGAGCAACCTATTGAAATAGACGGTTTGACTTGGCGTAATAATTAT	421		
Query 189	TTCGCTAAGGACGCTCTTCAAAATGTAAGAGGTGCTCTAATGCGCTTTAAAGCACTT	248		
Sbjct 422	TTCGCTAAGGACGCTCTTCAAAATGTAAGAGGTGCTCTAATGCGCTTTAAAGCACTT	481		
Query 249	TAAGCTTTAGACCTCAAATCAGTCAGGACTACCCGCTGAACTTAAGCA	296		
Sbjct 482	TAAGCTTTAGACCTCAAATCAGTCAGGACTACCCGCTGAACTTAAGCA	529		

Figure 2: Alignment statistics for *Cystobasidium minutum* (ITS1) gene for sample(2)

Score	Expect	Identities	Gaps	Strand
508 bits(275)	2e-139	282/285(99%)	1/285(0%)	Plus/Plus
Query 9	TTTGGTATTCCAGAAGAGTATGTCTGTTTGGAGTGTGTCATGAACTCTCAACCCCTATTT	68		
Sbjct 246	TTTGGTATTCC-GAAGAGTATGTCTGTTTGGAGTGTGTCATGAACTCTCAACCCCTATTT	304		
Query 69	TGTAATGAAATGGGCGCGGGCTTGGATTATGGCTGTCTGTCGCGTAATTGCCGGCTCAG	128		
Sbjct 305	TGTAATGAAATGGGCGCGGGCTTGGATTATGGCTGTCTGTCGCGTAATTGCCGGCTCAG	364		
Query 129	CTGAAATACACGAGCAACCTATTGAAATAGACGGTTTGACTTGGCGTAATAATTATTC	188		
Sbjct 365	CTGAAATACACGAGCAACCTATTGAAATAGACGGTTTGACTTGGCGTAATAATTATTC	424		
Query 189	GCTAAGGACGCTCTTCAAAATGTAAGAGGTGCTCTAATGCGCTTTAAAGCACTTAA	248		
Sbjct 425	GCTAAGGACGCTCTTCAAAATGTAAGAGGTGCTCTAATGCGCTTTAAAGCACTTAA	484		
Query 249	GCTTTAGACCTCAAATCAGTCAGGACTACCCGCTGAACTTAAGCA	293		
Sbjct 485	GCTTTAGACCTCAAATCAGTCAGGACTACCCGCTGAACTTAAGCA	529		

Figure 3: Alignment statistics for *Cystobasidium minutum* (ITS1) gene for sample (3)

Score	Expect	Identities	Gaps	Strand
505 bits(273)	2e-138	299/311(96%)	4/311(1%)	Plus/Plus
Query 3	ACTCTTTGGTATTCGGAAGAGTATGCTGTGTTGAGTGTTCATGAAACTCTCAACCCCCCTA	62		
Sbjct 353	ACTCTTTGGTATTCGGAAGAGTATGCTGTGTTGAGTGTTCATGAAACTCTCAACCCCCCTA	412		
Query 63	TTTGTAAATGAAATGGGCGGGGCTTGGATTATGGCTGTCTGTCGGCGTAATTGCCGGCT	122		
Sbjct 413	TTTGTAAATGAAATGGGCGGGGCTTGGATTATGGCTGTCTGTCGGCGTAATTGCCGGCT	472		
Query 123	CAGCTGAAATACACGAGCAACCCTATTGAAATAGACGGTTTACTTGGCGTAATAATTAT	182		
Sbjct 473	CAGCTGAAATACACGAGCAACCCTATTGAAATAGACGGTTTACTTGGCGTAATAATTAT	532		
Query 183	TTCGCTAAGGACGCTCTCTCAAATGTAAGAGGTGCTTCTAATGCGCTTTT--AAAGCA	239		
Sbjct 533	TTCGCTAAGGACGCTCTCTCAAATGTAAGAGGTGCTTCTAATGCGCTTTTTCGAAAGCA	592		

Figure 4: Alignment statistics for *Cystobasidium terricola* (ITS1) gene for sample (4)

Score	Expect	Identities	Gaps	Strand
473 bits(256)	6e-129	275/284(97%)	2/284(0%)	Plus/Plus
Query 9	CTATTGGGTATTCAGSAGAGTATGCTGTTTGGAGTGTTCATGAAACTCTCAACCCCCCTA	68		
Sbjct 302	CTCTTTGGTATTC--GAAGAGTATGCTGTTTGGAGTGTTCATGAAACTCTCAACCCCCCTA	360		
Query 69	TTTGTAAATGAAATGGGCGGGGCTTGGATTATGGCTGTCTGTCGGCGTAATTGCCGGCT	128		
Sbjct 361	TTTGTAAATGAGATGGGCGTGGGCTTGGATTATGGCTGTCTGTCGGCGTAATTGCCGGCT	420		
Query 129	CAGCTGAAATACACGAGCAACCCTATTGAAATAGACGGTTTACTTGGCGTAATAATTAT	188		
Sbjct 421	CAGCTGAAATACACGAGCAACCCTATTGAAATAGACGGTTTACTTGGCGTAATAATTAT	480		
Query 189	TTCGCTAAGGACGCTCTCTCAAATGTAAGAGGTGCTTCTAATGCGCTTTT--AAAGCACT	247		
Sbjct 481	TTCGCTAAGGACGCTCTCTCAAATGTAAGAGGTGCTTCTAATGCGCTTTTAAAGCAAC	540		
Query 248	TTAAGCTTTAGACCTCAAATCAGTCAGGACTACCCGCTGAACCT	291		
Sbjct 541	TTAAGCTTTAGACCTCAAATCAGTCAGGACTACCCGCTGAACCT	584		

Figure 5: Alignment statistics for *Cystobasidium slooffiae* (ITS1) gene for sample (5)

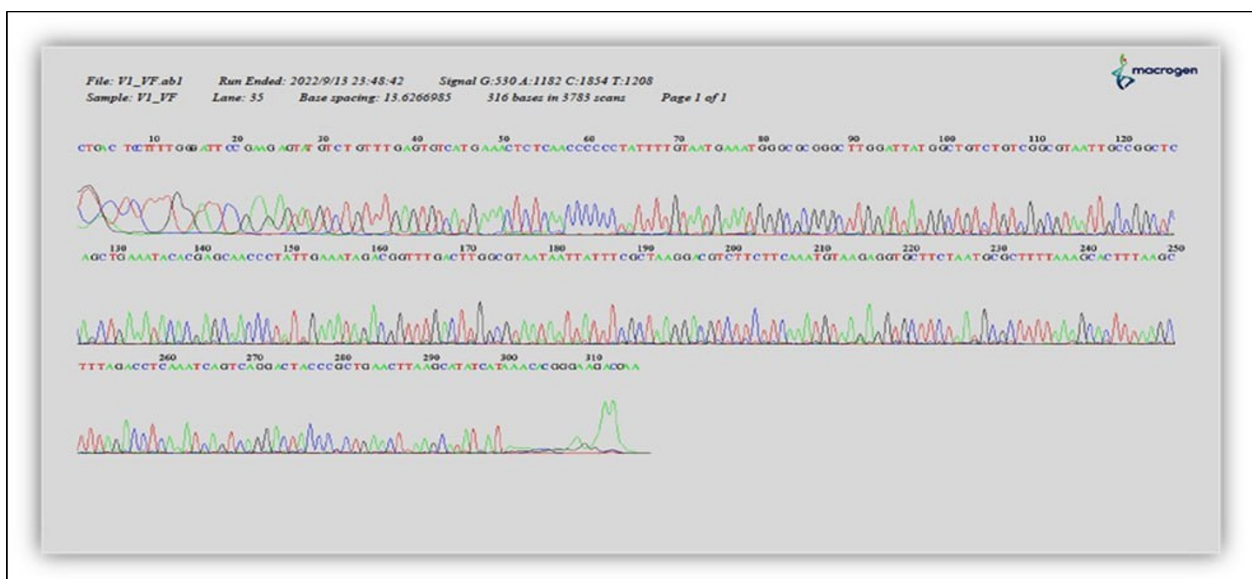


Figure 6: Forward primer sequencer-generated data for *Cystobasidium minutum* (ITS1) gene

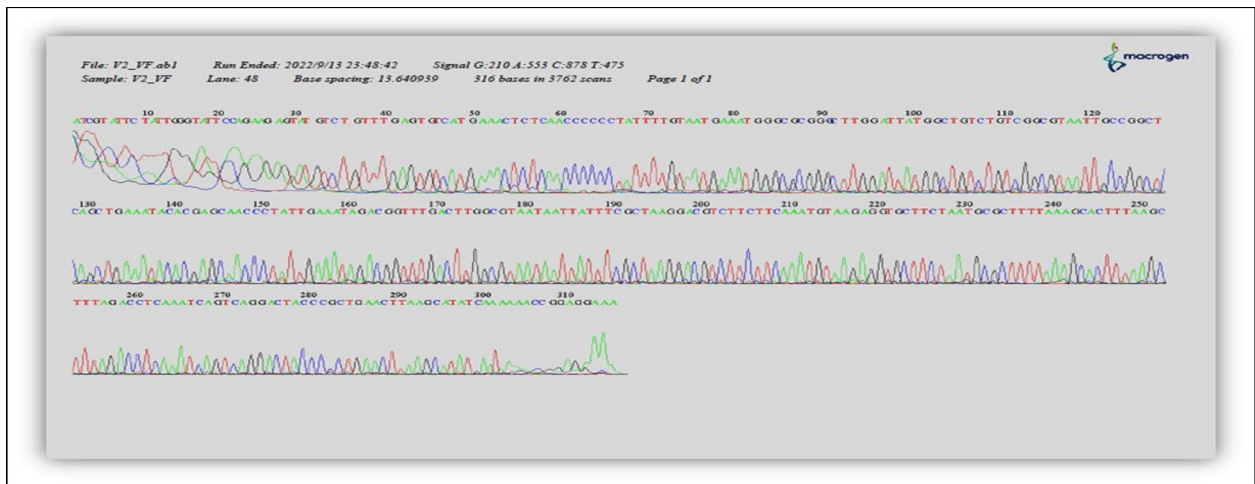


Figure 7: Forward primer sequencer-generated data for *Cystobasidium minutum* (ITS1) gene

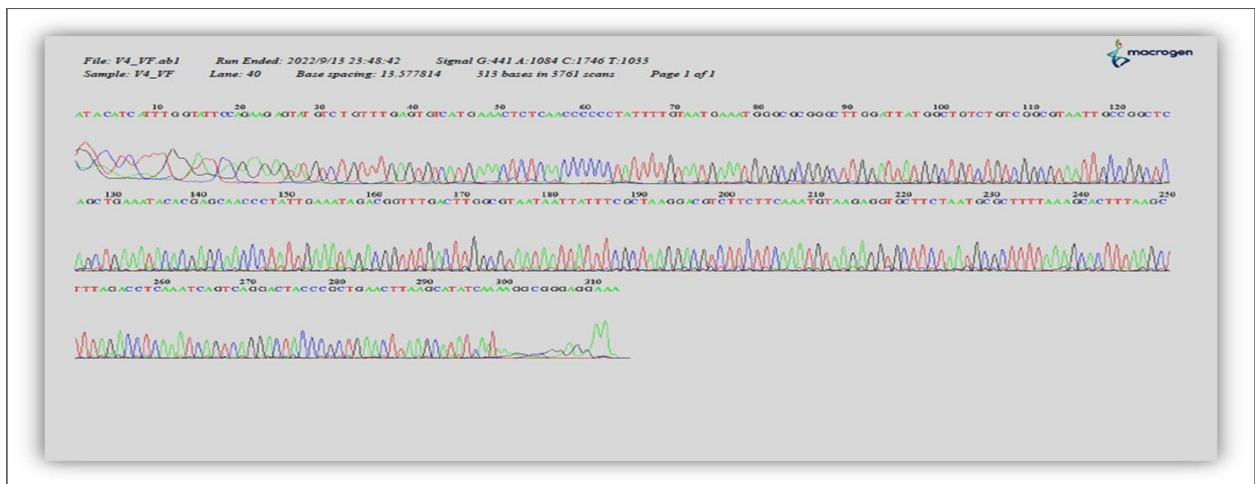


Figure 8: Forward primer sequencer-generated data for *Cystobasidium minutum* (ITS1) gene

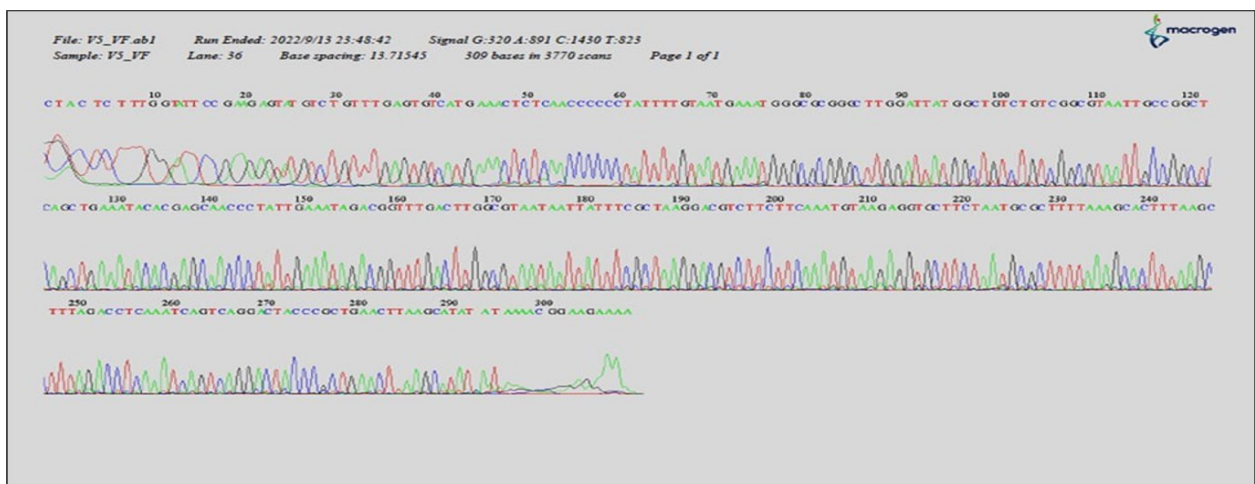


Figure 9: Forward primer sequencer-generated data for *Cystobasidium terricola*(ITS1) gene

Table 2: Excision numbers of yeast isolates

	Micro.	Excision numbers
Sample 1	<i>Cystobasidium minutum</i>	PX129019
Sample 2	<i>Cystobasidium minutum</i>	PX129020
Sample 3	<i>Cystobasidium minutum</i>	PX129021

4. Discussion

Oral microflora is a rich and varied type of microbiota found in the oral cavity. Typically, oral microflora is found in the biofilms that are affixed to the mouth cavity's many soft as well as hard surfaces [14]. Because of this diversity, any inflammation that may occur in any of the oral tissues may be susceptible to bacterial or fungal attack. In this investigation, fungal isolates from the species *Cystobasidium minutum*, *Cystobasidium terricola*, and *Cystobasidium slooffiae* were isolated and identified from dental plaque close to gingivitis-affected sites for the first time. Nonetheless, the current study has similarities to the research conducted by [15], in which, oral samples from a 60-year-old patient with angular cheilitis were used to isolate and identify the uncommon yeast species *Cystobasidium calyptogenae* for the first time. This yeast species has never before been isolated from oral human samples. Also, the study by [16] which showed that *Cystobasidium* was present in e-cigarette mouthpieces, this microorganism is extremely dangerous. In their lab tests, they demonstrated that long-term exposure to this particular fungus caused obstructive lung illness and excessive mucus secretion in lab mice. Comparing the current study's findings with those of [17], who demonstrated that *Cystobasidium slooffiae* has certain virulence mechanisms (biofilm production and related genes) as a possible pathogen in women's cervical and vaginal infections in Erbil. The isolation and identification of these fungal species from plaque in contact with the gingivitis area suggests that these organisms may be involved in the development of this disease. The coexistence of fungi and bacteria in the tooth's dentinal tubules, particularly in carious teeth, supports the idea that both species play a similar role in disorders of the oral cavity. [18], used electron microscopy to show that different dentinal tubules contain monomorphic bacterial and fungal biofilms. We present a hitherto unseen phenomena in which bacteria and fungus have different habitats within carious dentin. The current study's findings are crucial for demonstrating the extent to which fungus can induce and develop other oral diseases, such as gingivitis. Because of the buildup of metabolic end products, the pH at which ATPase functions efficiently drops, increasing the microorganism's competitiveness within the biofilm structure [19]. The aforementioned supports the results of the current investigation, which isolated novel fungal species and that they are important contributors to gingivitis development.

5. Conclusion

This study showed that gingivitis may be linked to a diversity of fungi in the affected area. The results of the isolation of three species of *Cystobasidium* point to the possibility that fungi contribute to the development of gingivitis, leading the way for a deeper comprehension of the fungal microbiome linked to oral disorders. This information also provides a scientific basis for developing more effective therapeutic and preventive strategies to reduce the complications of gingivitis and improve overall oral health.

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