

Supplementary Material

High Glucose-Mediated Cytokine Regulation in Gingival Fibroblasts and THP-1 Macrophage: a Possible Mechanism of Severe Periodontitis with Diabetes

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Supplemental Table. Comparison of several parameters between groups of periodontitis patients with or without 6 mm over periodontal pocket depth

Parameters	Deepest PPD		P-value
	Less than 6 mm	Over than 6 mm	
number of subjects (non-DM/DM)	35 (22/13)	35 (15/20)	
sex (M/F)	10/25	25/10	
age (yr)	64.4 ± 7.3	63.8 ± 8.5	0.93
Diabetic conditions			
BS (mg/dL)	144.8 ± 57.2	177.3 ± 99.2	0.21
HbA1c (%)	6.3 ± 1.2	6.8 ± 1.2	0.046*
Skin AF (AU)	2.2 ± 0.7	2.4 ± 0.7	0.18
Oral conditions			
number of teeth	21.6 ± 5.5	20.0 ± 5.9	0.28
ratio of 4 mm<PPD (%)	24.0 ± 28.0	57.7 ± 32.3	<0.0001*
ratio of mobile teeth (%)	13.1 ± 25.1	27.9 ± 28.6	0.0049*
ratio of BOP positive (%)	31.0 ± 29.6	52.0 ± 29.1	0.0037*
GCF IL-1β (pg)	27.0 ± 29.4	50.8 ± 36.1	0.0015*
GCF sIL-6R levels (pg)	77.7 ± 42.5	107.2 ± 64.3	0.042*
GCF CPT levels (ng)	182.0 ± 130.0	186.2 ± 135.6	0.97

Data were presented average ± SD. Ranges of age in subjects were 42-74 yr. Levels of both sIL-6R and CPT in gingival crevicular fluid of deepest PPD [Average PPD (mm), group of less than 6mm PPD: 4.4±0.6, group of over than 6mm PPD: 7.0±1.0] were measured using ELISA kit. *P<0.05 (Mann-Whitney U test). N, number of subjects; DM, diabetes; PPD, periodontal pocket depth; BOP, bleeding on probing; sIL-6R, soluble form of interleukin-6 receptor; CPT, calprotectin; Skin AF, Skin autofluorescence; BS, casual blood sugar; HbA1c, Hemoglobin A1c.