

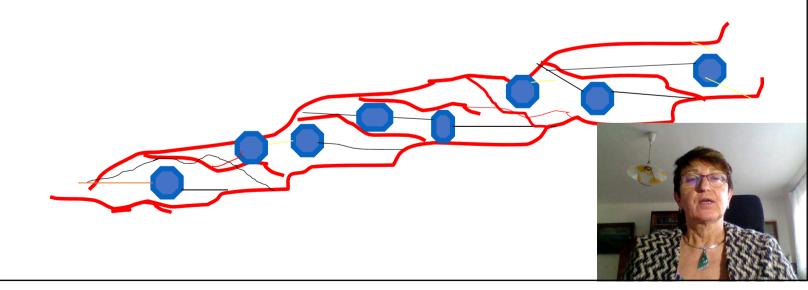
Restorative dentistry 3rd year Lecture 2

L. Roubalíková



Composite materials

Chemically bonded mixture of organic matrix and inorganic fillers



Coupling agent – binds organic matrix and the filler together

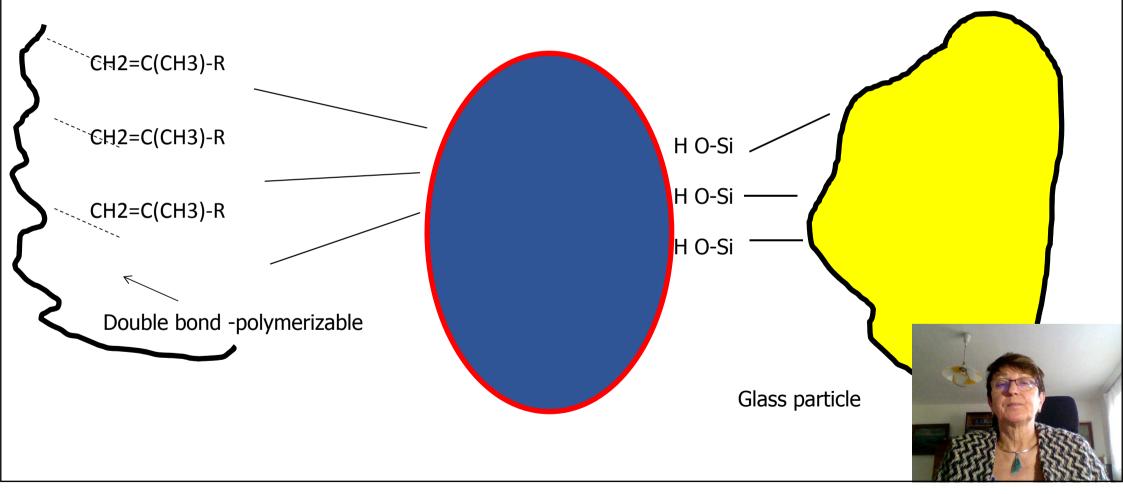


Homogenous distribution of the filler particles in the material

Excellent mechanical properties



Binding of the coupling agents to glass particles



Importance of the components

- matrix a transfer mechanical loading on inorganic fillers, protects the filler against moisture
- filler a support of the material, carries the loading
- coupling agents a homogenous distribution of the filler in matrix



Filler – material

- Milled quartz
- Aluminimum silicate glass
- Silicium dioxide
- Prepolymer (composite material is polymerized with high pressure in fabrics, than milled particles of the filler are made of cured composite)
- Complexes of microfiller (aglomerates) e-g-. siliciumdioxide or zirconiumoxide



Filler acc to the size of particles

- Macrofiller (size of particles μm ot tenth of μm)
- Mikroplnivo (hundredths od μm)
- Nanofiller (nm)
- Combination
 – hybrid
- ➤ Conventional (µm)
- Microhybrid (hundredths od μm, μm)
- Nanohybrid (hundredths od μm, μm, nm)



Macrofiller

- Particles μm or tenths of μm
- Good mechanical resistance, abrasion resistance, bad polishability.



Microfiller

- Silicium dioxide (pyrogenous)
- Particles hundreths μm

Less amount of filler due to big surface Lower mechanical resistence, good polishability.



Microfiller in complex particles

- Prepolymer
- Aglomerates

- Higher amount of filler, good mechanical resistance, good polishability



Nanoparticles

• Particles 10 nm and less

Special technology, size, shape and binding to monomer



Today

• Microhybrid or nanohybrid composites:

Good mechanical properties, good polishability, propagation of cracks is minimized.



Matrix

Bis GMA – Bowen's monomer • (2,2-bis[4-(2hydroxy-3-metakryloyloxypropoxy) • fenyl]propan)

- Bis DMA
- UDMA
- TEGMA /triethylenglykoldimethacrylate
- EGMA ethylenglykoldimethacrylate
- e Bis -GMA
- HDMA hexandioldimethacrylate

<u>Dimethacrylates - mixture of materials with high and lower molecular weight</u>



Matrix - modification

- Acid modified resins (compomers)
- Polysiloxan chains with polymerizable groups (ormocers)
- Silorans (ring opening monomers)



Coupling agent

• G -methacryloxypropyltrimetoxysilan (A 174)



Other components

- Activator and initiator
- Pigments
- Fluorescents
- Absorbers of light
- Inhibitors



Selfcuring composites

• Tertiary amine Dibenzolyperoxide

Activator



Initiator



Light curing composites

Initiator and sometimes also activator

Camphorchinon CQ

Phenylpropandion PPP

 Trimetylbenzoylphosphino xid TPO



Camphorchinon (CQ) - initiator

- Yellow colour
- Activator is present: etyl-4-(N,N'-dimetylamino)benzoát (4EDMAB),
 N,N'-dimetylaminoetylmetakrylat (DMAEMA)
- Light shades of composites: combination of CQ and other initiators.



Composite materials – basic characteristics

Classification of composite filling materials

Size of the filler particles

Macrofilled, microfilled (homogenous, non homogenous, <u>hybrid</u>)

Matrix (monomers)

Dimethacrylate, acid modifies, ormocers, silorans

Viskosity (flowable, thick)

History

Dimetacrylates

Bowen 1960 – Bowen's monomer

Buoconore 1955 – acid etching



History

Fusayama 1979Adhesion to dentin

Yoshida. Nakabaiashi Van Meerbeck





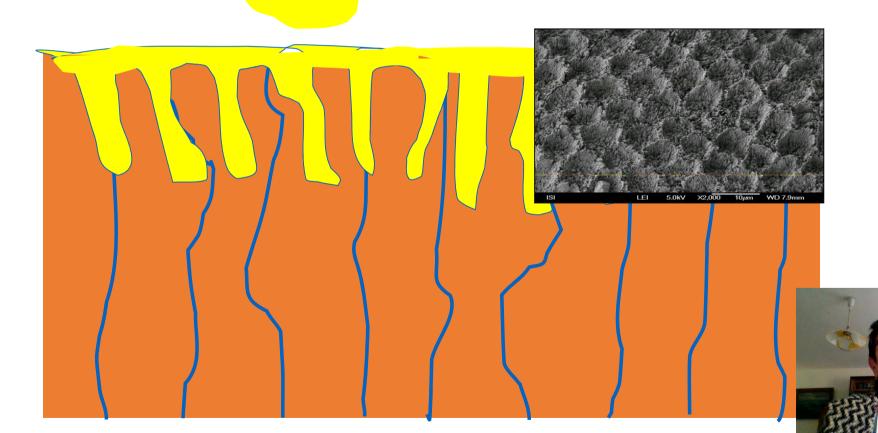


Adhesion

- Mechanical adhesion
- Specific adhesion
- Intermolecular forces
- Chemical binding



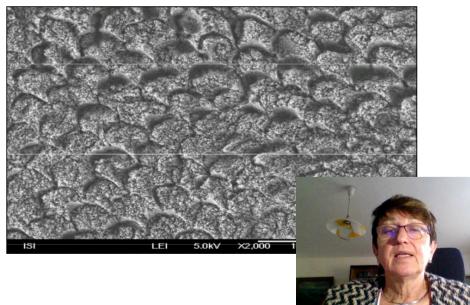




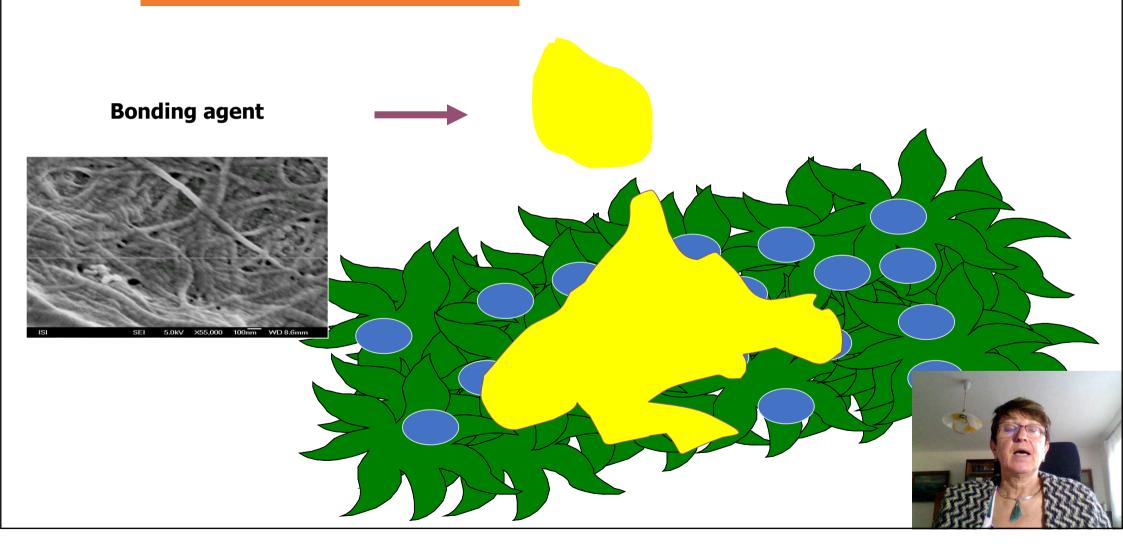
Acid on aprismatic enamel

Acid on prismatic enamel





Dentin



Adhesive system connects resin to enamel and dentin

 Bond is a hydrophobic resin principally of the same composition as composite filling material but without the filler or with a small amount of filler. It works in enamel. In dentin primer is necessary before bond.

Why?



Dentin – special composition

- More water always wett
- Less minerals
- Low surface energy
- Smear layer

Composite is hydrophobic, we need hydrofilic substance



Adhesive systems contain resin monomers

- Hydrophobic monomers <u>bond</u> works in enamel it does not work in dentin without primer
- Amphiphilic monomers hydrophobic + hydrophilic part in primer

Primer is necessary for dentin.

The hydrophillic part flows into dentin (tubules, spaces in collagen network) and keep the collagen network open, the hydrophobic part of primer binds to hydrophobic bond that flows into dentin pretreated with primer-

If primer applied on enamel – residual of water can be removed.



Adhesive systems contain resin monomers Primer:

4-META •

HEMA •

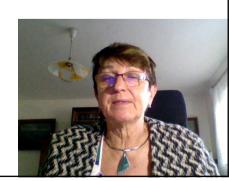
TEGMA •

PENTA P •

5-NMSA •

Bis-GMA

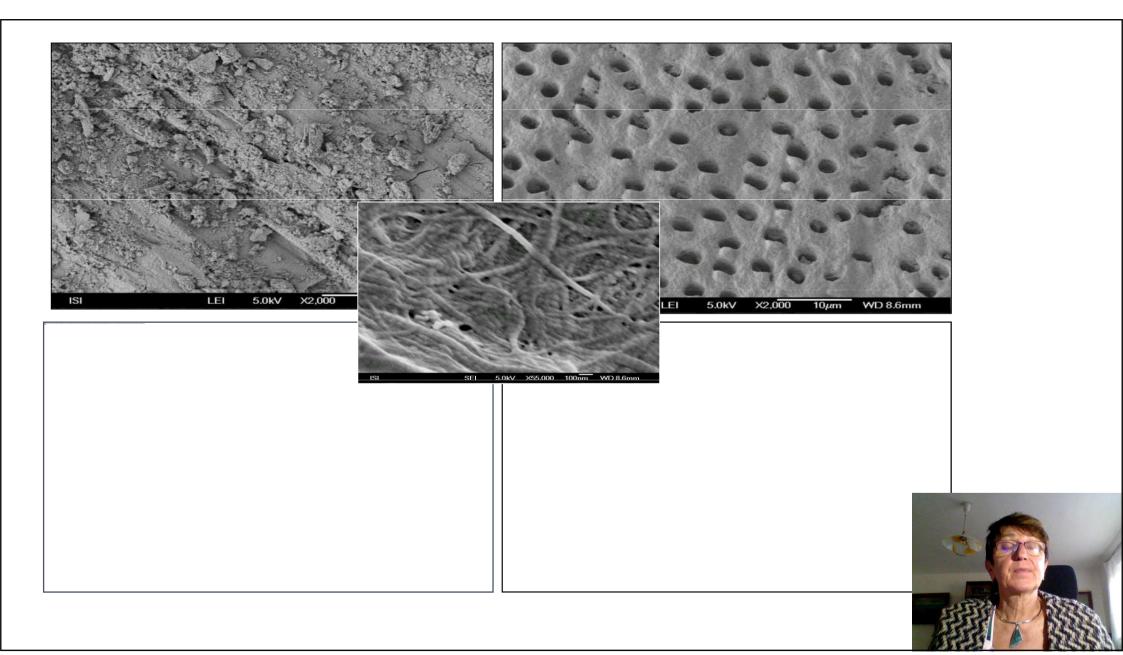
Bond: Bis-GMA ot other dimetacrylates. Hydrophpobic.



Dissolving agents

- Aceton
- Alcohol
- Water
- Water/alcohol

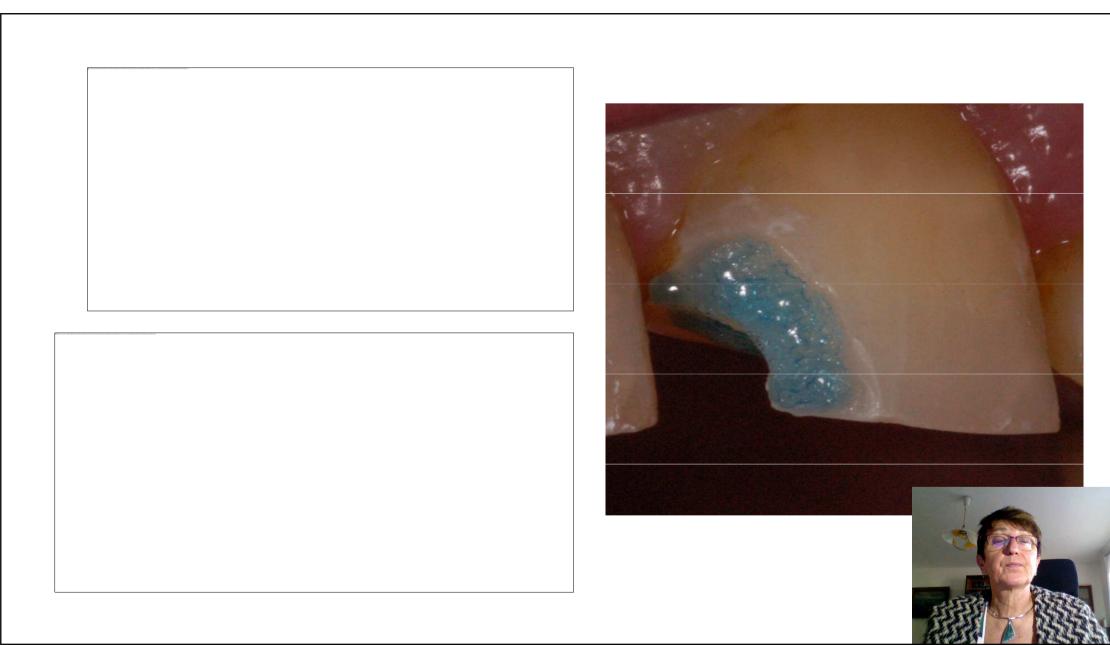




Clinically oriented classification of the adhesive systems acc to number of steps

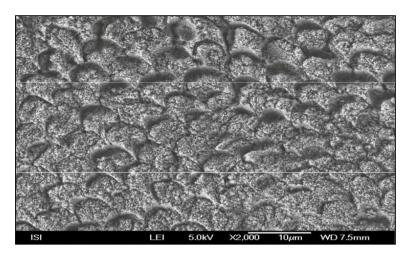
Acid etching	Rinsing	Priming	Bonding
Acod etchin	Rinsing	Prir	ning a bonding
Selfetching priming			Bonding

Selfetching bonding)

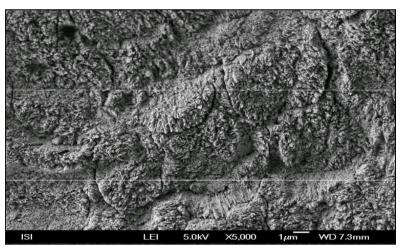


Srelfetching bonding agents





TE – Total etch, ERA



SE – Self etching SEA



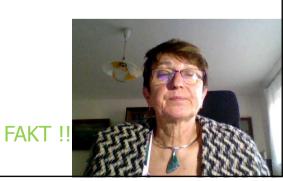
Two steps selfetching agents

- Acidic hydrophilic primer evaporation of the solvant, penetration, dissolving of the smear layer
- Hydrofobic bond sealing of the surface

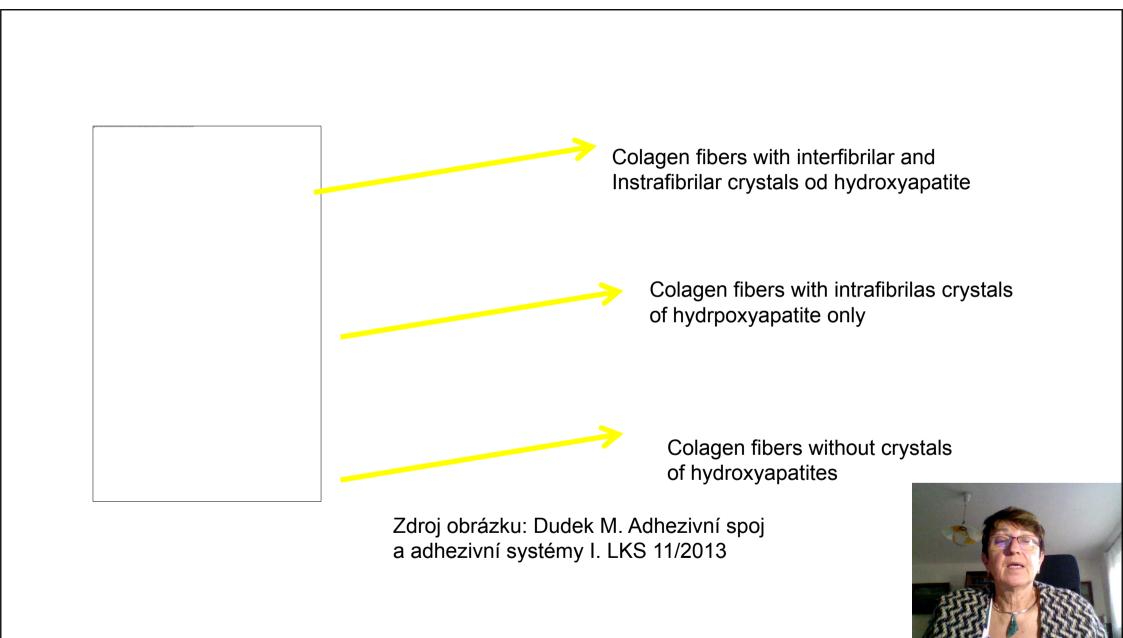


One step selfetching agents

More vulnerable bonding, risk of hydrolysis



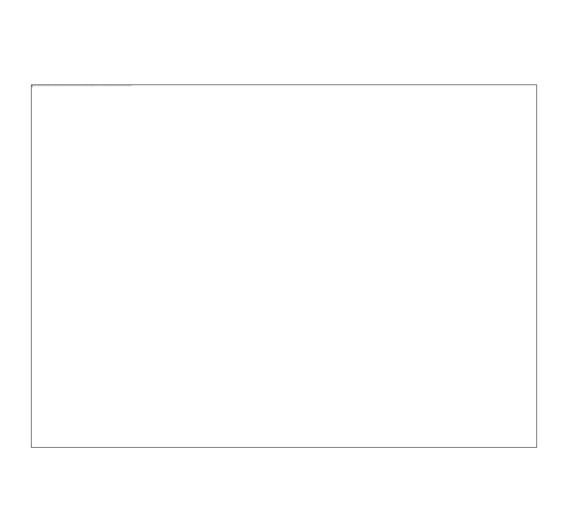




Importance of hydroxyapatite

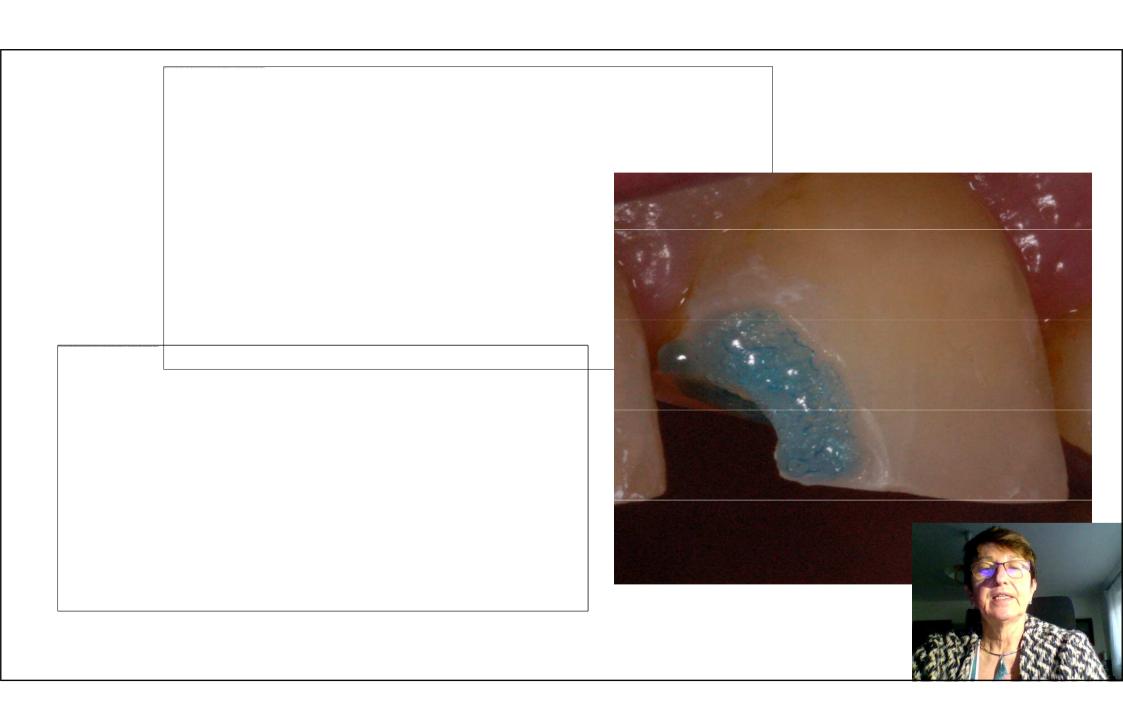
- Protection of collagen against hydrolysis
 as well as enzymatic degradation of collagen (due to activation of matrix metaloproteinasis)
 - Strong mineral acid id dangereous for good long term bonding
 - Clorhexidin for one minute can stabilize collagen





Enzymatic degradation of collagen

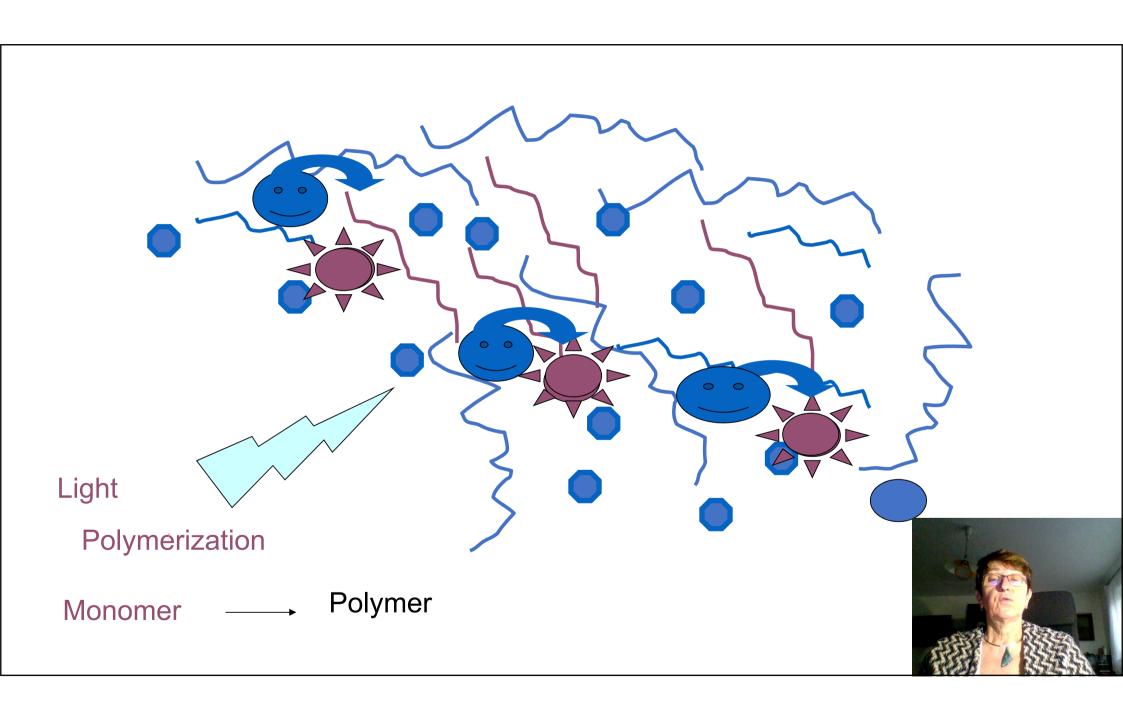


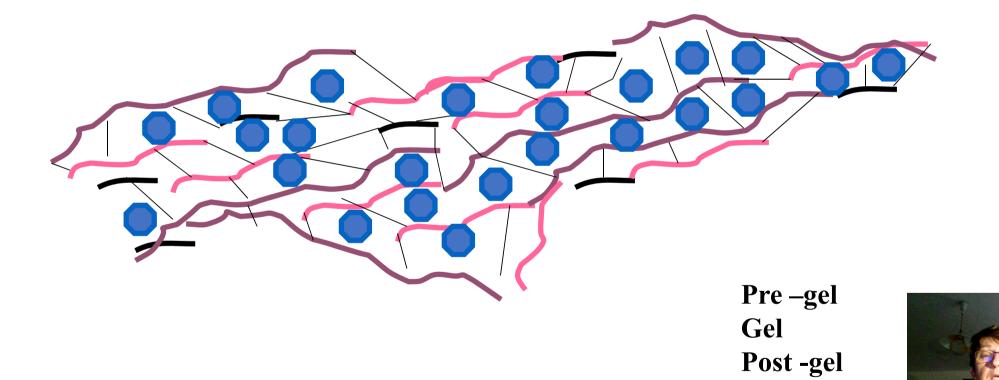


Factors affecting quality of bonding

- Structure and composition of hard dental tissues
- Quality of their surface esp. presence of smear layer, contamination with moisture, saliva and blood
- Configuration factor C- factor
- Mechanical loading of the adhesive connection
- Oral environment and external chemical materials (tooth pastes, asntiser bleaching agent rtc.)





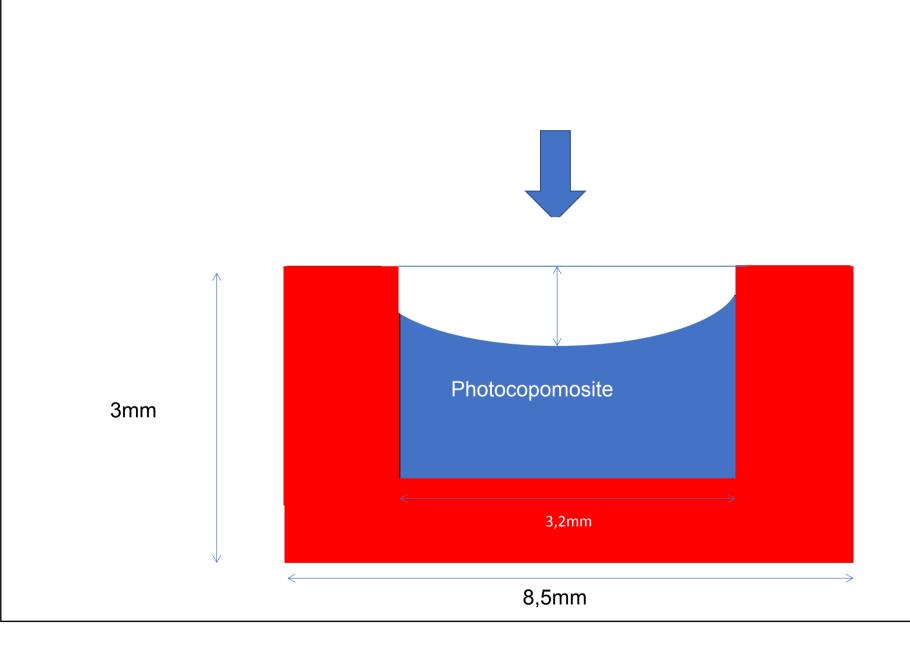


Three phases

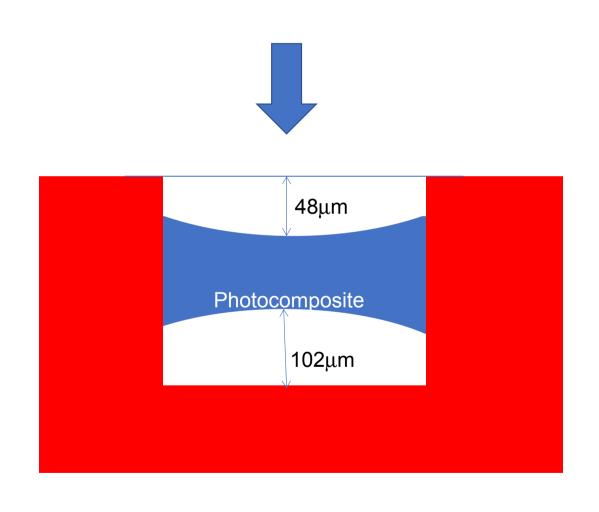
Phases

- Pre-gel material is soft
- Gel-point material became hard
- Post –gel material is not soft, postgel shrinkage

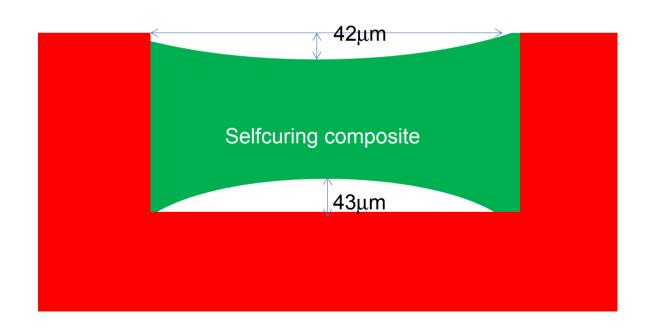














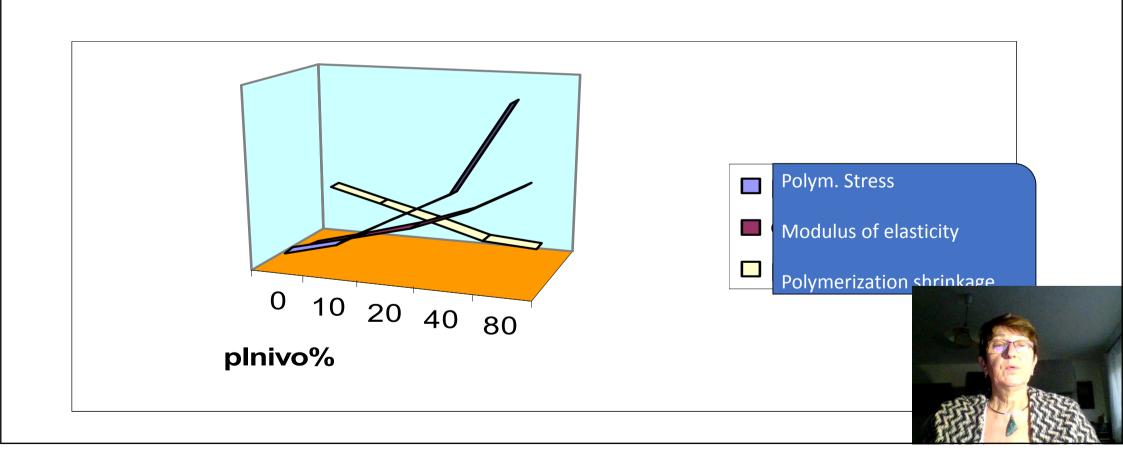
- Quality of the material
- C- factor
- Mode of application
- Mode of polymerization



- Quality of the material
- C- factor
- Mode of application
- Mode of polymerization

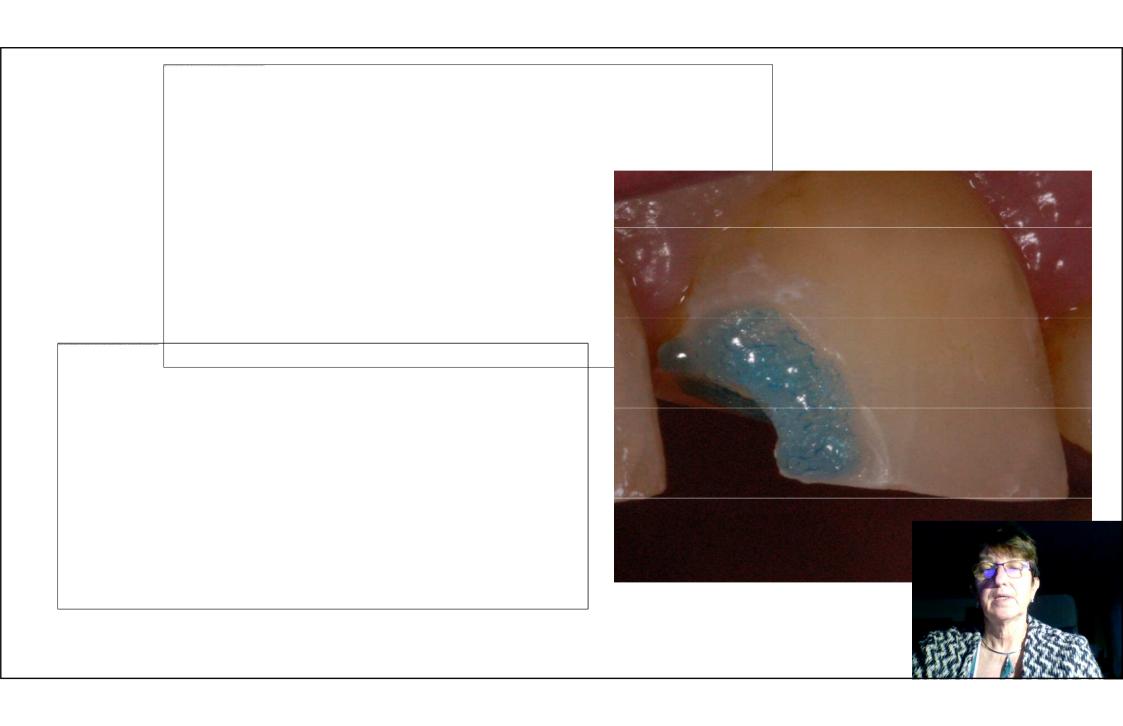


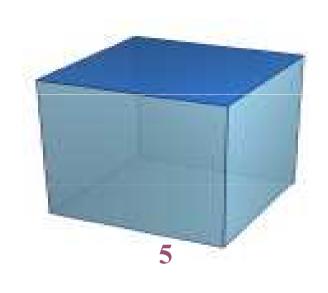
High content of filler increases the modulus of elasticity High modulus of elasticity increases the polymerization stress High content of filler decreases the polymerization shrinkage



- Quality of the material
- C- factor
- Mode of application
- Mode of polymerization





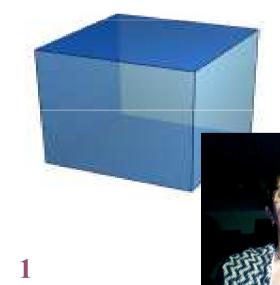




Bonded area: Free area

1:1 and less - optimal

2



- Quality of the material
- C- factor
- Mode of application
- Mode of polymerization



Mode of application

Incremental technique

Layer by layer with big free surface

• Importance of flowables

Thin layer of flowable first -big free surface

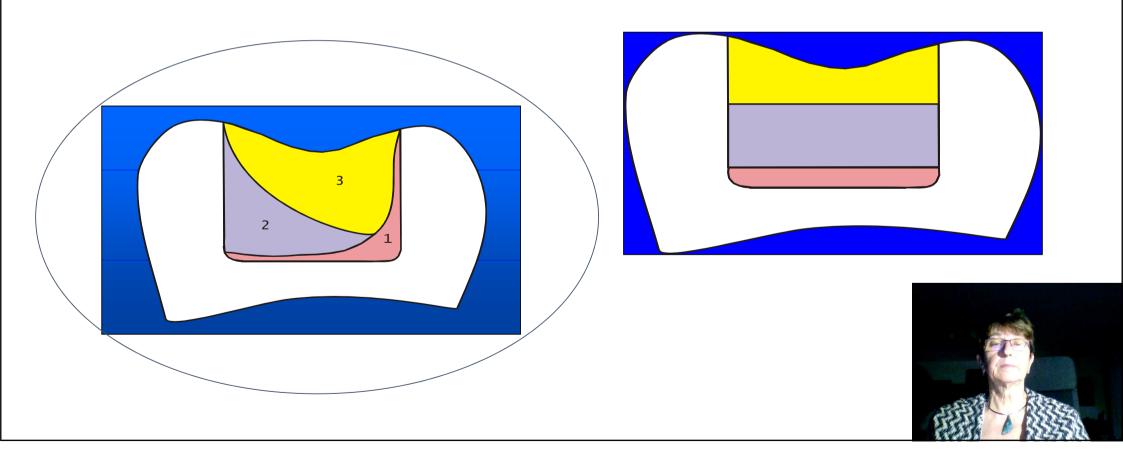
Good marginal adaptation

Compensation of the stress of the other layers

Bulk fill materials do not solve the problem with polymerization stress



Placement of the material



Placement of the material

- Photocomposite
- Thin layer with the maximal free surface (with respect of C-factor of each layer)
- Combination of materials of various viscosity
- GIC + photocomposit (two visits better)
- Increment of cured material into the soft non cured material



Consequences of high C- factor

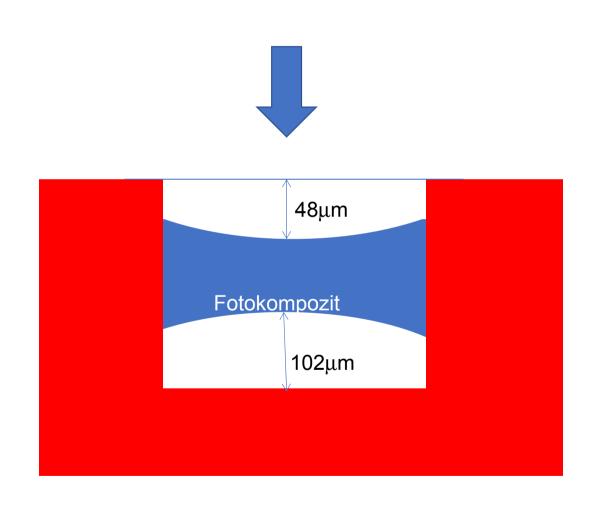


Sealing of the filling . Acid etching around the cavosurface margin, application of the unfilled resin

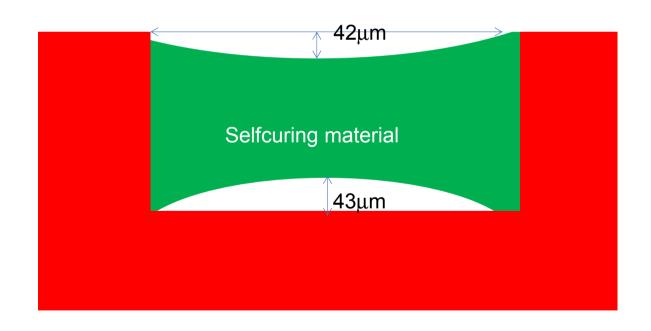


- Quality of the material
- C- factor
- Mode of application
- Mode of polymerization











Duration of pre-gel phase

- Longer pre-gel phase is better for releasing of polymerization stress
 - Soft start
 - Combination of materials (selfcuring composite materials have longer pre gel phase)



Factor that influence the quality of bonding

- Configuration factor C- factor +polymerization stress
- Structure and composition of hard dental tissues
- Quality of their surface esp. presence of smear layer, contamination with moisture, saliva and blood
- Mechanical loading of the adhesive connection
- Oral environment and external chemical materials (tooth pastes, asntisep bleaching agent rtc.)



Cpontemporary possibilities polymerization

- Quarz halogen units (halogen lamp)
- Plasma units
- LED units (diode monocgromatic light, need of more diods)
- Laser (strictly monochromatic light)



Polymerization units – output energy

Quarz halogen

600 -800 mW/cm²

LED (3.generation)

1000 -1800 mW/cm² blue

50 – 100 mW/cm² purple

Plasma

1500 - 2000mW/cm²



Output energy and time of polymerization

 Recomended power is 12000 – 16000 mJ/cm²

12 000 mWs/cm²

measured intensity mW/cm²

Time in seconds

Usually 20 s Radiometer ois recommende



Photoinitiators

KafrchinonCQ

PhenylpropandionPPP

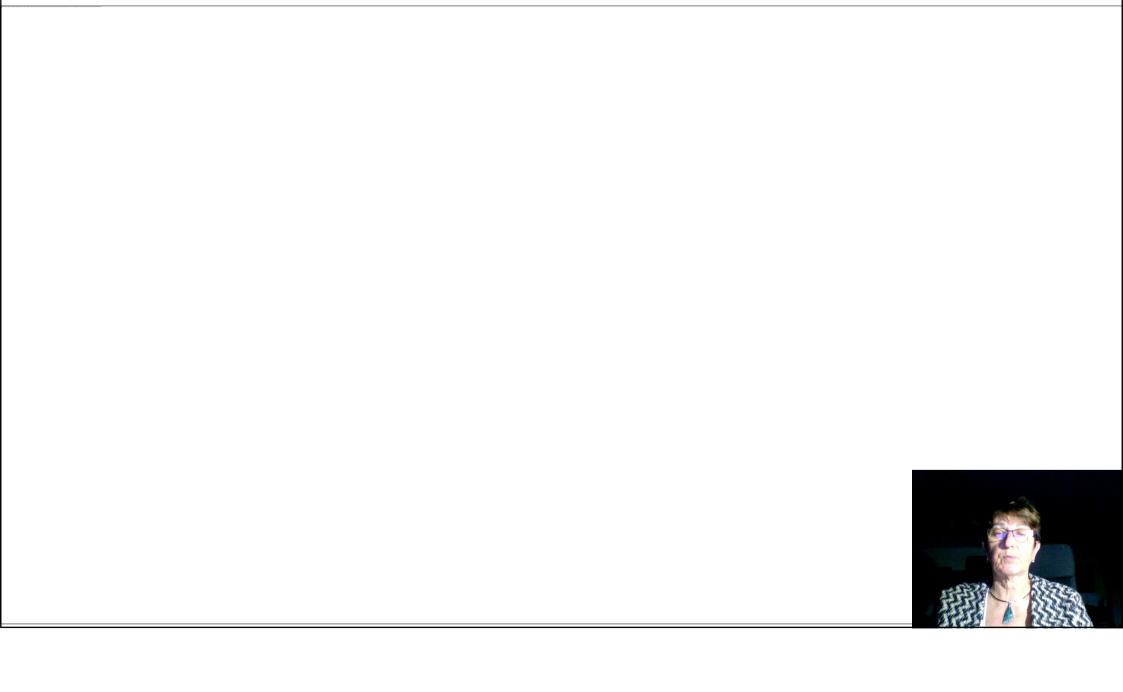
• Trimetylbenzoylphosphinoxid TPO



Absorbtion spectrum of fotoiniciators

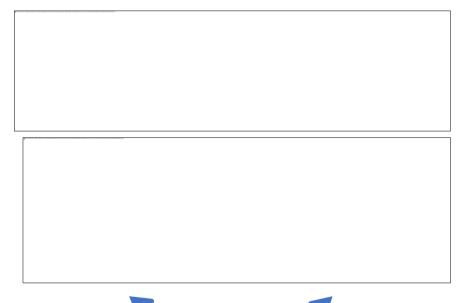
Photoinitiator	Absorbtion spectrum (nm)	Maximum (nm)
CQ	440 - 500	470
PPD	380 – 430	400
TPO	350 - 410	380







Light conductor



Standardní a kónický světlovod

Small area – higher concentration of output energy, but bigger dispersion

The average distance is 4 mm - 10 mm.

Standard light conductor – more reliable for daily is



Mode of curing

- Continuous curing at a constant intensity level: 40s of 500 mW/cm²
- Continuous two step curing
- 10 s 150 W/cm² then 750 mW/cm²
- for remaining time
- Two step ramp low intensity level gradually increases (5-10s) to achieve a final high intensity
- Puls delay
- Low intensity short time, 100 300 mW/cm²unit is turn off. 3 min pause
- Final curing 600 mW/cm²

- Othe factors for consideration
- Shade
- Increments towards dentin walls
- Pulse delay technique is dedicated to the layer that contacts enamel



Flowables

- marginální adaptation (material flows)
- - small polymerization stress importance in incremental technique
- - block out of undercuts
- - small cavities, corrections



Composite materials with high viscosity

- Small polymerization shrinkage
- Hihg polymerization stress
- Worse marginal adaptation



Bulk fill

- Application and curing in one bulk
- Higher amount of fotoinitiators
- Higher translucency
- The problem with polymerization stress is not comlpetely solved

Group of various materials:

- 1. Flowables
- 2. Condensables
- 3. Sonic Fill (KaVo)



Sonic Fill



Big bulk up to 5mm (less - 4 mm is recommended)

Sonic "activation" - vibration decrease viscosity

Internal dispersion of light

Long term expeerience?



Factors that influence the quality of bonding

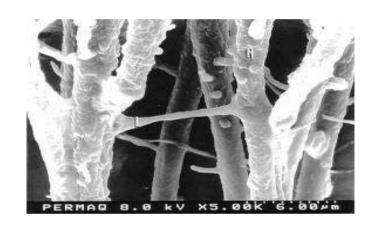
- Structure and composition of hard dental tissues
- Quality of their surface esp. presence of smear layer, contamination with moisture, saliva and blood
- Configuration factor C- factor
- Mechanical loading of the adhesive connection
- Oral environment and external chemical materials (tooth pastes, asntisep bleaching agent rtc.)

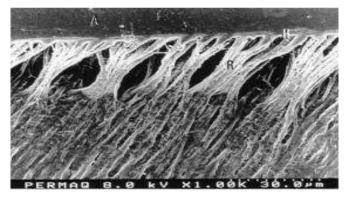


Working procedure and variables affecting the bonding



What affects the quality of bonding?

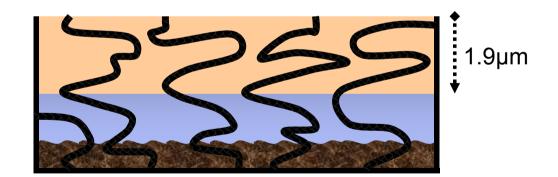






1) Etching

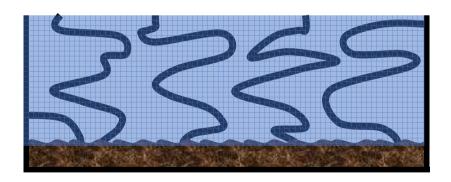
Etching too long can etch too deep, making it difficult for the resins to reach sound tooth structure.

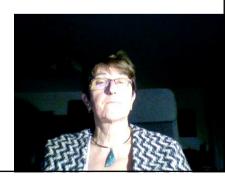




2) Drying dentin

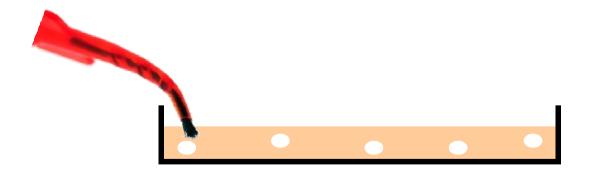
Over drying the dentin after etching can be very destructive to bond values with some adhesives.





3) Application time

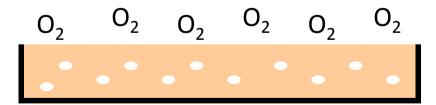
Too short of application time may not allow for proper volatilization of the solvents or complete resin hybridization. This is critical with self etching systems.





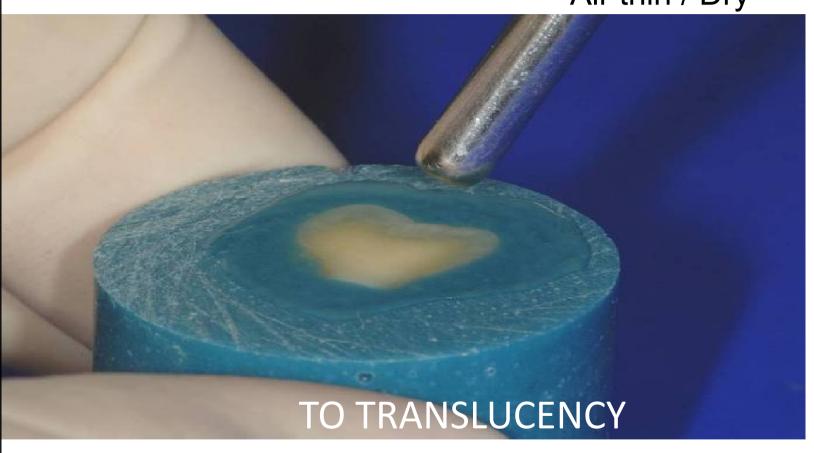
4) Thinning / drying

Too thin of adhesive layer doesn't allow for proper curing due to oxygen inhibition. Too thick and the adhesive may still contain solvents.





Air thin / Dry









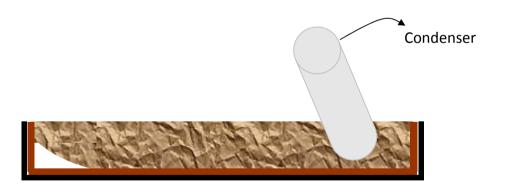
5) Light curing

Too short or insufficient light cure equals partially polymerized resins.



6) Composite Placement

Improper adaptation of the composite to the adhesive can create voids at the bonding interface.





7) Contamination

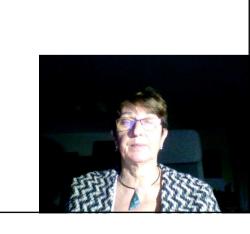
- Blood
- Sulcular fluid
- Saliva
- etc...



8) Deteriorated product

- Expired
- Volatilized





Indication of composite materials

- Filling of all classes:
- I., II. class: small to moderate restorations
- III. Class
- IV. Class
- V. Class
- Other factors for consideration:
- Level of oral hygiene
- Occlusal loading
- Quality of hard dental tissues



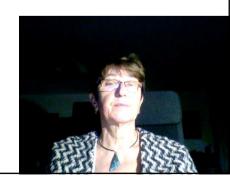
Other indication

- Splinting
- Postendo treatment (post and core)
- Cementation (special materials) adhesive cementation
- Fissure sealing
- Venners direct, indirect



Contraindication of composite materials

- Bad level of oral hygiene
- Large cavities in posterior teeth (alternative is amalgam or inlay/onlay,
- Heavy occlusal stress (deep bite, bruxis)
- Cavities out of enamel (esp. cervical area)
- Social aspects





Postendo – post and core

