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A new controlled release system of chlorhexidine and chlorhexidine:βcd inclusion compounds based on porous silica

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Abstract The purpose of this study was to prepare and characterize a controlled release system based on porous silica loaded with chlorhexidine (Cx) and its inclusion compounds in β -cyclodextrin (β cd), and to evaluate its antimicrobial activity. Acetate chlorhexidine (CxA), gluconate chlorhexidine (CxG), β cd:chlorhexidine acetate 2:1 (β cd:CxA) and β cd:chlorhexidine gluconate 2:1 (β cd:CxG) were incorporated into porous silica. Drug loading was characterized by FTIR, powder X-ray diffraction, thermal analysis and BET, and was shown to be in an amorphous state and porous matrix. The kinetics release parameter of the drug was established, which showed that the Cx systems release profile followed zero order release until 400 h and Higuchi model release until 750 h, after the burst effect at the first 8 h. Chlorhexidine therapeutic range was reached near first hour for all systems. The chlorhexidine porous silica system was biologically active against Enterococcus faecalis and Candida albicans in vitro. The systems showed

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Faculdade de Odontologia da Pontifícia, Universidade Católica de Minas Gerais, Rua Dom José Gaspar 500, Belo Horizonte, MG 30535-610, Brazil an efficient Cx controlled release modulated by the presence of the β -cyclodextrin and by the porous silica matrices, providing effective antimicrobial activity.

Keywords β -Cyclodextrin · Inclusion compounds · Porous silica · Controlled release system · Chlorhexidine

Introduction

Porous silica has been considered a very promising material for hosting as well as delivery of many molecules of pharmaceutical interest due to their ordered arrangement; a very narrow pore size distribution, large pores and surface areas, highly chemical and thermal stabilities, bioresorbability and biocompatibility [1–3]. Porous silica has shown unique physico-chemical properties, namely the welldefined surface properties, the high concentration of silanol groups on the surface and the specific surface area. These properties make this material suitable to be used not only for the drug, proteins and biogenic molecules, but also the drug controlled release matrix [4–7].

The drug controlled release systems present many advantages, such as the reduction of the total drug dosage introduced in the body, a precise drug setting in the target zone and the tuning of the drug release kinetics [2]. On the other hand, chlorhexidine (Cx) has been widely used in pharmaceutical formulations for its excellent broad-spectrum antimicrobial properties. It is an effective oral antimicrobial agent, and it is routinely used in caries prevention and periodontal therapy [8]. In addition, it has been described that Cx exhibits excellent antibacterial activity when used as medication during endodontic therapy—capable of preventing canal recontamination—due to its efficacy against *E. faecalis* and *C. albicans* [9–11].

In spite of the broad use of Cx in dentistry, drawbacks such as Cx low release from the matrix during use on composite restoration materials, methacrylate polymer systems, glass ionomers and resinous cements need to be resolved. These limitations could be due to the strong bonds formed between the drug and the polymeric matrix [12–14]. One strategy to circumvent these shortcomings is to use the host: guest strategy using cyclodextrin in order to module the drug release, as related in the literature [15-18], before its incorporation in the porous silica matrix. Based on mesoporous silica physico-chemical challenging drug carrier properties, the Cx broad spectrum antimicrobial activity and the host-guest strategy using cyclodextrin as a drug controlled release modulation, we decided to develop Cx and its β -cyclodextrin inclusion compound controlled release system from mesoporous silica and its physicochemical characterization and antimicrobial evaluation.

Materials and methods

Materials

Porous silica particles (average diameter of \sim 745 nm) were synthesized by sol–gel method using tetraethyl orthosilicate (TEOS), obtained from Merck Schuchardt, Germany, and used without further purification with ethanol and water in a 1:3:10 molar ratio with HCl and HF as catalysts. The samples were prepared in monolithic form and dried at 70 and 550 °C for 1 h each in accordance with the method described by Miranda et al. [19].

Gluconate of chlorhexidine 20% (CxG) was generously donated by Degussa, São Paulo, SP, Brazil. Acetate of chlorhexidine (CxA) was purchased from Stevia Commercial Exports, São Paulo, SP, Brazil and β -cyclodextrin from Xiamen Mchem, China, and used without further purification.

Inclusion compounds preparation

The inclusion compounds β -cyclodextrin:chlorhexidine acetate (β cdCxA) and β -cyclodextrin:chlorhexidine gluconate (β cdCxG) were prepared using the freeze-drying method. Briefly, β cdCxA and β cdCxG solution in a 2:1 (β cd:Cx compounds) molar ratio were mixed with a magnetic stirrer for 48 h. After, these solutions were frozen in liquid nitrogen and submitted to the lyophilization process as described elsewhere [20]. The formation of inclusion complexes were assessed by FTIR spectroscopy analysis using a Perkin Elmer 283B spectrometer. The spectra were measured over the range 4000–400 cm⁻¹ at room temperature in KBr pellets. The differential scanning calorimetry (DSC) was carried out on a Shimadzu 50 termobalance using a platinum crucible. The heating rate was 10 °C min⁻¹, between 25 and 480 °C, in an N₂ atmosphere. NMR ¹H and NOESY (Bruker DRX Avance 400 MHz) experiments were developed as related previously by Denadai et al. [17].

Cx controlled release system preparation

Four solutions containing CxA, CxG, β cdCxA and β cdCxG with the powdered porous silica were prepared at weight ratio of 2:1 (Cx:silica) and were stirred vigorously for over 60 h. Thereafter, the samples were centrifuged for 10 min at 15.000 rpm, and rinsed with distilled water to remove unentrapped chlorhexidine. The obtained samples SCxA, S β cdCxA, SCxG and S β cdCxG were dried in vacuum condition at 46 °C for 3 h [21]. The Cx loading in the matrix was assessed by subtracting the amount of the drug remaining in the lyophilized supernatant obtained after the washing step, from the total amount added to prepare the initial samples.

Physico-chemical characterization of Cx controlled release systems

The characterization techniques were FTIR analysis, powder X-ray diffraction and Brunauer Emmet Teller technique (BET). FTIR analysis was performed using a Perkin Elmer 283B spectrophotometer. The spectra were measured over the range 4000–400 cm⁻¹ at room temperature in KBr pellets. Powder X-ray diffraction patterns were carried out on crushed samples using a Rigaku Geigerflex diffractometer system using a CuK α radiation at 40 kV and 30 mA. Specific surface area and porosity parameters were determined using BET technique based on nitrogen gas adsorption in an Autosorb-Quantachrome Nova 1200. Prior to analysis, the samples were crushed and outgassed.

Cx and Cx: β cd inclusion compound release studies

 10.0 ± 0.2 mg of porous silica loaded with Cx and Cx inclusion compounds with β cyclodextrin were placed into an eppendorf tube containing 1.5 mL of distilled water (pH = 6.0–6.5) at 37 °C and shaked on a Cientec orbital shaker (1.000 rpm) to ensure thorough mixing. After centrifugation at 10.000 rpm, to ensure sink conditions, the release medium was completely removed and replaced with 1.5 mL of fresh medium at pre-determined time intervals. Cx release was quantified by UV spectrometry (UV–vis HP8453) at $\lambda = 230$ nm for 2 weeks for SCxG, S β cd-CxG and for 4 weeks for SCxA, S β cd-CxA. The experiments were obtained in triplicate measurements and the data points are plotted as mean values with standard deviation, S.D.

Antimicrobial studies

The antimicrobial tests were performed using Pour Plate method. The microorganisms tested were two common oral microorganisms pathogens: a Enterococcus faecalis (ATCC 14508), and a fungus Candida albicans (ATCC 18803). The inhibitory activity of the prepared systems SCxA, S β cd-CxA, SCxG or S β cd-CxG were evaluated at three concentrations 25; 50 and 100 µg/mL and the materials CxA, *bcd-CxA*, CxG and *bcd-CxG* were tested for comparison simultaneously. The Enterococcus faecalis (E.f.) strain was resuspended in brain-heart infusion (BHI) and Candida albicans (C.a.) in Sabouraud Dextrose. The microorganisms were grown at optimal growth conditions in aerobic atmosphere for 24 h, having a final inoculum concentration 1.5×10^8 CFU/mL. The pour plate/traditional streak agar diffusion method was performed as described by DiFiore [22]. The microorganism strains were then seeded on Müeller Hinton agar culture plates prepared with the different antimicrobials. Agar plates were inoculated with *E.f.* and *C.a.*, and incubated aerobically at 37 and 34 °C respectively, for 24 h. A positive control was performed for each pathogen on a separate plate and mixed when the agar was warm and at the same concentration of tested drugs. The nonparametric Kruskal–Wallis test was used to determine the differences in efficacy of the systems.

Results and discussion

Characterization of β cd:Cx inclusion compounds

The formation of inclusion compounds between CxA and CxG with β cd was assessed by FTIR, Differential Scanning Calorimetry (DSC) and NMR ¹H and NOESY. The chemical structures of Cx, CxA, and CxG are presented in the Fig. 1. The IR spectra of the inclusion compounds



revealed a strong band around 3400 and 1100 cm⁻¹ associated with v_{-OH} and v_{-C-O-C} , respectively. These bands were significantly narrow in comparison to free β -cd, which suggests disruption of hydrogen bonds within the β cd cavity upon inclusion. The formation of the inclusion compounds were further confirmed in DSC curves by absence of the CxA and CxG melting points around 153 °C, associated with pure Cx [16].

When analyzing the ¹H NMR spectra of the inclusion compound, one can observe a sharp coalescence of the aromatic ¹H NMR signals of CxA and CxG in the presence of β cd. These results could be ascribed to the disturbances in the electronic density of the Cx aromatic ring caused by unbounded electrons of the oxygen atoms from the cyclodextrin molecule, due to the formation of dipolar interactions. Correlations between aliphatic and aromatic hydrogens of Cx and hydrogens inside the β cd cavity can be observed. The results from the formation of inclusion compounds between CxA and CxG with β cd assessed by FTIR, DSC and NMR ¹H and NOESY confirm those previously related by [16, 23].

Physico-chemical characterization of Cx dried controlled release systems

Drug loading determination in the controlled release systems

Experimental percentage of CxA, CxG and their respective inclusion compounds in dried porous silica are depicted in Table 1.

One can observe higher loading percentages for the pure CxA (22.9%) and CxG (18.9%), when compared to the respective β cdCxA (21.0%) and β cdCxG (15.4%) inclusion compounds. In all systems, the content of Cx after drying was similar to literature's data regarding porous silica systems [3, 6]. As expected, the observed drug loading percentage decreased as the molecule or inclusion compound size increased, confirming that the drug loading in matrix depends on the molecular size, as described by [3, 24, 25].

Table 1 Experimental loading on the dried porous silica percentage of CxA, CxG and their respective inclusion compounds $S\beta$ cdCxA and $S\beta$ cdCxG

Systems	Experimental Cx loading (wt%)			
SCxA	22.9			
SβcdCxA	21.0			
SCxG	18.9			
SβcdCxG	15.4			

FTIR

The FTIR spectra of pure silica and the silica Cx loaded systems (SCxA, S β cd-CxA, SCxG or S β cd-CxG) are depicted in Fig. 2a, b. The drug loading in the porous silica matrix has been qualitatively confirmed by FTIR spectra, and no significant new peaks were observed upon Cx loading, indicating a mainly Cx physical adsorption, not revealing any detectable changes in the porous network arising from the presence of chlorhexidine or its inclusion compound [26, 27].

A typical vibrational band can be observed in the pure silica FTIR spectra at 3400 cm⁻¹, a broad peak associated v_{ssiOH} groups with hydrogen bond interaction with adsorbed H₂O molecules; a band at 1620 cm⁻¹ assigned to water deformation mode δ_{H_2O} ; a medium-intensity band at 1240 cm^{-1} and a sharp and intense band at 1100 cm^{-1} associated to $v_{asSiOSi}$ groups, in addition to a weaker band at 800 cm⁻¹. A band at 940 cm⁻¹ could be attributed to v_s Si–OH. The low energy bands at 570 and 490 cm^{-1} are also typical for mesoporous silica associated with network defects such as tetra- and trisiloxane rings. The Cx silica loaded FTIR spectrum has shown not only the characteristic peaks observed in the pure silica one, but also an additional new band at 1492 cm⁻¹ characteristic of v_{C-Cl} of the aromatic chlorhexidine moiety. The Cx typical bands at $3100-3300 \text{ cm}^{-1}$ and at 1650 cm^{-1} associated respectively to v_s and v_{as} and δ_s NH group were not observed in porous silica Cx loaded spectra, probably due to overlapping with the broad v_{sOH} band of cyclodextrin or through interactions between Si-OH and NH groups. It is noteworthy that the incorporation of Cx in the porous silica did not cause any noticeable shift in the silica bands. Conversely, when β cd-CxA and β cd-CxG inclusions were loaded, broadening of the $v_{asSiOSi}$ occurred at 1100 cm⁻¹ as consequence of new hydrogen bonding interaction between the Si–OH of silica matrix and –OH of β cyclodextrin. In addition, a shift of approximately 100 cm⁻¹ occurred in the FTIR spectra of S β cd-CxG with the $v_{asSiOSi}$, in this case suggesting strong hydrogen bonding when compared to the $S\beta$ cd-CxA compound. After drug loading, the broadening of the band centered at approximately 3400 cm^{-1} , and the near disappearance of v_s Si–OH band at 940 cm⁻¹ suggests hydrogen interactions between silanol groups on the pore surface, Cx and their inclusion compounds, as suggested by [28, 29].

Powder X-ray diffraction

Powder XRD patterns diffraction of pure silica, CxA, CxG, β cdCxA and β cdCxG inclusion compounds and the porous silica Cx loaded systems, namely SCxA; S β cdCxA; SCxG; S β cdCxG compounds are shown in Fig. 3a, b. It can be



Fig. 2 FTIR spectra of **a** pure porous silica (S), chlorhexidine acetate (CxA), CxA: β cd inclusion compound (β cdCxA) and systems SCxA and S β cdCxA after loading and **b** pure porous silica (S),

chlorhexidine gluconate (CxG), CxG: β cd inclusion compound (β cdCxG) and systems SCxG and S β cdCxG after loading

observed that the XRD pattern of the pure silica, CxG, β cd:CxA, β cd:CxG, S β cd:CxA and S β cd:CxG diffractograms have a profile predominantly amorphous, and the CxA and β cd show diffraction peaks characteristic of a poly crystalline compound. Although the β -cyclodextrin inclusion compounds show generally crystalline XRD patterns, others studies found that the chlorhexidine: β cyclodextrin inclusion compounds show a more amorphous pattern when compared with the XRD of the free components, suggesting a disorder phenomenon upon inclusion [20].

The silica powder XRD diffraction remained in the amorphous profile after CxA and β cd:CxA inclusion compound loading process. This may suggests that the incorporation of the CxA and β cd:CxA compound in the silica did not change the crystallite size, or the drug loading was a disordered process in the porous silica matrix [30, 31]. The appearance of amorphicity could be explained by assuming that the pores present in the silica carrier are too small to allow formation of critical nuclei, which are necessary for the crystallization process to begin, either from saturated solution or from the amorphous state-once formed, as shown elsewhere by [6, 25, 32]. While all

systems prepared in this study contain amorphous Cx or $Cx:\beta$ cd inclusion compounds, there are differences in the composition and in the structure of individual systems that may have an impact on their mechanical properties and behavior during dissolution.

Specific surface area and pore size distribution

The Barret, Joyner and Halenda (BJH) pore size distribution of pure porous silica and porous silica Cx loaded systems SCxA; S β cdCxA; SCxG and S β cdCxG obtained by nitrogen desorption method are shown in Fig. 4. The results depicted narrow pore size distribution with an average pore diameter of 150 Å for pure silica. One can observe that the Cx loading process in the porous silica matrix caused a lower pore distribution when compared to the pore silica.

The BJH pore distribution was around 90 Å for S β cd-CxA and 120 Å for SCxA, SCxG and S β cd-CxG. As expected, the BJH analysis has shown that the presence of Cx molecules in the silica pores leads to corresponding decreases in pore diameter, according to literature [24, 29, 33]. Nitrogen isotherms obtained for pure silica and the Cx



Fig. 3 XRD diffractograms of **a** pure porous silica (S), chlorhexidine acetate (CxA), β cyclodextrin (β cd), CxA: β cyclodextrin inclusion compound (β cdCxA) and SCxA and S β cdCxA systems; and **b** pure



Fig. 4 The Barret, Joyner and Halenda (BJH) analysis of the pore size distribution in the pure porous silica (*open circle*) and porous silica Cx loaded systems SCxA (*filled square*); S β cdCxA (*open square*); SCxG (*filled triangle*) and S β cdCxG (*open triangle*) obtained by nitrogen desorption method

and Cx inclusion compounds loaded silica matrices are presented in Fig. 5a, b. All systems exhibited similar isotherms profiles, such as the pure silica, and could be classified as type IV profile, according to the IUPAC classification, as mesopores materials.

The overall N₂ adsorption amounts decrease according to the sequence pure silica > SCxA > SCxG > S β cdCxA



porous silica (S), chlorhexidine gluconate (CxG), β -cyclodextrin (β cd), CxG: β cyclodextrin inclusion compound (β cdCxG), and SCxG and S β cdCxG systems

> S β cdCxg, indicating the influence of compound size and its affinity with the silica matrix during the impregnation [1, 34]. In all Cx and chlorhexidine inclusion compound loaded silica matrices, hysteresis loops were observed at relative pressure (p/p_0) ranges of 0.6–0.8, reinforcing the mesoporous characteristic of the matrices after loading. Lower N₂ adsorption for the Cx and Cx: β cd loaded matrices (350–400 cc/g) was observed when compared to pure silica (750 cc/g). Table 2 summarizes the textural parameters specific surface areas (S_{BET}), pore diameter (d_P) and pore volume (V_p) of porous silica before and after Cx and Cx: β cd loading process.

It was observed that highest specific surface areas, lower pore volume and pore diameter of Cx and Cx: β cd loaded matrices, as compared to the pure silica. The adsorption of Cx and its inclusion compounds leads to lower pore diameter, pore volume [24, 29, 33], reinforcing the presence of the drug in pores after the loading process. The unexpected increase of specific surface area after drug loading may be largely attributed to the partial filling of macropores of the silica, changing itselves into mesopores, and these mesopores were then identified and measured by BET technique. On the other hand, one could observe some quantitative differences among the substrates in the effectiveness of Cx compound pore filling. These differences may be being reflected as changes in the physico-chemical SCxA Adsorption

SCxA Desorption

0,4

Silica adsorption

SßcdCxa Adsorption

S_βcdCxA Desorption

1,0

and desorption

(a) 800

Volume (cc/g)

600

400

200

0

0,0

0,2

Fig. 5 N₂ sorption isotherms **a** for the pure porous silica (*filled left-pointing triangle*), silica:chlorhexidine acetate(SCXA *filled square*) and silica:chlorhexidine acetate inclusion compound (S β cdCxA *filled circle*) systems after loading and **b** for the pure porous silica (*filled*)

0,6

P/P

0,8

Table 2 Textural parameters

Sample	$S_{\rm BET}~({\rm m^2/g})$	$V_{\rm p}~({\rm cc/g})$	$d_{\mathrm{P}}(\mathrm{\AA})$
Silica	92.04	1.213	527.4
SCxA	227	0.674	118
SβcdCxA	212	0.492	93
SCxG	260	0.719	112
SβcdCxG	261	0.544	84

Specific surface area obtained by BET plot (S_{BET}); Total pore volume (V_p) and Pore diameter (d_P) obtained by the BJH method (Barret Joyner Hallenda) for the pure silica matrix and SCxA, S β cdCxA, CxG, S β cdCxG loaded silica matrices

affinity of the drug or inclusion compounds by the silica matrix. The adsorption process is not only a surface phenomenon as a function of the surface area of the matrix, but also to the chemical affinity between the silica matrix and the Cx or inclusion compounds. Adsorption could result either as the universal van der Waals interactions (physical adsorption), or it can have the characteristics of chemical hydrogen bonding interaction [3, 35, 36].

Release of chlorhexidine from porous silica matrix and kinetics studies

The in vitro release profiles of chlorhexidine and chlorhexidine: β cd inclusion compounds from the porous silica loaded systems have been performed in distilled water at 37 °C for 350 h for CxG and its respective inclusion compound, and 700 h for the CxA and its respective inclusion compound (Fig. 6).



left-pointing triangle), silica:chlorhexidine gluconate (SCxG *filled square*) and silica:chlorhexidine gluconate inclusion compound (S β cdCxG *filled circle*) systems after loading



Fig. 6 Cumulative chlorhexidine release from the SCxA (*filled square*), S β cdCxA (*open square*), SCxG (*filled circle*) and S β cdCxG (*open circle*) silica porous systems from 0 to 700 h

Initially a burst effect of 30, 45, 60 and 75% for SCxA, S β cdCxA, SCxG and S β cdCxG, respectively during the first 8 h of the experiments was observed. Analyzing the Cx release profile from the porous silica systems, one can observe different profiles with typically controlled release pattern [3, 34]. These results confirm that porous silica can be applied as drug vehicle for controlled release systems. It is interesting to note that the amount of drugs loaded in systems SCxA and S β cd-CxA were similar, but higher than the amount found in SCxG and S β cd-CxG systems. The initial burst effect could be explained by the excessive amounts of the drug that were weakly adsorbed inside the pores or located at the outer surface of matrix [4].

Subsequently, the slow release of the Cx could be attributed to the strong interactions between entrapped drug molecules and SiOH groups on the pore surface (hydrophilic or electrostatic interactions). In addition, other interactions, such as SiOH and –OH of β cd or –NH of the Cx, could help to modulate the Cx as related by [1, 4, 6, 33]. The contents of Si-OH groups are very important in dissolution behavior, as they can increase the hydrophilic surface and wettability in aqueous solutions [6]. The initial higher jump observed for SCxG and S β cdCxG could be attributed mainly to the higher solubility of CxG in water when compared to SCxA and S β cdCxA. The Cx concentration in the release medium is zero, at early stage of the process, and a large concentration gradient between Cx and the water would prompt the fast release of the drug for these systems [1].

Drug release from soluble matrices such as porous silica sol gels can either be diffusion controlled, dissolution controlled or both. In previous studies, the drug release from these matrices was described as a diffusion controlled process [33, 34, 36]. Drug release from porous silica was modeled using Higuchi Eq. 1 which states that diffusionmediated release should be proportional to the square root of time [37]. In addition to the Higuchi model, the data were analyzed using the zero order release Eq. 2, which states that the drug dissolution varies linearly with the time, and the k constant is the line inclination. The respective correlation coefficients (R_c) obtained by regression analyses are depicted in Table 3. The fitting procedure used a least-squares method that minimized the differences between experimental and theoretical values.

$$a = kt^{1/2} \tag{1}$$

$$a = kt \tag{2}$$

The modeling of the release from porous silica loaded with chlorhexidine and their inclusion compounds showed an excellent fit with zero order kinetics ($R_c > 0.995$) over a period of 24 h until 400 h for all systems. From 24 h until 750 h for SCxA and S β cdCxA, the Higuchi model fits better than the zero order. The present observation is in line with the fact that significant deviation is possible beyond 50% of release. The kinetics of the release of drugs from porous carrier materials is frequently described as the Higuchi model. According to this model, the release of a drug from an insoluble, porous carrier matrix can be described as the square root of a time-dependent process based on Fickian diffusion [2]. The amount of drug released (a) per unit of exposed area at time (t) can be then described by the simple relation, where k is the release rate constant for the Higuchi model. When the drug is dispersed in the matrix and diffusion occurs through solvent-filled pores, the formulation of the constant is:

$$k = f(D, \varepsilon, \tau, C, A) \tag{3}$$

where *D* is the diffusivity of the drug in the solvent, τ the tortuosity factor of the system, ε the porosity of the matrix and *C* is the solubility of the drug in the solvent used [3]. Thus, for a purely diffusion controlled process, the amount of drug released exhibits a linear relationship if plotted against the square root of time. When examining the Higuchi square root of time plots, shown in Fig. 7, a linear behavior after burst effect, characteristic of a zero order release system, is clearly observed.

Some deviation from overall linearity is probably related to the silica matrices degradation during in vitro measurements [2, 5, 36]. It is also known that silica degradates by hydrolysis of the Si–O–Si through the entire network,



Fig. 7 Release of Cx from the SCxA (*filled square*), S β cdCxA (*open square*), SCxG (*filled circle*) and S β cdCxG (*open circle*) porous silica systems vs. the square root of time (h^{1/2}) from 24 h until 700 h

Table 3 Correlation coefficient (R_c) for the relationship between Cx and Cx: β cd inclusion compounds release from porous silica systems from 24 h until 400 h and until 750 h for SCxA and S β cdCxA systems

Model equation	$R_{\rm c}$ for the system	$R_{\rm c}$ for the systems release						
	SCxA	SCxA		SβcdCxA		SβcdCxG		
	Until 400 h	Until 750 h	Until 400 h	Until 750 h	Until 400 h	Until 400 h		
Higuchi	0.99251	0.99471	0.99403	0.99516	0.99563	0.99213		
Zero order	0.99842	0.99300	0.99746	0.97651	0.99580	0.99569		

Microorganisms	Inhibitory concentration of antimicrobial agents (µg/mL)							
	SCxA	CxA	SβcdCxA	βcdCxA	SCxG	CxG	SβcdCxG	βcdCxG
E.f.	100	50	50	25	100	50	25	50
C.a.	50	50	50	25	50	50	50	25

Table 4 Inhibitory concentration (μ g/mL) of SCxA, S β cdCxA, SCxG, S β cdCxG systems and CxA, β cdCxA, CxG, β cdCxG against *Enterococcus faecalis* (ATCC 14508) and *Candida albicans* (ATCC 18803) determinated by "Pour Plate Method"

and it is smallest in the early stages, increasing with the time releasing [19, 36]. It should be noted that the higher deviation was shown by SCxA and S β cd-CxA respectively, suggesting that the silica matrix degradation has some influence on the drug release rates. These results can be understood on the basis of the chemical structure of Cx acetate, gluconate and its interaction with the silanol groups present in the silica matrix, as suggested in previous studies for model drugs [1, 6, 33].

Antimicrobial studies

Antimicrobial evaluation in vitro, although difficult to directly correlate to clinical results, is justified in its use for its simple comparisons, screening of materials and application techniques. *E.f.* and *C.a.* are considered to be the most resistant microorganisms in endodontic infections, and are implicated as a possible cause of root canal treatment failure [38].

The inhibitory concentration (μ g/mL) obtained for *E.f.*, and *C.a.* are presented in Table 4.

All porous silica systems containing the Cx or $Cx:\beta$ cd inclusion compounds showed satisfactory inhibition against E.f. and C.a., as well as the antimicrobial agents (without silica). Among the systems, the S β cd-CxG showed better inhibitory concentration (25 µg/mL) when compared to S β cd-CxA (50 µg/mL), SCxA (100 µg/mL) and SCxG (100 µg/mL) against E.f. The inhibitory concentration of 50 µg/mL was also observed against C.a. for all systems, contrary to the lower inhibitory concentration observed for β cd-CxA and β cd-CxG groups 25 µg/mL, as expected, having the highest inclusion compound solubility. Based on Kruskal-Wallis test, there were no statistical significant differences in efficacy (p < 0.05) between the systems for both microorganisms. Cx has been shown to be effective in eliminating E.f. and C.a. infection inside dentinal tubules, and has been suggested as an irrigant in endodontic therapy [39]. In this study, the silica Cx loaded systems exhibited excellent inhibitory concentration in microorganisms evaluated considering that the drug present in the medium was provided by controlled release, and not by direct contact with antimicrobial agent like the groups containing pure CxA, CxG and its inclusion compounds [8]. Based on data of controlled release of the systems after 2 days, it would probably have less than 10% of the total drug loaded in the culture medium concentrations, as compared to the disposable quantities for the others samples. It was also observed that the inclusion compounds provided a efficient sustained release and antimicrobial activity [16].

Conclusion

A new delivery system of chlorhexidine inclusion compounds based on porous silica shows improved controlled release profile, providing effective antimicrobial activity. Because the excellent properties of silica this system could have important applications in the disinfection of dentinal tubules of the root canal and other infections caused by this microorganisms.

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References

- Song, S.W., Hidajat, K., Kawi, S.: Functionalized SBA-15 materials as carrier for controlled drug delivery: influence of surface properties on matrix-drug interactions. Langmuir 21, 9568–9575 (2005)
- Radin, S., Chen, T., Ducheyne, P.: The controlled release of drugs from emulsified, sol gel processed silica microspheres. Biomaterials 30, 850–858 (2009)
- Wang, S.: Ordered mesoporous materials for drug delivery. Microporous Mesoporous Mater. 117, 1–9 (2009)
- Sousa, A., Sousa, B.E.M.: Influence of synthesis temperature the structural characteristics of mesoporous silica. J. Non-Cryst. Solids 352, 3451–3456 (2006)
- Teoli, D., Parisi, L., Realdon, N., Guglielmi, M., Rosato, A., Morpurgo, M.: Wet sol-gel derived silica for controlled release of proteins. J. Control Release 116, 295–303 (2006)
- Maver, U., Godec, A., Bele, M., Planinsek, O., Gaberscek, M., Srcic, S., Jamnik, J.: Novel hybrid silica xerogels for stabilization and controlled release of drug. Int. J. Pharm. 330, 164–174 (2007)
- Pu, H., Zhang, X., Yuan, J., Yang, Z.: A facile method for the fabrication of vinyl functionalized hollow silica spheres. J. Colloid Interface Sci. 331, 389–393 (2009)
- Ercan, E., Dalli, M., Dülgergil, T.: In vitro assessment of the effectiveness of chlorhexidine gel and calcium hydroxide paste with chlorhexidine against *E. faecalis* and *C. albicans*. Oral Surg.

Oral Med. Oral Pathol. Oral Radiol. Oral Endod. 102, 27-31 (2006)

- Basrani, B., Ghanem, A., Tjäderhane, L.: Physical and chemical properties of chlorhexidine and calcium hydroxide-containing medications. J. Endod. 30, 413–417 (2004)
- Vianna, M.E., Gomes, B.P.F.A.: Efficacy of sodium hypochlorite combined with chlorhexidine against *E. faecalis* in vitro. Oral Surg. Oral Med. Oral Pathol. Oral Radiol. Oral Endod. **107**, 585– 589 (2009)
- Young, A.M., Ng, P.Y.J., Gbureck, U., Nazhat, S.N., Barralet, J.E., Hofmann, M.P.: Characterization of chlorhexidine-releasing, fast-setting, brushite bone cements. Acta Biomater. 4, 1081–1088 (2008)
- Riggs, P.D., Braden, M., Patel, M.: Chlorhexidine release from room temperature polymerising methacrylate systems. Biomaterials 21, 345–351 (2000)
- Leung, D., Spratt, D.A., Pratten, J., Gulabivala, K., Mordan, N.J., Young, A.M.: Chlorhexidine-releasing methacrylate dental composite materials. Biomaterials 26, 7145–7153 (2005)
- Takahashi, Y., Imazato, S., Kaneshiro, A.V., Ebiso, S., Frencken, J.E., Tay, F.R.: Antibacterial effects and physical properties of glass-ionomer cements containing chlorhexidine for the ART approach. Dent. Mater. 22, 647–652 (2006)
- Beraldo, H., Sinisterra, R.D., Teixeira, L.R., Vieira, R.P., Doretto, M.C.: An effective anticonvulsivant prepared following a host–guest strategy that uses hydroxypropyl- β-cyclodextrin and benzaldehyde semicarbazone. Biochem. Biophys. Res. Commun. 296, 241–246 (2002)
- Yue, I.C., Poff, J., Cortés, M.E., Sinisterra, R.D., Faris, C.B., Hildgen, P., Langer, R., Shastri, P.: A novel polymeric chlorhexidine delivery device for the treatment of periodontal disease. Biomaterials 25, 3743–3750 (2004)
- Denadai, A.M.L., Santoro, M.M., Da Silva, L.H., Viana, A.T., Santos, R.A., Sinisterra, R.D.: Self-assembly characterization of the β-cyclodextrin and hydrochlorothiazide system: NMR, phase solubility, ITC and QELS. J. Incl. Phenom. Macrocycl. Chem. 55, 41–49 (2006)
- Dominguez, Z.R., Cortés, M.E., Gomes, T.A., Diniz, H.F., Freitas, C.S., Gomes, J.B., Faria, A.M.C., Sinisterra, R.D.: Bioactive glass as a drug delivery system of tetracycline and tetracycline associated with β-cyclodextrin. Biomaterials 25, 327–333 (2004)
- Miranda, L.A., Mohallem, N.D.S., Magalhães, W.F.: Morphological and textural characterization of functionalized particulate silica xerogels. Appl. Surf. Sci. 252, 3466–3474 (2006)
- Cortés, M.E., Sinisterra, R.D., Campos, M.J.A., Tortamano, N., Rocha, R.G.: The chlorhexidine:cyclodextrin inclusion compound: preparation, characterization and microbiological evaluation. J. Incl. Phenom. Macrocycl. Chem. 40, 297–302 (2001)
- Chen, J.F., Ding, H.M., Wang, J.X., Shao, L.: Preparation and characterization of porous hollow silica nanoparticles for drug delivery application. Biomaterials 25, 723–727 (2004)
- DiFiore, P.M., Peters, D.D., Setterstrom, J.A., Lorton, L.: The antibacterial effects of calcium hydroxide apexification pastes in *Streptococcus sanguis*. Oral Surg. Oral Med. Oral Pathol. Oral Radiol. Oral Endod. 55, 91–94 (1983)
- 23. Denadai, A.M.L., Teixeira, K.I., Santoro, M.M., Pimenta, A.M.C., Cortés, M.E., Sinisterra, R.D.: Supramolecular self-assembly of β -cyclodextrin: an effective carrier of antimicrobial agent chlorhexidine. Carbohydr. Res. **342**, 2286–2296 (2007)

- Horcajada, P., Rámila, A., Pérez-Pariente, J., Vallet-Regí, M.: Influence of pore size of MCM-41 matrices on drug delivery rate. Microporous Mesoporous Mater. 68, 105–109 (2004)
- Charnay, C., Begú, S., Tourné-Péteilh, C., Nicole, L., Lerner, D.A., Devoissele, J.M.: Inclusion of ibuprofen in mesoporous templated silica: drug loading and release property. Eur. J. Pharm. Biopharm. 57, 5533–5540 (2004)
- Radin, S., Ducheyne, P.: Controlled release of vancomycin from thin sol-gel films on titanium alloy fracture plate material. Biomaterials 28, 1721–1729 (2007)
- Luo, J.T., Wen, H.C., Chang, Y.M., Wu, W.F., Chou, C.P.: Mesoporous silica reinforced by silica nanoparticles to enhance mechanical performance. J. Colloid Interface Sci. 305, 275–279 (2007)
- Fidalgo, A., Ilharco, L.M.: Correlation between physical properties and structure of silica xerogels. J. Non-Cryst. Solids. 347, 128–137 (2004)
- López, T., Basaldella, E.I., Ojeda, M.L., Manjarrez, J., Alexander-Katz, R.: Encapsulation of valproic acid and sodic phenytoin in ordered mesoporous SiO₂ solids for the treatment of temporal lobe epilepsy. Opt. Mater. 29, 75–81 (2006)
- Isobe, H., Hattori, Y., Hayano, T., Kanoh, H., Yamamoto, K., Kaneko, K.: Effect of embedded metal compound on porosity of silica colloids prepared by spray reaction of silicon tetrachloride. J. Colloid Interface Sci. 295, 482–489 (2006)
- Hao, L., Gong, X., Xuan, S., Zhang, H., Gong, X., Jiang, W., Chen, Z.: Controllable fabrication and characterization of biocompatible core-shell particles and hollow capsules as drug carrier. Appl. Surf. Sci. 252, 8724–8733 (2006)
- 32. Godec, A., Maver, U., Bele, M., Planinsek, O., Gaberscek, M., Srcic, S., Jamnik, J.: Vitrification from solution in restricted space formation and stabilization of amorphous nifedipine in a silica xerogel carrier. Int. J. Pharm. 343, 131–140 (2007)
- Izquierdo-Barba, I., Martinez, A., Doadrio, A.L., Pérez-Pariente, J., Vallet-Regí, M.: Release evaluation of drugs from ordered three-dimensional silica structures. Eur. J. Pharm. Sci. 26, 365– 373 (2005)
- Doadrio, J.C., Sousa, E.M.B., Izquierdo-Barba, I., Doadrio, A.L., Perez-Pariente, J., Vallet-Regí, M.: Functionalization of mesoporous materials with long alkyl chains as a strategy for controlling drug delivery pattern. J. Mater. Chem. 16, 462–466 (2006)
- Dabrowisk, A.: Adsorption—from theory to practice. Adv. Colloid Interface Sci. 93, 135–224 (2001)
- Andersson, J., Rosenholm, J., Areva, S., Lindén, M.: Influences of material characteristics on ibuprofen drug loading and release profiles from ordered micro and mesoporous silica matrices. Chem. Mater. 16, 4160–4167 (2004)
- Higuchi, T.: Mechanism of sustained action medication: theoretical analysis of rate of release of solid drugs dispersed in solid matrices. J. Pharm. Sci. 52, 207–216 (1963)
- Rôças, I.N., Siqueira, J.F., Santos, K.R.: Association of *Entero*coccus faecalis with different forms on periradicular diseases. J. Endod. **30**, 15–20 (2004)
- Schäfer, E., Bössmann, K.: Antimicrobial efficacy of chlorhexidine and two calcium hydroxide formulations against *Enterococcus faecalis*. J. Endod. **31**, 53–56 (2005)