



## Detection of Streptococcus Mutans from Human Saliva Using 16SrRNA and spaP Genes in Regard with Dental Caries

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Article Type	ABSTRACT
Research Paper	<p><b>Background and Objective:</b> Dental caries is the most common disease worldwide, and is a major healthcare problem. Streptococcus mutans is considered as the main factor causing dental caries. This study was conducted to assess Streptococcus mutans by its 16S rRNA gene and adhesin gene (spaP) as an early predictor of caries development.</p> <p><b>Methods:</b> This case-control study was conducted on 80 Iraqi pre-school children aged 3-5 years old. Subjects were divided into two groups: the case group, which included 40 children with severe caries, and the control group, which included 40 caries-free children. A dental examination was performed by diagnostic criteria of World Health Organization (WHO). Unstimulated salivary samples were taken from all children, and DNA of Streptococcus mutans was extracted from the all saliva samples. The 16S rRNA and spaP genes were detected using polymerase chain reaction (PCR), and their presence was compared to dental caries severity.</p> <p><b>Findings:</b> The age and gender of the children had no significant effect in this study. The prevalence of the Streptococcus mutans 16SrRNA gene was 98.8% positive and 1.2% negative in all study groups. Regarding spaP, a significant difference discovered between the case (92.5%) and control (50%) groups (<math>p \leq 0.05</math>).</p> <p><b>Conclusion:</b> The results showed that the presence of spaP gene of Streptococcus Mutans can predict caries development. Therefore, more dental care is emphasized in these people.</p> <p><b>Keywords:</b> <i>Streptococcus Mutans, 16SrRNA, SpaP, Virulence Genes, Dental Caries.</i></p>
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## Introduction

Dental caries is one the most prevalent childhood problems (1); people are subjected to dental caries throughout their lifetime (2, 3). It is considered as a multifactorial disease depending on the interaction of several factors, acidogenic bacteria, fermentable carbohydrate, host and time (4-6). Dental caries develops as a dynamic process of demineralization of dental hard tissues by bacterial metabolic products. Streptococcus mutans is considered as the main cause of dental caries (7, 8). These bacteria produce organic acids as a by-product of their metabolism of fermentable carbohydrates. Streptococcus mutans thrives in acidic environments, eventually becoming the dominant bacterium in cultures with permanently reduced pH (9, 10). Different methods were used to detect putative pathogen, which included cultivation; direct microscopy; enzyme tests; enzyme-linked immunosorbent assays and species-specific DNA probes (11, 12). Polymerase chain reaction (PCR) methodology is now widely accepted when compared to conventional culture techniques, and provides a more sensitive means of detection of putative bacteria species (13-15). In PCR technique, specific primers based on the 16S rRNA gene sequences were used to detect *S. mutans* (16, 17).

*S. mutans* is a causative factor of dental caries in humans (18). The bacterium's capability to form dental biofilm on tooth surfaces is an important virulence property (19). Furthermore, this bacterium has the ability to produce multiple glucan-binding proteins, glucosyltransferases and collagen-binding protein, all of which work together to form dental plaque and cause dental caries (10). Streptococcus mutans has virulence genes involved in adhesion of bacteria: gbps (gbpA, gbpB, and gbpC.) and spaP. SpaP is antigen of cell surface encoded by the spaP gene (20). It is also known as Ag I/II; Pac; AgB; Pl; Sr; SpaA; Pag; SspA; SspB; and SoaA. This surface fibrillar adhesin attaches to bacteria to salivary agglutinin glycoprotein and proline-rich protein of the acquired pellicle on the tooth surface (20, 21). After irreversible adhesion, oral bacterial growth, division, and colonization occur (22). An interaction between the adhesive and the substrate is observed in the second mechanism of adhesion (sucrose-independent) (18, 23). This study aims to identify *S. mutans* bacteria directly from saliva using PCR techniques, while targeting the 16S rRNA and spaP genes and by comparing their presence with the dental caries among Iraqi preschool children.

## Methods

This case-control study was conducted in College of Dentistry, University of Baghdad, Baghdad, Iraq. Ethical committee approval was obtained from the College of Dentistry, University of Baghdad for the protocol before processing the study (Approval reference number: 365). To obtain permission for the children's participation in the study, special consent was distributed among their parents. Only children with signed consent were involved in this study and they were investigated according to inclusion and exclusion criteria. The total sample size was 80 children, they were 3-5 years old: 40 children with severe caries (case group) and 40 children were caries-free (control group). The participants were chosen from the College of Dentistry, University of Baghdad and Al-Rafidain University College of dentistry, Baghdad, Iraq. Sample size was determined Using G Power 3.1.9.7 software "<http://www.gpower.hhu.de/>" with a power of 80%, two-sided alpha error probability of 0.05, and Cohen's effect size of 0.8. The samples were selected randomly, and both groups were matched for age and gender.

**Evaluation of oral conditions:** Examination of dental caries was done using dmft and dmfs index according to WHO criteria (24). The examination was done while the child was seated on a dental chair. The following conditions were used to exclude children from the study: children without their parents' consent, children suffering from systemic diseases, children who had fluoride supplements or fissure sealant, children who

were on medicine (antibiotic or otherwise) during the saliva collection time, children who ate one hour before the collection of the sample, children with mild or moderate dental caries and uncooperative, fearful and anxious children. They were classified according to their caries experience: Those with dmft=0 were considered as caries-free and those with dmft greater than or equal to 6 as severe caries ( $dmft \geq 6$ ) according to Drury et al. (25).

**Sample collection:** Unstimulated salivary sample collection was done according to Khurshid et al. (26). The child had to refrain from drinking, eating and performing oral hygiene procedures for at least one hour prior to saliva collection, which was performed between 8 and 11 a.m. All samples were stored by freezing at (-20 °C), while transported to the laboratory for molecular analysis.

**DNA extraction and the detection of streptococcus mutans via polymerase chain reaction:** DNA of S.mutans bacteria was extracted according to instructions of Bacterium Genomic DNA isolation kit (Norgen®, Canda). Through downloading different Streptococcus Mutans genomes from GenBank as FASTA files, the primers of this study have been used as a bioinformatics software tool for verifying each pair of primers' binding site and appropriate annealing temperature (Table 1).

**Table 1. Primers**

Name of primer	Primer sequence	Size of product
16SrRNA	F “5 -CCACACTGGGACTGAGACAC-3” R (3- GTTTACGGCGTGGACTACCA-`5 )	507 pb
SpaP	F “5-AAC GAC CGC TCT TCA GCA GAT ACC -3” R “3- AGA AAG AAC ATC TCT AAT TTC TTG`-5”	192 pb

F: Forward, R: Reverse

**Molecular detection of 16S rRNA and spaP gene:** The reaction was carried out using the best PCR conditions for each gene, as shown in Table 2. Electrophoresis in 2% agarose gel was used to separate the amplicons. Ten microliters of PCR product and DNA ladder were loaded into the gel wells. For 80 minutes, the power supply voltage was mostly held constant at 80V. Gel documentation with a high-resolution camera was used at the end of the run to capture images and analyze the bands. Bands with 507bp represent 16srRNA gene while bands with 192bp represent spaP gene.

**Table 2. PCR conditions for genes**

Cycle No.	Stages	Temperature	Time
1	“Initial Denaturation”	94 °C	5 min
38x	“Denaturation”	94 °C	30 sec
	“Annealing”	57 °C	45 sec
	Extension	72 °C	45 sec
1	Final Extension	72 °C	7 min

All the results were expressed as Mean±SD, SE and Mean difference. Significance levels: probability of error can be tested as (p-value): Non-significant  $p > 0.05$ , Significant  $p \leq 0.05$ . Unpaired-Sample T-Test was employed to evaluate the presence of significant differences. Logistic regression was used for adjusting odds ratio. Chi-square test was used to assess the categorially association variables and genetic association.

## Results

The age and gender of the children in the sample was approximately normally distributed and ranged from 3-5 years old, with a mean of 4.13 and a standard deviation (SD) of  $\pm 0.791$  years. “No-significant differences” were found between the study groups regarding age and gender, as shown in Table 3. The control group consisted of caries-free children with dmft=0 and children with severe caries consisted a case group, where the mean dmft was  $11.80 \pm 2.588$  and the mean dmfs was  $28.80 \pm 19.435$ .

**Genes:** No-significant difference was identified regarding 16srRNA between groups, while regarding the adhesion gene spaP, significant difference ( $p \leq 0.05$ ) was detected between groups. spaP gene was positive in 92.5% of study group as compared to 50% of controls. As shown in Table 4: Odd ratio was 12.33 and confidence interval was 3.262-46.625 (Table 5). PCR result for 16srRNA samples in gel electrophoresis was illustrated in Figures 1 and 2. The result of PCR for samples in gel electrophoresis was illustrated in Figure 3 and figure 4 as it was best at 192 bp.

Dental caries experience and its association with spaP gene: Regarding bacterial gene 16sr RNA and its association with dental caries in all cases in case group have positive gene detection which is incomparable with dental experience statistically; only bacterial adhesin gene (spaP) was compared and it showed a significant difference concerning caries experience ( $p \leq 0.05$ ) (Table 6).

**Table 3. Baseline characteristics of sample**

Status	Number	Mean $\pm$ SD	Standard Error	Mean difference	T-test ^	p-value
Age						
Control	40	4.13 $\pm$ 0.791	0.125	0.000	0.000	1.000*
Case	40	4.13 $\pm$ 0.791				

^unpaired T-test, \*non-significant

**Table 4. Distribution of bacterial gene between study groups**

Bacterial geneticdetection	Study group		Total (n=80) Number (%)	p-value
	Case (n=40) Number (%)	Control (n=40) Number (%)		
<b>16srRNA</b>				
Positive	40(100)	39(97.5%)	79(98.8)	0.314
Negative	0(0)	1(2.5%)	1(1.2)	
<b>spaP</b>				
Positive	37(92.5)	20(50.0)	57(71.3)	0.000*
Negative	3(7.5)	20(50.0)	23(28.7)	

\*Significant  $p \leq 0.05$

**Table 5. Analytic statistics of spaP gene among study groups**

	Study sample (n=80)		Fisher test (p-value)	OR	CI 95%
	Control	Case			
<b>spaP</b>			0.000*	12.33	3.262-46.625
Negative	20	3			
Positive	20	37			
Total	40	40			

Degree of freedom=1, \*significant  $p$ -value $\leq 0.05$

**Table 6. Dental caries and bacterial adhesine gene (spaP) of case group**

Caries experience	(spaP) gene (n=40)		Mean differences	T-test	p-value *
	Positive (n=37) Mean±SD	Negative (n=3) Mean±SD			
dmft	12.41±3.531	9.67±2.082	-2.739	-1.315	0.0196
dmfs	31.65±18.476	15.67±7.638	-15.982	-1.474	0.0149

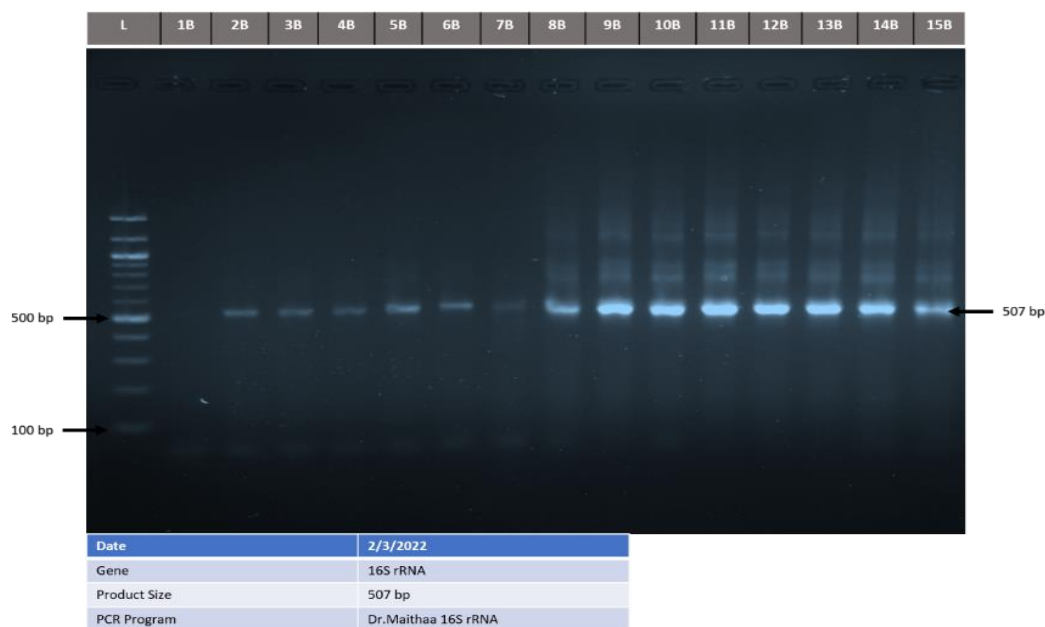
df: 38, \*Significant  $p \leq 0.05$ **Figure 1. Electrophoresis of 16srRNA for caries free children****Figure 2. Electrophoresis of 16srRNA gene for children with severe caries**



Figure 3. Electrophoresis of spaP gene for caries-free children



Figure 4. Electrophoresis of spaP gene for children with severe caries



## Discussion

The PCR method was used to detect *S. mutans* directly from saliva with constant part of 16S rRNA gene primer and this result was similar to other studies (27, 28). The 16S rRNA gene was designed specifically for *S. mutans*, eliminating the need for another primer to detect cariogenic *S. mutans* (29). The result of current study indicated *S. mutans* bacteria were present in all saliva samples (case and control groups). Previous studies indicated that the microbiota composition did not differ between caries and caries-free groups which is in agreement with present study (19, 30). These can prove the theory "*S. mutans* is a normal resident of human oral cavity"(31). *Streptococcus mutans* is one of the major etiologic agents of dental caries development (32). Nevertheless, there were children had *S. mutans* but with no caries development, so the result of this study is in coordination with the other studies (33, 34), which can explain "The most recurrent difference between those with dental caries and those who have maintained their caries-free status is related to the management of plaque pH; Subjects with no dental cavities appear to neutralize plaque acids more successfully than those with dental caries."(2, 31). However, diseases can occur only if there is an imbalance in metabolic and composition of dental biofilm microbial (35). Aside from this fact, multiple laboratory investigations have demonstrated that *S. mutans* may change the local environment by establishing a rich and low pH, providing a suitable niche for other acidogenic and aciduric species to thrive. This suggests that *S. mutans* is not the only factor in the formation of dental caries (7). Lactate production is clearly important in caries-associated ecosystems (30), and caries-associated biofilms frequently contain a high number of bacteria that use organic acids as an energy source (36). The findings of this study showed that the prevalence of *S. mutans* spaP<sup>+</sup> gene was higher in children with severe caries than in children without caries, with a significant difference and this result was in agreement with previous studies (20, 37, 38), in which the scientists found a substantial correlation between the high frequency of the *S. mutans*, spaP gene and the prevalence of caries in preschoolers. The organization, structure, and interaction of the *S. mutans* adhesin gene spaP with its salivary agglutinin receptors have been investigated (36).

As reported in this study, some caries-free children, despite having spaP gene, showed no dental caries and that may be elucidated by spaP adhesin harboring a variants genotypes; Despite equal levels of SpaP expression, A, B, and C (also known as A1, B2 and B2) can modify binding levels (39). The interaction of spaP with salivary receptors is dependent on strain of the *S. mutans* (40).

*Streptococci mutans* bacteria were found in all samples according to the 16srRNA gene. A relationship was discovered between childhood caries and the presence of bacteria with the adhesin gene spaP positive. Thus, according to this study, spaP gene can be used in prediction for caries development in young children.

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## References

- 1.Shubber SM, Al-Obaidi WA. Dental Caries among Kindergarten Children in Relation to Socioeconomic Status in Al-Najaf Governorate-Iraq. J Baghdad Coll Dent. 2015;27(3):165-8.
- 2.Fejerskov O, Kidd E. Dental Caries: The Disease and Its Clinical Management, 2<sup>nd</sup> ed. Wiley-Blackwell; 2008. p. 227-8.
- 3.Teshome A, Muche A, Girma B. Prevalence of Dental Caries and Associated Factors in East Africa, 2000-2020: Systematic Review and Meta-Analysis. Front Public Health. 2021;9:645091.
- 4.Juma'a Z, Fadhil R, Abdul-Hussain Y. Correlation between Caries Related Microorganisms in the Dental Plaque and Saliva with Dental Caries Level in the Upper and Lower Jaws in 5-9 Years Old Children in Baghdad City. J Baghdad Coll Dent. 2016;28(3):132-6.
- 5.Goswami P. Early Childhood Caries- A Review of Its Aetiology, Classification, Consequences, Prevention and Management. J Evolution Med Dent Sci. 2020;9(10):798-803.
- 6.Taqi M, Razak IA, Ab-Murat N. Comparing dental caries status using Modified International Caries Detection and Assessment System (ICDAS) and World Health Organization (WHO) indices among school children of Bhakkar, Pakistan. J Pak Med Assoc. 2019;69(7):950-4.
- 7.Lemos JA, Palmer SR, Zeng L, Wen ZT, Kajfasz JK, Freires IA, et al. The Biology of *Streptococcus mutans*. Microbiol Spectr. 2019;7(1):1-26.
- 8.Almeida AAP, Naghetini CC, Santos VR, Glória MB. In vitro antibacterial activity of coffee extracts on Streptococcus mutans. Proceedings of the 20<sup>th</sup> International Conference on Coffee Science. Bangalore, India: Association Scientifique Internationale du Café (ASIC); 2004. Available from: [https://scholar.google.com/scholar?hl=en&as\\_sdt=0%2C5&q=In+vitro+antibacterial+activity+of+coffee+extracts+on+Streptococcus+mutans&btnG=](https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=In+vitro+antibacterial+activity+of+coffee+extracts+on+Streptococcus+mutans&btnG=)
- 9.Hughes CV, Dahlan M, Papadopoulou E, Loo CY, Pradhan NS, Lu SC, et al. Aciduric microbiota and mutans streptococci in severe and recurrent severe early childhood caries. Pediatr Dent. 2012;34(2):e16-23.
- 10.Tawfeq ZA, Mohammed AT, Al-Dhaher ZA. Antibacterial Activity of Hibiscus Extracts on Mutans Streptococci with Synergism of Fluoride: In Vitro Study. Biochem Cell Arch. 2020;20(2):5129-34. Available from: [https://connectjournals.com/achivestoc2.php?fulltext=3237702H\\_5129-5134.pdf&&bookmark=CJ-033216&&issue\\_id=02&&yaer=2020](https://connectjournals.com/achivestoc2.php?fulltext=3237702H_5129-5134.pdf&&bookmark=CJ-033216&&issue_id=02&&yaer=2020)
- 11.Al-Bazaz FA, Radhi NJ, Hubeatir KA. Sensitivity of Streptococcus mutans to Selected Nanoparticles (in Vitro Study). J Baghdad Coll Dent. 2018;30(1):69-75.
- 12.Diamanti I, Berdouses ED, Kavvadia K, Arapostathis KN, Polychronopoulou A, Oulis CJ. Dental Caries Prevalence and Experience (ICDAS II Criteria) of 5-, 12- and 15-Year-Old Children and Adolescents with an Immigrant Background in Greece, Compared with the Host Population: A Cross-Sectional Study. Int J Environ Res Public Health. 2021;19(1):14.
- 13.Krzyściak W, Kościelniak D, Papież M, Jurczak A, Vyhouskaya P. Methods of Biotyping of *Streptococcus mutans* Species with the Routine Test as a Prognostic Value in Early Childhood Caries. Evid Based Complement Alternat Med. 2017;2017:6859543.
- 14.Okada M, Soda Y, Hayashi F, Doi T, Suzuki J, Miura K, et al. PCR detection of Streptococcus mutans and S. sobrinus in dental plaque samples from Japanese pre-school children. J Med Microbiol. 2002;51(5):443-7.
- 15.Vieira AR. Genetics and caries: prospects. Braz Oral Res. 2012;26(Suppl 1):7-9.
- 16.Al-Ahmad A, Auschill TM, Braun G, Hellwig E, Arweiler NB. Overestimation of Streptococcus mutans prevalence by nested PCR detection of the 16S rRNA gene. J Med Microbiol. 2006;55(Pt 1):109-13.



- 17.Hongoh Y, Yuzawa H, Ohkuma M, Kudo T. Evaluation of primers and PCR conditions for the analysis of 16S rRNA genes from a natural environment. FEMS Microbiol Lett. 2003;221(2):299-304.
- 18.Al-Dabagh NN, Ibrahim YA, Saeed LA. The Role of Streptococcus mutans and Pathogenesis in the Oral cavity. J Univ Babylon Pure Appl Sci. 2020;28(2):151-9.
- 19.Abd Al-Zahra HS, Saleh MB. Isolation and identification of Streptococcus mutans from dental caries patients at Thi-Qar province/Iraq. Univ Thi-Qar J Sci. 2018;6(4):22-7.
- 20.Pieralisi FJS, MACIEL SM, de Andrade FB, Garcia JE, Poli-Frederico RC. Detection of Streptococcus mutans of the spaP gene and dental caries in mother/child pairs. RGO Rev Gaúcha Odontol. 2013;61(2):205-11.
- 21.Courtney HS, Hasty DL, Dale JB. Molecular mechanisms of adhesion, colonization, and invasion of group A streptococci. Ann Med. 2002;34(2):77-87.
- 22.Napimoga MH, Höfling JF, Klein MI, Kamiya RU, Gonçalves RB. Transmission, diversity and virulence factors of Streptococcus mutans genotypes. J Oral Sci. 2005;47(2):59-64.
- 23.Krzyściak W, Jurczak A, Kościelniak D, Bystrowska B, Skalniak A. The virulence of Streptococcus mutans and the ability to form biofilms. Eur J Clin Microbiol Infect Dis. 2014;33(4):499-515.
- 24.World Health Organization. Oral health surveys: basic methods, 5<sup>th</sup> ed. World Health Organization; 2013. p. 42-7. Available from: <https://www.who.int/publications/i/item/9789241548649>
- 25.Drury TF, Horowitz AM, Ismail AI, Maertens MP, Rozier RG, Selwitz RH. Diagnosing and reporting early childhood caries for research purposes. A report of a workshop sponsored by the National Institute of Dental and Craniofacial Research, the Health Resources and Services Administration, and the Health Care Financing Administration. J Public Health Dent. 1999;59(3):192-7.
- 26.Khurshid Z, Zohaib S, Najeeb S, Zafar MS, Slowey PD, Almas K. Human Saliva Collection Devices for Proteomics: An Update. Int J Mol Sci. 2016;17(6):846.
- 27.Oho T, Yamashita Y, Shimazaki Y, Kushiya M, Koga T. Simple and rapid detection of Streptococcus mutans and Streptococcus sobrinus in human saliva by polymerase chain reaction. Oral Microbiol Immunol. 2000;15(4):258-62.
- 28.Salman HA, Senthilkumar R, Imran K, Selvam KP. Isolation and Typing of *Streptococcus mutans* and *Streptococcus sobrinus* from Caries-active Subjects. Contemp Clin Dent. 2017;8(4):587-93.
- 29.Chen Z, Saxena D, Caufield PW, Ge Y, Wang M, Li Y. Development of species-specific primers for detection of Streptococcus mutans in mixed bacterial samples. FEMS Microbiol Lett. 2007;272(2):154-62.
- 30.Gross EL, Leys EJ, Gasparovich SR, Firestone ND, Schwartzbaum JA, Janies DA, et al. Bacterial 16S sequence analysis of severe caries in young permanent teeth. J Clin Microbiol. 2010;48(11):4121-8.
- 31.Tadakamadla SK, Tartaglia GM. Dental Caries and Oral Health in Children-Special Issue. Children (Basel). 2021;8(8):674.
- 32.Salman HK, Aldhafer ZA. Mutans Streptococci Count and Salivary Histatin 5 Level in Relation to Early Childhood Caries. Med Leg Update. 2021;21(2):598-602.
- 33.Dinis M, Agnello M, Cen L, Shokeen B, He X, Shi W, et al. Oral Microbiome: *Streptococcus mutans*/Caries Concordant-Discordant Children. Front Microbiol. 2022;13:782825.
- 34.Pieralisi FJ, Rodrigues MR, Segura VG, Maciel SM, Ferreira FB, Garcia JE, et al. Genotypic Diversity of Streptococcus mutans in Caries-Free and Caries-Active Preschool Children. Int J Dent. 2010;2010:824976.
- 35.Lamont RJ, Koo H, Hajishengallis G. The oral microbiota: dynamic communities and host interactions. Nat Rev Microbiol. 2018;16(12):745-59.
- 36.Matsui R, Cvitkovitch D. Acid tolerance mechanisms utilized by Streptococcus mutans. Future Microbiol.

2010;5(3):403-17.

37.Esberg A, Sheng N, Mårell L, Claesson R, Persson K, Borén T, et al. Streptococcus Mutans Adhesin Biotypes that Match and Predict Individual Caries Development. EBioMedicine. 2017;24:205-15.

38.Durán-Contreras GL, Torre-Martínez HH, de la Rosa EI, Hernández RM, de la Garza Ramos M. spaP gene of Streptococcus mutans in dental plaque and its relationship with early childhood caries. Eur J Paediatr Dent. 2011;12(4):220-4.

39.Esberg A, Löfgren-Burström A, Ohman U, Strömberg N. Host and bacterial phenotype variation in adhesion of Streptococcus mutans to matched human hosts. Infect Immun. 2012;80(11):3869-79.

40.Loimaranta V, Jakubovics NS, Hytönen J, Finne J, Jenkinson HF, Strömberg N. Fluid- or surface-phase human salivary scavenger protein gp340 exposes different bacterial recognition properties. Infect Immun. 2005;73(4):2245-52.