



# UNIVERSITÀ DI PARMA

## ARCHIVIO DELLA RICERCA

University of Parma Research Repository

Activity of two antimicrobial peptides against *Enterococcus faecalis* in a model of biofilm-mediated endodontic infection

This is the peer reviewed version of the following article:

*Original*

Activity of two antimicrobial peptides against *Enterococcus faecalis* in a model of biofilm-mediated endodontic infection / Mergoni, G.; Manfredi, M.; Bertani, P.; Ciociola, T.; Conti, S.; Giovati, L.. - In: ANTIBIOTICS. - ISSN 2079-6382. - 10:10(2021), p. 1220.1220. [10.3390/antibiotics10101220]

*Availability:*

This version is available at: 11381/2901438 since: 2022-01-09T15:45:41Z

*Publisher:*

MDPI

*Published*

DOI:10.3390/antibiotics10101220

*Terms of use:*

openAccess

Anyone can freely access the full text of works made available as "Open Access". Works made available

*Publisher copyright*

(Article begins on next page)

1 Article

2 **Activity of two antimicrobial peptides against *Enterococcus***  
3 ***faecalis* in a model of biofilm-mediated endodontic infection**4 Giovanni Mergoni <sup>1</sup>, Maddalena Manfredi <sup>1</sup>, Pio Bertani <sup>1</sup>, Tecla Ciociola <sup>2</sup>, Stefania Conti <sup>2\*</sup> and Laura Giovati <sup>2</sup>5 <sup>1</sup> Department of Medicine and Surgery, Dentistry Center, University of Parma, 43126 Parma, Italy; [giovanni.mergoni@unipr.it](mailto:giovanni.mergoni@unipr.it); [maddalena.manfredi@unipr.it](mailto:maddalena.manfredi@unipr.it); [piobertani@piobertani.com](mailto:piobertani@piobertani.com)6 <sup>2</sup> Department of Medicine and Surgery, University of Parma, 43126 Parma, Italy; [tecla.ciociola@unipr.it](mailto:tecla.ciociola@unipr.it);  
7 [stefania.conti@unipr.it](mailto:stefania.conti@unipr.it); [laura.giovati@unipr.it](mailto:laura.giovati@unipr.it)8 \* Correspondence: [stefania.conti@unipr.it](mailto:stefania.conti@unipr.it)

9  
10 **Abstract:** *Enterococcus faecalis* is a common cause of biofilm-associated opportunistic infections,  
11 which are often difficult to treat. The formation of *E. faecalis* biofilm on the dentinal walls of the  
12 root canal is frequently cause of endodontic treatment failure and secondary apical periodontitis.  
13 In a preliminary work, two recognized antifungal peptides, KP and L18R, showed antibacterial ac-  
14 tivity against planktonic *E. faecalis* cells at micromolar concentrations. Moreover, L18R proved to  
15 reduce the biomass in early stage of *E. faecalis* biofilm development onto polystyrene plates, while  
16 a qualitative biofilm inhibition was demonstrated on hydroxyapatite disks by confocal laser scan-  
17 ning microscopy (CLSM). The aim of this study was to better characterize the effect of both pep-  
18 tides on *E. faecalis* biofilm. A reduction in metabolic activity after peptide treatment was detected  
19 by Alamar Blue assay, while a remarkable impairment in the architecture of *E. faecalis* biofilms on  
20 hydroxyapatite disks, along with a significant reduction of viable bacteria, was caused mostly by  
21 L18R, as assessed by CLSM and scanning electron microscopy. The lack of cytotoxicity of the in-  
22 vestigated peptides against L929 murine fibroblasts was also determined. Obtained results sug-  
23 gest L18R as a promising candidate for the development of new strategies for endodontic infection  
24 control.

25 **Keywords:** antimicrobial peptides; biofilm; confocal microscopy; endodontics; *Enterococcus faecalis*;  
26 scanning electron microscopy

Citation: Lastname, F.; Lastname, F.;

Lastname, F. Title. *Int. J. Mol. Sci.* 2021, 22, x.<https://doi.org/10.3390/xxxxx>Academic Editor: Firstname Last-  
name

Received: date

Accepted: date

Published: date

Publisher's Note: MDPI stays neu-  
tral with regard to jurisdictional  
claims in published maps and insti-  
tutional affiliations.



Copyright: © 2021 by the authors  
Submitted for possible open access  
publication under the terms and  
conditions of the Creative Commons  
Attribution (CC BY) license  
(<https://creativecommons.org/licenses/by/4.0/>).

28 **1. Introduction**

29 Apical periodontitis (AP) is a dental pathology that involves an inflammatory le-  
30 sion of the periradicular tissues caused by microbial infection of the dental pulp and  
31 biofilm formation on the dentinal walls of the root canal system [1]. Current AP treat-  
32 ment implies the chemo-mechanical disinfection of the root canals followed by  
33 three-dimensional obturation to prevent reinfection [2]. The most common antiseptics  
34 employed during canal irrigation are sodium hypochlorite and chlorhexidine [3]. In  
35 clinical conditions, the efficacy of these substances is limited by the complexity of the  
36 root canal anatomy, which may limit the volume of irrigants that can reach the micro-  
37 organisms [4]. Another major problem is the higher resistance of bacteria within biofilm  
38 communities to antimicrobial agents [5,6]. In particular, antimicrobial failure has been  
39 associated with reduced penetration through the biofilm matrix, biofilm-specific expres-  
40 sion of efflux pumps and protection against oxidative stress [5,7].

41 Root canal disinfection could be enhanced by placing an inter-appointment intra-  
42 canal medication in order to extend the time of exposure [8–11]. The most used endo-  
43 dontic dressing is calcium hydroxide, Ca(OH)<sub>2</sub>, that inhibits the growth of many patho-  
44 gens by release of hydroxyl ions and induction of strongly alkaline conditions [12,13].  
45 However, in the radicular environment, the activity of Ca(OH)<sub>2</sub> is limited by the inherent

46 buffer effect of dentine and some endodontic pathogens may survive, leading to persist-  
47 ent infections and secondary AP [14,15].

48 Primary root canal infections are polymicrobial, dominated by anaerobic Gram-  
49 negative bacteria and composed of 10-30 species per canal [16]. In secondary, post-  
50 treatment infections, 1-5 species are detected, mostly Gram-positive facultative anaer-  
51 obes [16-18]. In particular, *Enterococcus faecalis* is the species most frequently associated  
52 with cases of endodontic failure and persistent AP [17]. This microorganism normally  
53 inhabits human gastrointestinal tract. However, it is a frequent cause of bio-  
54 film-associated opportunistic infections of urinary tract and wounds, and can cause en-  
55 docarditis, which are often healthcare-associated and difficult to treat due to the intrinsic  
56 resistance of *E. faecalis* to  $\beta$ -lactam antibiotics and the marked ability to acquire antimicro-  
57 bial-resistance genes [19].

58 In the root canal environment, the inherent ability of *E. faecalis* to invade dentinal  
59 tubules, survive under unfavorable environmental conditions, such as starvation and  
60 alkaline pH, and form biofilms may contribute to its persistence after currently used  
61 treatments [20,21]. Due to these features, *E. faecalis* biofilms can be used as in vitro mod-  
62 els to preliminarily assess the effect of novel antibiofilm agents for the development of  
63 alternative and more effective root canal disinfection strategies [22].

64 In the last years, there has been a growing interest in the possible use of antimicro-  
65 bial peptides (AMPs) in endodontic decontamination [23]. AMPs are short,  
66 low-molecular-weight peptides of various origins, with a wide spectrum of antimicrobi-  
67 al activities [24-27]. The main reported mechanisms of action of AMPs involve microbial  
68 cell membrane permeabilization, but more complex interactions with diverse intracellu-  
69 lar targets have been proposed [28].

70 In a preliminary work, we reported the activity of two recognized antifungal pep-  
71 tides, KP and L18R, against planktonic *E. faecalis* cells. Moreover, both peptides proved  
72 to reduce the biomass of *E. faecalis* biofilm onto polystyrene plates, while a qualitative  
73 biofilm inhibition was demonstrated on hydroxyapatite (HA) disks by confocal laser  
74 scanning microscopy (CLSM) [29]. KP is a decapeptide derived from the sequence of the  
75 variable region of a single-chain recombinant anti-idiotypic antibody that represents the  
76 functional internal image of a wide-spectrum yeast killer toxin [30]. KP showed a re-  
77 markable activity against taxonomically unrelated pathogens, including protozoa, fungi,  
78 bacteria and viruses [31]. L18R was synthesized on the basis of the sequence of immu-  
79 noglobulin gene J (locus heavy, IGHJ2). L18R proved to display a strong fungicidal ac-  
80 tivity in vitro and to be therapeutic against *Candida albicans* experimental infection in  
81 *Galleria mellonella* [32].

82 The aim of this study was to better characterize the effect of KP and L18R on *E. fae-*  
83 *calis* early stage biofilm on polystyrene plates and mature biofilm on HA disks. Their ef-  
84 ficacy on mature biofilm was compared with  $\text{Ca(OH)}_2$ , a commonly used endodontic  
85 dressing. Both peptides proved to be effective against *E. faecalis* biofilm, while lacking  
86 cytotoxic activity against in vitro cultured mammalian cells. Based on the obtained re-  
87 sults, L18R is envisaged as a promising candidate for the development of new strategies  
88 for endodontic infection control.

## 89 2. Results

### 90 2.1. Cytotoxic effect of the investigated peptides

91 KP and L18R were tested for their cytotoxic activity against eukaryotic cells by the  
92 MTT assay. At all the tested concentrations (up to 400  $\mu\text{g/mL}$ ), mean absorbance values  
93 were generally higher than the ones of control cells in the absence of peptides, although  
94 no statistically significant difference was observed. In Table 1, results of the cytotoxicity  
95 assay are expressed as % cell viability (control in the absence of peptides, 100% viabil-  
96 ity).

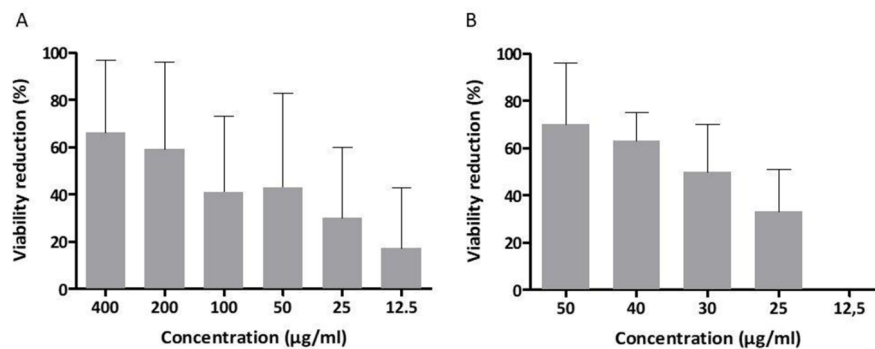
97 **Table 1.** In vitro cytotoxic activity of the investigated peptides against L929 cells.

Concentration ( $\mu\text{g/ml}$ )	Cell viability (%) after treatment with	
	KP	L18R
400	104 $\pm$ 17	127 $\pm$ 24
200	121 $\pm$ 15	99 $\pm$ 20
100	145 $\pm$ 34	102 $\pm$ 0
50	120 $\pm$ 39	120 $\pm$ 16

2.2.

#### Activity of KP and L18R against *E. faecalis* biofilm onto polystyrene plates

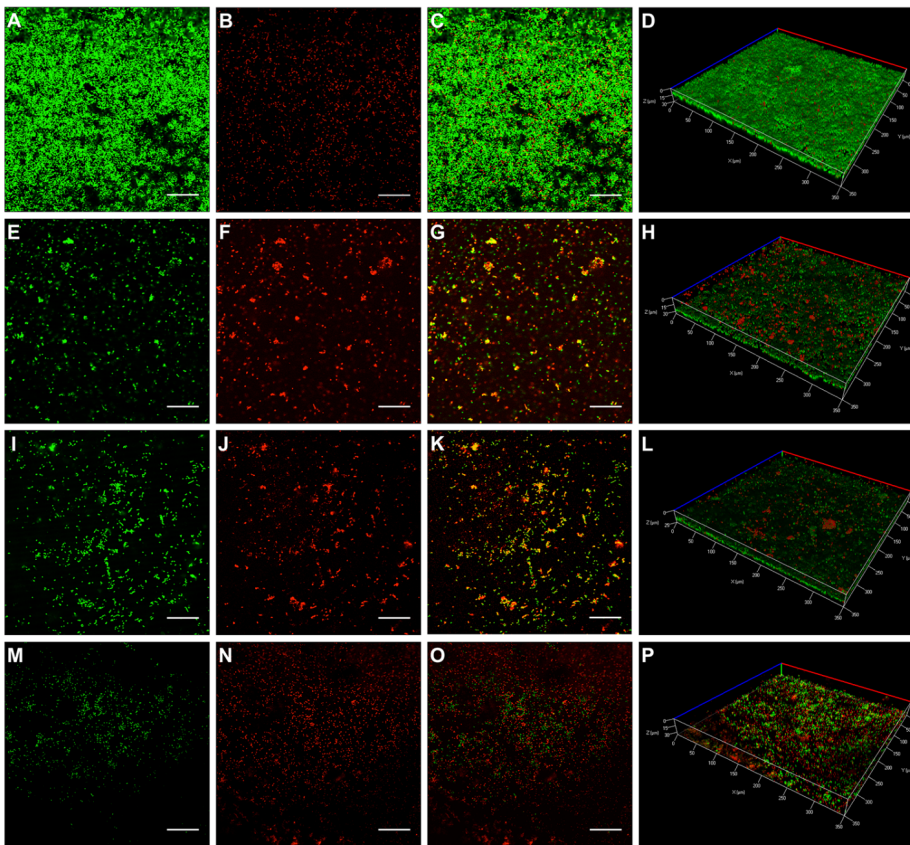
The capability of KP and L18R to interfere with *E. faecalis* biofilm formation onto polystyrene plates was investigated by Alamar Blue assay. Both peptides proved to reduce biofilm metabolic activity in a dose-related manner (Figure 1). The half maximal effective concentration ( $\text{EC}_{50}$ ) value for KP were 123.3  $\mu\text{g/ml}$  (confidence interval 79.41-191.6), corresponding to  $1.235 \times 10^{-4}$  M (confidence interval 0.795-1.920). L18R proved to be more active, showing an  $\text{EC}_{50}$  value of 32.77  $\mu\text{g/ml}$  (confidence interval 27.72-38.73), corresponding to  $1.585 \times 10^{-5}$  M (confidence interval 1.340-1.873).



**Figure 1.** Effect of the investigated peptides against *E. faecalis* ATCC 29212 biofilm. Biofilm metabolic activity was determined by Alamar Blue assay after treatment with different concentrations of (A) KP; (B) L18R. Results are reported as percent reduction of biofilm viability as compared to untreated samples. Data are presented as mean  $\pm$  SD of at least 3 independent experiments.

#### 2.3. Activity of KP and L18R against *E. faecalis* biofilm on hydroxyapatite disks

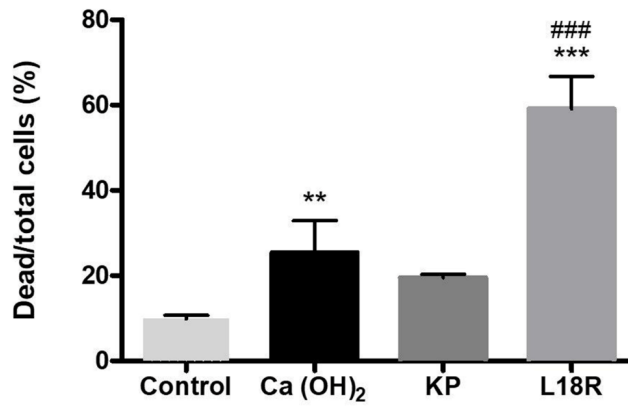
The activity of KP and L18R against 48 h-old *E. faecalis* biofilm grown HA disks was assessed by CLSM and scanning electron microscopy (SEM) and compared with samples treated with a saturated  $\text{Ca}(\text{OH})_2$  endodontic dressing solution. CLSM images (Figure 2, A-C) and 3D reconstruction (Figure 2, D) of untreated *E. faecalis* biofilms on HA disks showed mainly viable cells organized in a homogeneous and robust biofilm layer. As compared with the untreated controls, biofilm grown on HA disks and exposed to  $\text{Ca}(\text{OH})_2$  saturated solution (Figure 2, E-G), 100  $\mu\text{g/mL}$  KP (Figure 2, I-K) and 50  $\mu\text{g/mL}$  L18R (Figure 2, M-O) showed a consistent number of dead cells, along with less adhering bacteria for samples treated with  $\text{Ca}(\text{OH})_2$  and L18R, as evidenced by 3D reconstruction images (Figure 2, panels H, L, and P for  $\text{Ca}(\text{OH})_2$ , KP, and L18R, respectively). The reduction of biofilm thickness was particularly evident after treatment with L18R.



**Figure 2.** Representative CLSM images of *E. faecalis* biofilms on HA disks. Images of 48 h-old *E. faecalis* ATCC 29212 biofilm were acquired by CLSM after exposure to H<sub>2</sub>O (control, A-C), Ca(OH)<sub>2</sub> saturated solution (E-G), KP (100 µg/mL, I-K) and L18R (50 µg/mL, M-O) for 24 h. In each line is shown the same field (single focal plane). From the left to the right: SYTO-9 (green, viable cells), propidium iodide (red, dead cells), merged image of viable and dead cells. 3D reconstruction of the selected fields (full thickness, merged images) are shown in panels D (control), H (exposed to Ca(OH)<sub>2</sub> saturated solution), L (exposed to KP), and P (exposed to L18R). Notably, in L18R-treated sample the 3D reconstruction shows a reduced thickness of the biofilm in comparison to untreated control. Bar = 50 µm.

A quantitative analysis of the fluorescence intensities (FI), performed on 3D CLSM reconstruction of four random fields from each disk, revealed a detaching effect of Ca(OH)<sub>2</sub> and L18R treatments. In fact, the sum of total FI (viable and dead cells) was clearly reduced from  $42.93 \pm 4.95$  for controls, to  $24.18 \pm 10.70$  and  $10.87 \pm 4.33$  for Ca(OH)<sub>2</sub> and L18R, respectively. A different effect was observed after KP treatment, since total FI resulted  $76.88 \pm 12$ .

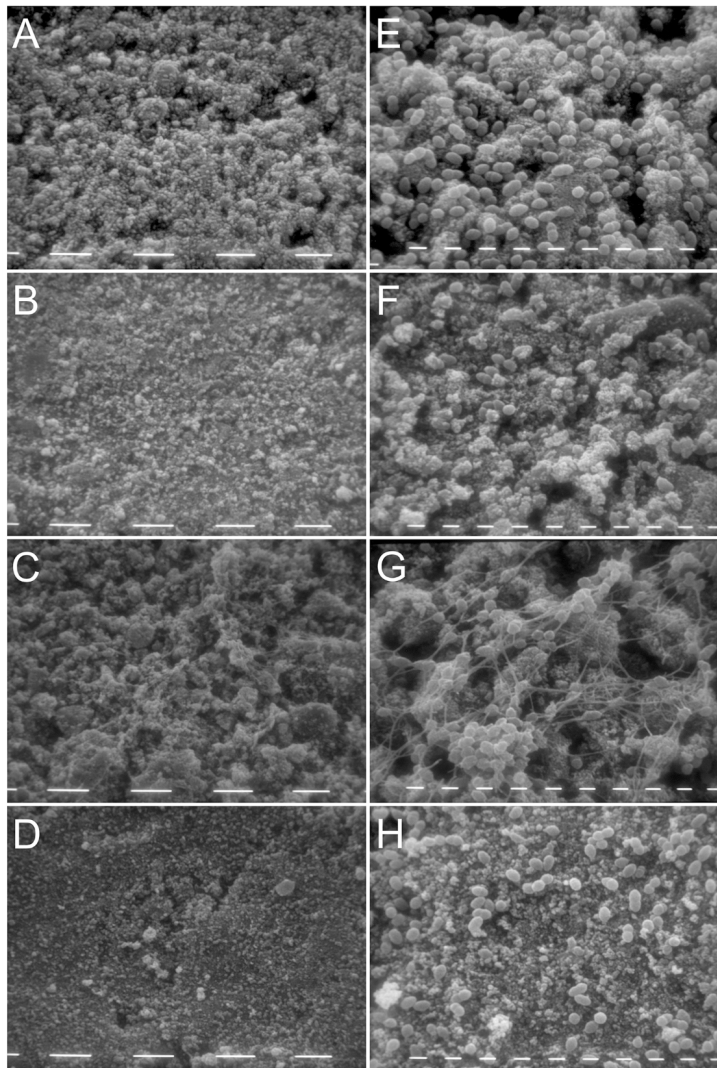
The proportion of dead bacteria in treated biofilm is shown in Figure 3. A significant increase of dead cells followed treatment with L18R and Ca(OH)<sub>2</sub>. Notably, in biofilm treated with L18R the percentage of dead cells was significantly higher than that obtained after treatment with the conventional endodontic dressing. KP treatment caused an increase, although not significant, in dead cells.



**Figure 3.** Dead cells (%) after treatment of *E. faecalis* biofilm pre-grown on HA disks. Values were obtained by 3D CLSM analysis of 48 h-old *E. faecalis* ATCC 29212 biofilms after exposure to H<sub>2</sub>O (control), Ca(OH)<sub>2</sub> saturated solution, KP (100 µg/mL) and L18R (50 µg/mL) for 24 h. Red and green fluorescence intensity measure was carried out with Imaris 7.2 on four random fields of each disk. The results are expressed as means ± SD (\*\*,  $p < 0.01$  vs control; \*\*\*,  $p < 0.001$  vs control; ###,  $p < 0.001$  vs Ca(OH)<sub>2</sub>).

These results were confirmed by SEM images, which showed a lower number of cells in biofilm grown on HA disks treated with Ca(OH)<sub>2</sub> and L18R as compared to untreated control sample (Figure 4). L18R treatment caused the highest detaching. In KP-treated samples, a network of fibril-like structures on adhering cells was observed.

150  
151  
152  
153  
154  
155  
156  
157  
158  
159  
160  
161



**Figure 4.** Representative scanning electron microscopy (SEM) images of *E. faecalis* biofilms on HA disks. Images of 48 h-old *E. faecalis* ATCC 29212 biofilm were acquired by SEM after exposure to H<sub>2</sub>O (control; A and E), Ca(OH)<sub>2</sub> saturated solution (B and F), KP (100 µg/mL; C and G) and L18R (50 µg/mL; D and H) for 24 h. Magnification 1250 × (A–D, bar = 10 µm) and 5000× (E–H, bar = 1 µm).

### 3. Discussion

In the root canal environment, the ability of *E. faecalis* to resist harsh environmental conditions and form biofilms on the inner surface of the tooth canals makes its elimination extremely difficult [21]. These features can explain the high prevalence of this bacterium in secondary and persistent endodontic infections [17].

162

163

164

165

166

167

168

169

170

171

172

In a previous published preliminary study, in order to look for new alternative and nontoxic antibacterial substances to improve root canal disinfection, the effects of the synthetic peptides KP and L18R against planktonic cells and *E. faecalis* biofilm onto polystyrene plates in early stage development have been assessed [29]. The results demonstrated a good antibacterial activity of both peptides against *E. faecalis* planktonic cells at micromolar concentrations. L18R proved to be the most effective with an EC<sub>50</sub> value of  $3.624 \times 10^{-7}$  M, while KP EC<sub>50</sub> resulted to be  $4.520 \times 10^{-6}$  M. KP and L18R were also shown to interfere with *E. faecalis* biofilm formation by reducing biofilm mass. As for the activity against planktonic bacteria, L18R resulted more effective than KP in biofilm inhibition. On the basis of these promising results, new investigations were done to better characterize the effect of both peptides on *E. faecalis* biofilms.

In the present work, KP and L18R activity against *E. faecalis* onto polystyrene plates was confirmed by the assessment of their ability to reduce biofilm metabolic activity. Notably, the comparison of the results obtained in this assay with those of the previously described experiment that evaluated the reduction of biofilm mass [29] showed a similar behaviour for both peptides. In fact, taking into consideration, as an example, the concentration of 50 µg/ml, KP caused a reduction of biofilm mass of approximately 35% and of biofilm viability of approximately 43%. Similarly, L18R, at the same concentration, caused a reduction of biofilm mass and viability of approximately 73% and 70%, respectively.

KP and L18R were effective against *E. faecalis* biofilm at concentrations higher than against planktonic cells, as commonly found with conventional antibiotics. This behavior suggests a mechanism of action, during the early phases of *E. faecalis* biofilm formation, not distinct from the killing activity against planktonic bacterial cells. On the contrary, some peptides, like the human cathelicidin LL-37, are able to inhibit and disperse preformed bacterial biofilms at concentrations lower than or equal to concentrations effective against free-floating cells, implying an action on biofilm-specific targets rather than ubiquitous microbial structures [33].

From previous studies on yeasts, it has been hypothesized that the first step of KP killing activity is an interaction with cell-wall glucan-like structures [31]. For L18R, a direct penetration via an energy-independent pathway involving stable or transient destabilisation and peptide folding on the lipid portion of membrane was shown [32], indicating that the activity of this peptide may involve different mechanisms of action. Possible multi-modal mechanisms of action would render the peptides potentially advantageous in targeting different biofilm sub-populations. The mechanism of action of the investigated peptides against bacterial cells is not known, and further studies will be necessary to elucidate it.

Notably, both peptides proved to be nontoxic to murine fibroblasts at active concentrations, in agreement with previous studies that demonstrated the lack of detectable toxicity in vitro to other cell lines, erythrocytes, and peripheral blood mononuclear cells [31,32,34]. As for other AMPs, the selective antimicrobial action of KP and L18R may be explained by the cationic nature of these molecules, that promotes the interaction with the negatively charged membranes of bacteria and not with the zwitterionic membranes of mammalian cells [35]. Conversely, for other endodontic dressing of clinical use, such as Ca(OH)<sub>2</sub> and cresol, a certain degree of toxicity against host cells was demonstrated [36,37].

In the preliminary study, the antibacterial effects of KP and L18R were tested in a model of endodontic infection consisting in pre-formed *E. faecalis* biofilm grown on dentin-mimicking hydroxyapatite disks, in comparison with a saturated Ca(OH)<sub>2</sub> endodontic dressing solution. This model, that represents a simplification of the clinical reality of the infected root canal, was used for a qualitative CLSM analysis [29].

In the present study, the same proved in vitro model, was subjected to a quantitative CLSM and qualitative SEM analysis which showed deep alterations in the architecture and spatial distribution of the treated biofilms, with the highest detaching effect

gg 25/9/21 18:47

Formatted: Font:Italic, Check spelling and grammar

gg 25/9/21 18:54

Deleted: T

gg 25/9/21 18:55

Deleted: also

gg 25/9/21 18:50

Deleted: In

gg 25/9/21 18:50

Deleted: t



induced by L18R. In KP treated samples, SEM images revealed a network of fibril-like structures on adhering cells, confirming the self-assembling properties previously shown by the peptide when challenged against yeast cells [31,38]. L18R treatment did not involve the formation of fibril-like structures on biofilm, accordingly to previous observations on *C. albicans* cells [32]. It has been previously described that KP molecules easily dimerize in solution, due to the formation of disulfide bridges, and, with time, KP dimers self-assemble giving rise to fibril-like aggregates that can be visualized by transmission electron microscopy. Moreover, KP aggregates are readily formed in the presence of soluble 1,3- $\beta$ -glucans and after incubation with *C. albicans* cells exposing 1,3- $\beta$ -glucans on their surface [38]. Notably, this peculiar property of KP, able to confer protection against proteases, has been associated to KP therapeutic activity in vivo against experimental fungal infections. Further studies are needed to establish which surface components on *E. faecalis* cells are able to induce KP assembly in a fibril-like network. The peculiar aggregation of KP in the presence of the targeted microorganisms could explain the data obtained by the quantitative analysis of FI in 3D reconstructions of CLSM images, i.e. the sum of total FI (viable and dead cells) which resulted higher for KP-treated sample ( $76.88 \pm 12$ ) in comparison to control ( $42.93 \pm 4.95$ ). It is conceivable that KP fibril-like network may hinder the detachment of bacterial cells (viable and dead) during biofilm washing procedures. Likewise, the above mentioned difference observed for KP activity against *E. faecalis* biofilm onto polystyrene plates between the reduction of biofilm mass (35%) and of biofilm viability (43%), although not very high, could have the same explanation.

The determination of the viability profile of *E. faecalis* cells allowed to detect a significantly higher ratio of dead to total cells in L18R-treated samples compared to control and to samples treated with  $\text{Ca}(\text{OH})_2$  (Figure 3). These findings suggest the potential of L18R for *E. faecalis* biofilm treatment, showing its possible benefit over the established inter-appointment medicament  $\text{Ca}(\text{OH})_2$ , and confirm the already reported partial resistance to the commercial endodontic dressing [39,40].

Further aspects, such as the spectrum of anti-biofilm activity of L18R, its activity against multispecies consortia and the synergistic interaction with other peptides, which may represent a greater challenge towards biofilm eradication, should be investigated. Nonetheless, the obtained results indicate L18R as a promising candidate for further development as an anti-biofilm agent to be used, alone or in combination with classic endodontic dressings, as an innovative intracanal medicament to reduce endodontic failures.

#### 4. Materials and Methods

##### 4.1. Peptides and bacterial strain

KP (AKVTMTCSAS, molecular mass 998.17) was synthesized in its active dimeric form by NeOMPS (PolyPeptide Group, Strasbourg, France), while L18R (LLVLRSLGPWHPGHCLLR, molecular mass 2068.1) was synthesized at the CRIBI Biotechnology Center (University of Padua, Italy), as previously described [32,34]. Peptides were solubilized in DMSO (starting solution, 20 mg/mL) and diluted prior to use. In all experiments, controls (without peptides) contained DMSO at the proper concentration.

The reference *E. faecalis* ATCC 29212 strain was maintained in Brain Heart Infusion Agar (BHA; Sigma-Aldrich, St. Louis, USA) plates. Subcultures were made two times a week.

##### 4.2. Peptide cytotoxicity assay

Cytotoxicity of the peptides against L929 murine fibroblasts was assessed by 3-(4,5-dimethyl-2-thiazolyl)-2,5-diphenyl-2H-tetrazolium bromide (MTT) assay. Cells cultured in Dulbecco's Modified Eagle Medium (DMEM; Sigma-Aldrich, St. Louis, USA) with 10% fetal bovine serum, 100 U/ml of penicillin, and 100  $\mu\text{g}/\text{mL}$  of streptomycin,

gg 26/9/21 08:08

Deleted: and

283 were seeded in a 96-well microplate (100  $\mu$ L/well,  $4 \times 10^5$  cells/mL) and incubated for 24  
284 h at 37 °C in 5% CO<sub>2</sub> atmosphere. Cells were then treated for 24 h with the peptides at  
285 50, 100, 200 and 400  $\mu$ g/mL in DMEM with 2% FBS. Cells in medium without peptides  
286 were used as control. The medium was discarded and 100  $\mu$ L of MTT at the concentra-  
287 tion of 0.5 mg/ml in serum-free DMEM were added in each well. After 4 h of incubation  
288 at 37 °C, 100  $\mu$ L of the proper reagent (10% Triton-X 100 in acidic isopropanol 0.1N HCl)  
289 were added to solubilize formazan crystals formed following the reduction of MTT by  
290 viable cells and absorbance was measured at 540 nm. Each assay was run in triplicate.  
291 Results, from two independent experiments, were expressed as percentage of viable cells  
292 in comparison to control.

#### 293 4.3. Treatment of *E. faecalis* biofilm formed on polystyrene surfaces

294 The effect of KP and L18R was investigated on early stages of biofilm developed on  
295 polystyrene plates, as previously described [29]. Briefly, *E. faecalis* cells ( $7.5 \times 10^6$   
296 cells/mL, 200  $\mu$ L/well) were incubated for 90 min at 37 °C, then planktonic bacteria were  
297 removed and adherent cells were exposed to serial concentrations of peptides for 5 h at  
298 37 °C. Cells incubated in water served as control. After washing, the plates were further  
299 incubated at 37 °C for 48 h, then evaluation of biofilm metabolic activity was performed  
300 by Alamar Blue (CellTiter-Blue, Invitrogen, Carlsbad, USA) assay. The plates were  
301 washed with PBS before addition of 200  $\mu$ L/well of the cell viability reagent. After 1 h  
302 incubation at 37 °C the fluorescence was measured using a microplate reader (EnSpire®  
303 Multimode Plate Reader, PerkinElmer, Waltham, USA), setting excitation at 570 nm and  
304 emission at 585 nm. Each assay was run in triplicate. Four independent experiments  
305 were performed. Results were expressed as percentage of biofilm viability reduction  
306 with reference to untreated control (100% viability). EC<sub>50</sub> values were calculated using  
307 Graph Pad Prism 4.01 software.

#### 308 4.4. Treatment of *E. faecalis* biofilm formed on hydroxyapatite disks

309 In order to evaluate the activity of KP and L18R on mature biofilms, an in vitro  
310 model of root canal infection on hydroxyapatite (HA) disks was employed, as previous-  
311 ly described [29]. Sterilized HA disks were placed in wells of flat-bottom 24-well plates  
312 and inoculated with 500  $\mu$ L of a  $7.5 \times 10^6$  cells/ml bacterial suspension prepared as pre-  
313 viously described. After 48 h of incubation at 37 °C, the medium was gently washed off  
314 and the disks were treated with 500  $\mu$ L/well of a saturated solution of Ca(OH)<sub>2</sub> endo-  
315 dontic dressing, KP (100  $\mu$ g/mL), L18R (50  $\mu$ g/mL), or sterile water (control) for 24 h at  
316 37 °C. The effect of the treatments on the biofilm preformed on HA was assessed by  
317 confocal laser scanning and scanning electron microscopy. Two independent experi-  
318 ments were performed.

##### 319 4.4.1. Confocal laser scanning microscopy

320 For each treatment, half of the disks was examined by CLSM to determine the bio-  
321 film architecture and the viability of bacteria. After washing with PBS, bacteria on HA  
322 disks were stained using 500  $\mu$ L of a live/dead kit (LIVE/DEAD FilmTracer™ Biofilm  
323 Viability Kit, Invitrogen, Paisley, UK) solution, containing two component dyes (0.3%  
324 SYTO-9, 0.3% propidium iodide), according to the manufacturer's instructions. After 20  
325 min, the disks were washed again and fluorescence emission was detected using a LSM  
326 510 Meta scan head integrated with the Axiovert 200 M inverted microscope (Carl Zeiss,  
327 Jena, Germany). The excitation/emission wavelengths were 480/500 nm for the SYTO-9  
328 live cell stain and 490/635 nm for the propidium iodide dead cell stain. The samples  
329 were observed using a 40 × NA1.3 oil immersion lens and four random fields were  
330 scanned in each sample. A stack of 80–100 slices in 0.5  $\mu$ m step sizes was captured along  
331 the Z-axis from the top to the bottom of the biofilm. CLSM images were acquired and  
332 three-dimensional (3D) reconstructions were produced using the microscope manufac-  
333 turer's software (Axiovision module inside 4D release 4.5, Carl Zeiss, Jena, Germany).

The ratio of red fluorescence intensity (FI) to green-and-red FI, calculated with the Imaris 9.5.0 software (Bitplane AG, Zurich, Switzerland), indicated the proportion of dead cells for treatment groups.

#### 4.4.2. Scanning electron microscopy

The remaining half of HA disks was processed for SEM. Briefly, the disks were washed with PBS and dried at room temperature for 15 minutes. The samples were then fixed with a solution of glutaraldehyde 2.5 % in 0.1 M sodium cacodylate for 1 h at room temperature, dehydrated in graded series of ethanol (25%, 50%, 75%, 90%, 100 %; 30 minutes between each passage), immersed in absolute acetone and subjected to critical point drying. The disks were mounted on aluminium stubs, and covered with a 60 nm gold film using a metal sputtering device. The samples were observed using a Philips 501 microscope equipped with a Nikon Coolpix digital camera for acquisition of the images.

#### 4.5. Statistical analysis

Statistical analysis was performed using Prism 4.01 (Graph Pad software, San Diego, USA). ANOVA test followed by Tukey post-hoc was used for multiple comparisons. Values of  $p < 0.05$  were considered significant.

**Author Contributions:** Conceptualization, Giovanni Mergoni and Laura Giovati; Formal analysis, Giovanni Mergoni and Laura Giovati; Investigation, Giovanni Mergoni, Pio Bertani, Tecla Ciociola and Laura Giovati; Methodology, Giovanni Mergoni and Laura Giovati; Project administration, Maddalena Manfredi and Stefania Conti; Resources, Giovanni Mergoni and Laura Giovati; Supervision, Maddalena Manfredi; Validation, Giovanni Mergoni, Maddalena Manfredi and Laura Giovati; Visualization, Giovanni Mergoni and Laura Giovati; Writing – original draft, Giovanni Mergoni and Laura Giovati; Writing – review & editing, Stefania Conti. All authors have read and agreed to the published version of the manuscript.

**Funding:** This research received no external funding.

**Data Availability Statement:** The data supporting the findings of this study are available within the article.

**Acknowledgments:** The authors thank Dr. Silvana Belletti and Davide Dallatana for technical assistance in confocal microscopy and SEM studies. The confocal images were obtained in the Laboratory of Confocal Microscopy of the Department of Medicine and Surgery of the University of Parma. Dr. Francesca Poggia, Dr. Federica Placa, and Dr. Chiara Mirabile are also acknowledged for their support during the laboratory work.

**Conflicts of Interest:** The authors declare no conflict of interest.

## References

1. Berman, L.; Hargreaves, K. *Cohen's pathways of the pulp*. 11th edition ed.; Elsevier: St. Louis, Missouri, 2016.
2. European Society of Endodontology. Quality guidelines for endodontic treatment: consensus report of the European Society of Endodontology. *Int Endod J* **2006**, *39*, 921-930, 10.1111/j.1365-2591.2006.01180.x.
3. Haapasalo, M.; Shen, Y.; Wang, Z.; Gao, Y. Irrigation in endodontics. *Br Dent J* **2014**, *216*, 299-303, 10.1038/sj.bdj.2014.204.
4. Nair, P.N.R.; Henry, S.; Cano, V.; Vera, J. Microbial status of apical root canal system of human mandibular first molars with primary apical periodontitis after "one-visit" endodontic treatment. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* **2005**, *99*, 231-252, 10.1016/j.tripleo.2004.10.005.
5. Flemming, H.-C.; Wingender, J.; Szewzyk, U.; Steinberg, P.; Rice, S.A.; Kjelleberg, S. Biofilms: an emergent form of bacterial life. *Nat Rev Microbiol* **2016**, *14*, 563-575, 10.1038/nrmicro.2016.94.
6. Stewart, P.S.; Costerton, J.W. Antibiotic resistance of bacteria in biofilms. *Lancet* **2001**, *358*, 135-138, 10.1016/s0140-6736(01)05321-1.

- 381 7. Van Acker, H.; Van Dijck, P.; Coenye, T. Molecular mechanisms of antimicrobial tolerance and resistance in bacterial and  
382 fungal biofilms. *Trends Microbiol* **2014**, *22*, 326-333, 10.1016/j.tim.2014.02.001.
- 383 8. Sjogren, U.; Figdor, D.; Spangberg, L.; Sundqvist, G. The antimicrobial effect of calcium hydroxide as a short-term intracanal  
384 dressing. *Int Endod J* **1991**, *24*, 119-125, 10.1111/j.1365-2591.1991.tb00117.x.
- 385 9. Shuping, G.B.; Orstavik, D.; Sigurdsson, A.; Trope, M. Reduction of intracanal bacteria using nickel-titanium rotary  
386 instrumentation and various medications. *J Endod* **2000**, *26*, 751-755, 10.1097/00004770-200012000-00022.
- 387 10. Siqueira, J.F., Jr.; Magalhaes, K.M.; Rocas, I.N. Bacterial reduction in infected root canals treated with 2.5% NaOCl as an  
388 irrigant and calcium hydroxide/camphorated paramonochlorophenol paste as an intracanal dressing. *J Endod* **2007**, *33*,  
389 667-672, 10.1016/j.joen.2007.01.004.
- 390 11. Vera, J.; Siqueira, J.F., Jr.; Ricucci, D.; Loghin, S.; Fernandez, N.; Flores, B.; Cruz, A.G. One- versus two-visit endodontic  
391 treatment of teeth with apical periodontitis: a histobacteriologic study. *J Endod* **2012**, *38*, 1040-1052, 10.1016/j.joen.2012.04.010.
- 392 12. Estrela, C.; Pimenta, F.C.; Ito, I.Y.; Bammann, L.L. In vitro determination of direct antimicrobial effect of calcium hydroxide. *J*  
393 *Endod* **1998**, *24*, 15-17, 10.1016/S0099-2399(98)80205-7.
- 394 13. Gomes, B.P.; Ferraz, C.C.; Garrido, F.D.; Rosalen, P.L.; Zaia, A.A.; Teixeira, F.B.; de Souza-Filho, F.J. Microbial susceptibility to  
395 calcium hydroxide pastes and their vehicles. *J Endod* **2002**, *28*, 758-761, 10.1097/00004770-200211000-00003.
- 396 14. Wang, J.D.; Hume, W.R. Diffusion of hydrogen ion and hydroxyl ion from various sources through dentine. *Int Endod J* **1988**,  
397 *21*, 17-26, 10.1111/j.1365-2591.1988.tb00949.x
- 398 15. Evans, M.; Davies, J.K.; Sundqvist, G.; Figdor, D. Mechanisms involved in the resistance of *Enterococcus faecalis* to calcium  
399 hydroxide. *Int Endod J* **2002**, *35*, 221-228, 10.1046/j.1365-2591.2002.00504.x.
- 400 16. Siqueira, J.F., Jr.; Rocas, I.N. Diversity of endodontic microbiota revisited. *J Dent Res* **2009**, *88*, 969-981,  
401 10.1177/0022034509346549.
- 402 17. Siqueira, J.F., Jr.; Rôças, I.N. Distinctive features of the microbiota associated with different forms of apical periodontitis. *J*  
403 *Oral Microbiol* **2009**, *1*, 10.3402/jom.v3401i3400.2009, 10.3402/jom.v1i0.2009.
- 404 18. Rôças, I.N.; Siqueira, J.F., Jr. Identification of bacteria enduring endodontic treatment procedures by a combined reverse  
405 transcriptase-polymerase chain reaction and reverse-capture checkerboard approach. *J Endod* **2010**, *36*, 45-52,  
406 10.1016/j.joen.2009.10.022.
- 407 19. Ch'ng, J.-H.; Chong, K.K.L.; Lam, L.N.; Wong, J.J.; Kline, K.A. Biofilm-associated infection by enterococci. *Nat Rev Microbiol*  
408 **2019**, *17*, 82-94, 10.1038/s41579-018-0107-z.
- 409 20. Nakajo, K.; Komori, R.; Ishikawa, S.; Ueno, T.; Suzuki, Y.; Iwami, Y.; Takahashi, N. Resistance to acidic and alkaline  
410 environments in the endodontic pathogen *Enterococcus faecalis*. *Oral Microbiol Immunol* **2006**, *21*, 283-288,  
411 10.1111/j.1399-302X.2006.00289.x.
- 412 21. Stuart, C.H.; Schwartz, S.A.; Beeson, T.J.; Owatz, C.B. *Enterococcus faecalis*: its role in root canal treatment failure and current  
413 concepts in retreatment. *J Endod* **2006**, *32*, 93-98, 10.1016/j.joen.2005.10.049.
- 414 22. Swimberghe, R.C.D.; Coenye, T.; De Moor, R.J.G.; Meire, M.A. Biofilm model systems for root canal disinfection: a literature  
415 review. *Int Endod J* **2019**, *52*, 604-628, 10.1111/iej.13050.
- 416 23. Lima, S.M.F.; de Padua, G.M.; Sousa, M.; Freire, M.S.; Franco, O.L.; Rezende, T.M.B. Antimicrobial peptide-based treatment  
417 for endodontic infections--biotechnological innovation in endodontics. *Biotechnol Adv* **2015**, *33*, 203-213,  
418 10.1016/j.biotechadv.2014.10.013.
- 419 24. Marr, A.K.; Gooderham, W.J.; Hancock, R.E. Antibacterial peptides for therapeutic use: obstacles and realistic outlook. *Curr*  
420 *Opin Pharmacol* **2006**, *6*, 468-472, 10.1016/j.coph.2006.04.006.
- 421 25. Boto, A.; Perez de la Lastra, J.M.; Gonzalez, C.C. The road from host-defense peptides to a new generation of antimicrobial  
422 drugs. *Molecules* **2018**, *23*, 10.3390/molecules23020311.

- 423 26. Gomes, B.; Augusto, M.T.; Felicio, M.R.; Hollmann, A.; Franco, O.L.; Goncalves, S.; Santos, N.C. Designing improved active  
424 peptides for therapeutic approaches against infectious diseases. *Biotechnol Adv* **2018**, *36*, 415-429,  
425 10.1016/j.biotechadv.2018.01.004.
- 426 27. Boparai, J.K.; Sharma, P.K. Mini review on antimicrobial peptides, sources, mechanism and recent applications. *Protein Pept*  
427 *Lett* **2020**, *27*, 4-16, 10.2174/0929866526666190822165812.
- 428 28. Hale, J.D.F.; Hancock, R.E.W. Alternative mechanisms of action of cationic antimicrobial peptides on bacteria. *Expert Rev Anti*  
429 *Infect Ther* **2007**, *5*, 951-959, 10.1586/14787210.5.6.951.
- 430 29. Mergoni, G.; Manfredi, M.; Bertani, P.; Ciociola, T.; Conti, S.; Giovati, L. Antibacterial effects of two synthetic peptides against  
431 *Enterococcus faecalis* biofilms: a preliminary in vitro study. *G Ital Endod* **2020**, *34*, 47-54, 10.32067/Gie.2020.34.01.15.
- 432 30. Polonelli, L.; Magliani, W.; Ciociola, T.; Giovati, L.; Conti, S. From *Pichia anomala* killer toxin through killer antibodies to killer  
433 peptides for a comprehensive anti-infective strategy. *Antonie Van Leeuwenhoek* **2011**, *99*, 35-41, 10.1007/s10482-010-9496-3.
- 434 31. Magliani, W.; Conti, S.; Ciociola, T.; Giovati, L.; Zanello, P.P.; Pertinhez, T.; Spisni, A.; Polonelli, L. Killer peptide: a novel  
435 paradigm of antimicrobial, antiviral and immunomodulatory auto-delivering drugs. *Future Med Chem* **2011**, *3*, 1209-1231,  
436 10.4155/fmc.11.71.
- 437 32. Polonelli, L.; Ciociola, T.; Sperinde, M.; Giovati, L.; D'Adda, T.; Galati, S.; Travassos, L.R.; Magliani, W.; Conti, S. Fungicidal  
438 activity of peptides encoded by immunoglobulin genes. *Sci Rep* **2017**, *7*, 10896, 10.1038/s41598-017-11396-6.
- 439 33. Dostert, M.; Belanger, C.R.; Hancock, R.E.W. Design and assessment of anti-biofilm peptides: steps toward clinical  
440 application. *J Inmate Immun* **2019**, *11*, 193-204, 10.1159/000491497.
- 441 34. Giovati, L.; Santinoli, C.; Mangia, C.; Vismarra, A.; Belletti, S.; D'Adda, T.; Fumarola, C.; Ciociola, T.; Bacci, C.; Magliani, W., *et*  
442 *al.* Novel activity of a synthetic decapeptide against *Toxoplasma gondii* tachyzoites. *Front Microbiol* **2018**, *9*, 753-753,  
443 10.3389/fmicb.2018.00753.
- 444 35. Matsuzaki, K. Control of cell selectivity of antimicrobial peptides. *Biochim Biophys Acta* **2009**, *1788*, 1687-1692,  
445 10.1016/j.bbamem.2008.09.013.
- 446 36. Ehlinger, C.; Dartevelle, P.; Zaet, A.; Kurashige, Y.; Haikel, Y.; Metz-Boutigue, M.-H.; Marban, C. A new combination with  
447 D-cateslytin to eradicate root canal pathogens. *Int J Pept Res Ther* **2019**, *25*, 1679-1687, 10.1007/s10989-019-09911-6.
- 448 37. Kobayashi, M.; Tsutsui, T.W.; Kobayashi, T.; Ohno, M.; Higo, Y.; Inaba, T.; Tsutsui, T. Sensitivity of human dental pulp cells to  
449 eighteen chemical agents used for endodontic treatments in dentistry. *Odontology* **2013**, *101*, 43-51, 10.1007/s10266-011-0047-9.
- 450 38. Pertinhez, T.A.; Conti, S.; Ferrari, E.; Magliani, W.; Spisni, A.; Polonelli, L. Reversible Self-Assembly: A Key Feature for a New  
451 Class of Autodelivering Therapeutic Peptides. *Mol Pharm* **2009**, *6*, 1036-1039, 10.1021/mp900024z.
- 452 39. Bystrom, A.; Claesson, R.; Sundqvist, G. The antibacterial effect of camphorated paramonochlorophenol, camphorated phenol  
453 and calcium hydroxide in the treatment of infected root canals. *Endod Dent Traumatol* **1985**, *1*, 170-175,  
454 10.1111/j.1600-9657.1985.tb00652.x
- 455 40. Orstavik, D.; Haapasalo, M. Disinfection by endodontic irrigants and dressings of experimentally infected dentinal tubules.  
456 *Endod Dent Traumatol* **1990**, *6*, 142-149, 10.1111/j.1600-9657.1990.tb00409.x  
457  
458