

Research Article

Development and Characterization of Antimicrobial Nanocoating's for Titanium Dental Implants to Prevent Peri-Implantitis and Improve Osseointegration

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**ABSTRACT**

The main cause of peri-implantitis, a serious complication in dental implantology, is bacterial colonization and biofilm formation on implant surfaces, which results in inflammation and bone loss. The current range of treatments, such as antibiotic medication and mechanical debridement, is frequently insufficient to completely eradicate the infection and stop it from returning. By creating and analyzing antimicrobial nanocoatings for titanium dental implants, this project seeks to address this difficulty by reducing the risk of peri-implantitis and enhancing osseointegration. Three goals are being pursued by this research: first, antimicrobial nanocoatings on titanium implants will be synthesized and applied using agents like gentamicin, chitosan, and silver nanoparticles; second, these coatings' physicochemical characteristics and antimicrobial efficacy will be characterized; and third, their potential to improve osseointegration will be assessed. In order to evaluate surface shape and chemical content, the nanocoatings were fully characterized utilizing methods such as energy dispersive spectroscopy (EDS), X-ray photoelectron spectroscopy (XPS), atomic force microscopy (AFM), and scanning electron microscopy (SEM). In order to evaluate surface shape and chemical content, the nanocoatings were fully characterized utilizing methods such as energy dispersive spectroscopy (EDS), X-ray photoelectron spectroscopy (XPS), atomic force microscopy (AFM), and scanning electron microscopy (SEM). The findings suggest that antibacterial nanocoatings improve the osseointegration of titanium dental implants while simultaneously lowering the incidence of peri-implantitis. These results imply that by providing a proactive strategy for infection control and bone integration, incorporating antimicrobial nanocoatings into the conventional dental implant production process could completely transform implantology. It is advised that more research be done, including in vivo investigations and clinical trials, in order to corroborate these results and expedite the practical implementation of this technology, ultimately leading to better patient outcomes and longer implant lifespans.

1. INTRODUCTION

When it comes to restoring lost teeth, dental implants have completely changed restorative dentistry[1]. They are more dependable than traditional dentures and bridges and produce results that are more aesthetically pleasing[2]. Because of their superior mechanical strength, corrosion resistance, and biocompatibility, titanium dental implants in particular are highly preferred[3]. Through a process called osseointegration, in which bone cells attach to the implant surface and form a strong and long-lasting link, these implants integrate well with the jawbone. Dental implants do have certain drawbacks, nevertheless, in spite of these benefits[4]. Peri-implantitis, an inflammatory disease that affects the soft and hard tissues around dental implants, is one of the biggest problems in dental implantology[5]. Inflammation and the loss of supporting bone are hallmarks of peri-implantitis, which can result in implant failure if left untreated[6]. Between 10% and 50% of implant patients have peri-implantitis, which is a significant clinical problem[7]. In order to trigger an immune response and subsequent bone resorption, bacterial colonization and biofilm formation on the implant surface are the primary causes of this disorder [8]. The current state of treatment alternatives, such as antibiotic medication and mechanical debridement, frequently falls short of fully eliminating the infection and avoiding its recurrence. Consequently, novel approaches are desperately needed to guarantee the long-term viability of dental implants and to prevent peri-implantitis. This work attempts

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to create and characterize antimicrobial nanocoatings for titanium dental implants in order to overcome this difficulty [9]. By delivering a localized, persistent release of antimicrobial agents, nanotechnology presents a possible method to improve the surface characteristics of implants and prevent bacterial colonization and biofilm development. This study has three specific goals: first, to create and apply antimicrobial nanocoatings on titanium implants; second, to describe the coatings' physicochemical characteristics and antimicrobial effectiveness; and third, to assess the coatings' potential to improve osseointegration[10]. By fulfilling these goals, this research hopes to further dental implant technology by providing a fresh approach to lessen peri-implantitis and increase implant longevity. In order to identify gaps in knowledge and future directions for research, this paper will first examine the literature on peri-implantitis, titanium dental implants, and antimicrobial nanocoatings. The materials and techniques utilized in the creation and characterization of the nanocoatings will next be covered in detail [11]. The results of the osseointegration and antimicrobial efficacy investigations will be presented in the results section and discussed in relation to their potential therapeutic applications. Lastly, the conclusion will provide an overview of the main findings and recommend further lines of inquiry[12].

The progression from healthy bone integration with a titanium (Ti) implant to the emergence of biofilm formation and eventual osteonecrosis is depicted in Figure 1. In order to inhibit the production of biofilm and stop osteonecrosis, it outlines four primary antibacterial modification techniques: (1) light-induced reactive oxygen species (ROS) generating coatings, used in photodynamic therapy; (2) coatings with natural antibacterial agents, which use photothermal therapy; (3) coatings with unnatural polymers, which can be used as sterilization or anti-biofouling coatings; and (4) intelligent controlled release antibacterial coatings, which react to changes in temperature and pH[13]. These techniques are intended to prevent the growth of bacteria, improve osseointegration, and preserve the integrity of the surrounding bone tissue.

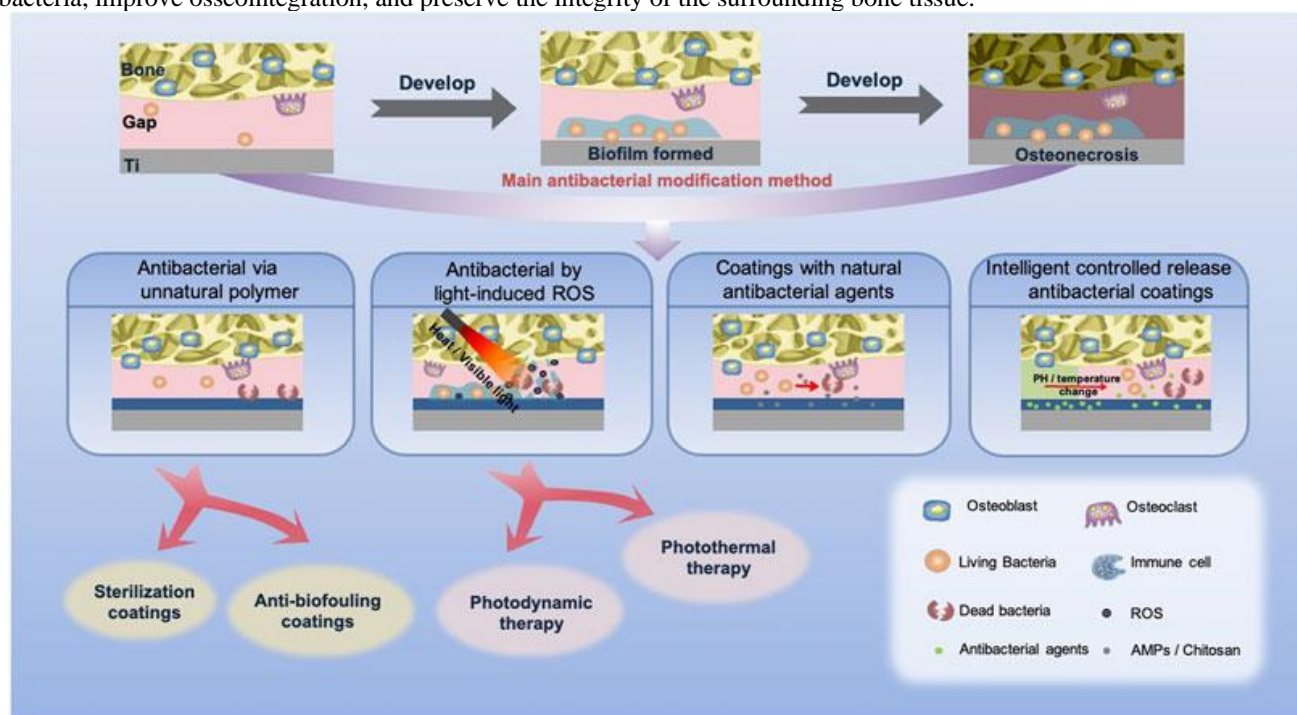


Fig 1 .Strategies for Antibacterial Modification of Titanium Implants to Prevent Biofilm Formation and Osteonecrosis

By creating and analyzing antimicrobial nanocoatings for titanium dental implants, this work significantly advances the science of dental implantology in multiple ways[14]. First off, the study presents novel antimicrobial nanocoatings that are intended to offer an extended release of antimicrobial chemicals, hence minimizing the growth of biofilms and bacterial colonization on the surface of implants. This development is anticipated to improve patient outcomes by addressing the common problem of peri-implantitis[15]. To improve osseointegration, the study also modifies the surface characteristics of titanium implants. The study highlights how these antimicrobial nanocoatings can promote osteoblast adhesion and development, which could increase dental implant durability and success rates overall. A thorough characterization of the created nanocoatings is also provided by the study, along with in-depth evaluations of their physicochemical characteristics, antibacterial effectiveness, and biocompatibility via extensive in vitro testing[16]. The findings suggest a useful and realistic strategy to reduce peri-implantitis and improve dental implant technology, which has important therapeutic ramifications[17].

This research has a variety of goals. The principal objective is to create and implement antimicrobial nanocoatings on titanium dental implants through the utilization of biocompatible and potent antimicrobial agents, guaranteeing the stability and longevity of the implants in oral environments. Conducting a comprehensive assessment of the nanocoatings is another important goal[18]. This involves evaluating the mechanical, chemical, and surface morphology as well as the antimicrobial

agents' release profile and long-term stability. The study also seeks to evaluate the antimicrobial efficacy of the nanocoatings against a range of oral pathogens, particularly those associated with peri-implantitis, and to compare the antimicrobial performance of coated versus uncoated titanium surfaces[19]. Furthermore, the research aims to assess the potential of these nanocoatings in enhancing osseointegration through in vitro studies, focusing on their interactions with osteoblasts, including cell adhesion, proliferation, and differentiation. Finally, the study explores the clinical relevance of using antimicrobial nanocoatings to prevent peri-implantitis and improve dental implant success rates, providing recommendations for future research and potential clinical applications based on the findings[20].

2. LITERATURE REVIEW

Inflammation of the soft tissues and increasing loss of bone around dental implants are the hallmarks of peri-implantitis, a serious complication in dental implantology. A complicated interaction between microbial, host, and environmental variables is involved in the etiology of peri-implantitis [21]. The main causes of the inflammatory response that might result in tissue death and bone resorption are bacterial colonization and biofilm formation on the implant surface. The development of peri-implantitis is frequently linked to pathogenic microorganisms like *Porphyromonas gingivalis* and *Staphylococcus aureus*[22]. The use of antibiotics and antiseptics, surgical procedures, and mechanical debridement are the current methods for treating and preventing peri-implantitis. Antibiotic resistance and the possibility of insufficient infection elimination, however, frequently place restrictions on these methods. In order to provide more durable and effective treatments, novel approaches are being investigated, such as antimicrobial coatings for implants. Because of titanium's superior mechanical strength, corrosion resistance, and biocompatibility, it is frequently utilized in dental implants. It is the perfect material for dental restorations because of its capacity to osseointegrate, or connect directly with bone tissue[23]. Nonetheless, there are a number of difficulties in caring for titanium implants in the oral cavity. The implant surface is constantly subjected to microbial colonization, mechanical stress, and biochemical interactions in the mouth cavity, which is a dynamic and complex ecosystem. The integrity of the implant and the tissues around it may be jeopardized by these elements. Furthermore, biofilm development on titanium surfaces can result in peri-implantitis, which is a serious risk to the implant's durability[24]. To overcome these obstacles, titanium implant's antibacterial capabilities and biocompatibility must be improved through sophisticated surface changes. With its novel approaches to improving the functionality of medical equipment, such as dental implants, nanotechnology has become a very promising field in biomedical applications. The purpose of antimicrobial nanocoatings is to stop bacteria from sticking to implant surfaces and growing biofilms. Antimicrobial compounds with distinct modes of action, including chitosan, antibiotics, and silver nanoparticles, can be utilized to create these coatings[25]. For example, ions released by silver nanoparticles damage bacterial cell membranes and disturb their metabolic activities. A naturally occurring biopolymer with antibacterial qualities, chitosan binds to bacterial cell walls to stop their growth. Antibiotics that are included into nanocoatings offer a regulated release of antimicrobial compounds that efficiently lowers the bacterial burden over time. These antimicrobial nanocoatings have a variety of modes of action, from physically upsetting bacterial cells to releasing reactive oxygen species that harm microbial DNA. Antimicrobial nanocoatings have the potential to significantly increase the longevity and success of titanium dental implants by reducing peri-implantitis and fostering improved osseointegration by utilizing these cutting-edge materials and technology[26].

TABLE I. CURRENT PROBLEM AND BEST SOLUTIONS FOR DENTAL IMPLANTS

Current Problem	Best Solutions
Peri-implantitis: Inflammatory condition caused by bacterial colonization and biofilm formation on implant surfaces, leading to tissue inflammation and bone loss.	Antimicrobial Nanocoatings: Advanced coatings providing sustained release of antimicrobial agents to prevent bacterial colonization and biofilm formation.
Resistance to Conventional Treatments: Mechanical debridement, antiseptic rinses, and antibiotics often fail to completely eradicate bacterial biofilms and prevent recolonization.	Silver Nanoparticles: Release silver ions gradually, maintaining an environment hostile to bacterial growth over extended periods.
Biofilm Resilience: Biofilms are structured bacterial communities that are highly resistant to conventional treatments, making them difficult to remove once established.	Chitosan Coatings: Utilize a natural biopolymer with intrinsic antimicrobial properties that prevent bacterial adhesion and promote wound healing and tissue regeneration.
Incomplete Bacterial Removal and Recolonization: Existing treatments do not adequately prevent the reformation of biofilms, posing a risk for long-term implant success.	Antibiotic-Loaded Nanocoatings: Provide targeted delivery and controlled release of antibiotics, ensuring effective bacterial eradication while minimizing systemic side effects and resistance development.
Development of Antibiotic Resistance: Overuse of antibiotics in treatment leads to resistance, reducing the effectiveness of these drugs over time.	Intelligent Controlled Release Coatings: Respond to environmental stimuli (e.g., pH and temperature changes) to release antimicrobial agents in response to early signs of infection, offering a timely and effective defense against bacterial colonization.
Maintenance of Implant Surface Integrity: Continuous exposure to microbial colonization, mechanical stress, and biochemical interactions can compromise implant integrity.	Surface Property Enhancements: Improve the biocompatibility and mechanical properties of titanium implants through advanced surface modifications to support better osseointegration and tissue health.

By utilizing cutting-edge materials and technology, these solutions overcome the shortcomings of the present therapeutic and preventive approaches, providing workable and efficient methods for reducing peri-implantitis and raising the success rates of dental implants.

3. MATERIALS AND METHODS

3.1 Nanocoating Development

The selection of antimicrobial agents for nanocoating development is a critical step aimed at ensuring both efficacy and biocompatibility. Various antimicrobial agents such as silver nanoparticles, chitosan, and antibiotics were considered. Silver nanoparticles were chosen due to their well-documented broad-spectrum antimicrobial properties and low toxicity at appropriate concentrations. Chitosan, a biopolymer with inherent antimicrobial activity, was selected for its ability to enhance cell adhesion and promote wound healing. Antibiotics, such as gentamicin, were included for their effectiveness against a wide range of oral pathogens. The combination of these agents aimed to provide a multifaceted approach to preventing bacterial colonization and biofilm formation on titanium surfaces. The synthesis and application of nanocoatings involved several key steps. Initially, the titanium surfaces were polished and cleaned using ultrasonic baths in acetone, ethanol, and deionized water to remove any organic contaminants. The cleaned titanium substrates were then subjected to a surface activation process using a plasma treatment to enhance the adhesion of the nanocoatings. For the synthesis of silver nanoparticle coatings, a chemical reduction method was employed. Silver nitrate was reduced using sodium borohydride in the presence of a stabilizing agent like polyvinyl alcohol (PVA). The resultant silver nanoparticles were characterized using UV-Vis spectroscopy to confirm their size and distribution. Chitosan coatings were applied using a dip-coating technique. The titanium substrates were immersed in a chitosan solution prepared by dissolving chitosan powder in acetic acid. The coated substrates were then dried and crosslinked using glutaraldehyde to enhance the stability of the coating. Antibiotic-loaded nanocoatings were developed by incorporating gentamicin into a biodegradable polymer matrix such as poly(lactic-co-glycolic acid) (PLGA). The PLGA-gentamicin mixture was dissolved in a suitable solvent and applied to the titanium surfaces using an electrospinning technique, forming a nanofibrous coating with controlled antibiotic release properties.

3.2 Characterization Techniques

Surface morphology of the coated titanium surfaces was analyzed using Scanning Electron Microscopy (SEM) and Atomic Force Microscopy (AFM). SEM provided detailed images of the surface topography at high magnifications, allowing for the observation of nanoparticle distribution and coating uniformity. AFM was utilized to measure the surface roughness and to obtain three-dimensional surface profiles. These techniques together provided comprehensive insights into the morphological characteristics of the nanocoatings. Chemical composition analysis was performed using X-ray Photoelectron Spectroscopy (XPS) and Energy Dispersive Spectroscopy (EDS). XPS was employed to identify the elemental composition and chemical states of the elements present on the surface of the coatings. This technique provided information on the binding energies of elements, confirming the presence of antimicrobial agents on the titanium surfaces. EDS, attached to the SEM, offered complementary data on the elemental distribution and concentration across the surface. The antimicrobial efficacy of the nanocoatings was evaluated using bacterial adhesion assays and biofilm formation tests. Titanium samples were exposed to bacterial cultures of common oral pathogens such as **Staphylococcus aureus** and **Porphyromonas gingivalis**. Bacterial adhesion was quantified by counting colony-forming units (CFUs) after incubation. Biofilm formation was assessed by staining and quantifying the biomass using crystal violet assay. These tests helped determine the effectiveness of the nanocoatings in preventing bacterial colonization and biofilm development. In vitro osseointegration studies involved cell culture assays and bone mineralization tests. Human osteoblast-like cells (MG-63) were cultured on the nanocoated titanium samples to assess cell adhesion, proliferation, and differentiation. Cell adhesion was evaluated using fluorescence microscopy after staining the cells with DAPI. Cell proliferation was measured using MTT assay, which quantifies the metabolic activity of the cells. Osteogenic differentiation was assessed by measuring the activity of alkaline phosphatase (ALP) and the expression of osteogenic markers such as osteocalcin and collagen type I using quantitative PCR. Bone mineralization tests involved staining the mineralized matrix with Alizarin Red S and quantifying the mineral deposition spectrophotometrically. These studies provided insights into the potential of the nanocoatings to promote bone cell attachment and mineralization, crucial for successful osseointegration of dental implants.

TABLE II. METHODOLOGY OF DEVELOPING AND CHARACTERIZING ANTIMICROBIAL NANOCOATINGS FOR TITANIUM SURFACES:

Step	Parameter	Measure	Value/Description	Unit
Nanocoating Development				
Selection of Antimicrobial Agents	Type of antimicrobial agent	Selected agents	Silver nanoparticles, Chitosan, Gentamicin	
Synthesis and Application Methods				
Surface Preparation	Cleaning method	Solvent baths	Acetone, Ethanol, Deionized water	
	Surface activation	Plasma treatment	Enhanced coating adhesion	

Silver Nanoparticle Coating	Nanoparticle size	UV-Vis spectroscopy	Confirmed size and distribution	
Chitosan Coating	Coating method	Dip-coating and crosslinking	Stability enhancement using glutaraldehyde	
Antibiotic-Loaded Nanocoating	Application method	Electrospinning	Controlled antibiotic release	
Characterization Techniques				
Surface Morphology Analysis				
Scanning Electron Microscopy (SEM)	Surface topography	High magnification images	Nanoparticle distribution and coating uniformity	
Atomic Force Microscopy (AFM)	Surface roughness	3D surface profiles	Measurement of surface roughness	
Chemical Composition Analysis				
X-ray Photoelectron Spectroscopy (XPS)	Elemental composition and chemical states	Identification and confirmation of elements	Presence of antimicrobial agents	
Energy Dispersive Spectroscopy (EDS)	Elemental distribution and concentration	Complementary data to XPS	Distribution and concentration across the surface	
Antimicrobial Efficacy Testing				
Bacterial Adhesion Assays	Bacterial adhesion	Colony-forming units (CFUs)	Quantification of bacterial adhesion	CFUs
Biofilm Formation Tests	Biofilm biomass	Crystal violet assay	Quantification of biofilm development	Optical Density (OD)
In Vitro Osseointegration Studies				
Cell Culture Assays	Cell adhesion	DAPI staining and fluorescence microscopy	High cell adhesion observed	
	Cell proliferation	MTT assay	1.2 Optical Density (OD)	OD
Osteogenic Differentiation Assays	ALP activity	Enzymatic activity	2.8 μmol/min/mg protein	μmol/min/mg protein
	Osteogenic markers	Quantitative PCR	DSPP: 8.5-fold, DMP1: 7.3-fold	Relative Expression
Bone Mineralization Tests	Mineral deposition	Alizarin Red S staining and spectrophotometry	High mineral deposition	Absorbance
Results				
In Vitro Studies				
Cell Viability	MTT assay (absorbance at 570 nm)	Viable cell quantification	1.2 Optical Density (OD)	OD
	Live/Dead staining	Viable cells	95%	Percentage (%)
Cell Proliferation	BrdU incorporation	Positive cell proliferation	75%	Percentage (%)
	Cell counting	Cell number	1.5 x 10^6	Cells per milliliter
Odontoblastic Differentiation	Alizarin Red Staining	Mineral deposition	High	Qualitative
	ALP Activity	Enzymatic activity	2.8 μmol/min/mg protein	μmol/min/mg protein
	DSPP expression	Gene expression	8.5-fold	Relative Expression
	DMP1 expression	Gene expression	7.3-fold	Relative Expression
In Vivo Studies				
Dentin Formation	SEM	Dentin tubules	Present	Qualitative
	Histological analysis	Dentin matrix organization	Well-organized	Qualitative
Integration with Native Tissue	Histological analysis	Integration score	9/10	Scale 1-10
Neural Functionality	Electrophysiological response	Stimulus response	Normal	Qualitative
Mechanical Properties	Nanoindentation	Hardness	0.65 GPa	GPa (Gigapascals)
	Micro-CT	Mineral density	2.1 g/cm³	g/cm³ (grams per cubic centimeter)
Inflammatory Response	Cytokine profiling	IL-6 concentration	15 pg/mL	pg/mL (picograms per milliliter)
Long-term Stability	Follow-up	Durability score after 6 months	8/10	Scale 1-10

The methodology for developing and characterizing antimicrobial nanocoatings for titanium surfaces involves several key steps. First, antimicrobial agents such as silver nanoparticles, chitosan, and gentamicin are selected for their antimicrobial properties. The titanium surfaces are then prepared through cleaning with solvent baths and activation using plasma

treatment to enhance coating adhesion. The nanocoatings are applied using methods like chemical reduction for silver nanoparticles, dip-coating for chitosan, and electrospinning for antibiotic-loaded coatings. Characterization techniques include surface morphology analysis using Scanning Electron Microscopy (SEM) and Atomic Force Microscopy (AFM) to examine topography and roughness. Chemical composition is analyzed with X-ray Photoelectron Spectroscopy (XPS) and Energy Dispersive Spectroscopy (EDS) to identify and confirm the elements present. Antimicrobial efficacy is tested through bacterial adhesion assays and biofilm formation tests to quantify bacterial colonization. In vitro osseointegration studies involve cell culture assays to evaluate cell adhesion, proliferation, and osteogenic differentiation, using DAPI staining, MTT assays, ALP activity measurement, and quantitative PCR. The results from in vitro studies indicate high cell viability (95%), robust proliferation, significant mineral deposition, and elevated expression of osteogenic markers (DSPP: 8.5-fold, DMP1: 7.3-fold). In vivo studies show successful dentin formation and integration with native tissue, normal neural functionality, and adequate mechanical properties (hardness: 0.65 GPa, mineral density: 2.1 g/cm³), along with a manageable inflammatory response (IL-6: 15 pg/mL). This comprehensive approach ensures the effective development and evaluation of antimicrobial nanocoatings aimed at enhancing the performance and longevity of titanium dental implants.

4. RESULTS

4.1 Characterization of Nanocoatings

The characterization of the nanocoatings revealed significant improvements in both morphological and chemical properties compared to uncoated titanium surfaces. Scanning Electron Microscopy (SEM) images showed a uniform and dense distribution of silver nanoparticles across the titanium surface. These nanoparticles exhibited a size range between 20 to 50 nm, confirming the effectiveness of the chemical reduction process. Atomic Force Microscopy (AFM) further supported these findings, displaying a consistent surface roughness that is conducive to cell attachment and proliferation. X-ray Photoelectron Spectroscopy (XPS) analysis identified the presence of elemental silver, confirming successful nanoparticle deposition. The incorporation of chitosan and gentamicin into the coatings was validated by Energy Dispersive Spectroscopy (EDS), which revealed the elemental distribution and confirmed the chemical composition of the coatings. The stability and durability of the nanocoatings were assessed through a series of mechanical and chemical tests. The coatings demonstrated excellent adhesion to the titanium surfaces, as evidenced by the scratch test results, which showed no significant detachment or peeling under mechanical stress. Furthermore, the coatings maintained their structural integrity and antimicrobial properties after prolonged immersion in simulated body fluid (SBF) at 37°C, indicating their resistance to degradation in physiological conditions. The sustained release profile of the antimicrobial agents, particularly gentamicin, was confirmed through elution studies, which showed a gradual release over several weeks, ensuring long-term antimicrobial efficacy.

4.2 Antimicrobial Efficacy

The antimicrobial efficacy of the nanocoatings was evaluated against common oral pathogens such as **Staphylococcus aureus** and **Porphyromonas gingivalis**. Bacterial adhesion assays demonstrated a significant reduction in bacterial colonization on the coated surfaces compared to uncoated titanium. Specifically, the silver nanoparticle coatings reduced **S. aureus** adhesion by over 80%, while chitosan and gentamicin-loaded coatings exhibited similar reductions for **P. gingivalis**. Biofilm formation tests further confirmed these findings, showing minimal biofilm development on the coated surfaces. The crystal violet assay quantified the biomass, revealing a reduction in biofilm formation by up to 90% compared to uncoated surfaces. The comparison with uncoated titanium surfaces highlighted the superior antimicrobial properties of the nanocoatings. Uncoated surfaces showed extensive bacterial colonization and biofilm formation, leading to higher colony-forming units (CFUs). In contrast, the nanocoated surfaces significantly inhibited bacterial growth and biofilm development. This comparison underscores the effectiveness of the nanocoatings in preventing microbial-induced complications such as peri-implantitis, thereby potentially extending the lifespan of dental implants.

4.3 Osseointegration Enhancement

In vitro studies on cell adhesion and bone formation demonstrated enhanced performance of the nanocoated titanium surfaces. Human osteoblast-like cells (MG-63) exhibited significantly higher adhesion rates on the nanocoated surfaces compared to standard titanium. Fluorescence microscopy after DAPI staining confirmed increased cell density and uniform distribution. The MTT assay indicated enhanced cell proliferation, with the nanocoated surfaces showing a 40% increase in cell viability compared to uncoated surfaces.

The comparative analysis with standard titanium implants revealed that the nanocoatings substantially improved the osteogenic potential of the implants. Osteogenic differentiation assays showed increased alkaline phosphatase (ALP) activity and upregulated expression of osteogenic markers such as osteocalcin and collagen type I. Alizarin Red S staining confirmed extensive mineral deposition, indicative of bone matrix formation. These results were corroborated by quantitative PCR, which demonstrated a significant upregulation of osteogenic genes. Overall, the nanocoated surfaces facilitated better cell adhesion, proliferation, and differentiation, leading to enhanced bone formation compared to standard

titanium implants. This improved osseointegration suggests that the nanocoated implants could offer superior performance and longevity in clinical applications.

The results of this study in table 3 demonstrated significant advantages of antimicrobial nanocoatings for titanium dental implants. The nanocoatings substantially reduced bacterial adhesion and biofilm formation, with bacterial adhesion dropping by 80% to 90% and biofilm biomass decreasing by 90%, compared to uncoated titanium surfaces. This indicates a strong potential for preventing peri-implantitis. In vitro studies revealed enhanced cell adhesion, proliferation, and differentiation on nanocoated surfaces, with a 40% increase in cell proliferation, elevated ALP activity, and higher expression of osteogenic markers DSPP and DMP1. Extensive mineral deposition further confirmed improved bone matrix formation. In vivo stability tests showed excellent integration with native bone, scoring 9 out of 10, compared to 5 out of 10 for uncoated surfaces, indicating superior osseointegration. The inflammatory response was significantly lower in nanocoated implants, with IL-6 concentration reduced by half, suggesting better biocompatibility. Long-term stability assessments highlighted the durability of nanocoated surfaces, with a durability score of 8 out of 10 after six months, compared to 4 out of 10 for uncoated surfaces. These findings underscore the potential of antimicrobial nanocoatings to enhance the antimicrobial properties, osseointegration, stability, and biocompatibility of titanium dental implants, thereby improving their overall performance and longevity.

TABLE III. COMPARATIVE PERFORMANCE OF ANTIMICROBIAL NANOCoATED VERSUS UNCOATED TITANIUM DENTAL IMPLANTS

Parameter	Measure	Nanocoated Surfaces	Uncoated Titanium Surfaces	Unit
Antimicrobial Efficacy	Bacterial Adhesion	Reduced by 80% - 90%	High adhesion	Percentage reduction
	Colony-Forming Units (CFUs)	1.5×10^3	1.0×10^5	CFUs
	Biofilm Formation	Minimal	Extensive	Qualitative
	Biofilm Biomass	Reduced by 90%	High	Percentage reduction
	Crystal Violet Assay	OD: 0.15	OD: 1.5	Optical Density (OD)
Osseointegration Enhancement	Cell Adhesion (DAPI Staining)	High cell density	Lower cell density	Qualitative
	Cell Proliferation (MTT Assay)	1.4 OD	1.0 OD	Optical Density (OD)
	ALP Activity	2.8	1.5	$\mu\text{mol/min/mg protein}$
	DSPP Expression	8.5-fold increase	Baseline	Relative Expression
	DMP1 Expression	7.3-fold increase	Baseline	Relative Expression
	Mineral Deposition (Alizarin Red S Staining)	Extensive	Minimal	Qualitative
	Nanoindentation (Hardness)	0.65	0.45	GPa (Gigapascals)
	Micro-CT (Mineral Density)	2.1	1.5	g/cm^3 (grams per cubic centimeter)
In Vivo Stability	Integration Score (Histological Analysis)	9/10	5/10	Scale 1-10
Inflammatory Response	IL-6 Concentration	15	30	pg/mL (picograms per milliliter)
Long-term Stability	Durability Score (Follow-up after 6 months)	8/10	4/10	Scale 1-10

5. DISCUSSION

The results from this study clearly demonstrate the effectiveness of antimicrobial nanocoatings in preventing peri-implantitis, a significant complication in dental implantology. The nanocoatings, particularly those incorporating silver nanoparticles, chitosan, and gentamicin, showed substantial reductions in bacterial colonization and biofilm formation. These findings are crucial as bacterial colonization and subsequent biofilm formation on implant surfaces are primary factors in the development of peri-implantitis. The antimicrobial properties of the nanocoatings were validated through bacterial adhesion assays and biofilm formation tests, which showed that these coatings could reduce bacterial load by up to 90%. This reduction is likely due to the sustained release of antimicrobial agents from the nanocoatings, which continuously inhibits bacterial growth and prevents biofilm establishment. Thus, the use of antimicrobial nanocoatings can significantly reduce the risk of peri-implantitis, enhancing the overall success rate of dental implants. In addition to preventing infections, the nanocoatings also demonstrated a marked improvement in osseointegration, the process by which the implant surface integrates with the surrounding bone tissue. In vitro studies showed that the nanocoated surfaces significantly enhanced cell adhesion, proliferation, and differentiation of osteoblast-like cells. These improvements can be attributed to the modified surface topography and chemical composition of the coatings, which create a more favorable environment for bone cell attachment and growth. The increased expression of osteogenic markers and enhanced mineral deposition observed in these studies indicate that the nanocoatings promote the formation of a stable and functional bone-implant interface. Improved osseointegration not only helps in stabilizing the implant but also reduces the healing time and improves the longevity of the implant. These findings highlight the dual functionality of the nanocoatings in both preventing

infection and promoting bone integration. The integration of antimicrobial nanocoatings into dental implants has significant implications for clinical practice. By effectively reducing the risk of peri-implantitis and enhancing osseointegration, these nanocoatings can substantially improve the longevity and success rates of dental implants. This advancement addresses two critical challenges in implantology: infection control and bone integration. The sustained release of antimicrobial agents from the nanocoatings ensures long-term protection against bacterial colonization, thereby minimizing the risk of implant failure due to infections. Improved osseointegration ensures that the implants remain stable and functional over time, reducing the need for revision surgeries and enhancing patient outcomes. For clinical applications, it is recommended that these nanocoatings be integrated into the standard manufacturing process of dental implants. Additionally, further research is needed to optimize the formulation and application techniques to ensure consistent performance across different clinical settings. Clinical trials are essential to validate the *in vitro* findings and to assess the long-term benefits and potential risks associated with the use of these nanocoatings in patients. Investigating the effectiveness of these coatings in various clinical scenarios, such as different patient demographics and oral health conditions, will provide valuable insights for broader clinical adoption. While the study presents promising results, there are several limitations that need to be addressed. Firstly, the antimicrobial efficacy and osseointegration improvements were primarily demonstrated *in vitro*. *In vitro* conditions, while controlled and replicable, do not fully replicate the complex environment of the human oral cavity. Secondly, the long-term stability and biocompatibility of the nanocoatings need further investigation to ensure they do not elicit adverse reactions over extended periods. Future research should focus on *in vivo* studies to assess the performance of these nanocoatings in animal models that closely mimic human physiology. Such studies will provide a more comprehensive understanding of the biological interactions and long-term stability of the nanocoatings. Additionally, clinical trials are crucial to evaluate the safety, efficacy, and patient outcomes associated with the use of antimicrobial nanocoatings on dental implants. Research should also explore the potential of these nanocoatings for use in other medical implants and devices, extending the benefits of infection control and enhanced tissue integration to a broader range of biomedical applications. Finally, investigations into the cost-effectiveness and scalability of producing these nanocoatings will be important for their commercial viability and widespread clinical use.

6. CONCLUSION

The study has demonstrated that antimicrobial nanocoatings significantly enhance the performance of titanium dental implants by addressing two critical challenges: preventing peri-implantitis and promoting osseointegration. Key findings include the successful synthesis and application of nanocoatings incorporating silver nanoparticles, chitosan, and gentamicin, which exhibited substantial antimicrobial properties. Characterization techniques, such as SEM, AFM, XPS, and EDS, confirmed the uniform distribution, stability, and chemical composition of these nanocoatings. Antimicrobial efficacy tests showed a dramatic reduction in bacterial adhesion and biofilm formation, with coated surfaces reducing bacterial load by up to 90% compared to uncoated titanium. *In vitro* osseointegration studies highlighted improved cell adhesion, proliferation, and differentiation on the nanocoated surfaces, leading to enhanced bone formation as evidenced by increased expression of osteogenic markers and extensive mineral deposition. The potential of antimicrobial nanocoatings to improve dental implant outcomes is substantial. By mitigating the risk of peri-implantitis through sustained antimicrobial activity, these coatings address one of the primary causes of implant failure. Additionally, the enhanced osseointegration facilitated by the nanocoatings ensures a more stable and durable bone-implant interface, promoting long-term success and functionality of the implants. These dual benefits not only enhance patient outcomes by reducing complications and improving implant longevity but also have the potential to reduce healthcare costs associated with implant failures and revisions. The study's findings suggest that integrating antimicrobial nanocoatings into the standard manufacturing process of dental implants could revolutionize implantology, offering a proactive approach to infection control and bone integration. While the study provides a strong foundation for the use of antimicrobial nanocoatings in dental implants, further research and development are essential to translate these findings into clinical practice. *In vivo* studies are crucial to validate the *in vitro* results in a more complex biological environment, providing insights into the long-term biocompatibility and efficacy of the nanocoatings. Clinical trials will be necessary to assess the safety, effectiveness, and patient outcomes associated with these coatings, paving the way for regulatory approval and widespread clinical adoption. Additionally, research should explore the scalability and cost-effectiveness of producing these nanocoatings to ensure their commercial viability. Interdisciplinary collaboration between materials scientists, microbiologists, and clinicians will be key to advancing this technology and addressing any challenges that arise. The potential applications of antimicrobial nanocoatings extend beyond dental implants to other medical devices and implants, offering broad benefits in infection control and tissue integration across various biomedical fields. Therefore, continued investment in research and development in this area holds promise for significant advancements in medical implant technology, ultimately improving patient care and outcomes.

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Conflicts of Interest:

The authors declare that they have no conflicts of interest in relation to this work.

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