

Photocatalytic TiO₂ particles confer superior antibacterial effects in a nutrition-rich environment: an *in vitro* study

Takeshi HIURA¹, Hironobu KOSEKI¹, Koutaro SHIRAIISHI¹, Tomohiko ASAHARA¹, Toshiyuki TSURUMOTO¹, Hiroyuki SHINDO¹, Koumei BABA², Hiroshi TAODA³ and Nao TERASAKI⁴

¹ Department of Orthopedic Surgery, Graduate School of Biomedical Science, Nagasaki University; ² Industrial Technology Center of Nagasaki; ³ Materials Research Institute for Sustainable Development, National Institute of Advanced Industrial Science and Technology (AIST); and ⁴ Measurement Solution Research Center, National Institute of Advanced Industrial Science and Technology (AIST)

(Received 21 December 2009; and accepted 8 January 2010)

ABSTRACT

Titanium dioxide (TiO₂) is known to confer photocatalytic bactericidal effects under ultraviolet (UV) irradiation. Few reports are available, however, on the clinical applications of TiO₂ particle mixtures. Our objective in the present research was to evaluate the *in vitro* bactericidal effects of a TiO₂ particle mixture in a nutrition-rich biological environment. A bacterial suspension of *Staphylococcus aureus* and *epidermidis* 3×10^3 CFU/mL was added to a TiO₂ particle mixture (0.038 mg/mL) containing mainly sodium percarbonate and citric acid. To simulate a biological environment, 40 μ L of 10% bovine serum albumin was added and the culture temperature was maintained at 37°C. The resulting product was irradiated by UV light and the bacterial survival rate was calculated for each time of UV irradiation. In the control sample treated with distilled water + UV, the bacteria survived at a high rate even after 180 min. In the TiO₂ mixture + UV sample, meanwhile, the bacterial survival rate dropped to 43.8% and 6.0% of the baseline values in *S. aureus* and *S. epidermidis*, respectively, after 60 min of UV irradiation. The photocatalytic antibacterial action of the TiO₂ particle mixture was high even in a protein-rich biological environment.

Even with careful preventative measures such as disinfection of the surgical field and surgical instruments, postoperative infection appears in 0.14% to 17.3% (9, 15, 18) of patients undergoing orthopedic surgery. Implant-related infections are also common occurrences and are often highly resistant to treatment. Two of the most common pathogenic bacteria responsible for postoperative implant-related infection are *Staphylococcus aureus* (*S. aureus*) and *Staphylococcus epidermidis* (*S. epidermidis*), organisms with a thick cell walls that readily acquire

multidrug resistance by mutation (2, 17). The methicillin-resistant strains of these organisms have an especially high resistance to antibiotic treatment (11). New techniques to prevent postoperative infection would clearly be of great value.

Our group has focused on the photocatalytic application of titanium dioxide (TiO₂) as a technique to reduce the incidence of postoperative infection in orthopedic surgery. On exposure to ultraviolet (UV) irradiation, TiO₂ releases free radicals such as \cdot OH, O₂⁻, and H₂O₂. This potent oxidizing power characteristically results in the lysis of bacteria and other organic substances (5, 6). In a previous paper we described the high photocatalytic antibacterial effects of a TiO₂ particle mixture against *S. aureus* (4). To explore the feasibility of application, we need to evaluate the advantages of TiO₂ in a clinical setting. Yet as of this writing, there have been very few

Address correspondence to: Dr. Hironobu Koseki
Department of Orthopedic Surgery, Graduate School
of Biomedical Science, Nagasaki University, 1-7-1,
Sakamoto, Nagasaki 852-8501, Japan
Tel: +81-95-819-7321, Fax: +81-95-849-7325
E-mail: f2101@cc.nagasaki-u.ac.jp

studies on the antibacterial effects of TiO₂ on simulated postoperative infections in a biological environment. It will be important to conduct such studies, as the protein-rich and high-temperature conditions of biological environments are favorable for bacterial breeding. The objective of this study was to evaluate the photocatalytic antibacterial effects of the TiO₂ particle mixture against *S. aureus* and *S. epidermidis* in a biological environment.

TiO₂ particles (anatase 80%: rutile 20%) were prepared from titanium (IV) chloride gas by the vapor phase method and then annealed. The mean diameter and Brunauer-Emmett-Teller (BET) ratio surface area of the primary particles were 21 nm and 50 m²/g, respectively. Next, a powder was prepared by mixing these TiO₂ particles with other substances, mainly sodium percarbonate and citric acid (Table 1). The sodium percarbonate, an oxidizer, accelerated the photocatalytic chemical reaction by providing a continuous supply of oxide. The citric acid adjusted the aqueous pH to neutral or low alkalinity (pH 8.0). The powder thus prepared was dispersed in distilled water to create a 1.0% mixture containing 38 ppm (0.038 mg/mL) of TiO₂ particles. All solutions and materials were sterilized by autoclaving at 120°C.

S. aureus (strain Seattle 1945) and *S. epidermidis* (ATCC35984) were cultured for 6 h at 37°C, then centrifuged to provide bacteria samples at a concentration of 3 × 10³ CFU/mL (pH 7.0). Forty μL of the bacteria solution was combined with 40 μL of the TiO₂ mixture in a transparent polypropylene conical tube. To simulate a biological environment, 40 μL of 10% bovine serum albumin (Gibco, Invitrogen Japan K.K., Tokyo, Japan) was added and the culture temperature was kept at 37°C. The resulting mixture was irradiated by UV black light (FL15BL-B; NEC, Tokyo, Japan) (illumination, 1.82mW/cm²; wavelength, 352 nm). The bacterial samples in the TiO₂ mixture were diluted with phosphate-buffered saline (PBS), cultured for 24 h with a Compact Dry TC

culture kit (Nissui Pharmaceutical Co., Ltd., Tokyo, Japan), and irradiated by UV. Colony-forming units (CFUs) were counted and the bacterial survival rate was calculated (4). The samples were divided into three groups: Group 1, distilled water + no UV irradiation; Group 2, distilled water + UV irradiation; and Group 3, TiO₂ mixture + UV irradiation. Six replicate experiments were performed for each sample. The results were examined statistically by one-way analysis of variance (ANOVA) in multiple comparisons.

Fig. 1A and 1B show the bacterial survival rates at different irradiation times. The bacteria added to the Group 1 (distilled water + no UV irradiation) samples survived at high rates (mean 117.8% in *S. aureus* and 87.8% in *S. epidermidis*) even after 180 min. This confirmed that the bovine serum albumin and culture temperature (37°C) conferred biological conditions favorable for bacteria breeding. The bacterial survival rates of Group 2 (distilled water + UV irradiation) decreased gradually over time, reaching mean values of 98.5% in *S. aureus* and 66.7% in *S. epidermidis* at 60 min, and 94.2% in *S. aureus* and 50.6% in *S. epidermidis* at 150 min. This decline in bacterial survival in Group 2 was presumably the result of the bactericidal capabilities of the UV itself (16). Many of the sterilization systems now in use for surgical instruments and operating rooms rely on UV irradiation. In Group 3 (TiO₂ mixture + UV irradiation), meanwhile, the bacteria count dropped sharply, reaching 43.8% in *S. aureus* and 6.0% in *S. epidermidis* at 60 min, and 4.0% in *S. aureus* and 1.5% in *S. epidermidis* at 120 min. The inhibition of bacterial survival was significantly greater in the Group 3 samples than in the Group 2 samples after 60 min of irradiation in *S. aureus* and after 30 min of irradiation in *S. epidermidis* (ANOVA: *P* < 0.05). These findings indicate that the photocatalytic action of the TiO₂ particles against *S. aureus* and *S. epidermidis* remained potent even in a nutrition-rich environment advantageous for bacteria.

TiO₂ crystals appear in three forms (rutile, anatase, and brookite), all of which characteristically become semiconductors under UV irradiation. The electrons and positive holes created on the crystal surface react with water and oxygen to form various superoxides. The oxidizing action of TiO₂ is more potent than that of chlorine, hypochlorous acid, or hydrogen peroxide, and is capable of degrading organic substances such as bacteria (5, 6). Several reports have been published on the bactericidal effects of TiO₂ against organisms such as *Escherichia coli*

Table 1 Components of TiO₂ powder

Components	Content (%)
Sodium Percarbonate	37
Metasodium Silicate	6
Citric Acid	31
Sodium Tripolyphosphate	25
Magnesium Silicate	0.5
TiO ₂	0.38

Sodium percarbonate added as an oxidizer accelerates the photocatalytic chemical reaction.

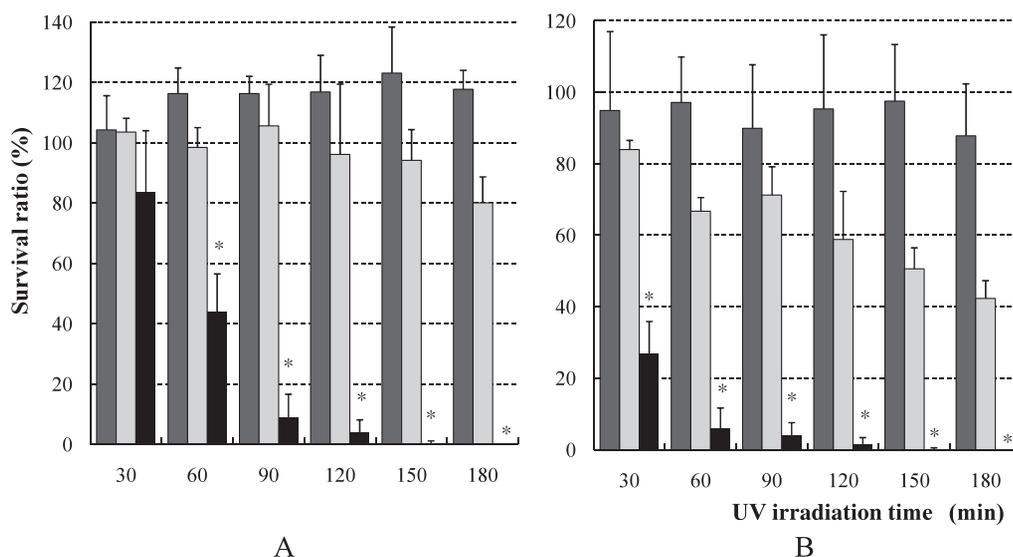


Fig. 1 Bacterial survival rates of *S. aureus* (A) and *S. epidermidis* (B). The inhibition of bacterial survival was significantly greater in Group 3 than in Groups 1 and 2 at irradiation times after 60 min in *S. aureus* and after 30 min in *S. epidermidis* (* $P < 0.05$). ■ Group 1, □ Group 2, ■ Group 3

(5, 8, 10, 12). Little has been done, however, to evaluate the antibacterial and bactericidal effects of TiO₂ particle mixtures for preventing postoperative infections in clinical settings. In the present study we have confirmed that our aqueous mixture of TiO₂ particles exerts photocatalytic antibacterial effects against *S. aureus* and *S. epidermidis*. We expect that it may be possible to eradicate bacteria on contact and inhibit further bacterial proliferation by adding a TiO₂ mixture to washing solutions or by spraying such a mixture onto implant surfaces before implantation in the body. Mixtures of this type may also be useful for the prevention and treatment of strong bacterial biofilms bridged by extracellular polysaccharides.

In clinical application, however, there are concerns about the negative effects of TiO₂ on the human body. Though biocompatible (7, 19), TiO₂ belongs to a class of bioactive materials which can also be potentially biotoxic. By mixing TiO₂ with soluble substances not reported in the previous investigations, our group developed a TiO₂ particle mixture with improved photocatalytic activity at even lower TiO₂ concentrations (0.038 mg/mL). Sodium percarbonate accelerates the photocatalytic chemical reaction by providing a continuous supply of oxide. A more alkaline mixture would permit a higher photocatalytic reaction with TiO₂, but high alkalinity would seriously harm the human body, especially the eyes and skin. For added safety, citric acid is added to adjust the aqueous pH to a neutral or low

alkalinity (pH 8.0).

The negative effects of UV rays on the human body also pose potential problems in clinical application. A good deal of research is underway to resolve this problem using materials with photocatalytic actions triggered by visible light (1, 3, 13, 14). By adjusting the TiO₂ concentration and reacting the TiO₂ with other components, our TiO₂ particles form a chelator which might feasibly shift the absorption spectrum towards visible light spectrums (4). Further research will be needed to evaluate the antibacterial effects of visible light alone.

Our present experiments have revealed that when TiO₂ particles react with oxidizer, they confer superior photocatalytic antibacterial effects against *S. aureus* and *S. epidermidis* even in a nutrition-rich biological environment. Further laboratory or *in vivo* studies under more sophisticated conditions will be required for comprehensive evaluation. In the meantime, these simple configurations with the TiO₂ particle mixture are particularly encouraging for use in the early stages of assessment. Our simple study allowed for greater control over experimental variables and produced fewer artifacts in the results.

REFERENCES

1. Anpo M, Takeuchi M, Ikeue K and Dohshi S (2002) Design and development of titanium oxide photocatalysts operating under visible and UV light irradiation: the applications of metal ion-implantation techniques to semiconducting TiO₂ and Ti/zeolite catalysts. *Curr Opin Solid State Mater Sci* **6**,

- 381–388.
2. Aricola CR, Cervellati M, Pirini V, Gamberini S and Montanaro L (2001) Staphylococci in orthopaedic surgical wounds. *New Microbiol* **24**, 365–369.
 3. Arpac E, Sayilkan F, Asiltürk M, Tatar P, Kiraz N and Sayilkan H (2007) Photocatalytic performance of Sn-doped and undoped TiO₂ nanostructured thin films under UV and vis-lights. *J Hazard Mater* **140**, 69–74.
 4. Asahara T, Koseki H, Tsurumoto T, Shiraishi K, Shindo H, Baba K, Taoda H and Terasaki N (2009) The bactericidal efficacy of a photocatalytic TiO₂ particle mixture with oxidizer against *Staphylococcus aureus*. *Jpn J Infect Dis* **62**, 378–380.
 5. Cho M, Chung H, Choi W and Yoon J (2005) Different inactivation behaviors of MS-2 phage and *Escherichia coli* in TiO₂ photocatalytic disinfection. *Appl Environ Microbiol* **71**, 270–275.
 6. Fujishima A, Tata NR and Donald AT (2000) Titanium dioxide photocatalysis. *J Photochem Photobiol C: Photochem Rev* **1**, 1–21.
 7. Giavaresi G, Ambrosio L, Battiston GA, Casellato U, Gerbasi R, Finia M, Aldini NN, Martini L, Rimondini L and Giardino R (2004) Histomorphometric, ultrastructural and microhardness evaluation of the osseointegration of a nanostructured titanium oxide coating by metal-organic chemical vapour deposition: an in vivo study. *Biomaterials* **25**, 5583–5591.
 8. Ibanez JA, Litter MI and Pizarro RA (2003) Photocatalytic bactericidal effect of TiO₂ on *Enterobacter cloacae*. Comparative study with other Gram(-) bacteria. *J Photochem Photobiol A Chemistry* **157**, 81–85.
 9. Indelli PF, Dillingham M, Fanton G and Schurman DJ (2002) Septic arthritis in postoperative anterior cruciate ligament reconstruction. *Clin Orthop Relat Res* **398**, 182–188.
 10. Kim B, Kim D, Cho D and Cho S (2003) Bactericidal effect of TiO₂ photocatalyst on selected food-borne pathogenic bacteria. *Chemosphere* **52**, 277–281.
 11. Lew DP and Waldvogel FA (1997) Osteomyelitis. *N Engl J Med* **336**, 999–1007.
 12. Maness PC, Smolinski S, Blake DM, Huang Z, Wolfrum EJ and Jacoby WA (1999) Bactericidal activity of photocatalytic TiO₂ reaction: toward an understanding of its killing mechanism. *Appl Environ Microbiol* **65**, 4094–4098.
 13. Mitoraj D, Jańczyk A, Strus M, Kisch H, Stochel G, Heczko PB and Macyk W (2007) Visible light inactivation of bacteria and fungi by modified titanium dioxide. *Photochem Photobiol Sci* **6**, 642–648.
 14. Nie X, Leyland A, Matthews A, Jiang JC and Meletis EI (2001) Effects of solution pH and electrical parameters on hydroxyapatite coatings deposited by a plasma-assisted electrophoresis technique. *J Biomed Mater Res* **57**, 612–618.
 15. Phillips CB, Barrett JA, Losina E, Mahomed NM, Lingard EA, Guadagnoli E, Baron JA, Harris WH, Poss R and Katz JN (2003) Incidence rates of dislocation, pulmonary embolism, and deep infection during the first six months after elective total hip replacement. *J Bone Joint Surg Am* **85-A**, 20–26.
 16. Ritter MA, Olberding EM and Malinzak RA (2007) Ultraviolet lighting during orthopaedic surgery and the rate of infection. *J Bone Joint Surg Am* **89**, 1935–1940.
 17. Sanderson PJ (1991) Infection in orthopaedic implants. *J Host Infect* **18**, 367–375.
 18. Spangehl MJ, Masri BA, O'Connell JX and Duncan CP (1999) Prospective analysis of preoperative and intraoperative investigations for the diagnosis of infection at the sites of two hundred and two revision total hip arthroplasties. *J Bone Joint Surg Am* **81**, 672–683.
 19. Zhu L, Ye X, Tang G, Zhao N, Gong Y, Zhao Y, Zhao J and Zhang X (2006) Corrosion test, cell behavior test, and *in vivo* study of gradient TiO₂ layers produced by compound electrochemical oxidation. *J Biomed Mater Res A* **78**, 515–522.