# ORIGINAL ARTICLE

DMP Spolidorio TA Tardivo J dos Reis Derceli KH Neppelenbroek C Duque LC Spolidorio JR Pires

## Authors' affiliations:

DMP Spolidorio, TA Tardivo, J dos Reis Derceli, LC Spolidorio, Department of Physiology and Pathology, Dental School of Araraquara, State University of São Paulo, Araraquara, SP, Brazil H Neppelenbroek, Department of Prosthodontics, Bauru Dental School, University of São Paulo, Bauru, SP, Brazil C Duque, Department of Dentistry, Federal Fluminense University, Nova Friburgo, Rio de Janeiro, Brazil JR Pires, Educational Foundation of Barretos, Barretos, SP, Brazil

#### Correspondence to:

Denise Madalena Palomari Spolidorio Department of Physiology and Pathology Dental School of Araraquara State University of São Paulo - UNESP Rua Humaitá, 1680, CEP: 14.801-903 Araraquara São Paulo Brazil Tel.: +55 16 3301 6402 Fax: +55 16 3301 6488 E-mail: dmps@foar.unesp.br

#### Dates:

Accepted 28 January 2011

#### To cite this article:

*Int J Dent Hygiene* 9, 2011; 279–283 DOI: 10.1111/j.1601-5037.2011.00503.x Spolidorio DMP, Tardivo TA, dos Reis Derceli J, Neppelenbroek KH, Duque C, Spolidorio LC, Pires JR. Evaluation of two alternative methods for disinfection of toothbrushes and tongue scrapers.

© 2011 John Wiley & Sons A/S

Official Journal of the International Federation of Dental Hygienists

# Evaluation of two alternative methods for disinfection of toothbrushes and tongue scrapers

Abstract: Objective: The aim of this study was to investigate the effectiveness of two alternatives methods for the disinfection of oral cleaning devices. Methods: One type of toothbrush and two types of tongue scrapers (steel and plastic) were tested in this study. Sixteen specimens of each group were cut with standardized dimensions, contaminated separately with Candida albicans, Streptococcus mutans and Staphylococcus aureus and incubated for 24 h. After this, oral cleaning devices were washed in saline solution to remove nonadhered cells and divided into two groups (n = 8), one irradiated in microwave and other immersed in 3.78% sodium perborate solution, and evaluated for microbial recovery. The values of cfu of each group of microorganism after disinfection were compared by Kruskal-Wallis and Dunn non-parametric test, considering 95% of confidence. Results: The toothbrush harboured a significant larger number of viable organisms than the tongue scrapers. The steel tongue scraper was less susceptible to adhesion of the three oral microorganisms. The time required to inactivate all contaminating microorganisms using microwave oven was 1 min and, for the immersion in 3.78% sodium perborate solution, was 2 and 3 h, respectively, for C. albicans and S. mutans/S. aureus. Conclusion: Microwave irradiation proved to be an effective alternative method to the disinfection of tongue cleaners and toothbrushes.

**Key words:** disinfection; microwaves; sodium perborate; tongue scrapers; toothbrushes

# Introduction

Oral cavity harboured over 700 different bacterial species, besides fungi and transient microorganisms, that may or may not cause infectious diseases (1). The anatomical features of tongue dorsum promote the accumulation of food remnants, exfoliated cells, saliva components that can act as substrates to metabolism and growth of these microorganisms (2, 3). Volatile molecules are end products of bacterial metabolism that contribute to oral malodour, by putrefaction of sulphur-containing proteins, peptides and amino acids (2, 3). Tongue cleaning using a toothbrush or tongue scraper is recommended to remove oral debris and reduce microorganism proliferation (3, 4). After use, cleaning devices gets contaminated and, if are not disinfected, may be a reservoir of microorganisms that maintain their viability for a significant amount of time, ranging 24 h to 7 days (5–9). Microbial survival promotes reintroduction of potential pathogens in the oral cavity or dissemination to other individuals when cleaning devices are stored together or shared (10, 11). Consequently, this contamination may cause septicaemia and induce respiratory, gastrointestinal, cardiovascular and renal problems when carried pathogenic microorganisms (12).

Some studies have suggested the need for toothbrush disinfection to reduce remaining microbiota using different methods, including chemical agents (5, 13-17) and ultraviolet (UV) radiation (18). UV sanitizers eliminate almost 100% of the pathogens in <3 min (10, 18), but they are still very expensive to be indicated for general population. Among the chemical agents, chlorhexidine gluconate solutions (0.12%) have proved efficient toothbrush disinfection eliminating Streptococcus mutans (5, 16), Candida albicans, Staphylococcus aureus and Streptococcus pyogenes in 10 min (16). Antiseptic solutions such as sodium perborate, indicated for the cleansing of prostheses and orthodontic appliances, have demonstrated a significant reduction in some pathogenic microorganisms in relation to control without antimicrobials, but much less effective than chlorhexidine (19). Tongue scrapers are widely used in routine oral hygiene practices and present good results in reducing bacterial load and production of volatile sulphur compounds that cause halitosis (3, 17). However, no study has investigated the efficacy of disinfection methods of these devices when colonized by oral pathogens.

Microwave irradiation is extremely effective on microbial elimination and has been used to sterilize removable dentures contaminated with *Staphylococcus epidermidis, Staphylococcus aureus, Klebsiella pneumoniae, Bacillus subtilis* and *Candida albicans* after irradiation for 6–10 min (20–22). For toothbrushes and tongue scrapers, microwave irradiation could be a practice and low-cost disinfection method. The aim of this study was to investigate the effectiveness of two alternatives methods for disinfection of oral cleaning devices.

#### Materials and methods

#### Specimens

Steel (Berinox, São Carlos, SP, Brazil) and plastic ("Odonto-B", Odontobrindes, São Paulo, SP, Brazil) tongue scrapers and adult toothbrushes (Colgate-Palmolive Ind. e Com. Ltda., São Bernardo do Campo, SP, Brazil) were tested. Both scrapers and toothbrushes were cut into 1-cm-long specimens and sterilized with ultraviolet light for 15 min. Each group was composed by sixteen specimens.

#### Microorganisms and growth media

Streptococcus mutans (ATCC 25175) was cultured in brain heart infusion broth (BHI, Acumedia, Michigan-EUA) anaerobically in candle jars at 37°C for 24 h. *Candida albicans* (ATCC 18804) and *Staphylococcus aureus* (ATCC 6538) were cultivated in Mueller–Hinton broth (MH, Acumedia, Michigan-EUA) aerobically at 37°C for 24 h. Microbial cultures were harvested for 10 min at 3500 g, and the pellet was washed twice in sterile

phosphate-buffered saline. The microorganisms were then suspended in culture media and adjusted to about  $10^7$  colony-forming units (cfu) per ml, which was estimated using a spectrophotometer (BioPhotometer Eppendorf, AG 22331 Hamburg, Germany) and confirmed by plating in specific culture media for 24 h. Growth curves of each microorganism were obtained to determine the optic density (Abs = 600 nm) that corresponds to  $10^7$  cfu ml<sup>-1</sup>.

#### **Biofilm production**

After UV exposure, two specimens were inserted in culture medium and maintained for 48 h to verify the efficacy of sterilization. Standard suspensions of  $10^7$  CFU ml<sup>-1</sup> of *C. albicans*, *S. mutans* or *S. aureus* in culture medium were added separately in sterile 24-well plates. One specimen of the tongue cleaner fragments was inserted in each well to be contaminated, totalizing 16 specimens per group. The plates were then incubated in candle jars for *S. mutans* and aerobically for *C. albicans* and *S. aureus* at 37°C on an orbital shaker to allow the microorganisms to adhere to the specimens. After 24 h, specimens were transferred to another well and washed twice in sterile PBS to remove unattached microorganisms.

#### Specimen disinfection

The tongue cleaners were divided in two groups with eight specimens each and submitted to a two methods of disinfection: microwave irradiation and immersion in 3.78% sodium perborate solution. Other eight specimens were used as control and do not submitted to disinfection methods (time 0). For the first technique method, introduced by Neppelenbroek (23), contaminated specimens were individually et al. immersed in 200 ml of sterile distilled water and irradiated for 30 s and 1 min at 650 W in a domestic microwave oven (Sensor Crisp 38 DES; Brastemp, Manaus, AM, Brazil) to identify the minimum amount of time needed to disinfect the specimens by microwave irradiation. For the chemical disinfection, developed by Pavarina et al. (19), specimens contaminated with each microorganism were immersed in separate aliquots of perborate solution for 1, 2, 3 and 6 h to determine the minimum amount of time needed for disinfection in this solution. After the physical and chemical disinfection trials, specimens were washed three times in sterile phosphate-buffered saline, transferred to tubes containing 4.5 ml of sterile PBS and sonicated for 20 min to release the adhering microorganisms. The resultant suspension was serially diluted and spread on Sabouraud dextrose agar for C. albicans, mannitol-salt agar for S. aureus and sucrose-bacitracin (SB-20) agar for S. mutans. Plates were incubated for 48 h at 37°C in the atmospheric conditions described above. After this period, colonies were counted, and data obtained were converted into UFC ml<sup>-1</sup>. The results obtained for each tongue cleaner group in different times were submitted to Kruskal-Wallis and Dunn non-parametrical tests at 95% confidence level, using the statistical program SPSS Statistics 17.0 (IBM Inc., Chicago, IL, USA).

## Results

Tables 1 and 2 show medians (range) obtained for microbial counting after microwave and chemical method applications, respectively. Time 0 represents data obtained for non-disinfected specimens (control group). The toothbrush carried a larger number of viable microorganisms than either of the tongue scrapers ( $P \le 0.05$ ). Stainless steel scrapers were less colonized by all tested microorganisms when compared to plastic scrapers ( $P \le 0.05$ ). All microorganisms were inactivated after 1-min microwave exposure. *S. mutans* and *S. aureus* were eradicated from the specimens after 3 h of immersion in 3.78% sodium perborate. For *C. albicans*, this disinfectant was effective after 2 h.

## Discussion

Tongue harbours a bacterial coating that may be a source for volatile sulphur compounds that are the major components of the oral malodour, mainly associated with gingivitis and periodontitis (24). To cleaning this site, tongue scrapers have been developed with specific forms to adjust to the anatomy of the tongue and gained new importance among the oral hygiene devices. Although most of the patients use toothbrushes to clean the tongue, yet it has been stated that using a regular toothbrush for tongue cleaning is inferior for removing debris and microorganisms from the tongue compared to scraping tools (25, 26). Some investigators showed the efficacy in reducing volatile sulphur compounds of tongue scrapers associated or not with toothbrushes when compared to toothbrush alone (17, 26, 27). Anyway, both tongue scrapers and toothbrushes may carry large quantities of viable pathogenic microorganisms after use. In this present study, the toothbrush carried significantly higher numbers of viable organisms than the tongue scrapers. Variation in microbial adhesion to the specimens may be attributable to morphological differences and the adhesionspecific features of each strain (27). Previous studies have described microbial adhesion to tongue cleaners and toothbrushes (6, 28, 29). Spolidorio et al. (6) demonstrated that a toothbrush's surface provides favourable conditions for microbial adhesion, thus actuating as a reservoir for pathogens. Toothbrushes may be contaminated by streptococci for long periods, making them potential vehicles for bacterial transmission (29, 30). Scrapers are made from various materials, including stainless steel- and polystyrene-based injection-moulded plastic. Saliva is capable of contaminating metal or plastic for a considerable length of time (28). This study showed that C. albicans, S. aureus and S. mutans can adhere in both types of tongue scrapers, but the stainless steel was less susceptible to microbial colonization. Strongest microbial adhesion is related to roughness and hydrophobicity of material surface (31). It was suggested that because steel is considered less rough and hydrophobic when compared to plastic material, it causes less bacterial colonization.

Disinfection of plastic and metal tongue cleaners by microwave irradiation for 1 min at 650W was successful for all tested microorganisms, because no microbial growth was seen in any of the experimental groups. Neppelenbroek et al. (22, 23) and Silva et al. (32) evaluated this method to disinfected complete dentures and observed that appropriate microwave irradiation was effective not only for disinfection but also for sterilization of acrylic resins. Studies evaluating this method for tongue cleaners, including scrapers and toothbrushes, were not found. The mechanism by which this irradiation method eliminates microorganisms is still unclear, but some authors have hypothesized that the heat generated causes sterilization (33-36). However, other studies have suggested that additional factors may also be responsible for disinfection (20, 21, 34, 37). For example, specific microwave frequencies may be absorbed by certain important biological molecules, such as nucleic acids, causing cell death. Other possible mechanisms include changes in the selective permeability and molecular resonance of cell membranes, with the latter resulting in cleavage (20, 37).

Table 1. Median (range) of microorganisms (UFC ml<sup>-1</sup> × 10<sup>4</sup>) surviving after exposure to microwave radiation

Time (s)	Plastic scraper			Steel scraper			Toothbrush		
	Ca	Sm	Sa	Ca	Sm	Sa	Ca	Sm	Sa
0 30 60	$\begin{array}{c} 0.34~(0.3-0.4)^{a}\\ 0~(0{-}0.3)^{b}\\ 0~(0)^{c} \end{array}$	0.4 (0.3–0.5) <sup>a</sup> 0 (0–0.5) <sup>b</sup> 0 (0) <sup>c</sup>		0.12 (0.1–0.16) <sup>a</sup> 0 (0–0.1) <sup>b</sup> 0 (0) <sup>c</sup>	0.1 (0.06–0.2) <sup>a</sup> 0 (0–0.18) <sup>b</sup> 0 (0) <sup>c</sup>	0.22 (0.18–0.24) <sup>a</sup> 0 (0–0.2) <sup>b</sup> 0 (0) <sup>c</sup>	1.3 (1.2–6.2) <sup>a</sup> 1.55 (0.8–3) <sup>b</sup> 0 (0) <sup>c</sup>		940 (150–2700) <sup>a</sup> 0.08 (0.016–0.27) <sup>b</sup> 0 (0) <sup>c</sup>

Different superscript letters in the columns denote statistical difference in the frequency of microorganisms among the tested periods (Kruskal–Wallis and Dunn tests, P ≤ 0.05). Ca, C. albicans; Sm, S. mutans; Sa, S. aureus.

Time (h)	Plastic scraper			Steel scraper			Toothbrush		
	Ca	Sm	Sa	Ca	Sm	Sa	Ca	Sm	Sa
0 1 2 3	$\begin{array}{c} 0.34 \ (0.3-0.4)^a \\ 0 \ (0-0.7)^b \\ 0 \ (0)^c \\ 0 \ (0)^c \end{array}$	0.4 (0.3–0.5) <sup>a</sup> 0.4 (0.3–0.5) <sup>a</sup> 1.03 (0.12–3) <sup>b</sup> 0 (0) <sup>d</sup>	12 (1.9–26) <sup>a</sup> 12 (1.9–26) <sup>a</sup> 2 (1.6–2.5) <sup>b</sup> 0 (0) <sup>c</sup>	0.12 (0.1–0.16) <sup>a</sup> 0 (0–0.1) <sup>b</sup> 0 (0) <sup>c</sup> 0 (0) <sup>c</sup>	0.1 (0.06–0.2) <sup>a</sup> 0.1 (0.06–0.2) <sup>a</sup> 0.03 (0–1) <sup>b</sup> 0 (0) <sup>c</sup>	0.22 (0.18–0.24) <sup>a</sup> 0.22 (0.18–0.24) <sup>a</sup> 0.06 (0–0.8) <sup>b</sup> 0 (0) <sup>c</sup>	1.3 (1.2–6.2) <sup>a</sup> 2.9 (0.12–5) <sup>b</sup> 0 (0) <sup>c</sup> 0 (0) <sup>c</sup>	190 (160–210) <sup>a</sup> 190 (160–210) <sup>a</sup> 21 <sup>b</sup> (2.4–160) 0 (0) <sup>c</sup>	940 (150–2700) <sup>a</sup> 940 (150–2700) <sup>a</sup> 1.26(0.18–4.3) <sup>b</sup> 0 (0) <sup>c</sup>

Different superscript letters in the columns denote statistical difference in the frequency of microorganisms among the tested periods (Kruskal–Wallis and Dunn tests, P ≤ 0.05). Ca, C. albicans; Sm, S. mutans; Sa, S. aureus.

Immersion of tongue cleaners in 3.78% sodium perborate solution has been also investigated (19). It has been reported that products based on alkali peroxides, such as sodium perborate, liberate oxygen on contact with water, resulting in effervescence that has a mechanical cleansing effect. Additionally, these substances are powerful oxidizing agents, resulting in potent antimicrobial effects (38). In this study, two tongue scrapers and a toothbrush were successfully disinfected by immersion in sodium perborate for 2 h for C. albicans and 3 h for S. mutans and S. aureus. Results from earlier studies have showed similar chemical products based in alkaline peroxides, effectively disinfecting dentures after more than 30 min of immersion (39, 40). Another study has reported that biofilm formation on the surface of complete dentures was greatly reduced following immersion in 3.78% sodium perborate for 10 min (19). Paranhos et al. (41) also evaluated the immersion of acrylic specimens in an alkaline peroxide solution followed by brushing with a dentifrice and observed a reduction in CFU for biofilms of S. aureus, S. mutans and P. aeruginosa. Recently, Komiyama et al.(16) evaluated 0.12% chlorhexidine digluconate, 50% white vinegar, a triclosan-containing dentifrice solution and a perborate-based tablet solution for the disinfection of toothbrushes. These investigators observed that sodium perborate was the less effective against Streptococcus mutans, Streptococcus pyogenes, Staphylococcus aureus or Candida albicans. Triclosan and chlorhexidine solutions reduced significantly all tested microorganisms, and vinegar reduced some of them. Other studies proved the high efficacy of chlorhexidine to clean toothbrushes (15, 16), but this substance is considered expensive, thus limiting its widespread use by population (16). For tongue scrapers' disinfection, no chemical solution was tested yet.

It was concluded that the steel tongue scraper is less susceptible to the adhesion of the tested microorganisms (C. albicans, S. mutans and S. aureus). This study also determined that microwave irradiation proved to be an effective alternative method to the disinfection of tongue cleaners and tooth-brushes.

# Conflict of interest

The authors declare that they have no conflict of interests.

## References

- 1 Paster BJ, Boches SK, Galvin JL *et al.* Bacterial diversity in human subgingival plaque. *J Bacteriol* 2001; **183**: 3770–3783.
- 2 Loesche WJ, Kazor C. Microbiology and treatment of halitosis. *Periodontol 2000* 2002; 28: 256–279.
- 3 Bordas A, McNab R, Staples AM, Bowman J, Kanapka J, Bosma MP. Impact of different tongue cleaning methods on the bacterial load of the tongue dorsum. *Arch Oral Biol* 2008; 53(Suppl 1): S-13.
- 4 Sammons RL, Kaur D, Neal P. Bacterial survival and biofilm formation on conventional and antibacterial toothbrushes. *Biofilms* 2004; 1: 123–130.

- 5 Nelson-Filho P, Faria G, da Silva RA, Rossi MA, Ito IY. Evaluation of the contamination and disinfection methods of toothbrushes used by 24- to 48-month-old children. J Dent Child 2006; 73: 152– 158.
- 6 Spolidorio DMP, Goto E, Negrini TC, Spolidorio LC. Viability of *Streptococcus mutans* on transparent and opaque toothbrushes. *J Dent Hyg* 2003 Spring; 77: 114–117.
- 7 Feo M. Survival and disinfection of *Candida albicans* on toothbrushes. *Mycopathologia* 1981; 74: 129–134.
- 8 Svanberg M. Contamination of toothpaste and toothbrush by Streptococcus mutans. Scand J Dent Res 1978; 86: 412–414.
- 9 Glass RT, Jensen HG. More on the contaminated toothbrush: the viral story. *Quintessence Int* 1988; **19**: 713–716.
- 10 Ankola AV, Hebbal M, Eshwar S. How clean is the toothbrush that cleans your tooth? *Int J Dent Hyg* 2009; **7:** 237–240.
- 11 Newbrun E. Preventing dental caries: breaking the chain of transmission. J Am Dent Assoc 1992; 123: 55–59.
- 12 Glass RT. The infected toothbrush, the infected denture and transmission of disease: a review. *Compendium* 1992; 13: 592–598.
- 13 Yokosuka N, Tanaka T, Ebisudani K, Iwai T. Studies on bacterial contamination of chlorhexidine coated filaments of the toothbrush. *Nippon Shishubyo Gakkai Kaishi* 1989; **31:** 960–969.
- 14 Caudry SD, Klitorinos A, Chan ECS. Contaminated toothbrushes and their disinfection. J Can Dent Assoc 1995; 61: 511-516.
- 15 Nelson Filho P, Macari S, Faria G, Assed S, Ito IY. Microbial contamination of toothbrushes and their decontamination. *Pediatr Dent* 2000; 22: 381–384.
- 16 Komiyama EY, Back-Brito GN, Balducci I, Koga-Ito CY. Evaluation of alternative methods for the disinfection of toothbrushes. *Braz Oral Res* 2010; 24: 28–33.
- 17 Pedrazzi V, Sato S, de Mattos Mda G, Lara EH, Panzeri H. Tongue-cleaning methods: a comparative clinical trial employing a toothbrush and a tongue scraper. J Periodontol 2004; 75: 1009–1012.
- 18 Glass RT, Jensen HG. The effectiveness of a UV toothbrush sanitizing device in reducing the number of bacteria, yeasts and viruses on toothbrushes. J Okla Dent Assoc 1994; 84: 24–28.
- 19 Pavarina AC, Pizzolitto AC, Machado AL, Vergani CE, Giampaolo ET. An infection control protocol: effectiveness of immersion solutions to reduce the microbial growth on dental prostheses. *J Oral Rehabil* 2003; **30**: 532–536.
- 20 Culkin KA, Fung DYC. Destruction of *Escherichia coli* and *Salmo-nella typhimurium* in microwave-cooked soups. J Milk Food Technol 1975; 38: 8–15.
- 21 Rohrer MD, Bulard RA. Microwave sterilization. J Am Dent Assoc 1985; 110: 194–198.
- 22 Neppelenbroek KH, Pavarina AC, Palomari Spolidorio DM, Sgavioli Massucato EM, Spolidorio LC, Vergani CE. Effectiveness of microwave disinfection of complete dentures on the treatment of *Candida*related denture stomatitis. *J Oral Rehabil* 2008; **35**: 836–846.
- 23 Neppelenbroek KH, Pavarina AC, Spolidorio DM, Vergani CE, Mima EG, Machado AL. Effectiveness of microwave sterilization on three hard chairside reline resins. *Int J Prosthodont* 2003; 16: 616– 620.
- 24 Ratcliff PA, Johnson PW. The relationship between oral malodor, gingivitis, and periodontitis. A review. *J Periodontol* 1999; **70**: 485– 489.
- 25 Christensen GJ. Why clean your tongue? J Am Dent Assoc 1998; 129: 1605–1607.
- 26 Outhouse TL, Fedorowicz Z, Keenan JV, Al-Alawi R. A Cochrane systematic review finds tongue scrapers have short-term efficacy in

controlling halitosis. Gen Dent 2006; 54: 352-359. 360, 367-8; quiz 360.

- 27 Seemann R, Kison A, Bizhang M, Zimmer S. Effectiveness of mechanical tongue cleaning on oral levels of volatile sulfur compounds. J Am Dent Assoc 2001; 132: 1263–1267.
- 28 Glass RT, Lare MM. Toothbrush contamination: a potential health risk? *Quintessence Int* 1986; **17**: 39–42.
- 29 Alaluusua S. Transmission of mutans streptococci. Proc Finn Dent Soc 1991; 87: 443–447.
- 30 Brook I, Gober AE. Persistence of group A β-hemolytic streptococci in toothbrushes and removable orthodontic appliances following treatment of pharingotonsillitis. Arch Otolaryngol Head Neck Surg 1998; 124: 993–995.
- 31 Mei L, Busscher HJ, van der Mei HC, Chen Y, de Vries J, Ren Y. Oral bacterial adhesion forces to biomaterial surfaces constituting the bracket-adhesive-enamel junction in orthodontic treatment. *Eur J Oral Sci* 2009; **117**: 419–426.
- 32 Silva MM, Vergani CE, Giampaolo ET, Neppelenbroek KH, Spolidorio DM, Machado AL. Effectiveness of microwave irradiation on the disinfection of complete dentures. *Int J Prosthodont* 2006; **19**: 288–293.
- 33 Fitzpatrick JA, Kwao-Paul J, Massey J. Sterilization of bacteria by means of microwave heating. J Clin Eng 1978; 3: 44–47.

- 34 Jeng DK, Kaczmarek KA, Woodworth AG, Balasky G. Mechanism of microwave sterilization in the dry state. *Appl Environ Microbiol* 1987; 53: 2133–2137.
- 35 Yeo CB, Watson IA, Stewart-Tull DE, Koh VH. Heat transfer analysis of *Staphylococcus aureus* on stainless steel with microwave radiation. J Appl Microbiol 1999; 87: 396–401.
- 36 Hiti K, Walochnik J, Faschinger C, Haller-Schober EM, Aspock H. Microware treatment of contact lens cases contaminated with acanthamoeba. *Cornea* 2001; 20: 467–470.
- 37 Watanabe K, Kakita Y, Kashige N, Miake F, Tsukiji T. Effect of ionic strength on the inactivation of micro-organisms by microwave irradiation. *Lett Appl Microbiol* 2000; **31:** 52–56.
- 38 Budtz-Jorgensen E. Materials end methods for cleaning dentures. J Prosthet Dent 1979; 42: 619–623.
- 39 Augsburger RH, Elahi JM. Evaluation of seven proprietary denture cleansers. J Prosthet Dent 1982; 47: 356–359.
- 40 Budtz-Jørgensen E, Kelstrup J, Poulsen S. Reduction of formation of denture plaque by a protease (Alcalase). *Acta Odontol Scand* 1983; 41: 93–98.
- 41 Paranhos HF, Silva-Lovato CH, de Souza RF *et al.* Effect of three methods for cleaning dentures on biofilms formed *in vitro* on acrylic resin. J Prosthodont 2009; 18: 427–431.

Copyright of International Journal of Dental Hygiene is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.