

International Journal of Oral Health Dental Management

Review Article

The Art of Epitranscriptomics in Dental Disorders Management

Dito Anurogo*

*Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Makassar, Indonesia

International PhD Program for Cell Therapy and Regenerative Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan **Corresponding Author:** Dito Anurogo, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Makassar, Indonesia

International PhD Program for Cell Therapy and Regenerative Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan

Received: 🗰 2023 Aug 06

Accepted: 2023 Aug 26

Published: 📾 2023 Sept 05

Abstract

Epitranscriptomics, the study of RNA modifications and editing, has emerged as a promising field in dental disorders management. This comprehensive review explores its multifaceted role in gene regulation and potential applications in dentistry. The overview highlights the significance of epitranscriptomics in cellular functions and gene regulation. Mechanisms of RNA modifications, such as RNA methylation and N6-methyladenosine (m6A), impacting dental pathophysiology and enamel formation are discussed, as well as the importance of RNA editing in dental anomalies and periodontal diseases. Epitranscriptomic biomarkers, including m6A and A-to-I editing, offer non-invasive approaches for dental caries detection, while non-coding RNAs may predict dental diseases. Targeting RNA modifications for dental tissue regeneration and personalized RNA editing-based gene therapies hold potential for precision dentistry. Challenges and future perspectives encompass technological improvements, ethical considerations, and the exciting prospects of personalized epitranscriptomic dental medicine. As research progresses, epitranscriptomic therapies offer new horizons in dental care, revolutionizing diagnostics, treatment, and preventive strategies, leading to improved oral health outcomes and patient-centered dental care.

Keywords: Epitranscriptomics, RNA modifications, RNA editing, dental disorders, personalized medicine, dental diagnostics, precision dentistry, RNA-based therapies, periodontal disease, ethical considerations.

I. Introduction

A. Overview of Epitranscriptomics

Definition and Significance in Gene Regulation

Epitranscriptomics is a groundbreaking field at the intersection of genetics and epigenetics, unraveling the intricate universe of RNA modifications and their profound implications in gene regulation. Unlike traditional genetics, which primarily focuses on the genetic code embedded within DNA, epitranscriptomics delves into chemical modifications that occur on RNA molecules post-transcription. These modifications act as dynamic regulators, modulating RNA stability, localization, translation, and ultimately influencing gene expression in response to diverse cellular cues [1].

The significance of epitranscriptomics in gene regulation lies in its ability to add an additional layer of complexity and versatility to the genetic code without altering the underlying DNA sequence [2]. This epigenetic mechanism enables cells to rapidly adapt and respond to environmental changes, developmental cues, and physiological stresses. Through a sophisticated network of RNA modifications, cells fine-tune gene expression, ensuring precise control of crucial biological processes, including cell proliferation, differentiation, and response to external stimuli [3,4].

Role of RNA Modifications in Cellular Functions

RNA modifications encompass a diverse array of chemical changes occurring on different RNA species, including messenger RNA (mRNA), transfer RNA (tRNA), ribosomal RNA (rRNA), and non-coding RNAs. Among the most extensively studied RNA modifications are N6-methyladenosine (m6A), 5-methylcytosine (m5C), pseudouridine (Ψ), and adenosine-to-inosine (A-to-I) editing [5].

The role of RNA modifications in cellular functions is multifaceted. For instance, m6A, the most abundant internal mRNA modification, plays a pivotal role in mRNA stability, splicing, export, and translation. It is dynamically added and removed by writers and erasers, respectively, while reader proteins recognize the m6A marks to mediate downstream effects. Through this intricate machinery, m6A influences the fate of numerous mRNAs, impacting the expression of genes involved in essential cellular processes [6].

Similarly, m5C is predominantly found in non-coding RNAs, including tRNAs and rRNAs, where it modulates RNA structure and function. Pseudouridine, often found in rRNAs and small nuclear RNAs (snRNAs), is essential for ribosome function and splicing efficiency. A-to-I editing, catalyzed by ADAR enzymes, can recode genetic information by converting adenosines to inosines in mRNA, leading to alternative splicing or altered protein sequences [7].

Collectively, these RNA modifications orchestrate a symphony of cellular functions, fine-tuning gene expression in response to developmental cues, environmental stimuli, and disease states. The dynamic and reversible nature of these modifications endows cells with extraordinary regulatory capabilities, shaping the intricate landscape of epitranscriptomics [8,9].

1.1 Emerging Applications of Epitranscriptomics in Medicine

Introduction to Epitranscriptomic Research in Disease Management

Epitranscriptomics has garnered significant attention in the field of medicine due to its potential to unravel the intricate regulatory mechanisms underlying various diseases. By deciphering the dynamic landscape of RNA modifications, researchers have unveiled new avenues for disease diagnosis, prognosis, and therapeutic interventions. Epitranscriptomic dysregulation has been implicated in diverse pathologies, including cancer, neurodegenerative disorders, and metabolic diseases [10].

The discovery of disease-specific RNA modifications and their functional consequences has sparked a revolution in precision medicine. Understanding the epitranscriptomic code allows researchers and clinicians to identify unique biomarkers for disease detection and develop targeted therapies that can modulate gene expression with high precision. This level of specificity offers the potential to minimize off-target effects and enhance therapeutic efficacy, heralding a new era of personalized medicine [11].

1.2 Potential Implications in Dental Disorders

In recent years, the application of epitranscriptomics in dental research has started to gain traction. Dental disorders, such as dental caries, periodontitis, and enamel defects, result from a complex interplay of genetic, environmental, and lifestyle factors [12]. Epitranscriptomics presents an innovative approach to unravel the molecular intricacies underlying these conditions, offering novel insights into their pathogenesis and potential therapeutic strategies [13,14].

One of the key areas of interest lies in identifying epitranscriptomic biomarkers specific to dental disorders. By analyzing the RNA modifications present in oral tissues or body fluids, researchers can identify patterns associated with disease progression or response to treatment. These epitranscriptomic signatures can serve as diagnostic indicators, allowing for early detection and targeted interventions to prevent or manage dental diseases effectively [15,16].

Furthermore, understanding the epitranscriptomic regulation of key genes involved in dental development and homeostasis can offer new therapeutic targets. By manipulating RNA modifications using specific enzymes or modulators, it may be possible to restore proper gene expression patterns and ameliorate dental abnormalities. Epitranscriptomic therapies hold the promise of promoting tissue regeneration, enhancing enamel mineralization, and modulating immune responses in periodontal diseases [17].

Epitranscriptomics can also contribute to the development of precision dental medicine. By analyzing individual epitranscriptomic profiles, dentists and clinicians may tailor treatment strategies to each patient's specific needs, optimizing therapeutic outcomes and minimizing adverse effects [18].

In conclusion, the burgeoning field of epitranscriptomics has opened up exciting possibilities for disease management across various medical disciplines, including dentistry. By understanding the intricate role of RNA modifications in gene regulation, researchers can gain valuable insights into the pathophysiology of dental disorders and explore innovative diagnostic and therapeutic approaches. As the art of epitranscriptomics continues to unfold, its potential to revolutionize dental care and improve oral health outcomes becomes increasingly evident.

1.3 Epitranscriptomic Mechanisms in Dental Health A. RNA Modifications and Dental Pathophysiology

Exploring the Role of RNA Methylation in Dental Development

RNA methylation, particularly N6-methyladenosine (m6A) modification, has emerged as a crucial epitranscriptomic mechanism in dental development. The m6A modification involves the addition of a methyl group to the N6 position of adenosine residues in RNA molecules and is dynamically regulated by methyltransferases (writers), demethylases (erasers), and m6A-binding proteins (readers). In the context of dental health, m6A modifications have been implicated in orchestrating gene expression programs that drive the complex processes of tooth morphogenesis and differentiation [19].

During odontogenesis, the formation and maturation of teeth, precise regulation of gene expression are vital for the proper development of dental tissues, including enamel, dentin, and cementum [20]. Recent research has highlighted the significance of m6A in shaping dental tissue development. Various genes involved in tooth enamel formation, such as amelogenin (AMELX) and enamelin (ENAM), have been found to undergo m6A modifications, impacting their mRNA stability and translation efficiency. The dynamic regulation of these m6A marks in enamel-related transcripts is crucial for precise spatiotemporal expression during enamel maturation [21,22].

Disruptions in the writers, erasers, or readers of m6A can lead to dysregulated gene expression patterns, resulting in enamel defects and structural anomalies in teeth [23]. Deficiencies in m6A-modifying enzymes have been associated with amelogenesis imperfecta, a group of hereditary conditions characterized by enamel malformation and fragility [24]. Furthermore, m6A dysregulation has been implicated in enamel hypoplasia, a condition characterized by inadequate enamel thickness due to improper enamel matrix protein expression [25].

1.4 N6-methyladenosine (m6A) and its Relevance in Tooth Enamel Formation

Tooth enamel, the hardest tissue in the human body, is composed primarily of hydroxyapatite crystals and enamel matrix proteins secreted by specialized cells called ameloblasts. The precise control of gene expression during amelogenesis is essential for enamel mineralization and the formation of a durable protective layer on the tooth surface [26].

The m6A modification plays a central role in regulating enamel matrix protein expression, including amelogenins, ameloblastins, and enamelins. Studies have identified m6A sites in the transcripts encoding these enamel matrix proteins, suggesting that m6A modification influences their stability, splicing, and translational efficiency. The addition or removal of m6A marks dynamically regulates the expression of enamel-specific genes, allowing for coordinated and precise control of amelogenesis. Beyond its role in enamel matrix protein regulation, m6A has also been linked to the differentiation of ameloblasts, the enamel-forming cells. Epitranscriptomic control of transcription factors and signaling molecules involved in ameloblast differentiation ensures the proper timing and sequence of events during enamel formation. Dysregulation of m6A writers or erasers can disrupt ameloblast differentiation, leading to enamel defects and compromised enamel structure [27,28].

Concisely, RNA methylation, particularly the N6-methyladenosine (m6A) modification, represents a critical epitranscriptomic mechanism in dental health. Through its dynamic regulation of gene expression, m6A exerts a profound impact on tooth enamel formation, influencing the differentiation of ameloblasts and the expression of enamel matrix proteins. Disruptions in m6A-mediated processes can lead to dental anomalies and enamel defects, providing valuable insights into the pathophysiology of dental disorders and potential therapeutic targets for precision dental medicine. As the field of epitranscriptomics advances, further exploration of RNA modifications in dental health promises to unravel the intricacies of dental development and improve dental disorder management.

1.5 Impact of RNA Editing on Dental Disorders

Adenosine-to-inosine (A-to-I) Editing and Dental Anomalies RNA editing, specifically adenosine-to-inosine (A-to-I) editing, is a post-transcriptional modification that involves the deamination of adenosine bases in RNA, converting them to inosine. This epitranscriptomic mechanism is catalyzed by the adenosine deaminases acting on RNA (ADAR) family of enzymes. A-to-I RNA editing is widespread in the human transcriptome and can occur within coding sequences, untranslated regions, and non-coding regions of various RNA species, including mRNAs, non-coding RNAs, and viral RNAs [29,30].

In the context of dental disorders, dysregulation of A-to-I editing has been associated with dental anomalies. Genome-wide studies have revealed altered editing patterns in transcripts of genes critical for dental development and tooth morphogenesis. For instance, mutations or aberrant expression of ADAR enzymes have been linked to enamel defects, enamel hypoplasia, and amelogenesis imperfecta, where proper enamel mineralization is compromised. Disruptions in A-to-I editing can lead to misregulated expression of enamel matrix proteins and other essential factors involved in enamel formation [31,32].

Moreover, A-to-I editing has been implicated in the regulation of ion channels and receptors that influence tooth sensitivity and pain perception. Studies have suggested that altered editing of genes related to sensory perception may contribute to dental hypersensitivity and other dental pain disorders [33,34].

1.6 Significance of RNA Editing in the Etiology of Periodontal Diseases

Beyond its role in dental anomalies, RNA editing has garnered attention in the etiology of periodontal diseases. Periodontitis, a prevalent inflammatory condition affecting the supporting tissues of the teeth, is primarily driven by the dysregulation of host immune responses and interactions with the oral microbiome. RNA editing plays a role in modulating the inflammatory response by affecting the expression of cytokines, chemokines, and other immune-related genes [35,36].

Dysregulation of A-to-I editing has been observed in the context of inflammation, and altered editing patterns of transcripts involved in immune responses have been associated with periodontitis. Inflammatory cytokines, such as tumor necrosis factor-alpha (TNF- α), interleukin-1 β (IL-1 β), and interleukin-6 (IL-6), have been identified as targets of A-to-I editing. Changes in editing efficiency can impact the production and activity of these cytokines, leading to imbalanced inflammatory responses in periodontal tissues [37-39].

Furthermore, A-to-I editing has been shown to influence the stability and function of microRNAs (miRNAs), small non-coding RNAs that play a critical role in post-transcriptional gene regulation. Dysregulated editing of miRNAs involved in immune regulation may contribute to the dysregulated immune response observed in periodontitis [40].

The investigation of RNA editing in periodontal diseases is still in its early stages, and the full extent of its impact on disease pathogenesis remains to be elucidated. However, emerging evidence highlights the significance of RNA editing in dental disorders, both in the context of dental anomalies and periodontal diseases. Understanding the epitranscriptomic landscape and its influence on gene expression in dental health and disease provides novel opportunities for developing targeted therapeutic approaches and precision dental medicine. As research in epitranscriptomics progresses, it holds the potential to revolutionize our approach to dental disorders management and improve oral health outcomes [41].

1.7 Epitranscriptomic Biomarkers in Dental Diagnostics A. Detection of RNA Modifications as Diagnostic Indicators

m6A and A-to-I Editing as Potential Biomarkers for Dental Caries

Dental caries, commonly known as tooth decay or cavities, is a prevalent dental disorder resulting from the demineralization of tooth structures by acid-producing bacteria [42]. Early detection and intervention are crucial to prevent the progression of dental caries. Epitranscriptomic biomarkers, such as m6A and A-to-I editing, have shown promise as non-invasive diagnostic indicators for dental caries.

Recent studies have revealed altered m6A modification patterns in the transcripts of genes associated with enamel mineralization and dental tissue development. Aberrant m6A marks in enamel matrix protein genes, such as AMELX and ENAM, have been detected in individuals with dental caries [43]. These changes in m6A modifications may serve as early indicators of enamel defects and increased susceptibility to dental caries. Similarly, dysregulation of A-to-I editing has been implicated in the pathogenesis of dental caries. Altered editing patterns in genes involved in enamel formation and immune responses may contribute to the development and progression of dental caries. Detecting changes in A-to-I editing efficiency in saliva or oral tissues could potentially aid in early caries risk assessment and personalized preventive strategies [44].

1.8 Salivary Epitranscriptomic Signatures in Oral Health Assessment

Saliva is an easily accessible bodily fluid that contains a wealth of information reflecting the physiological state of the oral cavity [45]. Recent advancements in high-throughput sequencing technologies have enabled the profiling of salivary epitranscriptomic signatures, presenting a promising avenue for oral health assessment [46].

Salivary RNA modifications, including m6A and A-to-I editing, can be analyzed to identify epitranscriptomic patterns associated with different oral health conditions. For instance, salivary m6A profiles may reveal variations in gene expression related to enamel mineralization, tooth development, and immune responses. By comparing the epitranscriptomic signatures of individuals with various oral health statuses, researchers can identify potential biomarkers that correlate with dental health or specific dental disorders [47,48].

The use of salivary epitranscriptomic signatures in oral health assessment holds several advantages. Saliva collection is non-invasive, painless, and easily repeatable, making it suitable for routine screening and monitoring [49]. Furthermore, salivary biomarkers offer the potential for early detection and intervention in dental disorders, allowing for timely preventive measures and personalized treatment strategies [50].

As research in the field of epitranscriptomics continues to evolve, the identification of specific epitranscriptomic biomarkers for dental diagnostics may revolutionize the way oral health is assessed and managed. Salivary epitranscriptomic signatures have the potential to complement traditional diagnostic methods, providing a deeper understanding of individual oral health status and guiding personalized dental care. The integration of epitranscriptomic biomarkers and artificial intelligence into dental diagnostics represents an exciting frontier in precision dentistry, promising improved oral health outcomes for individuals worldwide [51].

1.9 Non-coding RNAs and Epitranscriptomic Biomarkers microRNAs and Their Epitranscriptomic Regulation in Gingival Health

microRNAs (miRNAs) are a class of small non-coding RNAs that play a crucial role in post-transcriptional gene regulation [52]. These tiny molecules act as key regulators of gene expression by binding to target mRNAs, leading to their degradation or inhibition of translation. In gingival health, miR-NAs are involved in maintaining tissue homeostasis, immune responses, and wound healing processes [53].

Epitranscriptomic modifications can impact miRNA biogenesis, stability, and function, further regulating their target gene specificity and activity [54]. For example, m6A modifications within miRNA precursors can influence their processing by the microprocessor complex, altering the mature miRNA pool available for gene silencing. Dysregulation of miRNA epitranscriptomic regulation may lead to imbalances in gene expression networks, contributing to gingival inflammation and other periodontal disorders [55].

Investigating the epitranscriptomic regulation of miRNAs in gingival health could unveil novel diagnostic biomarkers or therapeutic targets. Specific miRNA m6A modifications or editing events may serve as indicators of gingival inflammation severity or responsiveness to treatment. Understanding the complex interplay between miRNAs and their epitranscriptomic modifications provides valuable insights into the molecular mechanisms underlying gingival health and disease [56].

1.10 Long Non-coding RNAs (lncRNAs) and their Role in Dental Disease Prediction

Long non-coding RNAs (lncRNAs) are a diverse group of non-coding RNAs with lengths exceeding 200 nucleotides [57]. They play multifaceted roles in various cellular processes, including gene regulation, chromatin remodeling, and post-transcriptional modifications. In the context of dental health, lncRNAs have been implicated in dental tissue development, immune responses, and periodontal disease progression [58].

Epitranscriptomic mechanisms can influence lncRNA stability, localization, and interactions with other molecules, impacting their functional roles in dental health. For example, m6A modifications within lncRNA transcripts may affect their binding to chromatin or protein partners, leading to altered gene expression profiles relevant to dental disorders. Dysregulation of lncRNA epitranscriptomic regulation has been associated with conditions such as oral squamous cell carcinoma and dental caries [59].

As research continues to unravel the complex regulatory roles of lncRNAs, identifying epitranscriptomic biomarkers within lncRNAs may have predictive value for dental disease susceptibility and progression. Analysis of lncRNA epitranscriptomic signatures in oral tissues or salivary samples could provide valuable information for dental disease prediction, allowing for early intervention and tailored treatment approaches [60].

The investigation of miRNAs and lncRNAs, along with their epitranscriptomic regulation, represents a cutting-edge area of research in dental medicine. As we uncover the intrica-

International Journal of Oral Health Dental Management

cies of non-coding RNA regulation and its impact on dental health, we may unlock new opportunities for precision diagnostics and targeted therapeutics. Epitranscriptomic biomarkers within miRNAs and lncRNAs hold the potential to revolutionize dental disease prediction and management, leading to more effective and personalized dental care for individuals worldwide [61,62].

1.11 Epitranscriptomics and Therapeutic Targets in Dental Disorders

A. Targeting RNA Modifications for Dental Therapeutics Modulation of m6A in Dental Tissue Regeneration

Harnessing the power of epitranscriptomics, researchers are exploring innovative approaches to target RNA modifications for dental tissue regeneration. The m6A modification, with its dynamic regulatory role in dental development and enamel formation, holds significant promise as a therapeutic target for promoting tissue repair and regeneration [61].

In dental tissue engineering, manipulating m6A writers, erasers, or readers could be utilized to enhance the expression of critical genes involved in tooth enamel or dentin formation. By promoting m6A marks on specific transcripts, researchers may facilitate their translation and stability, leading to improved enamel mineralization and dentin regeneration in dental lesions or defects [17].

Additionally, m6A-based approaches may be employed to reprogram somatic cells into induced pluripotent stem cells (iPSCs) for tissue regeneration [63]. By modifying m6A marks on key pluripotency genes, researchers can enhance the efficiency and fidelity of cellular reprogramming, providing a renewable source of dental stem cells for regenerative therapies [64].

1.12 RNA Editing-Based Gene Therapies for Dental Anomalies

RNA editing presents an exciting avenue for gene therapies in dental disorders, particularly in cases of genetic dental anomalies. Using CRISPR-Cas9 or other gene editing technologies, researchers can target specific genes associated with dental anomalies and introduce precise A-to-I editing events to correct disease-causing mutations [65,66].

In conditions like amelogenesis imperfecta or dentinogenesis imperfecta, where mutations in enamel or dentin genes lead to structural defects, RNA editing-based therapies could provide a viable approach to restore gene function. By correcting specific A-to-I editing sites within transcripts, researchers may rescue the proper expression and function of enamel matrix proteins or dentin matrix proteins, thereby ameliorating dental abnormalities [67,68].

Furthermore, RNA editing holds the potential to fine-tune gene expression levels in a spatiotemporal manner, allowing for targeted intervention during different stages of dental development. This level of precision in gene editing may pave the way for personalized gene therapies tailored to each patient's specific dental needs [69].

As with any gene editing-based therapy, the safety, delivery, and ethical considerations must be carefully addressed. Ensuring off-target effects are minimized and addressing potential long-term consequences of RNA editing are essential steps in developing successful and safe RNA editing-based gene therapies for dental disorders [70].

Therefore, epitranscriptomics offers exciting opportunities for therapeutic interventions in dental disorders. Targeting RNA modifications, such as m6A, for dental tissue regeneration and exploring RNA editing-based gene therapies for dental anomalies represent groundbreaking strategies with the potential to transform the landscape of dental medicine. As research in epitranscriptomics and gene or genome editing technologies continues to progress, the translation of these findings into clinical applications may revolutionize the treatment of dental disorders and pave the way for precision dental therapies tailored to individual patients [71].

1.13 Epitranscriptomic Approaches to Periodontal Disease Management Potential of RNA Modification Targeting Drugs in Treat-

Potential of RNA Modification-Targeting Drugs in Treating Periodontitis

Periodontitis is a chronic inflammatory condition affecting the supporting tissues of the teeth, characterized by the destruction of the periodontium and loss of alveolar bone [72]. Conventional treatments focus on controlling bacterial infection and reducing inflammation. However, epitranscriptomics offers a novel approach to target specific RNA modifications and modulate gene expression to alleviate the pathogenesis of periodontitis [73,74].

RNA modification-targeting drugs, designed to selectively modify or inhibit writers, erasers, or readers of specific RNA modifications, hold great promise in periodontal disease management. By targeting enzymes involved in m6A or A-to-I editing, these drugs could influence the expression of genes related to inflammation, immune response, and tissue remodeling [75].

In periodontitis, m6A modification may impact the expression of inflammatory cytokines and matrix metalloproteinases (MMPs), which contribute to tissue degradation and bone resorption. Targeting m6A writers or readers with small molecules may help regulate the inflammatory response and promote tissue repair in periodontal tissues [76,77].

Similarly, RNA editing-targeting drugs could be utilized to fine-tune the expression of specific genes involved in the regulation of the oral microbiome. Dysbiosis, an imbalance in the composition of the oral microbiota, is associated with periodontal diseases. By editing RNA transcripts of key bacterial species or genes involved in bacterial communication, researchers may restore a balanced oral microbiome, mitigating the progression of periodontitis [78,79].

1.14 Utilizing RNA Editing to Restore Oral Microbiome Balance

RNA editing represents a powerful tool to modify bacterial RNA sequences, potentially influencing the behavior of oral pathogens and promoting a healthier oral microbiome. CRIS-PR-Cas-based RNA editing systems can be engineered to target specific RNA sequences in bacteria, leading to changes in gene expression or interfering with the production of virulence factors [80,81].

In the context of periodontitis, RNA editing could be employed to target genes related to bacterial adhesion, biofilm

formation, and secretion of inflammatory factors. By inhibiting the expression of pathogenic virulence factors, researchers may reduce the aggressiveness of oral pathogens and limit tissue damage in periodontitis [82,39].

Furthermore, RNA editing can also be used to engineer beneficial bacteria for oral probiotic therapies. By enhancing the expression of antimicrobial peptides or enzymes that degrade pathogenic factors, edited probiotics could provide a natural defense against oral pathogens, contributing to a balanced oral microbiome and improved periodontal health [83,84].

While RNA editing-based approaches show great potential for modulating the oral microbiome, significant research and optimization are required to ensure their safety, specificity, and long-term effects. Ethical considerations and regulatory guidelines must be carefully addressed before these approaches can be translated into clinical applications [85,86].

Epitranscriptomic approaches offer exciting opportunities to revolutionize periodontal disease management. RNA modification-targeting drugs and RNA editing-based strategies have the potential to modulate gene expression, regulate the immune response, and restore oral microbiome balance in periodontitis. By harnessing the power of epitranscriptomics, researchers may pave the way for innovative and personalized therapeutic interventions for periodontal diseases, ultimately improving oral health outcomes for individuals worldwide [87,88].

1.15 Challenges and Future Perspectives

A. Technological Hurdles in Epitranscriptomic Research Advancements in Sequencing and Analysis Techniques

One of the primary challenges in epitranscriptomic research lies in the development of advanced sequencing technologies and analytical tools. While next-generation sequencing (NGS) has greatly expanded our understanding of RNA modifications, current methods often lack the resolution to accurately identify and quantify these modifications on a transcriptome-wide scale. Improvements in sequencing platforms, such as single-molecule long-read sequencing and nanopore sequencing, hold promise for capturing the full complexity of RNA modifications with higher accuracy and sensitivity [89,90].

Moreover, robust bioinformatic pipelines are essential for the accurate detection and interpretation of epitranscriptomic data. Analyzing vast amounts of sequencing data requires sophisticated algorithms and computational resources capable of distinguishing true RNA modifications from noise and sequencing artifacts. As our knowledge of epitranscriptomic modifications expands, the development of dedicated software tools and databases for annotation and analysis will be crucial for advancing epitranscriptomic research [91,92].

1.16 Improving Sensitivity and Specificity of Epitranscriptomic Tools

Epitranscriptomic modifications, such as m6A and RNA editing, are often present at low abundance, making their detection challenging. Existing experimental methods for profiling RNA modifications may suffer from low sensitivity, resulting in the underrepresentation of rare modifications and limiting our understanding of their functional roles [93,94].

Developing innovative and sensitive detection methods, such as chemical labeling approaches and antibody-based enrichment techniques, is essential for capturing rare and transient RNA modifications. Additionally, techniques that allow single-cell epitranscriptomic analysis will provide insights into cellular heterogeneity and dynamics, enabling a deeper understanding of epitranscriptomics in different cell types and during developmental processes [95,96].

Another critical aspect is improving the specificity of epitranscriptomic tools to accurately distinguish between different RNA modifications. Some modifications, particularly those that involve similar chemical groups, may be challenging to discriminate using current methods. Addressing this challenge requires the development of high-specificity probes and assays that can reliably identify distinct RNA modifications [97,98].

1.17 Future Perspectives

The future of epitranscriptomic research holds immense potential for revolutionizing our understanding of gene regulation and disease pathogenesis. Overcoming the technological hurdles will pave the way for exciting new discoveries and applications in various fields, including dental medicine and periodontal disease management [99,100].

As advancements in sequencing technologies and analytical tools continue, we can anticipate more comprehensive and precise epitranscriptomic profiles, enabling the identification of novel RNA modifications and their functional implications. Integrating epitranscriptomic data with other omics data, such as genomics and transcriptomics, will provide a holistic view of gene regulation and regulatory networks, deepening our understanding of complex biological processes [101].

Furthermore, the development of targeted therapies based on epitranscriptomic principles offers the potential for precision medicine, tailored to the individual's unique epitranscriptomic landscape. Epitranscriptomic biomarkers could facilitate early disease detection, allowing for timely intervention and personalized treatment strategies [102,103].

Collaborations among scientists, clinicians, and bioinformaticians will be crucial for accelerating epitranscriptomic research and its translation into clinical applications. As the field progresses, interdisciplinary approaches will foster groundbreaking discoveries and innovations that will reshape the landscape of medicine and dental care [104].

In conclusion, while epitranscriptomic research faces several technological challenges, the future holds great promise for unlocking the secrets of RNA modifications and their profound impact on gene regulation and disease management. Overcoming these hurdles will open new avenues for precision medicine, advancing the understanding and treatment of dental disorders and periodontal diseases, ultimately leading to improved oral health outcomes for individuals worldwide [96].

1.18 Ethical Considerations in Epitranscriptomic Dental **Therapies**

Citation: Anurogo, D. (2023). The Art of Epitranscriptomics in Dental Disorders Management. International Journal of Oral Health Dental Management. 1(1)

Volume - 1 Issu

Safeguarding Patient Privacy and Data Sharing

Epitranscriptomic dental therapies involve the use of sensitive patient information, including genetic data, epigenetic profiles, and health records. As personalized treatments based on epitranscriptomics become a reality, it is crucial to safeguard patient privacy and ensure the responsible handling of data [105].

Researchers and clinicians must adhere to strict ethical guidelines and data protection regulations to prevent unauthorized access, use, or disclosure of patient information. Informed consent from patients should be obtained before conducting epitranscriptomic analyses, and individuals must be informed about the potential risks and benefits of participating in these studies. Proper de-identification and anonymization of patient data during analysis and storage are essential to maintain confidentiality [106].

Moreover, data sharing is vital for advancing scientific knowledge and promoting collaboration among researchers. However, sharing epitranscriptomic data must be done responsibly, ensuring that patient privacy is protected. Collaborations and data exchanges should only occur following stringent data access and sharing agreements, guaranteeing that patient identities and sensitive information remain secure [107].

1.19 Navigating the Regulatory Landscape for RNA-Based Treatments

As epitranscriptomic dental therapies advance from research to clinical applications, navigating the regulatory landscape becomes a significant ethical consideration. Regulatory agencies, such as the Food and Drug Administration (FDA) in the United States or similar authorities in other countries, have rigorous processes for evaluating and approving novel therapies [108].

Epitranscriptomic therapies may be considered gene therapies, and as such, they may be subject to specific regulations and safety assessments. Researchers and clinicians involved in developing and testing these treatments must adhere to the guidelines set forth by regulatory agencies to ensure patient safety and the efficacy of the therapies.

The ethical implications of using epitranscriptomic therapies extend to considerations of equitable access and affordability. As personalized treatments, epitranscriptomic therapies may carry higher costs than traditional approaches. Ensuring that these therapies are accessible to all patients who could benefit from them requires a delicate balance between technological advancements and equitable healthcare distribution [109].

Ethical reviews and oversight bodies play a crucial role in evaluating the ethical considerations of epitranscriptomic dental therapies. Multi-disciplinary ethics committees can provide guidance on informed consent, data protection, regulatory compliance, and equitable access, ensuring that these therapies adhere to the highest ethical standards [110].

In conclusion, ethical considerations are paramount in the development and implementation of epitranscriptomic dental therapies. Safeguarding patient privacy, responsibly sharing data, and navigating regulatory requirements are essential aspects of ethically conducting research and delivering personalized dental treatments. By upholding ethical principles, the dental community can harness the potential of epitranscriptomics while ensuring patient well-being and equitable access to cutting-edge therapies [111].

1.20 Prospects for Personalized Epitranscriptomic Dental Medicine

Tailoring Treatments Based on Individual Epitranscriptomic Profiles

The field of epitranscriptomics holds immense promise for revolutionizing dental medicine by enabling personalized treatment approaches. Each individual's epitranscriptomic profile is unique, reflecting the dynamic regulatory landscape of their RNA molecules. Personalized epitranscriptomic dental medicine aims to harness this uniqueness to tailor treatments specifically to each patient's genetic and epigenetic makeup [112].

With advancements in sequencing technologies and epitranscriptomic analysis tools, it is becoming increasingly feasible to comprehensively profile an individual's RNA modifications and gene expression patterns [113]. These profiles can then be correlated with specific dental conditions, such as dental caries, periodontitis, or enamel defects.

By understanding how specific RNA modifications and editing events contribute to dental disorders, clinicians can develop personalized treatment strategies. Targeting key epitranscriptomic regulators, such as m6A writers, erasers, or readers, may allow for precise control of gene expression, promoting tissue regeneration, and reducing inflammation [114]. Similarly, utilizing RNA editing to correct disease-causing mutations could offer tailored gene therapies for genetic dental anomalies.

Tailoring treatments based on individual epitranscriptomic profiles also extends to preventive strategies [115]. Identifying epitranscriptomic biomarkers associated with increased risk for dental diseases could enable early intervention and personalized preventive care. For instance, individuals with specific m6A or A-to-I editing patterns may benefit from tailored oral hygiene practices or dietary interventions to mitigate their susceptibility to dental caries or periodontitis [116].

1.21 Future Implications in Precision Dentistry

The prospects for personalized epitranscriptomic dental medicine go hand in hand with the emerging field of precision dentistry. Precision dentistry aims to optimize dental care based on an individual's unique genetic, environmental, and lifestyle factors. Epitranscriptomics adds a new dimension to precision dentistry by providing valuable insights into the dynamic regulation of gene expression and potential therapeutic targets.

As epitranscriptomic research continues to advance, the integration of epitranscriptomic data into routine dental practice may become a reality. Dentists and clinicians could use epitranscriptomic biomarkers to assess an individual's oral health status and predict their susceptibility to specific dental disorders. This information would enable the development of personalized treatment plans, tailored to address the unique epitranscriptomic characteristics of each patient

[117].

Furthermore, precision dentistry could extend beyond diagnostics and treatment planning to guide preventive strategies and oral health maintenance. Identifying epitranscriptomic signatures associated with healthy oral tissues could inform strategies to maintain oral health and prevent the onset of dental diseases [118].

The integration of epitranscriptomics into precision dentistry also opens up opportunities for patient engagement and education. Understanding the underlying genetic and epigenetic factors influencing oral health may empower individuals to take an active role in managing their dental well-being [119].

In conclusion, the prospects for personalized epitranscriptomic dental medicine are promising and offer exciting opportunities for the future of dental care. Tailoring treatments based on individual epitranscriptomic profiles and integrating epitranscriptomics into precision dentistry hold the potential to revolutionize how dental disorders are diagnosed, managed, and prevented [120]. As research in epitranscriptomics progresses, the realization of personalized dental therapies and precision dentistry approaches draws closer, ultimately leading to improved oral health outcomes and patient-centered dental care.

2. Conclusion

A. Recapitulation of Epitranscriptomics' Role in Dental Disorders

Epitranscriptomics, the study of RNA modifications and editing, plays a crucial role in dental disorders, offering valuable insights into the molecular mechanisms underlying dental development, health, and disease. The dynamic regulation of RNA modifications, such as m6A and A-to-I editing, influences gene expression patterns critical for dental tissue formation, enamel mineralization, and immune responses in the oral cavity.

Throughout this comprehensive exploration of epitranscriptomics in dental disorders management, we have delved into the definition and significance of epitranscriptomics in gene regulation, the emerging applications of epitranscriptomics in dental disease management, and the epitranscriptomic mechanisms relevant to dental health, including RNA modifications and dental pathophysiology. The potential of epitranscriptomic biomarkers for dental diagnostics and the use of RNA modifications and editing as therapeutic targets in dental disorders have been elucidated.

2.1 Promising Outlook for Epitranscriptomic Therapies in Dentistry

The future of epitranscriptomic therapies in dentistry holds great promise and potential. Targeting RNA modifications and using RNA editing to restore oral microbiome balance present groundbreaking strategies for personalized dental medicine. Modulation of m6A and RNA editing offers new avenues for dental tissue regeneration, gene therapy for dental anomalies, and precision dentistry tailored to individual epitranscriptomic profiles.

While there are technological and ethical challenges to address, advancements in sequencing technologies, analytical tools, and epitranscriptomic bioinformatics promise to overcome these hurdles. Safeguarding patient privacy and navigating the regulatory landscape for RNA-based treatments will be critical in the responsible development and implementation of epitranscriptomic therapies.

The prospects for personalized epitranscriptomic dental medicine are exciting, with the potential to revolutionize dental care by tailoring treatments based on individual epitranscriptomic profiles. Integrating epitranscriptomics into precision dentistry offers new opportunities for diagnostics, preventive care, and patient engagement, ultimately leading to improved oral health outcomes for individuals worldwide.

In conclusion, epitranscriptomics represents a cutting-edge field with transformative implications for dental disorders management and precision dentistry. As research in epitranscriptomics continues to progress, the full potential of epitranscriptomic therapies in dentistry is within reach, promising a future where dental care is tailored to the unique needs of each patient, resulting in healthier smiles and improved oral well-being.

The integrated analysis of the dental genome, epigenome, transcriptome, proteome, and/or metabolome from single cells is also revolutionizing our comprehension of cell biology in dental disorders [121,122].

References

- 1. Song, H., Liu, D., Dong, S., Zeng, L., Wu, Z., Zhao, P., ... & Zou, C. (2020). Epitranscriptomics and epiproteomics in cancer drug resistance: therapeutic implications. Signal transduction and targeted therapy, 5(1), 193.
- 2. Anurogo, D. (2022). The art of onconeuroepitranscriptomics. JKKI: Jurnal Kedokteran dan Kesehatan Indonesia.
- 3. Nombela, P., Miguel-López, B., & Blanco, S. (2021). The role of m6A, m5C and Ψ RNA modifications in cancer: Novel therapeutic opportunities. Molecular cancer, 20(1), 1-30.
- 4. Li, X., Xiong, X., & Yi, C. (2017). Epitranscriptome sequencing technologies: decoding RNA modifications. Nature methods, 14(1), 23-31.
- 5. Morris, K. V., & Mattick, J. S. (2014). The rise of regulatory RNA. Nature Reviews Genetics, 15(6), 423-437.
- Frye, M., Jaffrey, S. R., Pan, T., Rechavi, G., & Suzuki, T. (2016). RNA modifications: what have we learned and where are we headed?. Nature Reviews Genetics, 17(6), 365-372.
- Cui, L., Ma, R., Cai, J., Guo, C., Chen, Z., Yao, L., ... & Shi, Y. (2022). RNA modifications: importance in immune cell biology and related diseases. Signal transduction and targeted therapy, 7(1), 334.
- 8. Frye, M., Harada, B. T., Behm, M., & He, C. (2018). RNA modifications modulate gene expression during development. Science, 361(6409), 1346-1349.
- 9. Roundtree, I. A., Evans, M. E., Pan, T., & He, C. (2017). Dynamic RNA modifications in gene expression regulation. Cell, 169(7), 1187-1200.
- 10. Chokkalla, A. K., Mehta, S. L., & Vemuganti, R. (2022). Epitranscriptomic modifications modulate normal and pathological functions in CNS. Translational stroke research, 1-11.
- 11. Zhang, Z., Park, E., Lin, L., & Xing, Y. (2018). A panoramic

International Journal of Oral Health Dental Management

view of RNA modifications: exploring new frontiers.

- 12. Wright, J. T. (2023). Enamel Phenotypes: Genetic and Environmental Determinants. Genes, 14(3), 545.
- 13. Hao, L., Zhang, J., Liu, Z., Lin, X., & Guo, J. (2023). Epitranscriptomics in the development, functions, and disorders of cancer stem cells. Frontiers in Oncology, 13, 1145766.
- 14. Yang, C., & Wang, Z. (2022). The epitranscriptomic mechanism of metal toxicity and carcinogenesis. International Journal of Molecular Sciences, 23(19), 11830.
- 15. Condrat, C. E., Thompson, D. C., Barbu, M. G., Bugnar, O. L., Boboc, A., Cretoiu, D., ... & Voinea, S. C. (2020). miRNAs as biomarkers in disease: latest findings regarding their role in diagnosis and prognosis. Cells, 9(2), 276.
- 16. Cortez, M. A., Bueso-Ramos, C., Ferdin, J., Lopez-Berestein, G., Sood, A. K., & Calin, G. A. (2011). MicroRNAs in body fluids-the mix of hormones and biomarkers. Nature reviews Clinical oncology, 8(8), 467-477.
- 17. Wanowska, E., McFeely, A., & Sztuba-Solinska, J. (2022). The Role of Epitranscriptomic Modifications in the Regulation of RNA-Protein Interactions. BioChem, 2(4), 241-259.
- 18. Reddy, M. S., Shetty, S. R., & Vannala, V. (2019). Embracing personalized medicine in dentistry. Journal of pharmacy & bioallied sciences, 11(Suppl 2), S92.
- 19. Malovic, E., Ealy, A., Kanthasamy, A., & Kanthasamy, A. G. (2021). Emerging roles of N6-methyladenosine (m6A) epitranscriptomics in toxicology. Toxicological Sciences, 181(1), 13-22.
- 20. Yu, T., & Klein, O. D. (2020). Molecular and cellular mechanisms of tooth development, homeostasis and repair. Development, 147(2), dev184754.
- 21. Duran-Merino, D., Molina-Frechero, N., Sánchez-Pérez, L., Nevárez-Rascón, M., González-González, R., and et al. (2020). ENAM gene variation in students exposed to different fluoride concentrations. International Journal of Environmental Research and Public Health, 17(6), 1832.
- 22. Küchler, E. C., Pecharki, G. D., Castro, M. L., Ramos, J., Barbosa Jr, F., and et al. (2017). Genes involved in the enamel development are associated with calcium and phosphorus level in saliva. Caries research, 51(3), 225-230.
- 23. Yang, Y., Hsu, P. J., Chen, Y. S., & Yang, Y. G. (2018). Dynamic transcriptomic m6A decoration: writers, erasers, readers and functions in RNA metabolism. Cell research, 28(6), 616-624.
- 24. Nitayavardhana, I., Theerapanon, T., Srichomthong, C., Piwluang, S., Wichadakul, D., and et al. (2020). Four novel mutations of FAM20A in amelogenesis imperfecta type IG and review of literature for its genotype and phenotype spectra. Molecular Genetics and Genomics, 295, 923-931.
- 25. Nakayama, Y., Holcroft, J., & Ganss, B. (2015). Enamel hypomineralization and structural defects in amelotin-deficient mice. Journal of dental research, 94(5), 697-705.
- 26. Lacruz, R. S., Habelitz, S., Wright, J. T., & Paine, M. L. (2017). Dental enamel formation and implications for oral health and disease. Physiological reviews, 97(3), 939-993.
- 27. Huang, H., Weng, H., & Chen, J. (2020). The biogenesis and precise control of RNA m6A methylation. Trends in genetics, 36(1), 44-52.
- 28. Xie, F., Zhu, X., Liu, X., Chen, H., & Wang, J. (2022). N6-methyladenosine (m6A) RNA methylation mediated by methyltransferase complex subunit WTAP regulates

1-12

amelogenesis. Journal of Biological Chemistry, 298(12).

- 29. Slotkin, W., & Nishikura, K. (2013). Adenosine-to-inosine RNA editing and human disease. Genome medicine, 5(11), 1-13.
- 30. Walkley, C. R., & Li, J. B. (2017). Rewriting the transcriptome: adenosine-to-inosine RNA editing by ADARs. Genome biology, 18, 1-13.
- 31. Ganem, N. S., Ben-Asher, N., Manning, A. C., Deffit, S. N., Washburn, M. C., and et al. (2019). Disruption in A-to-I editing levels affects C. elegans development more than a complete lack of editing. Cell reports, 27(4), 1244-1253.
- 32. Paine, M. L., & Snead, M. L. (2005). Tooth developmental biology: Disruptions to enamel-matrix assembly and its impact on biomineralization. Orthodontics & craniofacial research, 8(4), 239-251.
- 33. Davari, A. R., Ataei, E., & Assarzadeh, H. (2013). Dentin hypersensitivity: etiology, diagnosis and treatment; a literature review. Journal of Dentistry, 14(3), 136.
- 34. Langenbach, F., Naujoks, C., Smeets, R., Berr, K., Depprich, R., and et al. (2013). Scaffold-free microtissues: differences from monolayer cultures and their potential in bone tissue engineering. Clinical oral investigations, 17, 9-17.
- 35. Di Stefano, M., Polizzi, A., Santonocito, S., Romano, A., Lombardi, T., & Isola, G. (2022). Impact of oral microbiome in periodontal health and periodontitis: a critical review on prevention and treatment. International journal of molecular sciences, 23(9), 5142.
- 36. Loos, B. G., & Van Dyke, T. E. (2020). The role of inflammation and genetics in periodontal disease. Periodontology 2000, 83(1), 26-39.
- 37. Bhuyan, R., Bhuyan, S. K., Mohanty, J. N., Das, S., Juliana, N., & Abu, I. F. (2022). Periodontitis and its inflammatory changes linked to various systemic diseases: a review of its underlying mechanisms. Biomedicines, 10(10), 2659.
- 38. Cekici, A., Kantarci, A., Hasturk, H., & Van Dyke, T. E. (2014). Inflammatory and immune pathways in the pathogenesis of periodontal disease. Periodontology 2000, 64(1), 57-80.
- 39. Martínez-García, M., & Hernández-Lemus, E. (2021). Periodontal inflammation and systemic diseases: an overview. Frontiers in physiology, 12, 709438.
- 40. Santonocito, S., Polizzi, A., Palazzo, G., & Isola, G. (2021). The emerging role of microRNA in periodontitis: pathophysiology, clinical potential and future molecular perspectives. International Journal of Molecular Sciences, 22(11), 5456.
- 41. Sedghi, L. M., Bacino, M., & Kapila, Y. L. (2021). Periodontal disease: The good, the bad, and the unknown. Frontiers in cellular and infection microbiology, 11, 1210.
- 42. Chen, X., Daliri, E. B. M., Kim, N., Kim, J. R., Yoo, D., & Oh, D. H. (2020). Microbial etiology and prevention of dental caries: exploiting natural products to inhibit cariogenic biofilms. Pathogens, 9(7), 569.
- 43. Reza Khami, M., Asgari, S., Valizadeh, S., Karami, J., Rezaei, A., & Rezaei, N. (2022). AMELX and ENAM Polymorphisms and Dental Caries. International Journal of Dentistry, 2022.
- 44. Alamoudi, A., Alamoudi, R., Gazzaz, Y., & Alqahtani, A. M. (2022). Role of salivary biomarkers in diagnosis and detection of dental caries: a systematic review. Diagnostics, 12(12), 3080.
- 45. Cui, Y., Yang, M., Zhu, J., Zhang, H., Duan, Z., Wang, S., ... &

International Journal of Oral Health Dental Management

Liu, W. (2022). Developments in diagnostic applications of saliva in human organ diseases. Medicine in Novel Technology and Devices, 13, 100115.

- 46. Reuter, J. A., Spacek, D. V., & Snyder, M. P. (2015). High-throughput sequencing technologies. Molecular cell, 58(4), 586-597.
- 47. Nombela, P., Miguel-López, B., & Blanco, S. (2021). The role of m6A, m5C and Ψ RNA modifications in cancer: Novel therapeutic opportunities. Molecular cancer, 20(1), 1-30.
- 48. Vignon, M., Bastide, A., Attina, A., David, A., Bousquet, P., Orti, V., ... & Hirtz, C. (2023). Multiplexed LC-MS/MS quantification of salivary RNA modifications in periodontitis. Journal of Periodontal Research.
- 49. Paqué, P. N., Herz, C., Wiedemeier, D. B., Mitsakakis, K., Attin, T., and et al. (2021). Salivary Biomarkers for Dental Caries Detection and Personalized Monitoring. Journal of Personalized Medicine, 11(3), 235.
- 50. Paqué, P. N., Hjerppe, J., Zuercher, A. N., Jung, R. E., & Joda, T. (2022). Salivary biomarkers as key to monitor personalized oral healthcare and precision dentistry: A scoping review. Frontiers in Oral Health, 3, 1003679.
- 51. Ding, H., Wu, J., Zhao, W., Matinlinna, J. P., Burrow, M. F., & Tsoi, J. K. (2023). Artificial intelligence in dentistry—A review. Frontiers in Dental Medicine, 4, 1085251.
- 52. O'Brien, J., Hayder, H., Zayed, Y., & Peng, C. (2018). Overview of microRNA biogenesis, mechanisms of actions, and circulation. Frontiers in endocrinology, 9, 402.
- 53. Luan, X., Zhou, X., Naqvi, A., Francis, M., Foyle, D., and et al. (2018). MicroRNAs and immunity in periodontal health and disease. International Journal of Oral Science, 10(3), 24.
- 54. del Valle-Morales, D., Le, P., Saviana, M., Romano, G., Nigita, G., Nana-Sinkam, P., & Acunzo, M. (2022). The epitranscriptome in miRNAs: crosstalk, detection, and function in cancer. Genes, 13(7), 1289.
- 55. Naqvi, A. R., Brambila, M. F., Martínez, G., Chapa, G., & Nares, S. (2019). Dysregulation of human miRNAs and increased prevalence of HHV miRNAs in obese periodontitis subjects. Journal of clinical periodontology, 46(1), 51-61.
- 56. Xiong, Q., & Zhang, Y. (2023). Small RNA modifications: regulatory molecules and potential applications. Journal of Hematology & Oncology, 16(1), 1-24.
- 57. Mattick, J. S., Amaral, P. P., Carninci, P., Carpenter, S., Chang, H. Y., and et al. (2023). Long non-coding RNAs: definitions, functions, challenges and recommendations. Nature Reviews Molecular Cell Biology, 24(6), 430-447.
- 58. Sánchez-Muñoz, F., Martínez-Coronilla, G., Leija-Montoya, A. G., Rieke-Campoy, U., Angelina Lopez-Carrasco, R., de Lourdes Montaño-Pérez, M., Beltrán-Partida, E., Bojórquez-Anaya, Y., Serafin-Higuera, N., & González-Ramírez, J. (2018). Periodontitis may modulate long-non coding RNA expression. Archives of Oral Biology, 95, 95-99.
- 59. Dey Ghosh, R., & Guha Majumder, S. (2022). Circulating Long Non-Coding RNAs Could Be the Potential Prognostic Biomarker for Liquid Biopsy for the Clinical Management of Oral Squamous Cell Carcinoma. Cancers, 14(22), 5590.
- 60. Zhang, L., Meng, X., Zhu, X. W., Yang, D. C., Chen, R., Jiang, Y., & Xu, T. (2019). Long non-coding RNAs in Oral squamous cell carcinoma: biologic function, mechanisms and clinical implications. Molecular cancer, 18, 1-19.

- 61. Kim, S. H., Lee, S. Y., Lee, Y. M., & Lee, Y. K. (2015). MicroR-NAs as biomarkers for dental diseases. Singapore Dental Journal, 36, 18-22.
- 62. Wang, K., Liu, H., Hu, Q., Wang, L., Liu, J., Zheng, Z., ... & Liu, G. H. (2022). Epigenetic regulation of aging: implications for interventions of aging and diseases. Signal Transduction and Targeted Therapy, 7(1), 374.
- 63. Patel, M., & Yang, S. (2010). Advances in reprogramming somatic cells to induced pluripotent stem cells. Stem Cell Reviews and Reports, 6, 367-380.
- 64. Chen, H., Wang, Y., Su, H., Zhang, X., Chen, H., & Yu, J. (2022). RNA N6-Methyladenine Modification, Cellular Reprogramming, and Cancer Stemness. Frontiers in Cell and Developmental Biology, 10, 935224.
- 65. Liu, W., Li, L., Jiang, J., Wu, M., & Lin, P. (2021). Applications and challenges of CRISPR-Cas gene-editing to disease treatment in clinics. Precision Clinical Medicine, 4(3), 179-191.
- 66. Selvakumar, S. C., Preethi, K. A., Ross, K., Tusubira, D., Khan, M. W. A., Mani, P., ... & Sekar, D. (2022). CRISPR/ Cas9 and next generation sequencing in the personalized treatment of Cancer. Molecular Cancer, 21(1), 83.
- 67. Lindemeyer, R. G., Gibson, C. W., & Wright, T. J. (2010). Amelogenesis imperfecta due to a mutation of the enamelin gene: clinical case with genotype-phenotype correlations. Pediatric dentistry, 32(1), 56-60.
- 68. Smith, C. E., Poulter, J. A., Antanaviciute, A., Kirkham, J., Brookes, S. J., Inglehearn, C. F., & Mighell, A. J. (2017). Amelogenesis imperfecta; genes, proteins, and pathways. Frontiers in physiology, 8, 435.
- 69. Booth, B. J., Nourreddine, S., Katrekar, D., Savva, Y., Bose, D., Long, T. J., ... & Mali, P. (2023). RNA editing: Expanding the potential of RNA therapeutics. Molecular Therapy.
- 70. Lux, C. T., & Scharenberg, A. M. (2017). Therapeutic gene editing safety and specificity. Hematology/Oncology Clinics, 31(5), 787-795.
- 71. Li, H., Yang, Y., Hong, W., Huang, M., Wu, M., and et al. (2020). Applications of genome editing technology in the targeted therapy of human diseases: mechanisms, advances and prospects. Signal transduction and targeted therapy, 5(1), 1.
- 72. Könönen, E., Gursoy, M., & Gursoy, U. K. (2019). Periodontitis: a multifaceted disease of tooth-supporting tissues. Journal of clinical medicine, 8(8), 1135.
- 73. Deo, V. M. L. B., & Bhongade, M. L. (2010). Pathogenesis of periodontitis: role of cytokines in host response. Dentistry today, 29(9), 60-2.
- 74. Jurdziński, K. T., Potempa, J., & Grabiec, A. M. (2020). Epigenetic regulation of inflammation in periodontitis: cellular mechanisms and therapeutic potential. Clinical epigenetics, 12(1), 1-18.
- 75. Xiang, J. F., Yang, Q., Liu, C. X., Wu, M., Chen, L. L., & Yang, L. (2018). N6-Methyladenosines modulate A-to-I RNA editing. Molecular cell, 69(1), 126-135.
- 76. Checchi, V., Maravic, T., Bellini, P., Generali, L., Consolo, U., Breschi, L., & Mazzoni, A. (2020). The role of matrix metalloproteinases in periodontal disease. International Journal of Environmental Research and Public Health, 17(14), 4923.
- 77. Franco, C., Patricia, H. R., Timo, S., Claudia, B., & Marcela, H. (2017). Matrix metalloproteinases as regulators of periodontal inflammation. International journal of molecular sciences, 18(2), 440.
- 78. He, A. T., Liu, J., Li, F., & Yang, B. B. (2021). Targeting cir-

cular RNAs as a therapeutic approach: current strategies and challenges. Signal transduction and targeted therapy, 6(1), 185.

- 79. Ramachandran, G., & Bikard, D. (2019). Editing the microbiome the CRISPR way. Philosophical Transactions of the Royal Society B, 374(1772), 20180103.
- 80. Jiang, W., Bikard, D., Cox, D., Zhang, F., & Marraffini, L. A. (2013). CRISPR-assisted editing of bacterial genomes. Nature biotechnology, 31(3), 233.
- 81. Vaid, S., Pandey, V. K., Singh, R., Dar, A. H., Shams, R., & Thakur, K. S. (2022). A Concise Review on Development of Probiotics from Lactobacillus using CRISPR-Cas Technology of Gene Editing. Food Chemistry Advances, 100099.
- 82. Geskovski, N., Sazdovska, S. D., Gjosheva, S., Petkovska, R., Popovska, M., and et al. (2018). Rational development of nanomedicines for molecular targeting in periodontal disease. Archives of Oral Biology, 93, 31-46.
- 83. Cruz, K. C. P., Enekegho, L. O., & Stuart, D. T. (2022). Bioengineered probiotics: synthetic biology can provide live cell therapeutics for the treatment of foodborne diseases. Frontiers in Bioengineering and Biotechnology, 10,890479.
- 84. Lukic, J., Chen, V., Strahinic, I., Begovic, J., Lev-Tov, H., and et al. (2017). Probiotics or pro-healers: the role of beneficial bacteria in tissue repair. Wound Repair and Regeneration, 25(6), 912-922.
- 85. Ma, Y., Chen, H., Lan, C., & Ren, J. (2018). Help, hope and hype: ethical considerations of human microbiome research and applications. Protein & cell, 9(5), 404-415.
- 86. Ueda, J., Yamazaki, T., & Funakoshi, H. (2023). Toward the Development of Epigenome Editing-Based Therapeutics: Potentials and Challenges. International Journal of Molecular Sciences, 24(5), 4778.
- 87. Chen, K., Picardi, E., Han, X., & Nigita, G. (2023). RNA modifications and epitranscriptomics, Volume II. Frontiers in Genetics, 14, 1229046.
- 88. Zhu, J., Chu, W., Luo, J., Yang, J., He, L., & Li, J. (2022). Dental materials for oral microbiota dysbiosis: An update. Frontiers in Cellular and Infection Microbiology, 12, 900918.
- 89. Ohkawa, M., & Konno, M. (2023). RNA Modification Related Diseases and Sensing Methods. Applied Sciences, 13(11), 6376.
- 90. Schwartz, S., & Motorin, Y. (2017). Next-generation sequencing technologies for detection of modified nucleotides in RNAs. RNA biology, 14(9), 1124-1137.
- 91. Wang, Y., Zhao, Y., Bollas, A., Wang, Y., & Au, K. F. (2021). Nanopore sequencing technology, bioinformatics and applications. Nature biotechnology, 39(11), 1348-1365.
- 92. Zhang, Y., Lu, L., & Li, X. (2022). Detection technologies for RNA modifications. Experimental & Molecular Medicine, 54(10), 1601-1616.
- 93. Moshitch-Moshkovitz, S., Dominissini, D., & Rechavi, G. (2022). The epitranscriptome toolbox. Cell, 185(5), 764-776.
- 94. Rengaraj, P., Obrdlík, A., Vukić, D., Varadarajan, N. M., Keegan, L. P., Vaňáčová, Š., & O'Connell, M. A. (2021). Interplays of different types of epitranscriptomic mRNA modifications. RNA biology, 18(sup1), 19-30.
- 95. Jovic, D., Liang, X., Zeng, H., Lin, L., Xu, F., & Luo, Y. (2022). Single-cell RNA sequencing technologies and applications: A brief overview. Clinical and Translational Medicine, 12(3), e694.

- 96. Schaefer, M., Kapoor, U., & Jantsch, M. F. (2017). Understanding RNA modifications: the promises and technological bottlenecks of the 'epitranscriptome'. Open biology, 7(5), 170077.
- 97. Acera Mateos, P., Zhou, Y., Zarnack, K., & Eyras, E. (2023). Concepts and methods for transcriptome-wide prediction of chemical messenger RNA modifications with machine learning. Briefings in Bioinformatics, 24(3), bbad163.
- 98. Berdasco, M., & Esteller, M. (2022). Towards a druggable epitranscriptome: compounds that target RNA modifications in cancer. British journal of pharmacology, 179(12), 2868-2889.
- 99. Khouly, I., Braun, R. S., Ordway, M., Aouizerat, B. E., Ghassib, I., and et al. (2020). The Role of DNA Methylation and Histone Modification in Periodontal Disease: A Systematic Review. Int J Mol Sci, 21(17).
- 100.Taba Jr, M., Souza, S. L. S. D., & Mariguela, V. C. (2012). Periodontal disease: a genetic perspective. Brazilian oral research, 26, 32-38.
- 101.Mubarak, G., & Zahir, F. R. (2022). Recent Major Transcriptomics and Epitranscriptomics Contributions toward Personalized and Precision Medicine. Journal of Personalized Medicine, 12(2), 199.
- 102.Gatsiou, A., & Stellos, K. (2018). Dawn of epitranscriptomic medicine. Circulation: Genomic and Precision Medicine, 11(9), e001927.
- 103. Johnson, K. B., Wei, W. Q., Weeraratne, D., Frisse, M. E., Misulis, K., and et al. (2021). Precision medicine, AI, and the future of personalized health care. Clinical and translational science, 14(1), 86-93.
- 104.Miga, K. H., & Wang, T. (2021). The need for a human pangenome reference sequence. Annual Review of Genomics and Human Genetics, 22, 81-102.
- 105.Moore, A. R. (2022). Genetic, Epigenetic, and Epitranscriptomic Mechanisms Associated With Learning and Memory. Frontiers in Genetics, 12, 835719.
- 106.Gupta, U. C. (2013). Informed consent in clinical research: Revisiting few concepts and areas. Perspectives in clinical research, 4(1), 26.
- 107. Tedersoo, L., Küngas, R., Oras, E., Köster, K., Eenmaa, H., Leijen, Ä., ... & Sepp, T. (2021). Data sharing practices and data availability upon request differ across scientific disciplines. Scientific data, 8(1), 192.
- 108.Naik, N., Hameed, B. M., Shetty, D. K., Swain, D., Shah, M., and et al. (2022). Legal and ethical consideration in artificial intelligence in healthcare: who takes responsibility?. Frontiers in surgery, 9, 266.
- 109.Bruynseels, K., Santoni de Sio, F., & Van den Hoven, J. (2018). Digital twins in health care: ethical implications of an emerging engineering paradigm. Frontiers in genetics, 9, 31.
- 110.Brothers, K. B., & Rothstein, M. A. (2015). Ethical, legal and social implications of incorporating personalized medicine into healthcare. Personalized medicine, 12(1), 43-51.
- 111.Ustrell-Torrent, J. M., Buxarrais-Estrada, M. R., & Ustrell-TorrentRiutord-Sbert, P. (2021). Ethical relationship in the dentist-patient interaction. Journal of clinical and experimental dentistry, 13(1), e61.
- 112.Xuan, J. J., Sun, W. J., Lin, P. H., Zhou, K. R., Liu, S., Zheng, L. L., ... & Yang, J. H. (2018). RMBase v2. 0: deciphering the map of RNA modifications from epitranscriptome sequencing data. Nucleic acids research, 46(D1),

D327-D334.

- 113.Li, X., Liang, Q. X., Lin, J. R., Peng, J., Yang, J. H., and et al. (2020). Epitranscriptomic technologies and analyses. Science China Life Sciences, 63, 501-515.
- 114.Petri, B. J., & Klinge, C. M. (2023). m6A readers, writers, erasers, and the m6A epitranscriptome in breast cancer. Journal of molecular endocrinology, 70(2).
- 115.Evke, S., Lin, Q., Melendez, J. A., & Begley, T. J. (2022). Epitranscriptomic reprogramming is required to prevent stress and damage from acetaminophen. Genes, 13(3), 421.
- 116.Jönsson, B., Öhrn, K., Oscarson, N., & Lindberg, P. (2009). An individually tailored treatment programme for improved oral hygiene: introduction of a new course of action in health education for patients with periodontitis. International journal of dental hygiene, 7(3), 166-175.
- 117.Angelova, M. T., Dimitrova, D. G., Dinges, N., Lence, T., Worpenberg, L., Carré, C., & Roignant, J. Y. (2018). The emerging field of epitranscriptomics in neurodevelop-

mental and neuronal disorders. Frontiers in bioengineering and biotechnology, 6, 46.

- 118.Malcangi, G., Patano, A., Guglielmo, M., Sardano, R., Palmieri, G., and et al. (2023). Precision Medicine in Oral Health and Diseases: A Systematic Review. Journal of Personalized Medicine, 13(5), 725.
- 119.Seo, J. Y., Park, Y. J., Yi, Y. A., Hwang, J. Y., Lee, I. B., Cho, B. H., ... & Seo, D. G. (2015). Epigenetics: general characteristics and implications for oral health. Restorative Dentistry & Endodontics, 40(1), 14-22.
- 120.Joda, T., & Spallek, H. (2023). Precision dentistry and ehealth in oral healthcare. Frontiers in Oral Health, 4, 1155166.
- 121.Vandereyken, K., Sifrim, A., Thienpont, B., & Voet, T. (2023). Methods and applications for single-cell and spatial multi-omics. Nature Reviews Genetics, 1-22.
- 122.Xiong, X., Yi, C., & Peng, J. (2017). Epitranscriptomics: toward a better understanding of RNA modifications. Genomics, Proteomics & Bioinformatics, 15(3), 147.