

Multichannel Plasmonic Point-of-Care Device for Salivary Detection of Periodontal MIP-1 α : Analytical Comparison with ELISA

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INTRODUCTION & AIM

Salivary biomarkers hold promise as effective tools for the early detection of periodontitis. This study evaluated the analytical capabilities of a multiplexed, plasmonic, optical-fiber-based point-of-care testing (POCT) device for the identification and quantification of salivary macrophage inflammatory protein-1 alpha (MIP-1 α), using enzyme-linked immunosorbent assay (ELISA) as the reference method.

METHOD

Three modified plastic optical fibers (POFs) were functionalized with a self-assembled monolayer (SAM) of anti-MIP-1 α antibodies. These fibers were positioned between a light source and a spectrometer to monitor refractive index changes at the POF-SAM interface, induced by surface plasmon resonance (SPR) following antibody-analyte interaction (Fig. 1). A Langmuir binding curve was established using MIP-1 α dilutions ranging from 0.25 to 10 pM. Saliva samples from 50 consecutively recruited individuals were analyzed with both the SPR-POF biosensor and ELISA, and their results were compared using Spearman’s rank correlation. Differences in MIP-1 α concentrations across groups stratified by age, sex, and periodontal status were examined via the Mann-Whitney U test.

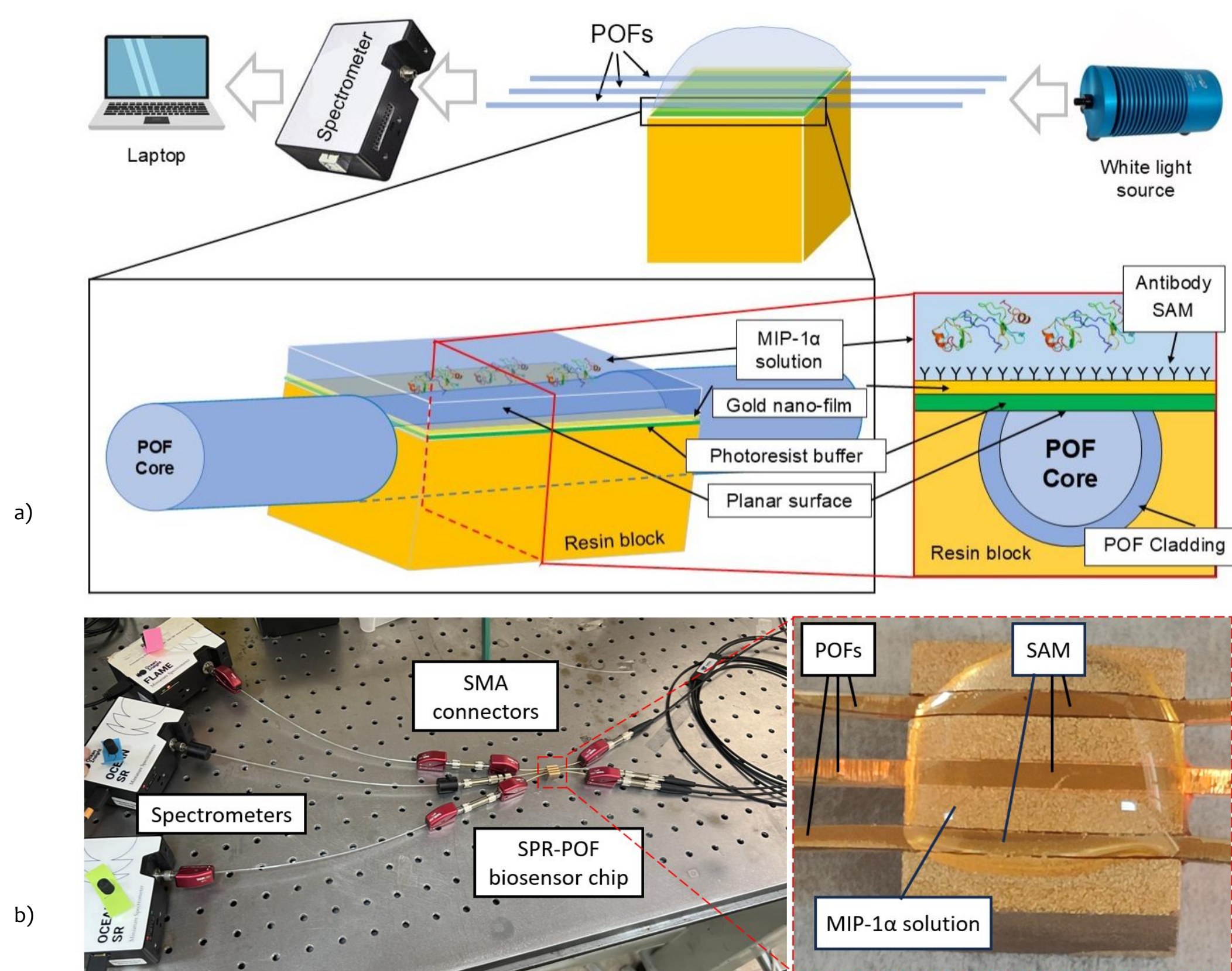


Fig. 1. Schematic outline (a) and image (b) of the experimental setup with a magnification of the three-arm structure covered by the MIP-1 α solution.

CONCLUSION

The three-arm plasmonic POCT demonstrated comparable accuracy and superior sensitivity to ELISA for detecting salivary MIP-1 α . Its multiplexed configuration enhanced both measurement efficiency and reproducibility, suggesting its potential utility in periodontal diagnostics.

REFERENCES

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RESULTS & DISCUSSION

A strong positive correlation was found between the SPR-POF sensor and ELISA measurements (Spearman’s $r_s = 0.894$, $p < 0.001$) (Fig. 2). The SPR-POF device achieved a lower limit of detection (LoD) of 0.15 pM, outperforming ELISA (0.78 pM). MIP-1 α levels were significantly elevated in patients with periodontitis compared to those without ($p < 0.05$) (Fig. 3).

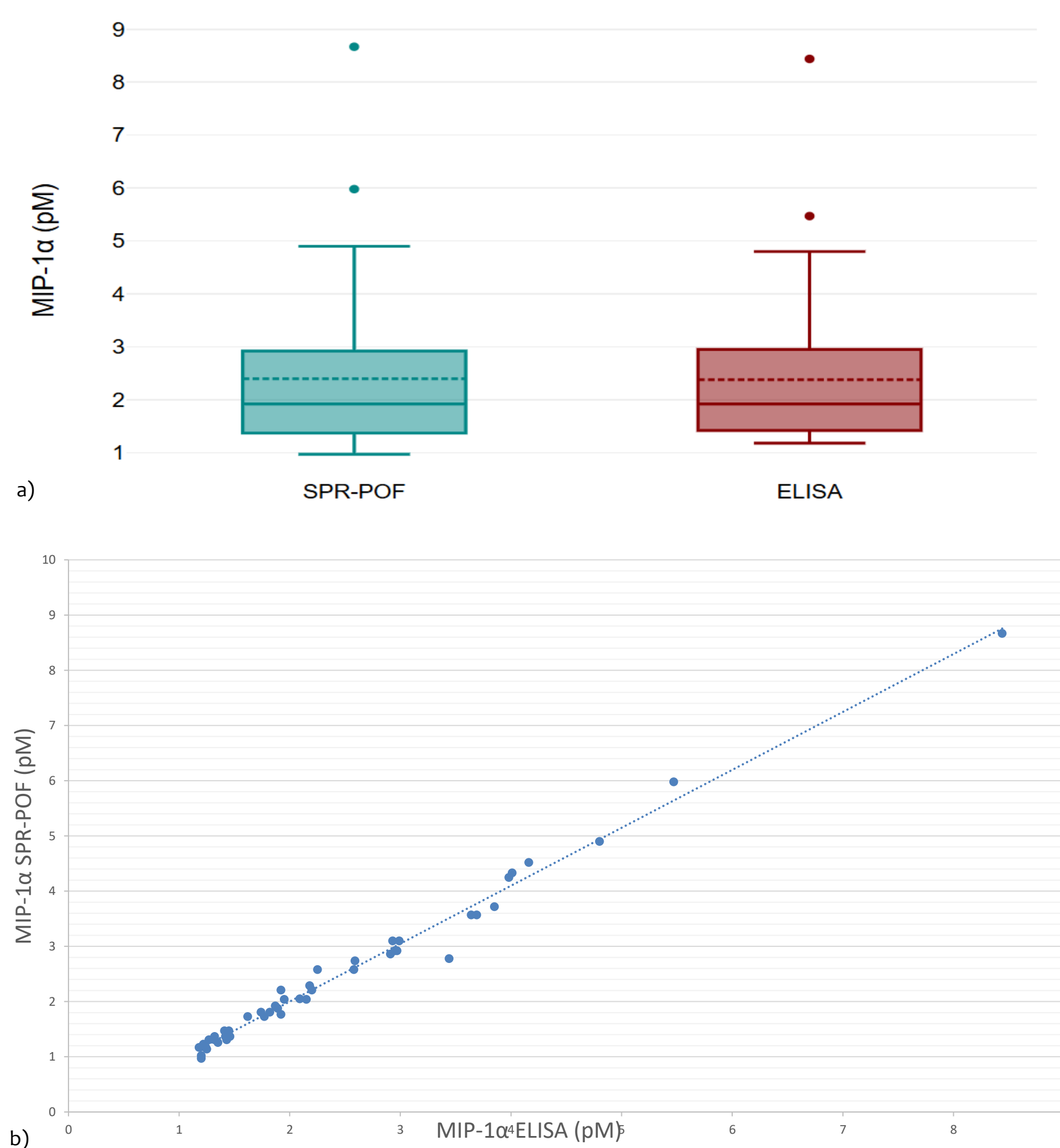


Fig. 2. a) Boxplot of salivary MIP-1 α levels (pM) distribution in enrolled patients, each measured in replicate by both the three-arm SPR-POF biosensor and ELISA. b) Correlation scatterplot of salivary MIP-1 α levels (pM) measured by both the three-arm SPR-POF biosensor and ELISA in all patients.

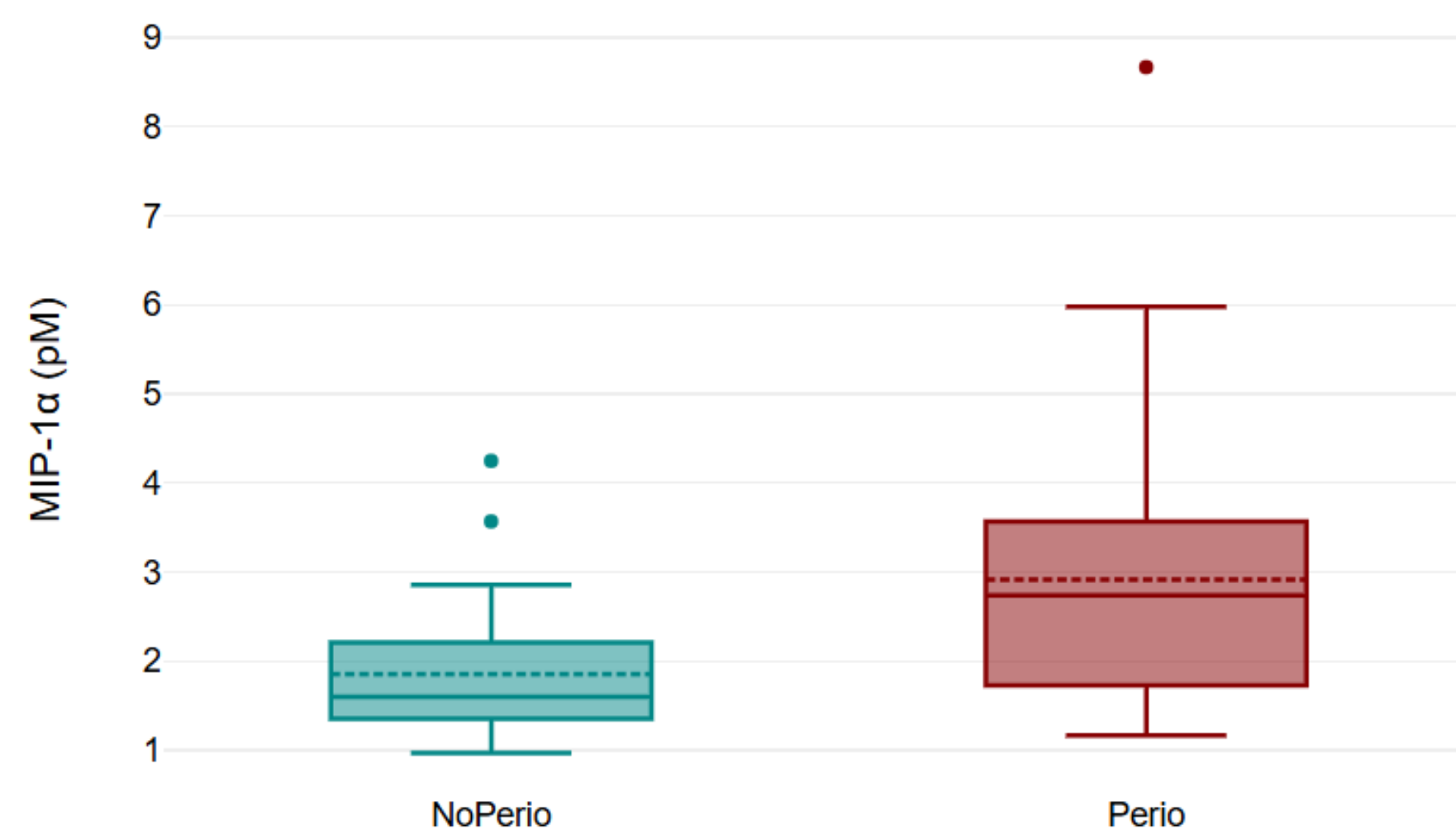


Fig. 3. Box plot of MIP-1 α salivary levels (pM) of patients with and without periodontitis (Perio vs NoPerio) measured by three-arm SPR-POCT.