Composite filling materials

Chemically bonded mixture of organic matrix and inorganic filler

• Organic matrix – resin

Bowen monomer <u>Bis GMA</u> (product of the reaction of Bisfenol A and Glycidyldimethacrylate) <u>UDMA</u> (Urethandimetacrylate) Oligomer – more flowable (thinning): <u>TEGMA</u> (tetraethylendimetacrylate)



Filler
 Milled quartz
 Aluminium silicate glass
 Silica
 Prepolymer
 Nanoparticles

Prepolymer Agglomerates of the filler

Coupling agent

Silan

Binding between organic and inorganic part It is responsible for the homogenous distribution of *filler* in the composite



Iniciators and accelerators

Other components

- Pigments
- UV absorbers

Classification acc.to size of filler particles

Macrofiller composites (size micrometers)

Microfiller composites (size 0,02 -0,04 micrometers)

Homogenous

Non homogenous

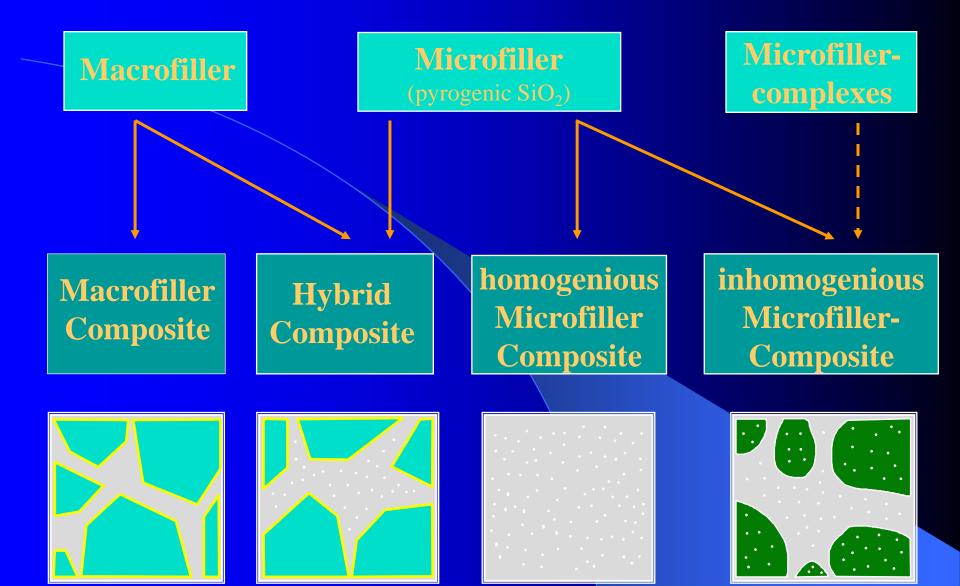
Hybride composites (combination of varioue fillers)

Modern hybrid composites

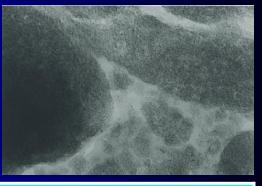
Microhybrid composites Nanohybrid composites

Various sizes and material of the filler excellent polishability, good mechanical properties (high abrasion resistance)

Classification acc. type of filler

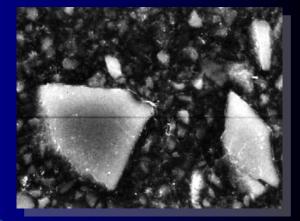


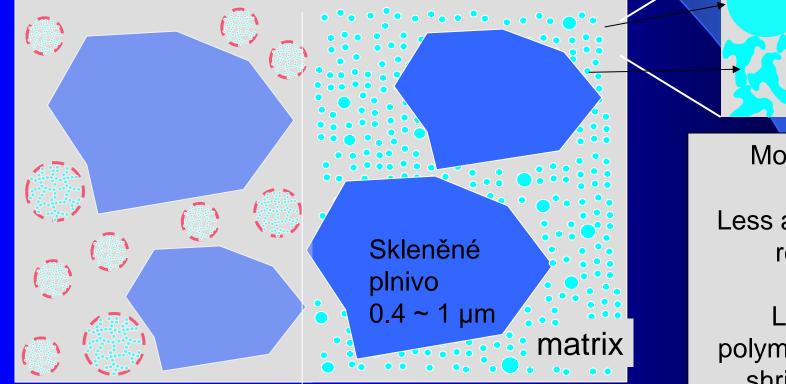
Filler particles



Filler size (medium particle size)	Composite category
<10 μm	hybrid composite
< 5 μm	fine particle hybrid
< 3 μm	ultrafine particle hybrid
< 1 µm	submicron hybrid, nano composites

Filler - example





More filler → Less amount of resin → Lower polymerization shrinkage

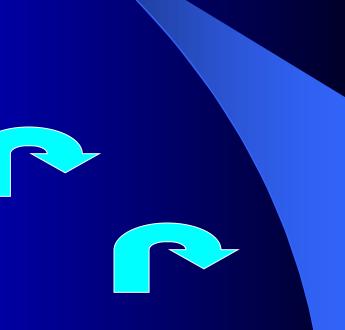
11 Polymerization reaction

Accelerator

Iniciator

Double bonds – split

Polymer network



Curing

- Light curing composite materials
- (Light activated).
- Light activation is accomplished with the blue light (470 nm)
- Initiator is camphorquinon, phenylpropandion, lucirin
- <u>Selfcuring composite materials</u>
 Iniciator is organic peroxide, accelerator tertiary amine

Classification acc to mode of curing

• Light curing

• Self curing (chemically curing)

• Dual curing (cementzs)

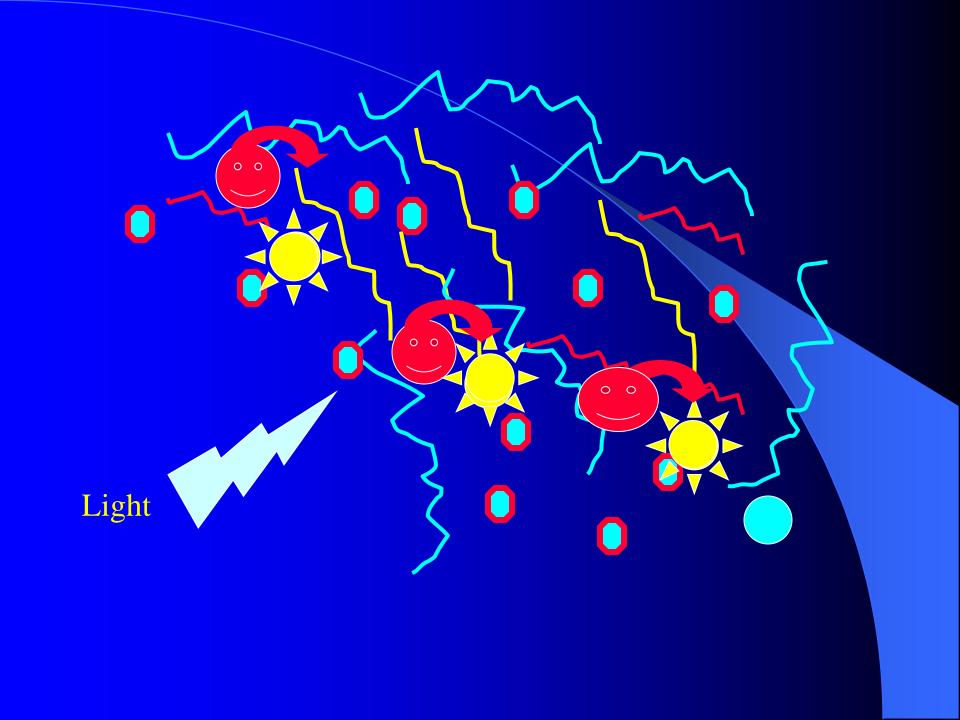
• Heat curing (for dental lab)

Polymerization units

Quartz halogen units

• LED units

Blue light, 400 – 500 nm. Camphorchinon 470 nm (maximum absorption)



Polymer network

Polymerization shrinkage

Pre –gel phase Gel-point Post –gel phase

Indications – fillings

Frontal area: Class III., IV, V.

Posterior area Small – moderate cavities I. and II. class

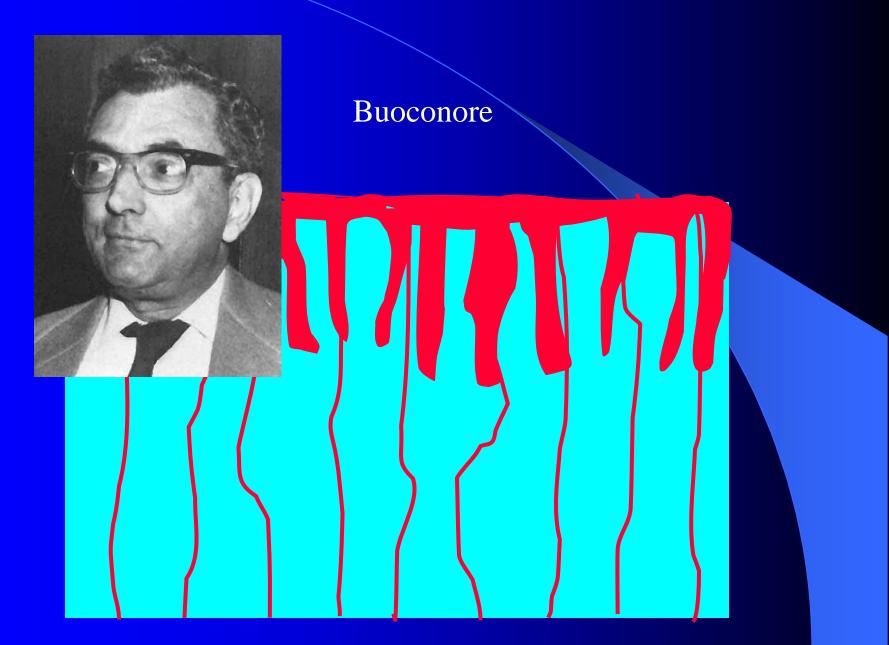
Contraindications

Bad level of oral hygiene

• Dry operating field is impossible

• Large cavities I. and II. class

Principle of retention - micromechanical

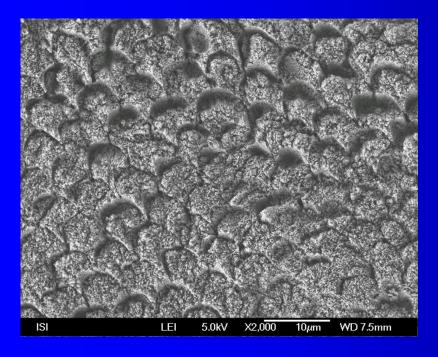


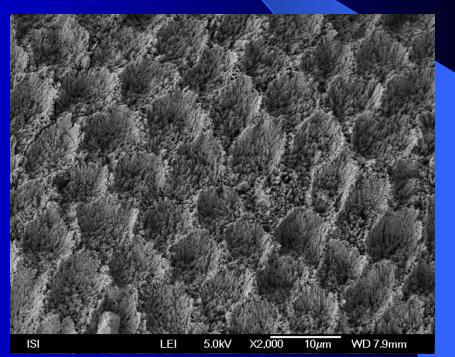
35% - 37% phosphoric acid silica particles blue dye

Witra-Etch

Retention in enamel

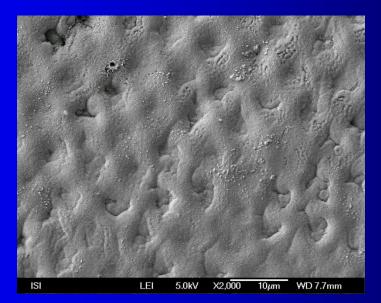
Acid etching of enamel Irregular surface – retentive pattern Speces between enamel rods or in enamel rods are created The material flows into these spaces





Aprismatic enamel

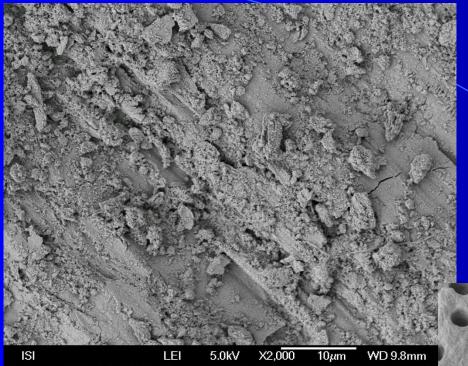
• On the surface of enamel there is aprismatic enamel. It is difficult to be etched in order to achieve the retentive pattern. It must be removed with diamond (red coded, fine)



Retention in dentin

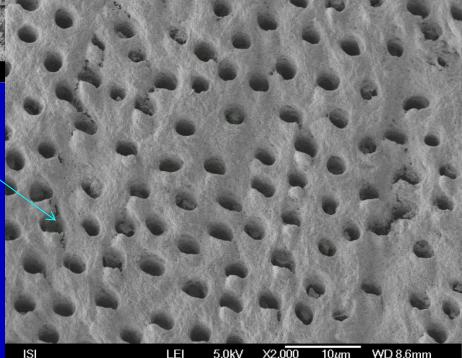
Dentin x enamel

- More water and organic components
 Tubular liquor
- Smear layer (layer after preparation composed of collagen fibers, crystals of hydroxyapatite that have been destroyed during preparation and microbs)



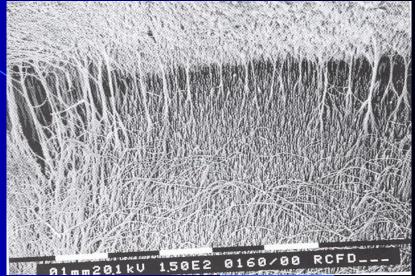
With acid etching smear layer is removed, dentin tubuls are opened and the surface of collagen network decalcified

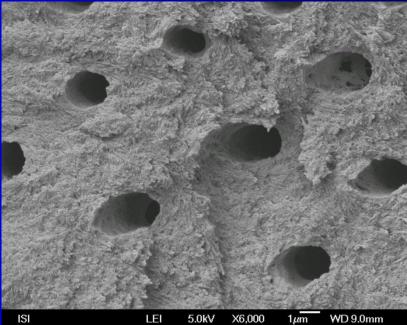
Smear layer



The material can flow into dentin tubules and penetrates into spaces in collagen network. This is also micromechanical retention.

Bond itself is not able to penetrate into dentin tubules Primer is necessary.





Adhesive system

• We need adhesive systém for penetration into microscopic spaces after acid etching.

It consist of primer and bond



Open the collagen network in dentin and keep it open: Withiout it the bond would not be able to penetrate inside.

Bond

 Flows into spaces in enamel after etching, into dentin tubules and to spaces in collagen network. Dentin must be pretreated with primer.

 Bond is an unfilled resin of the same composition as composite material

Making filling

- Preparation
- Enamel is beveled in most cases retentive border
- Acid etching
- Washing
- Bonding
- Placement of filling material in portions
- Curing with light
- Finishing and polishing (extra and ultrafine dimonds and rubber instruments)









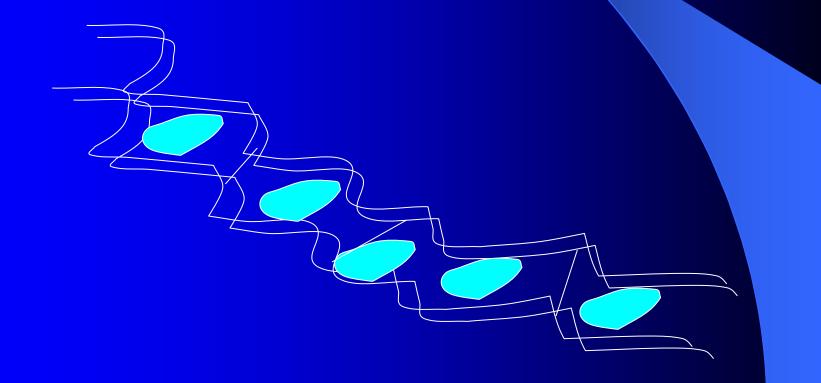
Glassionomers

<u>Composition</u> <u>Powder:</u> Aluminiumsilicate glass(SiO₂, Al₂O₅, CaO, N₂O,P₂O₅, F)

Liquid: Polyacid (polyacrylic, polymaleic) Tartaric acid, Water

Glassionomers

Principle of setting – acid base reaction



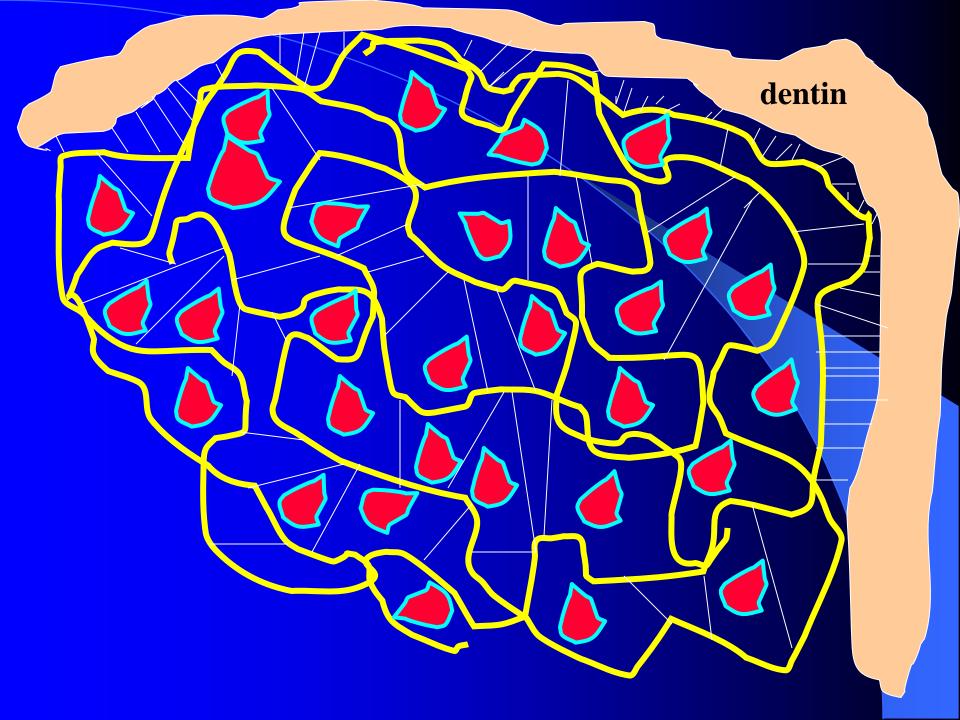
Glassionomers

Chemical bonding to hard dental tissues
Thermal expansion similar to dentin
Realease fluoride ions

Mechanical not strong enough Aesthetics acceptable

Glassionomers acc to curing

- <u>Acid base reaction</u>
- <u>Dual cured glassionomers (resin modified)</u>
 <u>Acid base reaction + polymerization</u>



resinmodified

high strength

Glassionomers - indications

• Fillings

Class V., III., I., II. in primary dentition

Sealants

Protection of tooth surface

Glassionomers contraindications



Class IV., I,. II. (except of primary teeth)

Mixing

Hand



Power driven - capsulated









Making filling

- Preparation
- Smoth bordes
- Limited on caries lesion only
- Conditioning
- Washing
- Filling in one block
- Varnish after setting
- Polishing in next appointment

