

BUKTI KORESPONDENSI
JURNAL INTERNASIONAL BEREPUTASI

Judul Artikel : **(C14)** Biocompatibility of Portunus Pelagicus Hydroxyapatite Graft on Human Gingival Fibroblast Cell Culture.

Jurnal : Medical Archives

Penulis : **Michael Josef Kridanto Kamadjaja***, Jenery Fidelia Abraham, Harry Laksono

No	Perihal	Tanggal	Halaman
1	Bukti submit dan artikel yang disubmit	13 Mei 2019	1
2	Bukti Revisi 1	21 Juni 2019	2-12
3	Bukti Revisi 2	01 Oktober 2019	13-26
4	Bukti Revisi 3	20 Oktober 2019	30-31
5	Decision 1	21 Desember 2019	28
6	Decision 2	23 Desember 2019	27
7	Decision 3	28 Desember 2019	29
8	Decision 4		
9	Bukti accepted		
10	Bukti published		32-47



michael josef kridanto kamadjaja <michael-j-k-k@fkg.unair.ac.id>

(no subject)

AMNU BiH <amnubih@gmail.com>
To: michael-j-k-k@fkg.unair.ac.id

Mon, May 13, 2019 at 5:56 PM

Dear,

please revise article according to template as soon as possible. Include in file tables and figures. Include also title page.

Best regards,
Editor
Acta Informatica Medica

2 attachments



TEMPLATE-for-preparation-of-papers-in-Word-MS-before-submission-on-MA-AIM-and-MSM-web-sites-1.doc
177K



Kridanto AIM.docx
116K



michael josef kridanto kamadjaja <michael-j-k-k@fkg.unair.ac.id>

(no subject)

AMNU BiH <amnubih@gmail.com>

Fri, Jun 21, 2019 at 7:14 PM

To: michael-j-k-k@fkg.unair.ac.id

Dear,

please include all figures and tables in article.

Please make revision:

- use this type of brackets " (----) "
- abstract has to be structured - Introduction, Aim, Methods, Results, Conclusion
- keywords have to be written according to MESH
- you have to have separate part "AIM" in article text
- references have to be written according to Vancouver.
- include these parts in article:

Author's Contribution: Each author gave substantial contribution to the conception or design of the work and in the acquisition, analysis and interpretation of data for the work. Each author had role in drafting the work and revising it critically for important intellectual content. Each author gave final approval of the version to be published and they agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

--

Academy of Medical Sciences in Bosnia and Herzegovina

President: Prof Izet Masic, MD, PhD, FWAAS, FIAHSI, FEFMI, FACMI

Full professor of Family medicine, Medical informatics, Social medicine, Health care organization and Economics

Fellow of Academy of Medical Sciences in Bosnia and Herzegovina

Fellow of World Academy of Art and Science

Fellow of International Academy of Health Sciences Informatics

Fellow of European Federation for Medical Informatics

Fellow of American College of Medical Informatics

E-mail: amnubih@gmail.comWebpage: <http://www.amn.ba>**6-1557499100_RVZ.doc**

78K

Biocompatibility of *Portunus pelagicus* Hydroxyapatite Graft on Human Gingival Fibroblast Cell Culture

Michael Josef Kridanto Kamadjaja¹, Janery Fidelia Abraham², Harry Laksono¹

¹Departement of Prosthodontics, Faculty of Dental Medicine - Universitas Airlangga, Mayjen Prof. Dr. Moestopo 47, Surabaya, Indonesia

²Undergraduate Student, Faculty of Dental Medicine - Universitas Airlangga, Mayjen Prof. Dr. Moestopo 47, Surabaya, Indonesia

Corresponding author:

Dr. Michael Josef Kridanto Kamadjaja, DDS., MSc, ¹Departement of Prosthodontics, Faculty of Dental Medicine - Universitas Airlangga, Mayjen Prof. Dr. Moestopo 47, Surabaya, Indonesia, ORCID ID: 0000-0003-3226-7781. Phone: +6231 5030255, E-mail: michael-j-k-k@fkg.unair.ac.id

Abstract

Introduction: Crab shell (*Portunus pelagicus*) has the potential to be a source of hydroxyapatite biomaterials that used as bone grafts. Before clinical application, crab shell graft should be tested for its biocompatibility in vitro on human gingival fibroblast. Objective: This study aimed to determine the biocompatibility of *Portunus pelagicus* hydroxyapatite graft on human gingival fibroblast cell culture. Methods: Human gingival fibroblast cell cultures were divided into control group and treatment group with the addition of hydroxyapatite graft powder from *Portunus pelagicus* at a concentration of 100 ppm, 50 ppm, and 25 ppm. The synthesis process of hydroxyapatite was conducted by heating at 1000°C then characterizing the compound with SEM-EDX. All samples were incubated in α -MEM medium, then were given MTT material. The cultures on the plate were examined using ELISA reader. The results were analyzed using a Oneway Anova. Results: The percentage of living cells throughout all treatment group shown results that exceeded the LD50 parameter. The highest percentage of living cells was at 25 ppm concentration group. Conclusion: The hydroxyapatite graft powder from crab shells is biocompatible with human gingival fibroblast cell culture.

Keywords

Hydroxyapatite, Graft, Biomaterials, Fibroblasts.

1. Introduction

The development of science and technology is not guaranteed the tooth resistance against disease or trauma completely, so there are still many cases of tooth loss. When tooth loss occurs, bone volume will decrease. Bone resorption due to tooth extraction may cause a problem in prosthodontics because it may lead to poor results of long-term treatment (1). Within 6 months, bone resorption occurs as much as 1.5-2 mm in vertical direction and 40%-50% in horizontal direction, and most cases occur in the first three months. If the treatment is not taken, the bone resorption can reach 40-60% of bone ridge volume in the first three years (2).

At present-day, there are various types of materials and techniques used for bone resorption treatment, including bone graft material, usage of guided tissue regeneration, application of growth factors to stimulate bone regeneration (3). Bone graft is used as scaffolds, matrix attachment and proliferation osteoblast (4). Bone graft material must have a biocompatibility property with living tissue, profitable for osteoconduction, osteoinduction and has ability to support new bone formation. Graft biocompatibility is very crucial in order to prevent rejection by the host and not toxic to the body (5, 6).

The most ideal bone graft to use is an autograft that derived from the patient's own body. However, sometimes the process is not able to support, so that autograft is developed to allograft material. Yet, allografts often transmit infectious diseases, especially HIV and for that reason allograft is developed to xenograft material. The most commonly used xenograft is from bovine, but transmission of bovine spongiform encephalitis (BSE) is commonly occur. Various type of synthetic bone grafts was developed to minimize the risk of transmitting disease. Ideal conditions that need to be fulfilled by synthetic bone grafts are biocompatible, profitable for osteoconduction,

osteinduction and osteogenesis. Those three mechanisms are the most important for resorbable biomaterials that support tissue growth (6). However, alloplast particles cannot be counted on the site at the location of the embedded graft so that bone formation cannot be determined (7).

One type of bone graft, namely hydroxyapatite graft which can be produced from coral reef skeletons, bovine bones, chicken claws, shellfish shells and human cancellous bones (8). In Indonesia, natural raw materials, especially those derived from marine biota are easily found, relatively low-cost and the production process is simple. Among these raw materials are crab shells (*Portunus pelagicus*) which are uncommonly used, even turned into waste (9).

A crab shell contains large amounts of calcium carbonate, about 40% - 70% (9). Calcium carbonate is source of calcium that can be used as synthesis material of hydroxyapatite. Apatite crystals contain many carbon groups in carbonate shapes. Hydroxyapatite is a stable apatite crystal and implanted as bone replacement or filler. Hydroxyapatite biomaterials consist of bioactive components that are compatible with bones and teeth. This supports the use of crab shells as bone replacement alternative biomaterial based on the chemical composition. In addition, the development of crab shells as hydroxyapatite graft has not been carried out further and still requires biocompatibility test to be used on a wide scale (10).

In performing in vitro test of a new materials, fibroblasts are used. Fibroblasts are connective tissue cells that function as defense because they are able to differentiate as odontoblast and osteoblast cells and produce collagen fibers in healing process. The ability to grow fast in tissues and be able to live solitary is the reason why fibroblast cells are easily cultured into cell subjects (11). The biocompatibility test of

hydroxyapatite graft produced from crab shells on human gingival fibroblast (HGF) cell cultures is required to determine whether the graft is ideal to be applied to the bone.

2. Materials and Methods

This is an experimental laboratory research with post-test only control group design. The treatment was carried out by giving hydroxyapatite graft powder from crab shell (*Portunus pelagicus*) on HGF cell culture. This study used 5 samples for each treatment group, those include the addition of hydroxyapatite graft crab shell at concentration of 100 ppm, 50 ppm and 25 ppm as well as cell control group and media control of 5 samples respectively. The sampling technique used is simple random sampling.

Processing of crab shells (*Portunus pelagicus*) for the synthesis of hydroxyapatite graft conducted at the Center for Biomaterials of Dr. Soetomo General National Hospital Surabaya. It was began by the washing process of crab shells using distilled water, chlorine and H₂O₂ then continued with the heating process of crab shells using furnace at 1000°C for 2 hours. Powder sifting process was performed with sifting machine until the particle size was less than 155µm and continued with the characterization of hydroxyapatite compounds using SEM-EDX.

The in vitro study was conducted at Stem Cell Research Development Center of Universitas Airlangga Surabaya. The isolation process of Human Gingival Fibroblast (HGF) cells was conducted from healthy gingival samples patients aged less than 30 years old. HGF cells are processed by splitting process which aim to multiply cells and replace α -MEM media. Before the treatment phase, cell preparations are processed by doing washing for several times using trypsin enzymes and α -MEM. Cells were divided

into 96-well microplate as much as 100 μl with density $3\text{-}5 \times 10^3$ and incubated for 24 hours at 37°C .

Hydroxyapatite graft powder was diluted with α -MEM media according to the concentration dose, at 100 ppm, 50 ppm and 25 ppm. Each of 5 samples were dripped by hydroxyapatite graft crab shell at concentration of 100 ppm, 50 ppm and 25 ppm. Incubation was carried out for 24 hours then microscopic observation was performed to observe whether cytotoxic effects had occurred. $25\mu\text{l}$ of MTT was dripped, incubated, then dripped with $10\mu\text{l}$ of DMSO. The results were analyzed with ELISA reader with wavelength of 620 nm and viability of fibroblast living cells were calculated. The data obtained were tested by Oneway Anova and *Post-hoc Tukey HSD*.

3. Results

The results of SEM micrograph was shown on Figure 1. It showed fineness and homogeneity of hydroxyapatite structure. The analysis of the element characterization of the hydroxyapatite graft, the EDX test was conducted and the result shown in Figure 2. The analysis then described in table 1 and showed that the dominant atom in hydroxiapatite graft derived from *Portunus pelagicus* was O followed by Ca and P.

Optical density (OD) value of formazan hydroxyapatite graft powder from *Portunus pelagicus* was measured using spectrophotometer. The mean value of formazan optical density in 5 samples for each treatment group and percentage of living cells can be seen in Table 2. From the result of MTT assay, it indicated that the treatment at concentrations of 100 ppm and 50 ppm is capable to reduce the number of living cells to a certain extent. The results will be analyzed using the LD_{50} parameter to

assess the biocompatibility of hydroxyapatite graft powder from crab shells from the entire concentration group.

Kolmogorov-Smirnov test results showed that all groups have a normality probability value greater than 0.05 ($p > 0.05$) which means that the data was normally distributed. Data analysis was continued by testing the sample variance homogeneity using Levene's test. The homogeneity test results indicated the significance value of 0.987 which means the data was homogeneous ($p > 0.05$). Data was normally distributed and homogeneous so the data needs to be tested using the Oneway Anova test with Post-Hoc Tukey HSD. Oneway Anova test was conducted to find out the overall difference in the sample group. From the test results shown the value of sig. = 0.752 which means there is no significant difference in the whole group because it had not met the sig requirements ($p < 0.05$).

4. Discussion

Bone graft is a material for bone resorption treatment. One type of bone graft is hydroxyapatite graft, which can be produced from marine biota (8). Crab shell has potential to be source of hydroxyapatite biomaterials that used as bone grafts. Before clinical application, crab shell graft should be tested for its biocompatibility in vitro on human gingival fibroblast (HGF) cell cultures which grown on the media. HGF cells can grow easily and have high sensitivity compared to other fibroblast cells. HGF cell cultures was selected because it derived from humans therefore the results are expected to represent material toxicity to human cells (12).

Previous studies by Raya et al. (2015) suggest that CaCO_3 content inside shell material is on average 40-70% and varies depending on the species. From these data, it

can be proved that the crab shell (*Portunus pelagicus*) is a good source for hydroxyapatite because of high Ca content more than 50%. According to Kartono et al. (2014), apatite crystals contain many carbon groups in carbonate shape (13).

Generally, hydroxyapatite is synthesized in powder shape, thus when observed visually the sample shape is appeared composed of fine granules. With observations using SEM (Scanning electron microscopy), it can be observed the sample morphology and the granules appeared more prominent in shape. The powder particles of sample elements are not completely rounded, but the particles shape varies and resembles the shape crystal. In addition, observations showed that the hydroxyapatite structure had a smooth surface and low porosity (9). The composition and distance of particle as element of the powder sample are quite regular. Moreover, hydroxyapatite size tends to be small. This was obtained from sifting process so that the powder is less than 155 μm .

Furthermore, the results of EDX analysis obtained hydroxyapatite element mapping which showed the atom distribution of three main elements. The composition and mapping confirm the composition of hydroxyapatite element so that it can be concluded that the synthesis results are achieved correspond to the target.

The percentage of living cells above 50% means that hydroxyapatite graft powder has optimal biocompatibility to living tissue. In this case, the material had passed in vitro test before going through the next test, in vivo test and even clinical application tests in humans. The high number of fibroblast cells caused by optimal conditions that inducing work rather than several factors that affect fibroblast cell proliferation, namely Platelet Derived Growth Factor (PDGF), basic Fibroblast Growth Factor (bFGF), and Transforming Growth Factor (TGF- β) is associated and influences

each other (14). These factors will induce fibroblast cells to migrate, proliferate, and differentiate.

The high number of fibroblast cells can be caused by the high ability of epidermal growth receptor (EGFR) and expression of $\alpha 5\beta 1$ integrin in fibroblast cells, especially human periodontal fibroblasts. Hydroxyapatite plays a role in stimulating fibroblast cell proliferation because it is associated with activation of the epidermal growth factor receptor (EGFR). The active receptor will be phosphorylated in tyrosine 1173 so that an increase in Akt pathway is a signal transduction pathway. Akt pathway activation promotes cell growth and proliferation in response to extracellular signals (20). Increased expression of $\alpha 5\beta 1$ integrin also occurred in fibroblast cells associated with EGFR. Increased expression of $\alpha 5\beta 1$ integrin caused increasing attachment of fibroblast cells to hydroxyapatite which activates EGFR and increases cell proliferation (15).

From the results of this study it can be concluded that hydroxyapatite graft powder from *Portunus pelagicus* has biocompatible properties on HGF cell culture and at the lowest concentration of 25 ppm has optimal biocompatibility compared to the other two concentrations.

Acknowledgements: nil

Authors contribution: all author was substantial contribution to concept, design, acquisition, analysis and interpretation data and drafting the article.

Conflict of interest not declared.

References

1. Emam SH. A Textbook of Advanced Oral and Maxillofacial Surgery. USA: InTech, 2013. pp.617-38
2. Sheikh Z, Sima C, Glogauer M. Bone Replacement Materials and Techniques Used for Achieving Vertical Alveolar Bone Augmentation. *Mater.* 2015; 8(1): 2953-993. doi: 10.3390/ma8062953.
3. Hardhani PR, Lastianny SP, Herawati D. Pengaruh penambahan *platelet-rich* plasma pada cangkok tulang terhadap kadar osteocalcin cairan sulkus gingiva pada terapi poket infraboni. *Jurnal PDGI.* 2013; 62(3): 75-82.
4. Reynolds MA, Aichelmann-Reidy ME, Branch-Mays GL. Regeneration of periodontal tissue: bone replacement graft. *Dent Clin N Am.* 2010; 54(1):55-71. doi: 10.1016/j.cden.2009.09.003.
5. Delee ZC, Delee J, Drez D, Miller MD. Delee and Drez's Orthopaedic Sports Medicine. Virginia: Elsevier/ Saunders. 2009. p.51.
6. Ichsan MZ. Sintesis makroporus komposit kolagen - hidroksiapatit sebagai kandidat bone graft. *Journal saintek.* 2012; 60(1): 1-6.
7. Hassan KS., Alagl AS. Immediate Dental Implants and Bone Graft, *Implant Dentistry – The Most Promising Discipline of Dentistry.* USA: InTech, 2011. p.1.
8. Dumitrescu A. Chemicals in surgical periodontal therapy. Berlin: Springer. 2011. pp.73 - 144.
9. Raya I, Mayasari E, Yahya A, Syahrul M, Lantura AI. Synthesis and Characterizations of Calcium Hydroxyapatite Derived from Crabs Shells (*Portunus pelagicus*) and Its Potency in Safeguard against to Dental Demineralizations. *Int J Biomater.* 2015; 1(1): 1-8. doi: 10.1155/2015/469176.

10. Fujii E, Kawabata K, Nakazaki Y. Fabrication of hydroxyapatite with controlled morphology in a micro-reactor. *JCSJ*. 2011; 119(1386): 116–119. doi: 10.2109/jcersj2.119.116
11. Freshney IR. *Culture of Animal Cells: A Manual of Basic Technique and Specialized Applications*. Canada: John Wiley&Sons. 2016. pp.513-21.
12. Pegg DE. Principles of cryopreservation. *Methods Mol Biol*. 2017; 368: 39-57. doi: 10.1007/978-1-59745-362-2_3
13. Kartono GS, Widyastuti, Setiawan HW. Biokompatibilitas graft cangkang kerang darah terhadap kultur sel fibroblas. *Denta*. 2014; 8(1): 1-8.
14. Putra ATW, Ade W, Hamidy MY. Tingkat Kepadatan Fibroblas pada Luka Sayat Mencit dengan Pemberian Gel Lidah Buaya (*Aloe chinensis Baker*). *Jurnal Universitas Riau*. 2013; 1: 8.
15. Kasaj A, Willerhausen B, Reichert C, Kasaj AG, Zafiroopoulos GG, Schmidt M. Human periodontal fibroblast response to a nanostructural hydroxyapatite bone replacement graft in vitro, *Arch Oral Biol*. 2008; 53(7): 7-11. doi: 10.1016/j.archoralbio.2008.01.00



michael josef kridanto kamadjaja <michael-j-k@fkg.unair.ac.id>

(no subject)

michael josef kridanto kamadjaja <michael-j-k@fkg.unair.ac.id>
To: AMNU BiH <amnubih@gmail.com>

Tue, Oct 1, 2019 at 10:23 AM


Dear Prof. Izet Masic, MD, PhD

Herewith I attach the revised of manuscript. Sorry for the very late reply.

Thank you for your kindness.

regards,
Michael Josef Kridanto Kamadjaja

[Quoted text hidden]

 **6-1557499100_RVZ.doc**
819K



michael josef kridanto kamadjaja <michael-j-k-k@fkg.unair.ac.id>

(no subject)

AMNU BiH <amnubih@gmail.com>

Tue, Oct 8, 2019 at 4:13 AM

To: michael josef kridanto kamadjaja <michael-j-k-k@fkg.unair.ac.id>

Thanks, I have received it.

[Quoted text hidden]

[Quoted text hidden]

[Quoted text hidden]

President of Academy of Medical Sciences in Bosnia and Herzegovina

[Quoted text hidden]

ORIGINAL PAPER

doi: 10.5455/medarh.2019.73.306-309

MED ARCH. 2019 OST; 73(5): 306-309

RECEIVED: SEP 12, 2019 | ACCEPTED: OCT 18, 2019

Biocompatibility of *Portunus pelagicus* Hydroxyapatite Graft on Human Gingival Fibroblast Cell Culture

Michael Josef Kridanto Kamadjaja¹, Janery Fidelia Abraham², Harry Laksono¹

¹Departement of Prosthodontics, Faculty of Dental Medicine, Universitas Airlangga, Mayjen Prof. Dr. Moestopo 47, Surabaya, Indonesia

²Faculty of Dental Medicine, Universitas Airlangga, Mayjen Prof. Dr. Moestopo 47, Surabaya, Indonesia

Corresponding author: Dr. Michael Josef Kridanto Kamadjaja, DDS., MSc, Departement of Prosthodontics, Faculty of Dental Medicine, Universitas Airlangga, Mayjen Prof. Dr. Moestopo 47, Surabaya, Indonesia, Phone: +6231 5030255, E-mail: michael-j-k-k@fkg.unair.ac.id. ORCID ID: <http://www.orcid.org/0000-0003-3226-7781>.

ABSTRACT

Introduction: Crab shell (*Portunus pelagicus*) has the potential to be a source of hydroxyapatite biomaterials that used as bone grafts. Before clinical application, crab shell graft should be tested for its biocompatibility in vitro on human gingival fibroblast. **Aim:** This study aimed to determine the biocompatibility of *Portunus pelagicus* hydroxyapatite graft on human gingival fibroblast cell culture. **Material and Methods:** Human gingival fibroblast cell cultures were divided into control group and treatment group with the addition of hydroxyapatite graft powder from *Portunus pelagicus* at a concentration of 100 ppm, 50 ppm, and 25 ppm. The synthesis process of hydroxyapatite was conducted by heating at 1000°C then characterizing the compound with SEM-EDX. All samples were incubated in α -MEM medium, then were given MTT material. The cultures on the plate were examined using ELISA reader. The results were analyzed using a Oneway Anova. **Results:** The percentage of living cells throughout all treatment group shown results that exceeded the LD50 parameter. The highest percentage of living cells was at 25 ppm concentration group. **Conclusion:** The hydroxyapatite graft powder from crab shells is biocompatible with human gingival fibroblast cell culture.

Keywords: Hydroxyapatites, Graft, Fibroblasts.

1. INTRODUCTION

The development of science and technology is not guaranteed the tooth resistance against disease or trauma completely, so there are still many cases of tooth loss. When tooth loss occurs, bone volume will decrease. Bone resorption due to tooth extraction may cause a problem in prosthodontics because it may lead to poor results of long-term treatment (1). Within 6 months, bone resorption occurs as much as 1.5-2 mm in vertical direction and 40%-50% in horizontal direction, and most cases occur in the first three months. If the treatment is not taken, the bone resorption can reach 40-60% of bone ridge volume in the first three years (2).

At present-day, there are various types of materials and techniques used for bone resorption treatment, including bone graft material, usage of guided tissue regeneration, application of growth factors to stimulate bone regeneration (3). Bone graft is used as scaffolds, matrix attachment and proliferation osteoblast (4). Bone graft material must have a biocompatibility property with living tissue, profitable for osteoconduction, osteoinduction and has ability to support

new bone formation. Graft biocompatibility is very crucial in order to prevent rejection by the host and not toxic to the body (5, 6).

The most ideal bone graft to use is an autograft that derived from the patient's own body. However, sometimes the process is not able to support, so that autograft is developed to allograft material. Yet, allografts often transmit infectious diseases, especially HIV and for that reason allograft is developed to xenograft material. The most commonly used xenograft is from bovine, but transmission of bovine spongiform encephalitis (BSE) is commonly occur. Various type of synthetic bone grafts was developed to minimize the risk of transmitting disease. Ideal conditions that need to be fulfilled by synthetic bone grafts are biocompatible, profitable for osteoconduction, osteoinduction and osteogenesis. Those three mechanisms are the most important for resorbable biomaterials that support tissue growth (6). However, alloplast particles cannot be counted on the site at the location of the embedded graft so that bone formation cannot be determined (7).

One type of bone graft, namely hydroxyapatite graft which can be pro-

© 2019 Michael Josef Kridanto Kamadjaja, Janery Fidelia Abraham, Harry Laksono

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

duced from coral reef skeletons, bovine bones, chicken claws, shellfish shells and human cancellous bones (8). In Indonesia, natural raw materials, especially those derived from marine biota are easily found, relatively low-cost and the production process is simple. Among these raw materials are crab shells (*Portunus pelagicus*) which are uncommonly used, even turned into waste (9).

A crab shell contains large amounts of calcium carbonate, about 40%–70% (9). Calcium carbonate is source of calcium that can be used as synthesis material of hydroxyapatite. Apatite crystals contain many carbon groups in carbonate shapes. Hydroxyapatite is a stable apatite crystal and implanted as bone replacement or filler. Hydroxyapatite biomaterials consist of bioactive components that are compatible with bones and teeth. This supports the use of crab shells as bone replacement alternative biomaterial based on the chemical composition. In addition, the development of crab shells as hydroxyapatite graft has not been carried out further and still requires biocompatibility test to be used on a wide scale (10).

In performing in vitro test of a new materials, fibroblasts are used. Fibroblasts are connective tissue cells that function as defense because they are able to differentiate as odontoblast and osteoblast cells and produce collagen fibers in healing process. The ability to grow fast in tissues and be able to live solitary is the reason why fibroblast cells are easily cultured into cell subjects (11). The biocompatibility test of hydroxyapatite graft produced from crab shells on human gingival fibroblast (HGF) cell cultures is required to determine whether the graft is ideal to be applied to the bone.

2. AIM

In the present study, we determine the biocompatibility of *Portunus pelagicus* hydroxyapatite graft on human gingival fibroblast cell culture.

3. MATERIAL AND METHODS

This is an experimental laboratory research with post-test only control group design. The treatment was carried out by giving hydroxyapatite graft powder from crab shell (*Portunus pelagicus*) on HGF cell culture. This study used 5 samples for each treatment group, those include the addition of hydroxyapatite graft crab shell at concentration of 100 ppm, 50 ppm and 25 ppm as well as cell control group and media control of 5 samples respectively. The sampling technique used is simple random sampling.

Processing of crab shells (*Portunus pelagicus*) for the synthesis of hydroxyapatite graft conducted at the Center for Biomaterials of Dr. Soetomo General National Hospital Surabaya. It was began by the washing process of crab shells using distilled water, chlorine and H_2O_2 then continued with the heating process of crab shells using furnace at $1000^\circ C$ for 2 hours. Powder sifting process was performed with sifting machine until the particle size was less than $155\mu m$ and continued with the characterization of hydroxyapatite compounds using SEM-EDX.

The in vitro study was conducted at Stem Cell Research Development Center of Universitas Airlangga Surabaya. The isolation process of Human Gingival Fibroblast (HGF) cells was conducted from healthy gingival samples patients aged less than 30 years old. HGF cells are processed by splitting process which aim to multiply cells and replace α -MEM media. Before the treatment phase, cell preparations are processed by doing washing for several times using trypsin enzymes and α -MEM. Cells were divided into 96-well microplate as much as $100\ \mu l$ with density $3-5 \times 10^3$ and incubated for 24 hours at $37^\circ C$.

Hydroxyapatite graft powder was diluted with α -MEM media according to the concentration dose, at 100 ppm, 50 ppm and 25 ppm. Each of 5 samples were dripped by hydroxyapatite graft crab shell at concentration of 100 ppm, 50 ppm and 25 ppm. Incubation was carried out for 24 hours then microscopic observation was performed to observe whether cytotoxic effects had occurred. $25\ \mu l$ of MTT was dripped, incubated, then dripped with $10\ \mu l$ of DMSO. The results were analyzed with ELISA reader with wavelength of 620 nm and viability of fibroblast living cells were calculated. The data obtained were tested by Oneway Anova and *Post-hoc Tukey HSD*.

4. RESULTS

The results of SEM micrograph was shown on Figure 1. It showed fineness and homogeneity of hydroxyapatite structure. The analysis of the element characterization of the hydroxyapatite graft, the EDX test was conducted and the result shown in Figure 2. The analysis then described in Table 1 and showed that the dominant atom in hydroxiapatite graft derived from *Portunus pelagicus* was O followed by Ca and P.

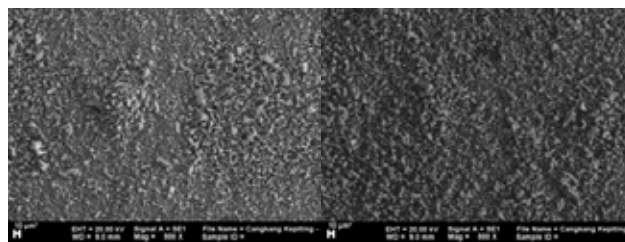


Figure 1. SEM micrograph of hydroxyapatite crab shell samples at 500x magnification from two different fields of view.

Optical density (OD) value of formazan hydroxyapatite graft powder from *Portunus pelagicus* was measured using spectrophotometer. The mean value of formazan optical density in 5 samples for each treatment group and percentage of living cells can be seen in Table 2. From the result of MTT assay, it indicated that the treatment at concentrations of 100 ppm and 50 ppm is capable to reduce the number of living cells to a certain extent. The results will be analyzed using the LD_{50} parameter to assess the biocompatibility of hydroxyapatite graft powder from crab shells from the entire concentration group.

Kolmogorov-Smirnov test results showed that all groups have a normality probability value greater than 0.05 ($p > 0.05$) which means that the data was normally distributed. Data analysis was continued by testing the

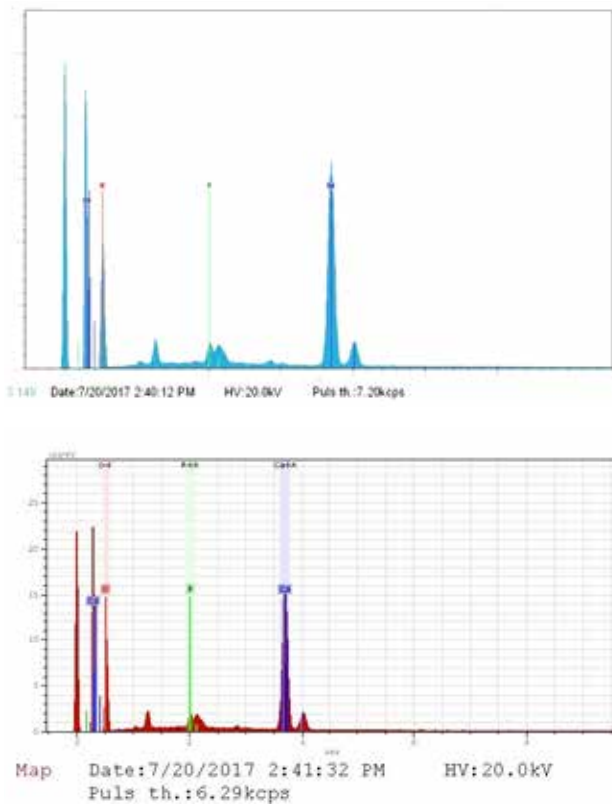


Figure 2. EDX spectrum of hydroxyapatite samples from *Portunus pelagicus* with three main elements, O, Ca, and P.



Figure 3. Microscopic images of fibroblast cells after hydroxyapatite graft powder exposure at concentration; A) 100 ppm, B) 50 ppm, and C) 25 ppm with 20x magnification.

sample variance homogeneity using Levene’s test. The homogeneity test results indicated the significance value of 0.987 which means the data was homogeneous ($p > 0.05$). Data was normally distributed and homogeneous so the data needs to be tested using the Oneway Anova test with Post-Hoc Tukey HSD. Oneway Anova test was conducted to find out the overall difference in the sample group. From the test results shown the value of sig. = 0.752 which means there is no significant difference in the whole group because it had not met the sig requirements ($p < 0.05$).

5. DISCUSSION

Bone graft is a material for bone resorption treatment. One type of bone graft is hydroxyapatite graft, which can be produced from marine biota (8). Crab shell has potential to be source of hydroxyapatite biomaterials that used as bone grafts. Before clinical application, crab shell graft should be tested for its biocompatibility in vitro on human gingival fibroblast (HGF) cell cultures which grown on the media. HGF cells can grow easily and have high sensitivity compared to other fibroblast cells. HGF cell

Element	Normalized Weight Calculation (wt.%)	Atom Calculation (at.%)	Standard deviation
O	67,59	83,54	6,9
Ca	29,16	14,39	0,7
P	3,25	2,08	0,1

Table 1. Calculation of normalized weight and calculation of atoms in Hydroxyapatite Graft derived from *Portunus pelagicus*.

Treatment Group	N	Optical Density Mean	Standard Deviation	Percentage of Living Cells
Hydroxyapatite graft 100ppm	5	0,0684	0,017785	89,8%
Hydroxyapatite graft 50ppm	5	0,0724	0,018366	93,27%
Hydroxyapatite graft 25ppm	5	0,0816	0,018366	101,2%
Cell Control	5	0,0802	0,014704	100%
Media Control	5	0,0358	0,000837	0%

Table 2. The mean value of optical density and the percentage of living cells for each treatment.

cultures was selected because it derived from humans therefore the results are expected to represent material toxicity to human cells (12).

Previous studies by Raya et al. (2015) suggest that CaCO₃ content inside shell material is on average 40-70% and varies depending on the species. From these data, it can be proved that the crab shell (*Portunus pelagicus*) is a good source for hydroxyapatite because of high Ca content more than 50%. According to Kartono et al. (2014), apatite crystals contain many carbon groups in carbonate shape (13).

Generally, hydroxyapatite is synthesized in powder shape, thus when observed visually the sample shape is appeared composed of fine granules. With observations using SEM (Scanning electron microscopy), it can be observed the sample morphology and the granules appeared more prominent in shape. The powder particles of sample elements are not completely rounded, but the particles shape varies and resembles the shape crystal. In addition, observations showed that the hydroxyapatite structure had a smooth surface and low porosity (9). The composition and distance of particle as element of the powder sample are quite regular. Moreover, hydroxyapatite size tends to be small. This was obtained from sifting process so that the powder is less than 155 μm.

Furthermore, the results of EDX analysis obtained hydroxyapatite element mapping which showed the atom distribution of three main elements. The composition and mapping confirm the composition of hydroxyapatite element so that it can be concluded that the synthesis results are achieved correspond to the target.

The percentage of living cells above 50% means that hydroxyapatite graft powder has optimal biocompatibility to living tissue. In this case, the material had passed in vitro test before going through the next test, in vivo test and even clinical application tests in humans. The high number of fibroblast cells caused by optimal conditions that inducing work rather than several factors that affect fibroblast cell proliferation, namely Platelet Derived Growth Factor (PDGF), basic Fibroblast Growth Factor

(bFGF), and Transforming Growth Factor (TGF- β) is associated and influences each other (14). These factors will induce fibroblast cells to migrate, proliferate, and differentiate.

The high number of fibroblast cells can be caused by the high ability of epidermal growth receptor (EGFR) and expression of $\alpha 5\beta 1$ integrin in fibroblast cells, especially human periodontal fibroblasts. Hydroxyapatite plays a role in stimulating fibroblast cell proliferation because it is associated with activation of the epidermal growth factor receptor (EGFR). The active receptor will be phosphorylated in tyrosine 1173 so that an increase in Akt pathway is a signal transduction pathway. Akt pathway activation promotes cell growth and proliferation in response to extracellular signals (20). Increased expression of $\alpha 5\beta 1$ integrin also occurred in fibroblast cells associated with EGFR. Increased expression of $\alpha 5\beta 1$ integrin caused increasing attachment of fibroblast cells to hydroxyapatite which activates EGFR and increases cell proliferation (15).

6. CONCLUSION

From the results of this study it can be concluded that hydroxyapatite graft powder from *Portunus pelagicus* has biocompatible properties on HGF cell culture and at the lowest concentration of 25 ppm has optimal biocompatibility compared to the other two concentrations.

- **Declaration of patient consent:** The authors certify that they have obtained all appropriate patient consent forms
- **Authors contribution:** Each author gave substantial contribution to the conception or design of the work and in the acquisition, analysis and interpretation of data for the work. Each author had role in drafting the work and revising it critically for important intellectual content. Each author gave final approval of the version to be published and they agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
- **Conflict of interest:** There are no conflicts of interest.
- **Financial support and sponsorship:** Nil

REFERENCES

1. Emam SH. A Textbook of Advanced Oral and Maxillofacial Surgery. USA: InTech, 2013: 617-638.
2. Sheikh Z, Sima C, Glogauer M. Bone Replacement Materials and Techniques Used for Achieving Vertical Alveolar Bone Augmentation. *Materials*. 2015; 8(1): 2953-2993.
3. Hardhani PR, Lastianny SP, Herawati D. Pengaruh penambahan platelet-rich plasma pada cangkok tulang terhadap kadar osteocalcin cairan sulkus gingiva pada terapi poket infraboni. *Jurnal PDGI*. 2013; 62(3): 75-82.
4. Reynolds MA, Aichelmann-Reidy ME, Branch-Mays GL. Regeneration of periodontal tissue: bone replacement graft. *Dental Clinics of North America*. 2010; 54(1): 55-71.
5. Delee ZC, Delee J, Drez D, Miller MD. Delee and Drez's Orthopaedic Sports Medicine. Virginia: Elsevier/ Saunders. 2009. p.51.
6. Ichsani MZ. Sintesis makroporus komposit kolagen-hidroksiapatit sebagai kandidat bone graft. *Journal saintek*. 2012; 60(1): 1-6.
7. Hassan KS., Alagl AS. Immediate Dental Implants and Bone Graft, *Implant Dentistry - The Most Promising Discipline of Dentistry*. USA: InTech, 2011. p.1.
8. Dumitrescu A. Chemicals in surgical periodontal therapy. Berlin: Springer. 2011:73-144.
9. Raya I, Mayasari E, Yahya A, Syahrul M, Lantura AI. Synthesis and Characterizations of Calcium Hydroxyapatite Derived from Crabs Shells (*Portunus pelagicus*) and Its Potency in Safeguard against to Dental Demineralizations. *International Journal of Biomaterial*. 2015; 1(1): 1-8.
10. Fujii E, Kawabata K, Nakazaki Y. Fabrication of hydroxyapatite with controlled morphology in a micro-reactor. *Journal of the Ceramic Society of Japan*. 2011; 119(1386): 116-119.
11. Freshney IR. *Culture of Animal Cells: A Manual of Basic Technique and Specialized Applications*. Canada: John Wiley and Sons. 2016: 513-521.
12. Pegg DE. Principles of cryopreservation. *Methods in Molecular Biology*. 2017; 368: 39-57.
13. Kartono GS, Widyastuti, Setiawan HW. Biokompatibilitas graft cangkang kerang darah terhadap kultur sel fibroblas. *Denta Journal Kedokteran Gigi*. 2014; 8(1): 1-8.
14. Putra ATW, Ade W, Hamidy MY. Tingkat Kepadatan Fibroblas pada Luka Sayat Mencit dengan Pemberian Gel Lidah Buaya (*Aloe chinensis Baker*). *Jurnal Universitas Riau*. 2013: 1: 8.
15. Kasaj A, Willerhausen B, Reichert C, Kasaj AG, Zafropoulos GG, Schmidt M. Human periodontal fibroblast response to a nanostructural hydroxyapatite bone replacement graft in vi

2.3 Citations

The list of references is headed "References" and is not assigned a number. The list should be set in small print and placed at the end of your contribution, in front of the appendix, if one exists. Please do not insert a pagebreak before the list of references if the page is not completely filled. An example is given at the end of this information sheet. For citations in the text please use brackets and consecutive numbers: (1), (2, 3, 4). (5-8)... In the text number the references consecutively in the order in which they first appear. Use the style, which is based on the formats used by the US National Library of Medicine in MEDLINE (sometimes called the "Vancouver style"). For details see the guidelines from the International Committee of Medical Journal Editors (http://www.nlm.nih.gov/bsd/uniform_requirements.html).

2.4. Page Numbering and Running Heads

Please do not set running heads or page numbers.

3. Additional

Acknowledgements: Scientific advice, technical assistance, and credit for financial support and materials may be grouped in a section headed 'Acknowledgements' that will appear at the end of the text (immediately after the Conclusions section). The heading should not be assigned a number.

Authors contribution: wrote Author's contribution details

Conflict of interest statement must be: declared (if yes) or not declared (if not).

Financial support: describe it yes and by whom, or not (nil).

EXAMPLE:

Acknowledgments: The authors would like to acknowledge patients who participated in this study

Author's contribution: FA, PT, MT gave a substantial contribution to the conception and design of the work. FA, NG gave a substantial contribution of data. FA, MT, FT, PT gave a substantial contribution to the acquisition, analysis, or interpretation of data for the work. FA, VA, SZ, FT had a part in article preparing for drafting or revising it critically for important intellectual content. All authors gave final approval of the version to be published and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Conflict of interest: not declared.

Financial support: nil.

References (use Vancouver's style, example)

1. Donev DM, Masic I. Ten Steps to Improve Quality of the Journal *Materia Socio-Medica*. *Mater Sociomed*. 2017 Mar; 29(1): 4-7. doi:10.5455/msm.2017.29.4-7.
2. Masic I. Missues of Authorship - Editors View. *Med Arch*. 2017 Aug; 71(4): 236-238. doi:10.5455/medarh.2017.71.236-238.
3. Rao CR, Chakraborty R. Handbook of statistics. North-Holland, Amsterdam, 1991: 5-36.
4. Hrvatska enciklopedija, Leksikografski zavod Miroslav Krleža. Available at URL: <http://www.enciklopedija.hr/Natuknica.aspx?ID=37705>. (Accessed: 23. 4. 2014.)

Authors need to pay publication fee after accepting paper for publishing following instructions in the table bellow (web page:

<https://medarch.org/publishing-fees/>

LETTER TO THE EDITOR	CASE REPORTS	ORIGINAL ARTICLES	REVIEW ARTICLES
€ 150	€ 250	€ 300	€ 400
1000 words	1500 words	3500 words	4000 words
Total illustrations 1	Total illustrations 1	Total illustrations 1	Total illustrations 1
Extra per 500 word: 50 EUR	Extra per 500 word: 50 EUR	Extra per 500 word: 50 EUR	Extra per 500 word: 50 EUR
Additional table or figure: 50 EUR	Additional table or figure: 50 EUR	Additional table or figure: 50 EUR	Additional table or figure: 50 EUR
Amount: <input type="text"/> EUR	Amount: <input type="text"/> EUR	Amount: <input type="text"/> EUR	Amount: <input type="text"/> EUR
<input type="button" value="Pay Now"/>	<input type="button" value="Pay Now"/>	<input type="button" value="Pay Now"/>	<input type="button" value="Pay Now"/>

LETTER TO THE EDITOR	CASE REPORTS	ORIGINAL ARTICLES	REVIEW ARTICLES
€ 150	€ 250	€ 300	€ 400
1000 words	1500 words	3500 words	4000 words
Total illustrations 1	Total illustrations 1	Total illustrations 1	Total illustrations 1
Extra per 500 word: 50 EUR	Extra per 500 word: 50 EUR	Extra per 500 word: 50 EUR	Extra per 500 word: 50 EUR
Additional table or figure: 50 EUR	Additional table or figure: 50 EUR	Additional table or figure: 50 EUR	Additional table or figure: 50 EUR
Amount: <input type="text"/> EUR	Amount: <input type="text"/> EUR	Amount: <input type="text"/> EUR	Amount: <input type="text"/> EUR
<input type="button" value="Pay Now"/>	<input type="button" value="Pay Now"/>	<input type="button" value="Pay Now"/>	<input type="button" value="Pay Now"/>

Dear Authors,

Account your fees according number of words, tables and figures in the text of your paper (in NETT)

Scale is written in Template (already sent to you, attached is extract) and also deposited on web sites of the journals.

Let you try to pay via PayPal system, please.

Editor

Authors need to pay publication fee after accepting paper for publishing following instructions in the table bellow (web page: <https://medarch.org/publishing-fees/>)

Dear AVICENA,

You received a payment from AVICENA.

Payments you receive go to your pending balance for 30 days. Payments in your pending balance belong to you, but you can't use or withdraw them. After 30 days, pending payments go to your available balance, unless PayPal is holding amounts for another reason, as specified in the PayPal User Agreement or other agreement that you have entered into with PayPal.

Payment Details

Amount (pending): 350.00 EUR
Transaction ID: 2N8923.....
Buyer's email: vicalikari@gmail.com

Ship to address:

VIKTORIA ALIKARI
ΑΓ. ΓΑΥΚΕΡΙΑΣ 25
ΠΕΤΡΟΥΠΟΛΗ, , 13232
Greece

We recommend that you do the following:

- [Log in](#) to your account, and go to the Transaction Details page to see if this payment is eligible for seller protection.

For sales of physical goods:

- Ship to the buyer's address on the Transaction Details page.
- Use a shipping service that offers signature confirmation.
- Save all tracking information or other proof of shipment.

Let your buyer know the item shipped by adding tracking information on the Transaction Details page.

Yours sincerely,
PayPal

Dear AVICENA,

You received a payment from AVICENA.

Payments you receive go to your pending balance for 30 days. Payments in your pending balance belong to you, but you can't use or withdraw them. After 30 days, pending payments go to your available balance, unless PayPal is holding amounts for another reason, as specified in the PayPal User Agreement or other agreement that you have entered into with PayPal.

Payment Details

Amount (pending): 500.00 EUR
Transaction ID: 3YR290.....
Buyer's email: sribudiwahjuningsih@yahoo.com

Ship to address:

Sri Budi Wahjuningsih
Penyu Utara No 26 Tugusari Ungaran Barat
Kabupaten Semarang, JAWA TENGAH , 50511
Indonesia

ORIGINAL PAPER

doi: 10.5455/medarh.2019.73.378-381

MED ARCH. 2019 DEC; 73(6): 378-381

RECEIVED: OCT 09, 2019 | ACCEPTED: DEC 11, 2019

¹Department of Prosthodontics, Faculty of Dental Medicine, Universitas Airlangga, Mayjen Prof. Dr. Moestopo 47, Surabaya, Indonesia

²Faculty of Dental Medicine, Universitas Airlangga, Mayjen Prof. Dr. Moestopo 47, Surabaya, Indonesia

Corresponding author: Michael Josef Kridanto Kamadjaja, DDS., MSc, Departement of Prosthodontics, Faculty of Dental Medicine, Universitas Airlangga, Mayjen Prof. Dr. Moestopo 47, Surabaya, Indonesia, Phone: +6231 5030255, E-mail: michael-j-k-k@fkg.unair.ac.id. ORCID ID: <http://www.orcid.org/0000-0003-3226-7781>.

Biocompatibility of Portunus Pelagicus Hydroxyapatite Graft on Human Gingival Fibroblast Cell Culture

Michael Josef Kridanto Kamadjaja¹, Janery Fidelia Abraham², Harry Laksono¹

ABSTRACT

Introduction: Crab shell (*Portunus pelagicus*) has the potential to be a source of hydroxyapatite biomaterials that used as bone grafts. Before clinical application, crab shell graft should be tested for its biocompatibility in vitro on human gingival fibroblast. **Aim:** This study aimed to determine the biocompatibility of *Portunus pelagicus* hydroxyapatite graft on human gingival fibroblast cell culture. **Material and Methods:** Human gingival fibroblast cell cultures were divided into control group and treatment group with the addition of hydroxyapatite graft powder from *Portunus pelagicus* at a concentration of 100 ppm, 50 ppm, and 25 ppm. The synthesis process of hydroxyapatite was conducted by heating at 1000°C then characterizing the compound with SEM-EDX. All samples were incubated in -MEM medium, then were given MTT material. The cultures on the plate were examined using ELISA reader. The results were analyzed using a Oneway Anova. **Results:** The percentage of living cells throughout all treatment group shown results that exceeded the LD50 parameter. The highest percentage of living cells was at 25 ppm concentration group. **Conclusion:** The hydroxyapatite graft powder from crab shells is biocompatible with human gingival fibroblast cell culture.

Keywords: Hydroxyapatites, Graft, Fibroblasts.

1. INTRODUCTION

The development of science and technology is not guaranteed the tooth resistance against disease or trauma completely, so there are still many cases of tooth loss. When tooth loss occurs, bone volume will decrease. Bone resorption due to tooth extraction may cause a problem in prosthodontics because it may lead to poor results of long-term treatment (1). Within 6 months, bone resorption occurs as much as 1.5-2 mm in vertical direction and 40%-50% in horizontal direction, and most cases occur in the first three months. If the treatment is not taken, the bone resorption can reach 40-60% of bone ridge volume in the first three years (2).

At present-day, there are various types of materials and techniques used for bone resorption treatment, including bone graft material, usage of guided tissue regeneration, application of growth factors to stimulate bone regeneration (3). Bone graft is used as scaffolds, matrix attachment and proliferation osteoblast (4). Bone graft material must have a biocompatibility property with living tissue, profitable for osteoconduction, osteo-

induction and has ability to support new bone formation. Graft biocompatibility is very crucial in order to prevent rejection by the host and not toxic to the body (5, 6).

The most ideal bone graft to use is an autograft that derived from the patient's own body. However, sometimes the process is not able to support, so that autograft is developed to allograft material. Yet, allografts often transmit infectious diseases, especially HIV and for that reason allograft is developed to xenograft material. The most commonly used xenograft is from bovine, but transmission of bovine spongiform encephalitis (BSE) is commonly occur. Various type of synthetic bone grafts was developed to minimize the risk of transmitting disease. Ideal conditions that need to be fulfilled by synthetic bone grafts are biocompatible, profitable for osteoconduction, osteoinduction and osteogenesis. Those three mechanisms are the most important for resorbable biomaterials that support tissue growth (6). However, alloplast particles cannot be counted on the site at the location of the embedded graft so that bone formation cannot be determined (7).

© 2019 Michael Josef Kridanto Kamadjaja, Janery Fidelia Abraham, Harry Laksono

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

One type of bone graft, namely hydroxyapatite graft which can be produced from coral reef skeletons, bovine bones, chicken claws, shellfish shells and human cancellous bones (8). In Indonesia, natural raw materials, especially those derived from marine biota are easily found, relatively low-cost and the production process is simple. Among these raw materials are crab shells (*Portunus pelagicus*) which are uncommonly used, even turned into waste (9).

A crab shell contains large amounts of calcium carbonate, about 40% - 70% (9). Calcium carbonate is source of calcium that can be used as synthesis material of hydroxyapatite. Apatite crystals contain many carbon groups in carbonate shapes. Hydroxyapatite is a stable apatite crystal and implanted as bone replacement or filler. Hydroxyapatite biomaterials consist of bioactive components that are compatible with bones and teeth. This supports the use of crab shells as bone replacement alternative biomaterial based on the chemical composition. In addition, the development of crab shells as hydroxyapatite graft has not been carried out further and still requires biocompatibility test to be used on a wide scale (10).

In performing in vitro test of a new materials, fibroblasts are used. Fibroblasts are connective tissue cells that function as defense because they are able to differentiate as odontoblast and osteoblast cells and produce collagen fibers in healing process. The ability to grow fast in tissues and be able to live solitary is the reason why fibroblast cells are easily cultured into cell subjects (11). The biocompatibility test of hydroxyapatite graft produced from crab shells on human gingival fibroblast (HGF) cell cultures is required to determine whether the graft is ideal to be applied to the bone.

2. AIM

In the present study, we determine the biocompatibility of *Portunus pelagicus* hydroxyapatite graft on human gingival fibroblast cell culture.

3. MATERIAL AND METHOD

This is an experimental laboratory research with post-test only control group design. The treatment was carried out by giving hydroxyapatite graft powder from crab shell (*Portunus pelagicus*) on HGF cell culture. This study used 5 samples for each treatment group, those include the addition of hydroxyapatite graft crab shell at concentration of 100 ppm, 50 ppm and 25 ppm as well as cell control group and media control of 5 samples respectively. The sampling technique used is simple random sampling.

Processing of crab shells (*Portunus pelagicus*) for the synthesis of hydroxyapatite graft conducted at the Center for Biomaterials of Dr. Soetomo General National Hospital Surabaya. It was began by the washing process of crab shells using distilled water, chlorine and H₂O₂ then continued with the heating process of crab shells using furnace at 1000°C for 2 hours. Powder sifting process was performed with sifting machine until the particle size was less than 155µm and continued with the

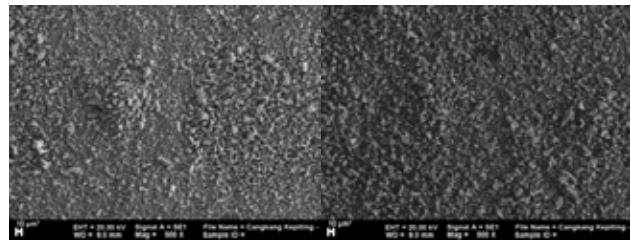


Figure 1. SEM micrograph of hydroxyapatite crab shell samples at 500x magnification from two different fields of view

characterization of hydroxyapatite compounds using SEM-EDX.

The in vitro study was conducted at Stem Cell Research Development Center of Universitas Airlangga Surabaya. The isolation process of Human Gingival Fibroblast (HGF) cells was conducted from healthy gingival samples patients aged less than 30 years old. HGF cells are processed by splitting process which aim to multiply cells and replace α -MEM media. Before the treatment phase, cell preparations are processed by doing washing for several times using trypsin enzymes and α -MEM. Cells were divided into 96-well microplate as much as 100 µl with density 3-5x10³ and incubated for 24 hours at 37°C.

Hydroxyapatite graft powder was diluted with α -MEM media according to the concentration dose, at 100 ppm, 50 ppm and 25 ppm. Each of 5 samples were dripped by hydroxyapatite graft crab shell at concentration of 100 ppm, 50 ppm and 25 ppm. Incubation was carried out for 24 hours then microscopic observation was performed to observe whether cytotoxic effects had occurred. 25µl of MTT was dripped, incubated, then dripped with 10µl of DMSO. The results were analyzed with ELISA reader with wavelength of 620 nm and viability of fibroblast living cells were calculated. The data obtained were tested by Oneway Anova and Post-hoc Tukey HSD.

4. RESULTS

The results of SEM micrograph was shown on Figure 1. It showed fineness and homogeneity of hydroxyapatite structure. The analysis of the element characterization of the hydroxyapatite graft, the EDX test was conducted and the result shown in Figure 2. The analysis then described in table 1 and showed that the dominant atom in hydroxiapatite graft derived from *Portunus pelagicus* was O followed by Ca and P.

Optical density (OD) value of formazan hydroxyapatite graft powder from *Portunus pelagicus* was measured using spectrophotometer. The mean value of formazan optical density in 5 samples for each treatment group and percentage of living cells can be seen in Table 2. From the result of MTT assay, it indicated that the treatment at concentrations of 100 ppm and 50 ppm is capable to reduce the number of living cells to a certain extent. The results will be analyzed using the LD50 parameter to assess the biocompatibility of hydroxyapatite graft powder from crab shells from the entire concentration group.

Kolmogorov-Smirnov test results showed that all groups have a normality probability value greater than 0.05 ($p > 0.05$) which means that the data was normally distributed. Data analysis was continued by testing the

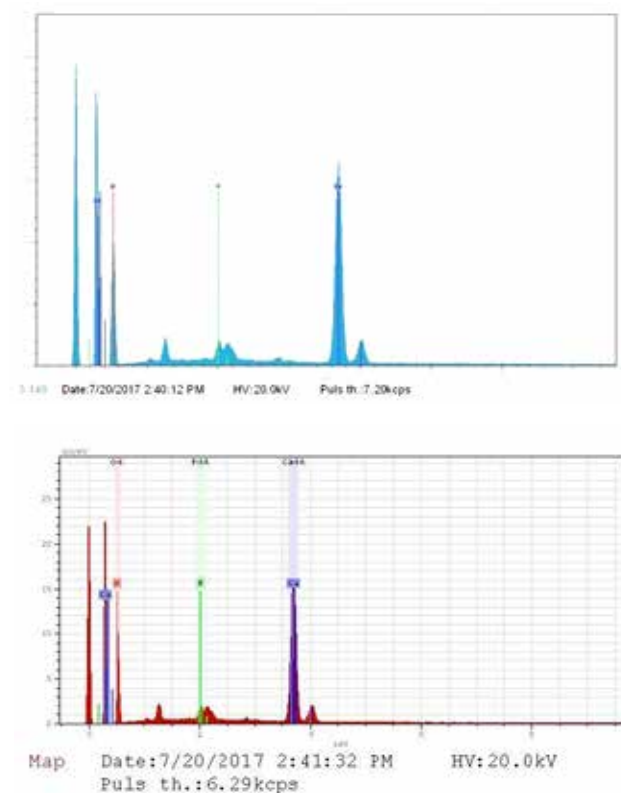


Figure 2. EDX spectrum of hydroxyapatite samples from Portunus pelagicus with three main elements, O, Ca, and P.

Element	Normalized Weight Calculation (wt.%)	Atom Calculation (at.%)	Standard deviation
O	67,59	83,54	6,9
Ca	29,16	14,39	0,7
P	3,25	2,08	0,1

Table 1. Calculation of normalized weight and calculation of atoms in Hydroxyapatite Graft derived from Portunus pelagicus.

Treatment Group	N	Optical Density Mean	Standard Deviation	Percentage of Living Cells
Hydroxyapatite graft 100ppm	5	0,0684	0,017785	89,8%
Hydroxyapatite graft 50ppm	5	0,0724	0,018366	93,27%
Hydroxyapatite graft 25ppm	5	0,0816	0,018366	101,2%
Cell Control	5	0,0802	0,014704	100%
Media Control	5	0,0358	0,000837	0%

Table 2. The mean value of optical density and the percentage of living cells for each treatment.

sample variance homogeneity using Levene's test. The homogeneity test results indicated the significance value of 0.987 which means the data was homogeneous ($p > 0.05$). Data was normally distributed and homogeneous so the data needs to be tested using the Oneway Anova test with Post-Hoc Tukey HSD. Oneway Anova test was conducted to find out the overall difference in the sample group. From the test results shown the value of sig. = 0.752 which means there is no significant difference in



Figure 3. Microscopic images of fibroblast cells after hydroxyapatite graft powder exposure at concentration; A) 100 ppm, B) 50 ppm, and C) 25 ppm with 20x magnification.

the whole group because it had not met the sig requirements ($p < 0.05$).

5. DISCUSSION

The results of SEM micrograph was shown on Figure 1. It showed fineness and homogeneity of hydroxyapatite structure. The analysis of the element characterization of the hydroxyapatite graft, the EDX test was conducted and the result shown in Figure 2. The analysis then described in Table 1 and showed that the dominant atom in hydroxiapatite graft derived from Portunus pelagicus was O followed by Ca and P.

Optical density (OD) value of formazan hydroxyapatite graft powder from Portunus pelagicus was measured using spectrophotometer. The mean value of formazan optical density in 5 samples for each treatment group and percentage of living cells can be seen in Table 2. From the result of MTT assay, it indicated that the treatment at concentrations of 100 ppm and 50 ppm is capable to reduce the number of living cells to a certain extent. The results will be analyzed using the LD50 parameter to assess the biocompatibility of hydroxyapatite graft powder from crab shells from the entire concentration group.

Kolmogorov-Smirnov test results showed that all groups have a normality probability value greater than 0.05 ($p > 0.05$) which means that the data was normally distributed. Data analysis was continued by testing the sample variance homogeneity using Levene's test. The homogeneity test results indicated the significance value of 0.987 which means the data was homogeneous ($p > 0.05$). Data was normally distributed and homogeneous so the data needs to be tested using the Oneway Anova test with Post-Hoc Tukey HSD. Oneway Anova test was conducted to find out the overall difference in the sample group. From the test results shown the value of sig. = 0.752 which means there is no significant difference in the whole group because it had not met the sig requirements ($p < 0.05$).

6. CONCLUSION

From the results of this study it can be concluded that hydroxyapatite graft powder from Portunus pelagicus has biocompatible properties on HGF cell culture and at the lowest concentration of 25 ppm has optimal biocompatibility compared to the other two concentrations.

- **Declaration of patient consent:** The authors certify that they have obtained all appropriate patient consent forms.
- **Authors contribution:** Each author gave substantial contribution to the conception or design of the work and in the acquisition, analysis and interpretation of data for the work. Each author had role in

drafting the work and revising it critically for important intellectual content. Each author gave final approval of the version to be published and they agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

- **Conflict of interest:** There are no conflicts of interest.
- **Financial support and sponsorship:** Nil.

REFERENCES

1. Emam SH. A Textbook of Advanced Oral and Maxillofacial Surgery. USA: InTech, 2013:617-638.
2. Sheikh Z, Sima C, Glogauer M. Bone Replacement Materials and Techniques Used for Achieving Vertical Alveolar Bone Augmentation. *Materials*. 2015; 8(1): 2953-2993.
3. Hardhani PR, Lastianny SP, Herawati D. Pengaruh penambahan platelet-rich plasma pada cangkok tulang terhadap kadar osteocalcin cairan sulkus gingiva pada terapi poket infraboni. *Jurnal PDGI*. 2013; 62(3): 75-82.
4. Reynolds MA, Aichelmann-Reidy ME, Branch-Mays GL. Regeneration of periodontal tissue: bone replacement graft. *Dental Clinics of North America*. 2010; 54(1): 55-71.
5. Delee ZC, Delee J, Drez D, Miller MD. Delee and Drez's Orthopaedic Sports Medicine. Virginia: Elsevier/ Saunders. 2009. 51.
6. Ichsan MZ. Sintesis makroporus komposit kolagen - hidroksiapatit sebagai kandidat bone graft. *Journal saintek*. 2012; 60(1): 1-6.
7. Hassan KS., Alagl AS. Immediate Dental Implants and Bone Graft, Implant Dentistry - The Most Promising Discipline of Dentistry. USA: InTech, 2011: 1.
8. Dumitrescu A. Chemicals in surgical periodontal therapy. Berlin: Springer. 2011: 73-144.
9. Raya I, Mayasari E, Yahya A, Syahrul M, Lantura AI. Synthesis and Characterizations of Calcium Hydroxyapatite Derived from Crabs Shells (*Portunus pelagicus*) and Its Potency in Safeguard against to Dental Demineralizations. *International Journal of Biomaterial*. 2015; 1(1): 1-8.
10. Fujii E, Kawabata K, Nakazaki Y. Fabrication of hydroxyapatite with controlled morphology in a micro-reactor. *Journal of the Ceramic Society of Japan*. 2011; 119(1386): 116-119.
11. Freshney IR. Culture of Animal Cells: A Manual of Basic Technique and Specialized Applications. Canada: John Wiley and Sons. 2016: 513-521.
12. Pegg DE. Principles of cryopreservation. *Methods in Molecular Biology*. 2017; 368: 39-57.
13. Kartono GS, Widyastuti, Setiawan HW. Biokompatibilitas graft cangkok kerang darah terhadap kultur sel fibroblas. *Denta Journal Kedokteran Gigi*. 2014; 8(1): 1-8.
14. Putra ATW, Ade W, Hamidy MY. Tingkat Kepadatan Fibroblas pada Luka Sayat Mencit dengan Pemberian Gel Lidah Buaya (*Aloe chinensis* Baker). *Jurnal Universitas Riau*. 2013; 1: 8.
15. Kasaj A, Willerhausen B, Reichert C, Kasaj AG, Zafropoulos GG, Schmidt M. Human periodontal fibroblast response to a nanostructural hydroxyapatite bone replacement graft in vitro. *Archive of Oral Biology*. 2008; 53(7): 7-11.



michael josef kridanto kamadjaja <michael-j-k@fkg.unair.ac.id>

Final correction and approval of the article Medical Archives 2019-4

michael josef kridanto kamadjaja <michael-j-k@fkg.unair.ac.id>
To: amnubih.language.editor@gmail.com

Mon, Dec 23, 2019 at 10:46 AM

Dear Editor Acta Informatica Medica,

Herewith I attach the receipt of publishing payment.
Thank you for kindness.

regard,
Michael Josef Kridanto Kamadjaja
[Quoted text hidden]

 **Payment Receipt.pdf**
76K



michael josef kridanto kamadjaja <michael-j-k-k@fkg.unair.ac.id>

Final correction and approval of the article Medical Archives 2019-4

amnubih.language.editor@gmail.com <amnubih.language.editor@gmail.com>

Sat, Dec 21, 2019 at 3:45 AM

To: michael-j-k-k@fkg.unair.ac.id

Cc: AMNU BiH <amnubih@gmail.com>

Dear Authors,

Please, find attached PDF of the December issue of Medical Archives journal.

Correct your article in color and send it back during 48 hours, for final correction and send to print.

After that, issue will be visible on official web sites - <https://medarch.org/> and www.bibliomed.org

Please, pay your publication fee according our instructions deposited on web site and CAF signed by you and send us your proof payment, ONLY via PayPal system. Before that we will not publish your paper (attached instructions for paying fees deposited on web site).

If you missed your ORCID ID, please, send us. Also, fill missed facts about Author's contribution, COI and Financial support.

Check once again your references cited according Pubmed style.

Read, please, attached text before send us corrected file and confirmation.

Sincerely,

Editor

2 attachments



Follow instructions before confirmation.docx

81K



MA 2019-6 Michael Josef Kridanto Kamadjaja et al.pdf

223K



michael josef kridanto kamadjaja <michael-j-k-k@fkg.unair.ac.id>

FW: Information to authors

amnubih.language.editor@gmail.com <amnubih.language.editor@gmail.com>
To: michael-j-k-k@fkg.unair.ac.id

Sat, Dec 28, 2019 at 4:09 PM

Dear Authors,

Your paper is published in December issue of the journal Medical Archives and it is now visible on www.bibliomed.org.

Please, once again send us copy of proof payment to this and amnubih@gmail.com mail regarding instructions on web site and following scale for calculating amount of fees if (according to number of words, including abstract and references, also, and number of tables and figures), **if you already didn't send it to us**.

We will wait 3 days, and after that we will retract papers for which not received proof.

To everybody of you we wish all the best in the year 2020.

Kind regards.

Editorial Board



michael josef kridanto kamadjaja <michael-j-k-k@fkg.unair.ac.id>

Med Arch - September issue - PDF confirmation

AMNU BiH <amnubih@gmail.com>

Sun, Oct 20, 2019 at 1:14 PM

To: Slobodan Jankovic <slobnera@gmail.com>, bordbar.a@iums.ac.ir, özgül düzgün <ozgulduzugun@gmail.com>, heshmetmd@gmail.com, fseheil@gmail.com, drbahoushpediatrics@yahoo.com, michael josef kridanto kamadjaja <michael-j-k-k@fkg.unair.ac.id>, Aleksandra Gavrilovska <gavrilovska.aleksandra@gmail.com>, Zorica Knezović <zoricaknezovic90@gmail.com>, senad.drnda@hotmail.com, nedzad.rustempasic@gmail.com, salem.bajramagic@gmail.com

Dear Authors,

Please, find attached PDF of the September issue of Medical Archives journal.
Correct your article in color and send it back during 48 hours, for final correction and send to print.
After that, issue will be visible on official web sites - www.medarch.org and www.bibliomed.org

Please, pay your publication fee according our instructions deposited on web site and CAF signed by you and send us your proof payment, ONLY via PayPal system. Before that we will not publish your paper (attached instructions for paying fees deposited on web site).

If you missed your ORCID ID, please, send us. Also, fill missed facts about Author's contribution, COI and Financial support.

Check once again your references cited according Pubmed style.

Sincerel.









Editor

--

Academy of Medical Sciences in Bosnia and Herzegovina


President: Prof Izet Masic, MD, PhD, FWAAS, FIAHSI, FEFMI, FACMI
Full professor of Family medicine, Medical informatics, Social medicine, Health care organization and Economics
President of Academy of Medical Sciences in Bosnia and Herzegovina
Fellow of World Academy of Art and Science
Fellow of International Academy of Health Sciences Informatics
Fellow of European Federation for Medical Informatics
Fellow of American College of Medical Informatics
E-mail: amnubih@gmail.com
Webpage: <http://www.amn.ba>

11 attachments

-  **Ozgul - Pages from Med Arch - 2019-5 -18.10.2019-8.pdf**
657K
-  **Rohani - Pages from Med Arch - 2019-5 -18.10.2019-3.pdf**
627K
-  **Sabri - Pages from Med Arch - 2019-5 -18.10.2019-10 (1).pdf**
661K
-  **Kazmanovska - Pages from Med Arch - 2019-5 -18.10.2019-12.pdf**
611K
-  **Knezovic - Pages from Med Arch - 2019-5 -18.10.2019-13.pdf**
611K
-  **Mandana - Pages from Med Arch - 2019-5 -18.10.2019-11.pdf**
830K
-  **Amoon - Pages from Med Arch - 2019-5 -18.10.2019-9.pdf**
646K
-  **Bahoush - Pages from Med Arch - 2019-5 -18.10.2019-4.pdf**
807K

 **Bajramagic - Pages from Med Arch - 2019-5 -18.10.2019-5.pdf**
649K

 **Kamadjaja - Pages from Med Arch - 2019-5 -18.10.2019-2.pdf**
742K

 **Instructions for paying publication fees.doc**
200K

Biocompatibility of *Portunus pelagicus* Hydroxyapatite Graft on Human Gingival Fibroblast Cell Culture

Running Title: Hydroxyapatite Graft Biocompatibility Test

ABSTRACT

Introduction: Crab shell (*Portunus pelagicus*) has the potential to be a source of hydroxyapatite biomaterials that used as bone grafts. Before clinical application, crab shell graft should be tested for its biocompatibility in vitro on human gingival fibroblast.

Objective: This study aimed to determine the biocompatibility of *Portunus pelagicus* hydroxyapatite graft on human gingival fibroblast cell culture. **Methods:** Human gingival fibroblast cell cultures were divided into control group and treatment group with the addition

of hydroxyapatite graft powder from *Portunus pelagicus* at a concentration of 100 ppm, 50 ppm, and 25 ppm. The synthesis process of hydroxyapatite was conducted by heating at 1000°C then characterizing the compound with SEM-EDX. All samples were incubated in α -MEM medium, then were given MTT material. The cultures on the plate were examined

using ELISA reader. The results were analyzed using a Oneway Anova. **Results:** The percentage of living cells throughout all treatment group shown results that exceeded the LD50 parameter. The highest percentage of living cells was at 25 ppm concentration group.

Conclusion: The hydroxyapatite graft powder from crab shells is biocompatible with human gingival fibroblast cell culture.

Keywords: Hydroxyapatite, Graft, Biomaterials, Fibroblasts.

BACKGROUND

The development of science and technology is not guaranteed the tooth resistance against disease or trauma completely, so there are still many cases of tooth loss. When tooth loss occurs, bone volume will decrease. Bone resorption due to tooth extraction may cause a problem in prosthodontics because it may lead to poor results of long-term treatment (1). Within 6 months, bone resorption occurs as much as 1.5-2 mm in vertical direction and 40%-50% in horizontal direction, and most cases occur in the first three months. If the treatment is not taken, the bone resorption can reach 40-60% of bone ridge volume in the first three years (2).

At present-day, there are various types of materials and techniques used for bone resorption treatment, including bone graft material, usage of guided tissue regeneration, application of growth factors to stimulate bone regeneration (3). Bone graft is used as scaffolds, matrix attachment and proliferation osteoblast (4). Bone graft material must have a biocompatibility properties with living tissue, profitable for osteoconduction, osteoinduction and has ability to support new bone formation. Graft biocompatibility is very crucial in order to prevent rejection by the host and not toxic to the body (5, 6).

The most ideal bone graft to use is an autograft that derived from the patient's own body. However, sometimes the process is not able to support, so that autograft is developed to allograft material. Yet, allografts often transmit infectious diseases, especially HIV and for that reason allograft is developed to xenograft material. The most commonly used xenograft is from bovine, but transmission of bovine spongiform encephalitis (BSE) is commonly occur. Various type of synthetic bone grafts were developed to minimize the risk of transmitting disease. Ideal conditions that need to be fulfilled by synthetic bone grafts are biocompatible, profitable for osteoconduction,

osteinduction and osteogenesis. Those three mechanisms are the most important for resorbable biomaterials that support tissue growth (6). However, alloplast particles cannot be counted on the site at the location of the embedded graft so that bone formation cannot be determined (7).

One type of bone graft, namely hydroxyapatite graft which can be produced from coral reef skeletons, bovine bones, chicken claws, shellfish shells and human cancellous bones (8). In Indonesia, natural raw materials, especially those derived from marine biota are easily found, relatively low-cost and the production process is simple. Among these raw materials are crab shells (*Portunus pelagicus*) which are uncommonly used, even turned into waste (9).

A crab shell contains large amounts of calcium carbonate, about 40% - 70% (9). Calcium carbonate is source of calcium that can be used as synthesis material of hydroxyapatite. Apatite crystals contain many carbon groups in carbonate shapes. Hydroxyapatite is a stable apatite crystal and implanted as bone replacement or filler. Hydroxyapatite biomaterials consist of bioactive components that are compatible with bones and teeth. This supports the use of crab shells as bone replacement alternative biomaterial based on the chemical composition. In addition, the development of crab shells as hydroxyapatite graft has not been carried out further and still requires biocompatibility test to be used on a wide scale (10).

In performing in vitro test of a new materials, fibroblasts are used. Fibroblasts are connective tissue cells that function as defense because they are able to differentiate as odontoblast and osteoblast cells and produce collagen fibers in healing process. The ability to grow fast in tissues and be able to live solitary is the reason why fibroblast cells are easily cultured into cell subjects (11). The biocompatibility test of

hydroxyapatite graft produced from crab shells on human gingival fibroblast (HGF) cell cultures is required to determine whether the graft is ideal to be applied to the bone.

MATERIALS AND METHODS

This is an experimental laboratory research with post-test only control group design. The treatment was carried out by giving hydroxyapatite graft powder from crab shell (*Portunus pelagicus*) on HGF cell culture. This study used 5 samples for each treatment group, those include the addition of hydroxyapatite graft crab shell at concentration of 100 ppm, 50 ppm and 25 ppm as well as cell control group and media control of 5 samples respectively. The sampling technique used is simple random sampling.

Processing of crab shells (*Portunus pelagicus*) for the synthesis of hydroxyapatite graft conducted at the Center for Biomaterials of Dr. Soetomo General National Hospital Surabaya. It was began by the washing process of crab shells using distilled water, chlorine and H₂O₂ then continued with the heating process of crab shells using furnace at 1000°C for 2 hours. Powder sifting process was performed with sifting machine until the particle size was less than 155µm and continued with the characterization of hydroxyapatite compounds using SEM-EDX.

The in vitro study was conducted at Stem Cell Research Development Center of Universitas Airlangga Surabaya. The isolation process of Human Gingival Fibroblast (HGF) cells was conducted from healthy gingival samples patients aged less than 30 years old. HGF cells are processed by splitting process which aim to multiply cells and replace α -MEM media. Before the treatment phase, cell preparations are processed by doing washing for several times using trypsin enzymes and α -MEM. Cells were divided

into 96-well microplate as much as 100 μ l with density $3-5 \times 10^3$ and incubated for 24 hours at 37°C.

Hydroxyapatite graft powder was diluted with α -MEM media according to the concentration dose, at 100 ppm, 50 ppm and 25 ppm. Each of 5 samples were dripped by hydroxyapatite graft crab shell at concentration of 100 ppm, 50 ppm and 25 ppm. Incubation was carried out for 24 hours then microscopic observation was performed to observe whether cytotoxic effects had occurred. 25 μ l of MTT was dripped, incubated, then dripped with 10 μ l of DMSO. The results were analyzed with ELISA reader with wavelength of 620 nm and viability of fibroblast living cells were calculated. The data obtained were tested by Oneway Anova and *Post-hoc Tukey HSD*.

RESULTS

The results of SEM micrograph was shown on Figure 1. It showed fineness and homogeneity of hydroxyapatite structure. The analysis of the element characterization of the hydroxyapatite graft, the EDX test was conducted and the result shown in Figure 2. The analysis then described in table 1 and showed that the dominant atom in hydroxiapatite graft derived from *Portunus pelagicus* was O followed by Ca and P.

Optical density (OD) value of formazan hydroxyapatite graft powder from *Portunus pelagicus* was measured using spectrophotometer. The mean value of formazan optical density in 5 samples for each treatment group and percentage of living cells can be seen in Table 2. From the result of MTT assay, it indicated that the treatment at concentrations of 100 ppm and 50 ppm is capable to reduce the number of living cells to a certain extent. The results will be analyzed using the LD₅₀ parameter to

assess the biocompatibility of hydroxyapatite graft powder from crab shells from the entire concentration group.

Kolmogorov-Smirnov test results showed that all groups have a normality probability value greater than 0.05 ($p > 0.05$) which means that the data was normally distributed. Data analysis was continued by testing the sample variance homogeneity using Levene's test. The homogeneity test results indicated the significance value of 0.987 which means the data was homogeneous ($p > 0.05$). Data was normally distributed and homogeneous so the data needs to be tested using the Oneway Anova test with Post-Hoc Tukey HSD. Oneway Anova test was conducted to find out the overall difference in the sample group. From the test results shown the value of sig. = 0.752 which means there is no significant difference in the whole group because it had not met the sig requirements ($p < 0.05$).

DISCUSSION

Bone graft is a material for bone resorption treatment. One type of bone graft is hydroxyapatite graft, which can be produced from marine biota (8). Crab shell has potential to be source of hydroxyapatite biomaterials that used as bone grafts. Before clinical application, crab shell graft should be tested for its biocompatibility in vitro on human gingival fibroblast (HGF) cell cultures which grown on the media. HGF cells can grow easily and have high sensitivity compared to other fibroblast cells. HGF cell cultures was selected because it derived from humans therefore the results are expected to represent material toxicity to human cells (12).

Previous studies by Raya et al. (2015) suggest that CaCO_3 content inside shell material is on average 40-70% and varies depending on the species. From these data, it

can be proved that the crab shell (*Portunus pelagicus*) is a good source for hydroxyapatite because of high Ca content more than 50%. According to Kartono et al. (2014), apatite crystals contain many carbon groups in carbonate shape (13).

Generally, hydroxyapatite is synthesized in powder shape, thus when observed visually the sample shape is appeared composed of fine granules. With observations using SEM (Scanning electron microscopy), it can be observed the sample morphology and the granules appeared more prominent in shape. The powder particles of sample elements are not completely rounded, but the particles shape varies and resembles the shape crystal. In addition, observations showed that the hydroxyapatite structure had a smooth surface and low porosity (9). The composition and distance of particle as element of the powder sample are quite regular. Moreover, hydroxyapatite size tends to be small. This was obtained from sifting process so that the powder is less than 155 μm .

Furthermore, the results of EDX analysis obtained hydroxyapatite element mapping which showed the atom distribution of three main elements. The composition and mapping confirm the composition of hydroxyapatite element so that it can be concluded that the synthesis results are achieved correspond to the target.

The percentage of living cells above 50% means that hydroxyapatite graft powder has optimal biocompatibility to living tissue. In this case, the material had passed in vitro test before going through the next test, in vivo test and even clinical application tests in humans. The high number of fibroblast cells caused by optimal conditions that inducing work rather than several factors that affect fibroblast cell proliferation, namely Platelet Derived Growth Factor (PDGF), basic Fibroblast Growth Factor (bFGF), and Transforming Growth Factor ($\text{TGF-}\beta$) is associated and influences

each other (14). These factors will induce fibroblast cells to migrate, proliferate, and differentiate.

The high number of fibroblast cells can be caused by the high ability of epidermal growth receptor (EGFR) and expression of $\alpha 5\beta 1$ integrin in fibroblast cells, especially human periodontal fibroblasts. Hydroxyapatite plays a role in stimulating fibroblast cell proliferation because it is associated with activation of the epidermal growth factor receptor (EGFR). The active receptor will be phosphorylated in tyrosine 1173 so that an increase in Akt pathway is a signal transduction pathway. Akt pathway activation promotes cell growth and proliferation in response to extracellular signals (20). Increased expression of $\alpha 5\beta 1$ integrin also occurred in fibroblast cells associated with EGFR. Increased expression of $\alpha 5\beta 1$ integrin caused increasing attachment of fibroblast cells to hydroxyapatite which activates EGFR and increases cell proliferation (15).

From the results of this study it can be concluded that hydroxyapatite graft powder from *Portunus pelagicus* has biocompatible properties on HGF cell culture and at the lowest concentration of 25 ppm has optimal biocompatibility compared to the other two concentrations.

REFERENCES

1. Emam SH. A Textbook of Advanced Oral and Maxillofacial Surgery. USA: InTech, 2013. pp.617-38
2. Sheikh Z, Sima C, Glogauer M. Bone Replacement Materials and Techniques Used for Achieving Vertical Alveolar Bone Augmentation. Mater. 2015; 8(1): 2953-993. doi: 10.3390/ma8062953.

3. Hardhani PR, Lastianny SP, Herawati D. Pengaruh penambahan *platelet-rich* plasma pada cangkok tulang terhadap kadar osteocalcin cairan sulkus gingiva pada terapi poket infraboni. *Jurnal PDGI*. 2013; 62(3): 75-82.
4. Reynolds MA, Aichelmann-Reidy ME, Branch-Mays GL. Regeneration of periodontal tissue: bone replacement graft. *Dent Clin N Am*. 2010; 54(1):55-71. doi: 10.1016/j.cden.2009.09.003.
5. Delee ZC, Delee J, Drez D, Miller MD. Delee and Drez's Orthopaedic Sports Medicine. Virginia: Elsevier/ Saunders. 2009. p.51.
6. Ichsan MZ. Sintesis makroporus komposit kolagen - hidroksiapatit sebagai kandidat bone graft. *Journal saintek*. 2012; 60(1): 1-6.
7. Hassan KS., Alagl AS. Immediate Dental Implants and Bone Graft, Implant Dentistry – The Most Promising Discipline of Dentistry. USA: InTech, 2011. p.1.
8. Dumitrescu A. Chemicals in surgical periodontal therapy. Berlin: Springer. 2011. pp.73 - 144.
9. Raya I, Mayasari E, Yahya A, Syahrul M, Lantura AI. Synthesis and Characterizations of Calcium Hydroxyapatite Derived from Crabs Shells (*Portunus pelagicus*) and Its Potency in Safeguard against to Dental Demineralizations. *Int J Biomater*. 2015; 1(1): 1-8. doi: 10.1155/2015/469176.
10. Fujii E, Kawabata K, Nakazaki Y. Fabrication of hydroxyapatite with controlled morphology in a micro-reactor. *JCSJ*. 2011; 119(1386): 116–119. doi: 10.2109/jcersj2.119.116
11. Freshney IR. Culture of Animal Cells: A Manual of Basic Technique and Specialized Applications. Canada: John Wiley&Sons. 2016. pp.513-21.
12. Pegg DE. Principles of cryopreservation. *Methods Mol Biol*. 2017; 368: 39-57. doi:

10.1007/978-1-59745-362-2_3

13. Kartono GS, Widyastuti, Setiawan HW. Biokompatibilitas graft cangkang kerang darah terhadap kultur sel fibroblas. *Denta*. 2014; 8(1): 1-8.
14. Putra ATW, Ade W, Hamidy MY. Tingkat Kepadatan Fibroblas pada Luka Sayat Mencit dengan Pemberian Gel Lidah Buaya (*Aloe chinensis Baker*). *Jurnal Universitas Riau*. 2013; 1: 8.
15. Kasaj A, Willerhausen B, Reichert C, Kasaj AG, Zafiroopoulos GG, Schmidt M. Human periodontal fibroblast response to a nanostructural hydroxyapatite bone replacement graft in vitro, *Arch Oral Biol*. 2008; 53(7): 7-11. doi: 10.1016/j.archoralbio.2008.01.009

Table and Figure Legend

Table 1. Calculation of normalized weight and calculation of atoms in Hydroxyapatite Graft derived from *Portunus pelagicus*.

Table 2. The mean value of optical density and the percentage of living cells for each group.

Figure 1. Scanning Electron Microscope view of Hydroxyapatite Graft derived from *Portunus pelagicus* at 500x magnification from two different fields of view.

Figure 2. Energy-dispersive X-ray (EDX) spectrum of Hydroxyapatite Graft derived from *Portunus pelagicus*.

Figure 3. Microscopic images of fibroblast cells after Hydroxyapatite Graft derived from *Portunus pelagicus* powder exposure at concentration; A) 100 ppm, B) 50 ppm, and C) 25 ppm with 20x magnification.

TEMPLATE - Instructions to Authors for the Preparation of Contributions in MS Word (How to prepare paper before submission on web site)

Name1 Surname1¹, Name2 Surname2², Name3 Surname3³, Name4 Surname4⁴

¹Affiliation1

²Affiliation2

³Affiliation3

⁴Affiliation4

Corresponding author:

Name and Surname, academic title, Institution, address, ORCID ID (from www.orcid.org).
Phone, E-mail address.

Abstract

The abstract should summarize the contents of the paper and should not exceed 250 words. Authors are requested to write a structured summary (IMRAD form), adhering to the following headings: Introduction/Background (optional), Aim/Objectives, Methods, Results, Conclusions.

Keywords

At the end of the Abstract, the contents of the paper should be specified by, at most, five keywords. We recommend using MeSH keywords.

1. Introduction

Authors are kindly requested to carefully follow all instructions on how to write a paper. In cases where the instructions are not followed, the paper will be returned immediately with a request for changes, and the editorial review process will only start when the paper has been resubmitted in the correct style.

Authors are responsible for obtaining permission to reproduce any copyrighted material and this permission should be acknowledged in the paper.

Authors should not use the names of patients. Patients should not be recognizable from photographs unless their written permission has first been obtained. This permission should be acknowledged in the paper.

In general the manuscript text (excluding summary, references, figures, and tables) should not exceed 3000 words for original papers, 4000 words for review papers, 2000 words for case reports and 1500 words for Letter to editor.

Kindly send the final and checked source and PDF files of your paper via DBMS – ejmanager.org on web sites of the journals: www.medarch.org, www.matersociomed.org or www.actainformmed.org

You should make sure that the MS Word and the PDF files are identical and correct and that only one version of your paper is sent. Please note that we do not need the printed paper.

1.1 Checking the PDF File

Kindly assure that the Contact Volume Editor is given the name and email address of the contact author for your paper. The contact author is asked to check through the final PDF files to make sure that no errors have crept in during the transfer or preparation of the files. Only errors introduced during the preparation of the files will be corrected.

If we do not receive a reply from a particular contact author, within the timeframe given, then it is presumed that the author has found no errors in the paper.

1.2 Copyright Transfer Agreement and Authors contributions Form statement

The copyright form may be downloaded from the "For Authors" section of the journals websites. Authors must submitted papers electronically and obviously add signed by all co-authors Copyright Assignment Form (COI) and Authors contribution (CA). Without it review procedure will not start. Please send your signed copyright form to the Technical Editor via web sites. One author may sign on behalf of all the other authors of a particular paper with confirmation of other co-authors. Digital signatures are acceptable.

2. Manuscript Preparation

Please MS Word, following the instructions about preparing figures, tables and references presented herein.

Headings

Headings should be capitalized (i.e. nouns, verbs, and all other words except articles, prepositions, and conjunctions should be set with an initial capital) and should be aligned to the left. Words joined by a hyphen are subject to a special rule. If the first word can stand alone, the second word should be capitalized.

2.1 Figures and Tables

Attach figures and tables as separate files. Do not integrate them into the text. Do not save your table as an image file or insert a table into your manuscript text document as an image. Less is more! Avoid tables with columns of numbers. Summarize the main conclusion in a figure.

- Annotations belong in a (self-)explanatory legend, do not use headings in the figure, explain abbreviations in the legend.
- Label all axes.
- Use a uniform type size (we recommend Arial 10 point), and avoid borders around tables and figures.

Data Formats

- Submit graphics as a sharp printout as well as a file. The printout and the file must be identical.
- Submit the image file with clear labelling (e.g. Fig_1 instead of joint_ap).

Image Resolution

Image resolution is the number of dots per width of 1 inch, the “dots per inch” (dpi). Printing images require a resolution of 800 dpi for graphics and 300 dpi for photographs.

Vector graphics have no resolution problems. Some programs produce images not with a limited number of dots but as a vector graphic. Vectorization eliminates the problem of resolution. However, if halftone images (“photos”) are copied into such a program, these images retain their low resolution.

If screenshots are necessary, please make sure that you are happy with the print quality before you send the files.

The lettering in figures should have a height of 2 mm (10-point type). Figures should be numbered and should have a caption which should always be positioned *under* the figures, in contrast to the caption belonging to a table, which should always appear *above* the table (see an example in Table 1 and Figure 1). Short captions are centered by default between the margins and typeset automatically in a smaller font.

Table 1. Title of Table

			Academical status				Total
			Undergraduate	Postgraduate	Master of Science	PhD	
Age	20-35 yrs.	N	0	9	6	1	16
		%	0.0	81.8	27.3	2.9	23.2
	36-45 yrs.	N	1	2	7	6	16
		%	100.0	18.2	31.8	17.1	23.2
	46-55 yrs.	N	0	0	2	8	10
		%	0.0	0.0	9.1	22.9	14.5
	56-65 yrs.	N	0	0	6	14	20
		%	0.0	0.0	27.3	40.0	29.0
	>65 yrs.	N	0	0	1	6	7
		%	0.0	0.0	4.5	17.1	10.1
Total		N	1	11	22	35	69
		%	100.0	100.0	100.0	100.0	100.0

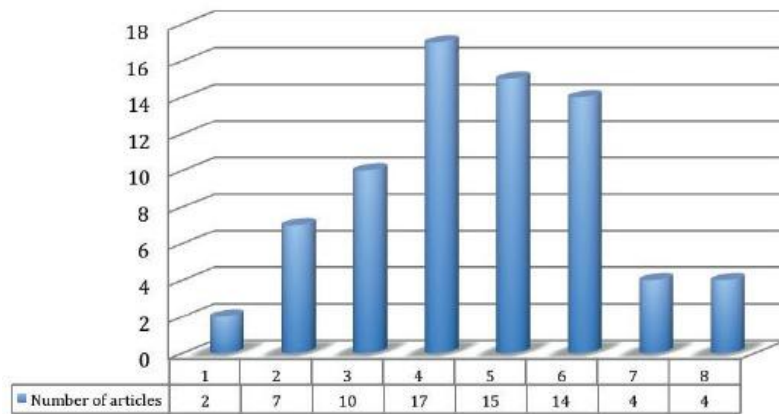


Figure 1. Title of Figure

Remark 1. In the printed volumes, illustrations are generally black and white (halftones), and only in exceptional cases, and if the author is prepared to cover the extra cost for colour reproduction, are coloured pictures accepted. Coloured pictures are welcome in the electronic version free of charge. If you send coloured figures that are to be printed in black and white, please make sure that they really are legible in black and white. Some colours as well as the contrast of converted colours show up very poorly when printed in black and white.

2.2 Formulas

Displayed equations or formulas are centered and set on a separate line (with an extra line or halfline space above and below). Displayed expressions should be numbered for reference. The numbers should be consecutive within each section or within the contribution, with numbers enclosed in parentheses and set on the right margin, e.g.

$$R_{\mu\nu} - \frac{1}{2}R g_{\mu\nu} + \Lambda g_{\mu\nu} = \frac{8\pi G}{c^4} T_{\mu\nu} \quad (1)$$

Please punctuate a displayed equation in the same way as the ordinary text but with a small space before the end punctuation.

2.3 Citations

The list of references is headed "References" and is not assigned a number. The list should be set in small print and placed at the end of your contribution, in front of the appendix, if one exists. Please do not insert a page break before the list of references if the page is not completely filled. An example is given at the end of this information sheet.

For citations in the text please use brackets and consecutive numbers: (1), (2, 3, 4), (5-8)... In the text number the references consecutively in the order in which they first appear. Use the style, which is based on the formats used by the US National Library of Medicine in MEDLINE (sometimes called the "Vancouver style").

For details see the guidelines from the International Committee of Medical Journal Editors (http://www.nlm.nih.gov/bsd/uniform_requirements.html).

2.4. Page Numbering and Running Heads

Please do not set running heads or page numbers.

3. Additional

Acknowledgements: Scientific advice, technical assistance, and credit for financial support and materials may be grouped in a section headed 'Acknowledgements' that will appear at the end of the text (immediately after the Conclusions section). The heading should not be assigned a number.

Authors contribution: wrote Author Contribution details

Conflict of interest statement must be: declared (if yes) or not declared (if not).

References

1. Donev DM, Masic I. Ten Steps to Improve Quality of the Journal *Materia Socio-Medica*. *Mater Sociomed*. 2017 Mar; 29(1): 4-7. doi:10.5455/msm.2017.29.4-7.
2. Masic I. Missues of Authorship - Editors View. *Med Arch*. 2017 Aug; 71(4): 236-8. doi:10.5455/medarh.2017.71.236-238.
3. Rao CR, Chakraborty R. *Handbook of statistics*. North-Holland, Amsterdam, 1991: 5-36.
4. Hrvatska enciklopedija, Leksikografski zavod Miroslav Krleža. Available at URL: <http://www.enciklopedija.hr/Natuknica.aspx?ID=37705>. (Accessed: 23. 4. 2014.)

Authors needs to pay publication fee after accepting article for publishing following instructions in the table below:

PUBLICATION FEE FOR SUBMITTED JOURNAL ARTICLES

Article Type	Abstract, Full Text (including references, tables and figures)	Total of Illustrations (tables and figures)	Publication fee (for listed word limits)	Extra payment/per 500 words	Additional figure and table
Case Reports	1500	3	250 EUR	50 EUR	50 EUR
Letter to Editor	1000	1	150 EUR	50 EUR	50 EUR
Original Articles	3500	3	300 EUR	50 EUR	50 EUR
Review Articles	5000	4	400 EUR	50 EUR	50 EUR

Reviewers in 2017. have discount in amount of 10%. Publication fee must be paid via PayPal System from authors outside of Bosnia and Herzegovina. Please use links below for making PayPal payment. Authors form Bosnia and Herzegovina can pay via: UNION Bank, Sarajevo, Dubrovacka 6, Account: 1020500000020077 (Publisher: AVICENA, d.o.o., Sarajevo, Mis Irbina 11)