

EFFECT OF DIFFERENT ETCHING TIME ON BOND STRENGTH OF COMPOSITE RESIN TO DENTIN

ABSTRACT:

The aim of the study is to to evaluate the bond strength of composite resin to dentin surface with various etching protocol. Three sample groups, consisting of ten mandibular first molar teeth in each group were established. The buccal surfaces of the samples were grinded with the help of straight fissured diamond abrasive upto dentin surface. Group I- Samples will be etched for 15 seconds, Group II- Samples will be etched for 30 seconds, Group III- Samples will be etched for 60 seconds. All the samples will be then washed for 1 min and dried. Samples will be then bonded for 15 seconds and restored with composite resin and cured. Samples will be subjected under universal testing machine for bond failure.

KEYWORDS: Etching, adhesives, 37% phosphoric acid, universal testing machine, dentin adhesives.

INTRODUCTION:

Over the years, phosphoric acid etching has become the standard procedure for bonding to improve the surface characteristics before the application of adhesive bonding agents and fissure sealant [1]. The penetration of adhesive resin monomers into the porous zone results in the formation of resin tags, thereby establishing micromechanical interlocking within the etched surface. Therefore, regardless of the adhesive system, using phosphoric acid supports achievement of a strong and durable bond [2]. Phosphoric acid etching gel is applied to dentin substrate to remove the smear layer. After rinsing, the dentin surface becomes demineralized with exposure of the collagen fibers. This would

29 leave collagen fibers exposed and susceptible to hydrolysis, possibly weakening
30 the bonding [3]. Thus, it is speculated that as shallow a demineralization as
31 possible might give the adhesive system a better chance to diffuse into the entire
32 collagen network [4]. For that, acid-etching time of 15 seconds has been
33 suggested by various authors, aiming at an adequate bond to normal dentin.
34 Dentin hybridization is a modern dental adhesion procedure, which was first
35 described by Nobuo Nakabayashi et al. (1982) [5]. Hybridized dentin begins
36 under the dentin surface after surface and subsurface demineralization and
37 adhesive monomer infiltration into exposed collagen network [6]. Thus, the
38 result of the revolutionary discovery by Nakabayashi and colleagues has opened
39 new horizons of restorative dentistry. Over the years, phosphoric acid etching
40 has become the standard procedure for adhesive dentistry. In 1954 Buonocore
41 introduced acid etching procedure as a pretreatment method that enhances the
42 strength bonding of composite resins for the first time [7]. Its clinical
43 application presented in 1976 by Cueto and Buonocore. The dentin surface
44 becomes demineralized with exposure of the collagen fibers [8]. To obtain
45 adequate resin-dentin bonding, resin monomers must penetrate this
46 demineralized surface dentin in order to produce hybridization. The clinical
47 success of restorative material depends upon a good adhesion with dentinal
48 surface so as to resist various dislodging forces acting within the oral cavity [9].

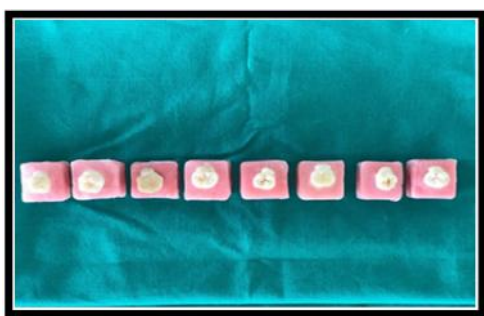
49 The need for restorative material, with better bond characteristics and strength
50 to withstand the stress of masticatory forces, leads to the recent advances in the
51 restorative dentistry. The composite resins are one of the commonest restorative
52 material used now a days due to its aesthetic appearance but they have some
53 imperfections such as polymerization shrinkage [10].

54 The present study was to to evaluate the bond strength of composite resin to
55 dentin surface with various etching protocol.

56 **MATERIALS AND METHOD:**

57 30 extracted human mandibular molar teeth with neither carious lesions nor
58 restorations, which were recently extracted for periodontal or orthodontic
59 reason, were selected for this in vitro study. Each tooth underwent scaling and
60 root planing with an ultrasonic device to remove residual organic tissue. Then,
61 the teeth were immersed in 2.5% sodium hypochlorite solution and rinsed with
62 running water for 10 min.

63 Acrylic blocks were prepared by cold cure acrylic resin material. The selected
64 molars were embedded into the blocks. The blocks were then put in water to
65 avoid expansion of the material. The buccal surfaces of the samples grinded
66 with the help of straight fissured diamond abrasive upto dentinal surface



68 Acrylic Mold Prepared For Each
69 Samples



The buccal surfaces of the samples
grinded with the help of straight
fissured diamond abrasive upto dentin
surface

72 Dentinal surfaces were acid etched with 37% phosphoric acid into following
73 groups:

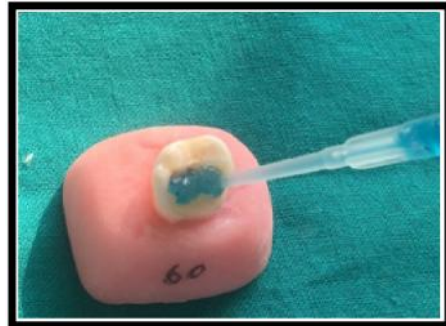
74 Group A:- 15 seconds

75 Group B:- 30 seconds

76 Group C:- 60 seconds



37% Phosphoric Acid



Etching of Dentin Surface

Samples were then bonded and light cured with LED light for 20 seconds and restored with light cure composite resin. The specimens were stored in distilled water for 24hrs.

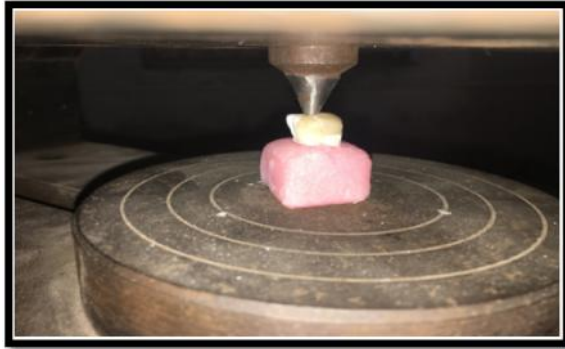


Application of Bond



Curing After Application of Bond

Specimens were then transferred to the Universal testing machine with a crosshead speed of 0.5 mm/min until fracture with tip diameter 1.5mm. Subjected to compressive test determination which created buckling of the restoration which results in formation of a tensile stress in the dentinal walls.



90

91

92

Specimens transferred to the UTM with a crosshead speed of 0.5 mm/min until fracture with tip diameter 1.5mm.



Universal Testing Machine

93

94

95

96

97

The load required to debond the specimen was recorded. Placed in the lower assembly of the machine and the force was applied with the help of a knife-like mandrel which engaged the blocks and dislodged it. Bond strength was calculated according to the following formula and expressed in kilo newton



98

99

100

The load required to debond the specimen was recorded

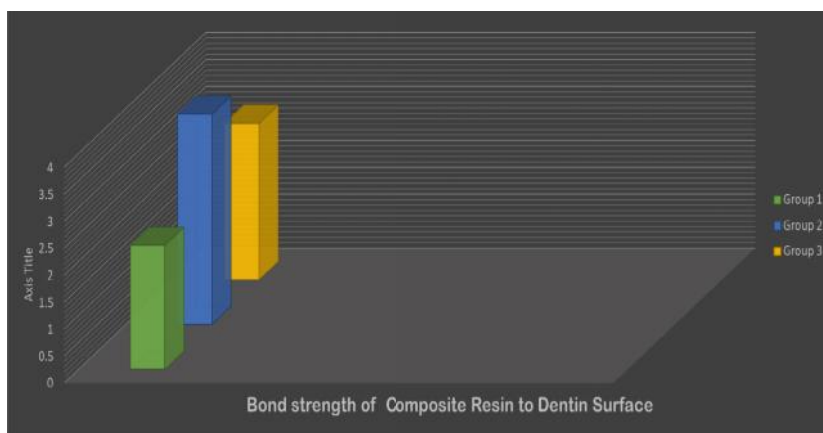
101

(KN):

102 Stress = Failure load (N)/surface area (mm²)

103

104 RESULT & STATISTICAL ANALYSIS



105

106

107 Bond strength is much higher in group B than in group C and A with a
108 confidence of more than 98.828%. (P value -0.0675)

Groups	Mean deviation	Standard deviation	Sum	Average	Variance
A	4.88	3.15	16.7543	2.347	0.858
B	8.85	0.37	21.664	3.76	1.839
C	6.63	0.73	17.663	2.66	0.676

109

110

SOURCE OF VARIATION	SS	df	MS	F	P-value	F crit
Between groups	2.33	1	2.4457	21.5674	0.0675	2.5567
Total	2.49	17				

111

112

113

DISCUSSION:

Acid etching technique using phosphoric acid is well accepted for various applications in dentistry. Among mechanical properties bond strength of restorative materials is important because it provides sufficient strength to resist intraoral compressive & tensile forces that are produced in function & parafunction [11]. Different etching times with the same phosphoric acid concentration result in different morphologic changes of demineralized dentin surface. There is a direct correlation between etching time and the depth of demineralized zone. The hybrid layer thickness correlates directly to the etching time [12]. Increased etching time demineralizes dentin surface to a depth greater than that to which resin monomers can penetrate, producing a thick, poorly infiltrated hybrid layer [13].

The acid etching time recommended for dentin with 37% phosphoric acid gels commonly employed with etch and rinse system has been 30 seconds. Ustunkol et al., Batra et al. and Taschner et al. claimed etching process has a significant effect on bond strength of methacrylate-based composite Adebayo et al. showed higher bond strengths of the nano hybrid composite [14].

Koliniotou-Koumpia et al, Sampaio et al. said there is no difference of bond strength between nano hybrid composite and bulk fill composite on etching [15]. Dentin is heterogeneous, consisting of hydroxyapatite and collagen. The degree of mineral content in dentin is quite variable, depending on whether it is near the DEJ or deeper in close proximity to the pulp. Acidity of monomer also caused change in surface chemistry and morphology of dentin, which in turn can influence bonding. A significantly thicker hybrid layer was noted in areas with perpendicular tubule orientation than in areas with parallel tubule orientation [16].

Mechanical behaviour depends upon the concentration and particle size of the inorganic filler. For evaluating the bond strength, the study samples were stored in distilled water with few thymol crystals, to maintain aseptic conditions before cavity system, with hydrophilic components, which can dislodge moisture from the conditioned dentin and attain an intimate interaction at the demineralized intertubular and peritubular dentin, creating the hybrid layer, which is essential for an ideal bond to dentin. The studies conducted by Kallenos et al. and Gupta et al [17].

The present study showed that 30 seconds acid etching with 37% phosphoric acid gave better bond strength than 60 seconds and 15 seconds. Hence these findings confirmed that the different etching times with the same phosphoric acid concentration result in different morphologic changes of demineralized dentin surface. This was very evident in the striking changes in the number, diameter and surface area of dentinal tubules, intertubular surface area, appearance of the dentin surface porous zone containing smear layer and demineralized residual collagen particles with dentin demineralization products in acid globules, and the completely dissolved peritubular dentin cuff that happened after prolonged etching time [18].

CONCLUSION:

1. When 37% phosphoric acid is applied a dentin substrate free of smear layer is not created for the etching time of 15 seconds.
2. Efficiently removed smear layer and no precipitates were observed in teeth after 30 seconds etching with 37% phosphoric acid.
3. Within the limitations of this in vitro study; it can be concluded that- 30seconds of etching time gives better bond strength due to longitudinal tubules which influences the dentin hybridization process in the sense of forming more resin tags that, in turn, contribute to bond strength.

REFERENCES:

- 1.Martignon S, Ekstrand KR, Gomez J, Lara JS, Cortes A. Infiltrating/sealing proximal caries lesions: A 3-year randomized clinical trial. J Dent Res 2012;91:288-292.
- 2.McComb D. Conservative operative management strategies. Dent Clin N Am 2005;49:847-865.
- 3.Perdigão J. Dentin bonding-variables related to the clinical situation and the substrate treatment. Dent Mater. 2010;26:e24–37.
- 4.Pashly EL, Agee K, Pashly DH, Tay F. Effect of one versus two applications of an unfilled, all-in-one adhesive on dentine bonding. J Dent. 2002;30:83–90.
- 5.Meerbeek B, Yoshida Y, Lambrechts P, Vanherle G, Duke E, Eick J. Study of two water-based adhesive systems bonded to dry and wet dentin. J Dent Res. 1998;77:50–9.

- 181 6.Tay F, Sano H, Tagami J, Hashimoto M, Moulding K, Yiu C. Ultra structural
182 study of a glass ionomer-based, all-in-one adhesive. *J Dent*. 2001;29:489–98.
- 183 7.Choi K, Condon J, Ferracane J. The effect of adhesive thickness on
184 polymerization contraction stress of composite. *J Dent Res*. 2000;79:812–17.
- 185 8.Nagayassu MP, Shintome LK, Arana-Chavez VE, Fava M. Micro-shear bond
186 strength of different adhesives to human dental enamel. *J Clin Pediatr Dent*.
187 2011;35:301–4.
- 188 9.Yoshida Y, Van Meerbeek B, Nakayama Y, Snauwaert J, Hellemans L,
189 Lambrechts P, et al. Evidence of chemical bonding at biomaterial-hard tissue
190 interfaces. *J Dent Res*. 2000;79:709–14.
- 191 10.Inoue S, Van Meerbeek B, Abe Y, Yoshida Y, Lambrechts P, Vanherle G, et
192 al. Effect of remaining dentin thickness and the use of conditioner on micro-
193 tensile bond strength of a glass-ionomer adhesive. *Dent Mater*. 2001;17:445–55.
- 194 11.Camps J, Pashley DH. Buffering action of human dentin in vitro. *J Adhes*
195 *Dent*. 2000;2:39–50.
- 196 12.De Munck J, Van Landuyt K, Peumans M, Poitevin A, Lambrechts P, Braem
197 M, et al. A critical review of the durability of adhesion to tooth tissue: methods
198 and results. *J Dent Res*. 2005;84:118–132.
- 199 13.El-din AK, Miller BH, Griggs JA. Resin bonding to sclerotic, noncarious,
200 cervical lesions. *Quintessence Int*. 2004;35:529–540.
- 201 14.Eliguzeloglu E, Omurlu H, Eskitascioglu G, Belli S. Effect of surface
202 treatments and different adhesives on the hybrid layer thickness of non-carious
203 cervical lesions. *Oper Dent*. 2008;33:338–345.
- 204 15.Georgescu A, Iovan G, Stoleriu S, Topoliceanu C, Andrian S. Atomic force
205 microscopy study regarding the influence of etching on affected and sclerotic
206 dentine. *Rom J Morphol Embryol*. 2010;51:299–302.
- 207 16.Khoroushi M, Rafizadeh M, Samimi P. Bond strength of composite resin to
208 enamel: Assessment of two ethanol wet-bonding techniques. *J Dent (Tehran)*
209 2014;11:150–60.

- 210 17.Cardoso MV, de Almeida Neves A, Mine A, Coutinho E, Van Landuyt K,
211 De Munck J, et al. Current aspects on bonding effectiveness and stability in
212 adhesive dentistry. Aust Dent J. 2011;56(Suppl 1):31–44.
- 213 18.Chiba Y, Rikuta A, Yasuda G, Yamamoto A, Takamizawa T, Kurokawa H,
214 et al. Influence of moisture conditions on dentin bond strength of single-step
215 self-etch adhesive systems. J Oral Sci. 2006;48:131–7.