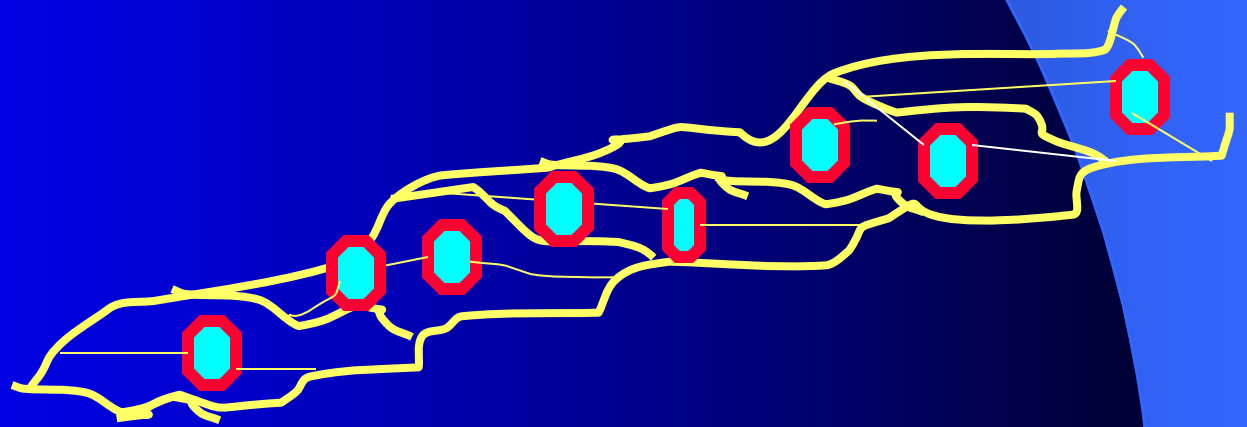


# Composites

**Chemically bonded mixture of organic matrix and inorganic filler**



# Composition

- **Organic matrix**

Bowen monomer Bis GMA

UDMA

Oligomer – more flowable (thinning)

TEGMA

# Composition

Filler

Milled quartz

Aluminium silicate glass

Silica

Prepolymer

Nanoparticles

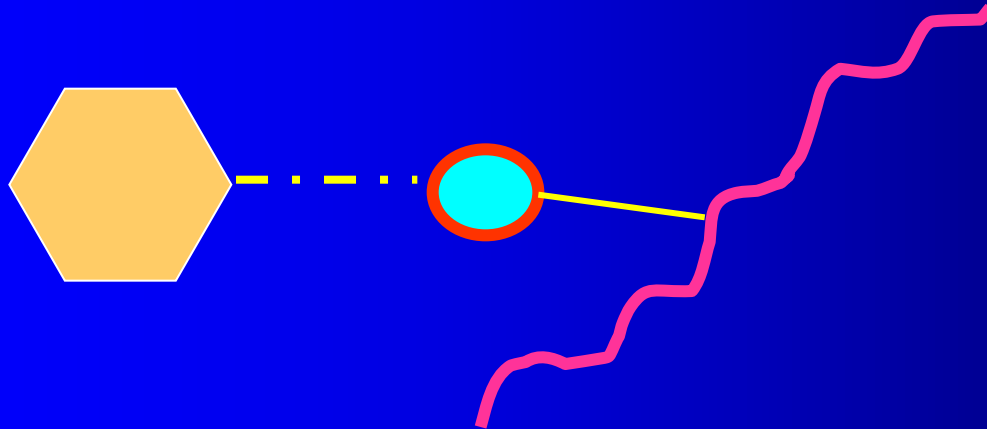
# Composition

- Coupling agent

Silan

Binding between organic and inorganic part

Homogenous distribution of *filler* in composite



# Composition

Iniciators and accelerators

Other components

- Pigments
- UV absorbers

# Classification acc.to size of filler particles

Macrofiller composites (size micrometers)

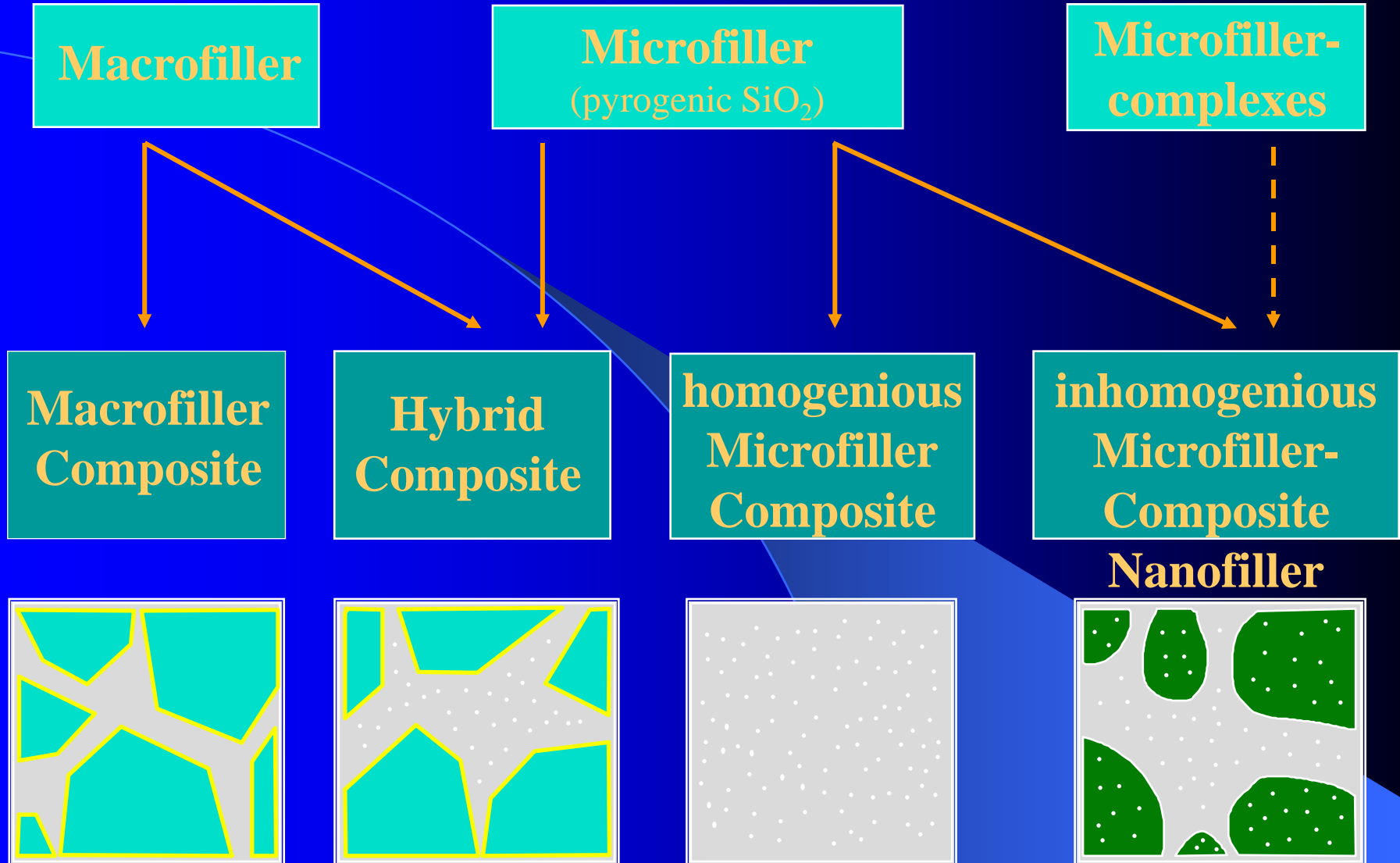
Microfiller composites (size 0,02 -0,04 micrometers)

*Homogenous*

*Non homogenous*

Hybride composites (combination of filler)

# Classification acc. type of filler

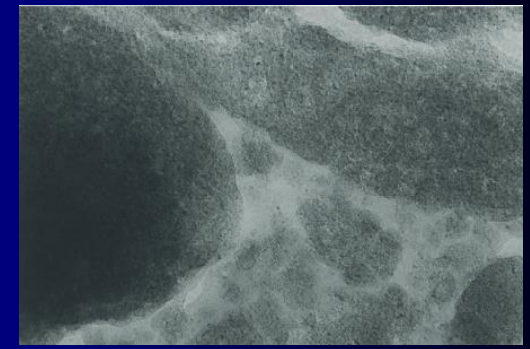


# Classification according to filler particles

- Macrofiller (macrofilled composites)
- Microfiller (microfilled composites)
  - homogenous
  - inhomogenous
- Nanofiller (nanocomposites)
- Hybride (hybrid composites)

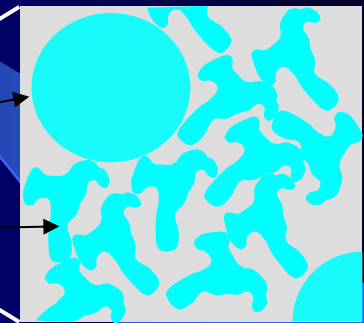
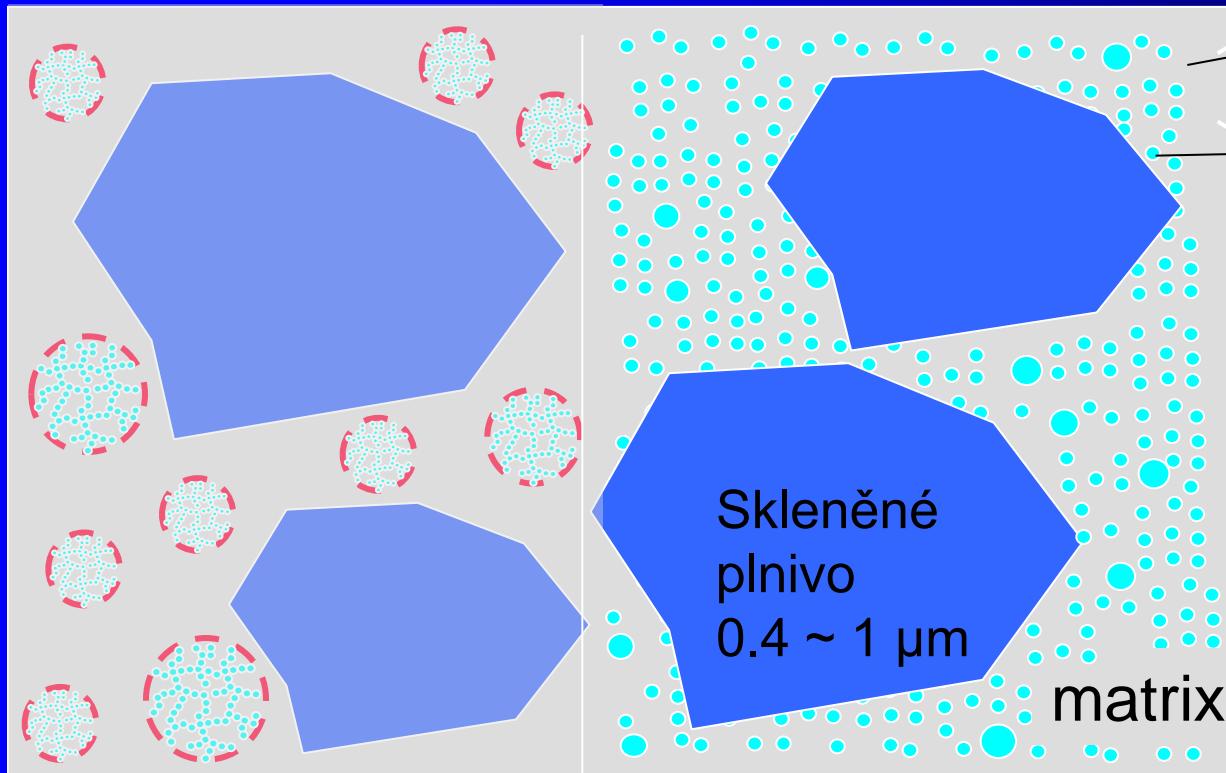
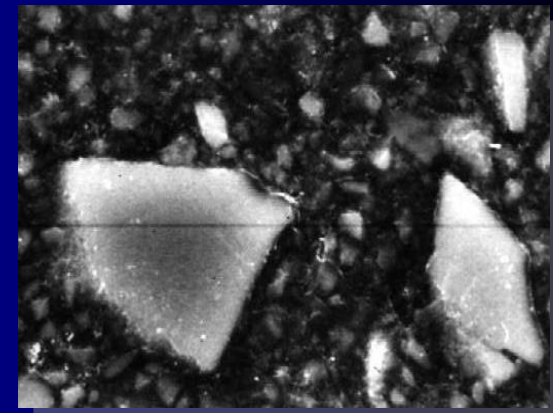


# Filler particles



Filler size (medium particle size)	Composite category
$< 10 \mu\text{m}$	hybrid composite
$< 5 \mu\text{m}$	fine particle hybrid
$< 3 \mu\text{m}$	ultrafine particle hybrid
$< 1 \mu\text{m}$	submicron hybrid , nano composites

# Filler - example



More filler  
→  
Less amount of resin  
→  
Lower polymerization shrinkage

11

# Polymerization reaction

Accelerator



Initiator



Double bonds – split



Polymer network

# Curing

- Light curing composites
  - (Light activated).

Light activation is accomplished with blue light (470 nm)

Initiator is camphorquinon

Chemically cured composites

Initiator 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)

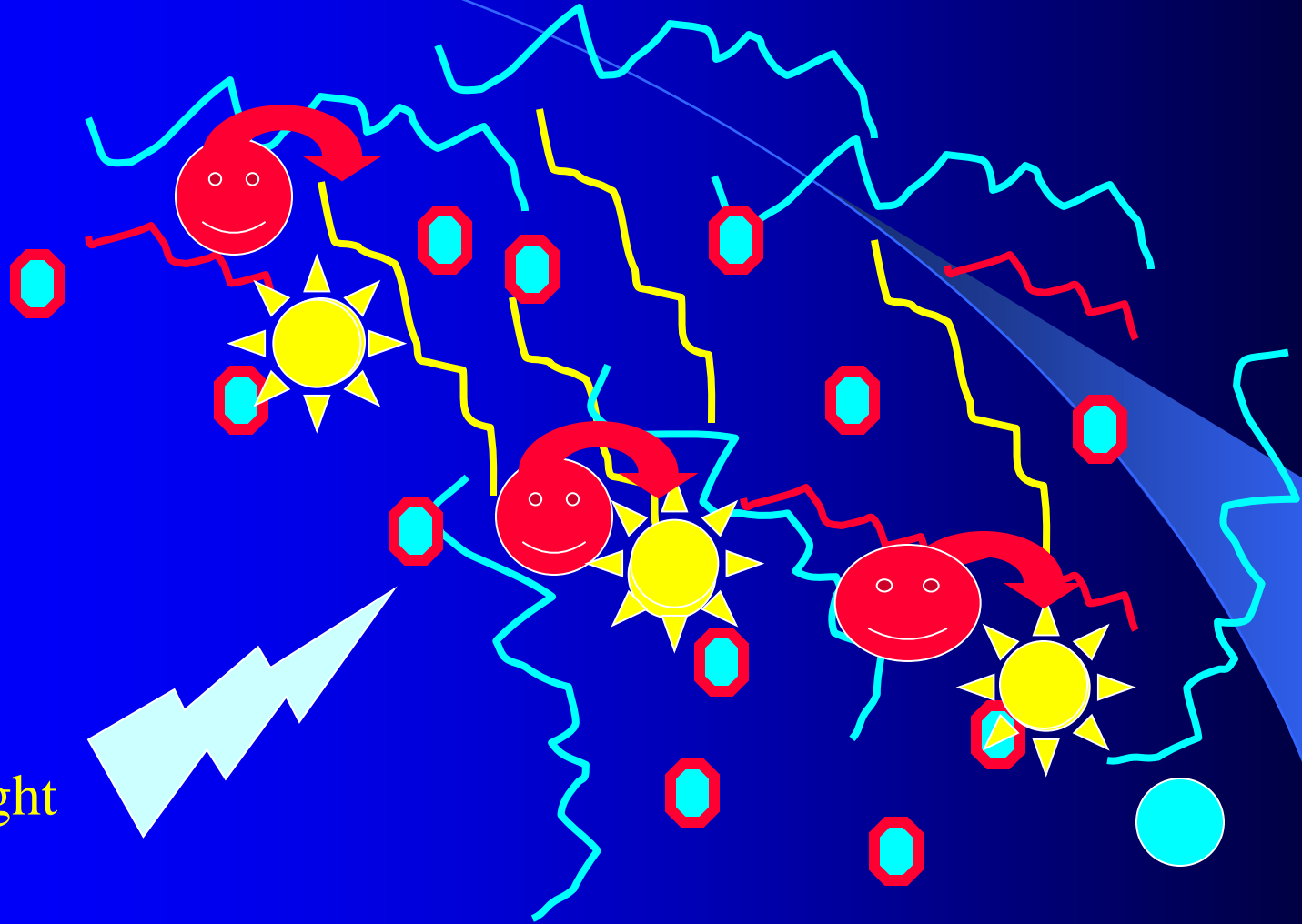
# Polymerization units

- Quartz halogen units
- LED units

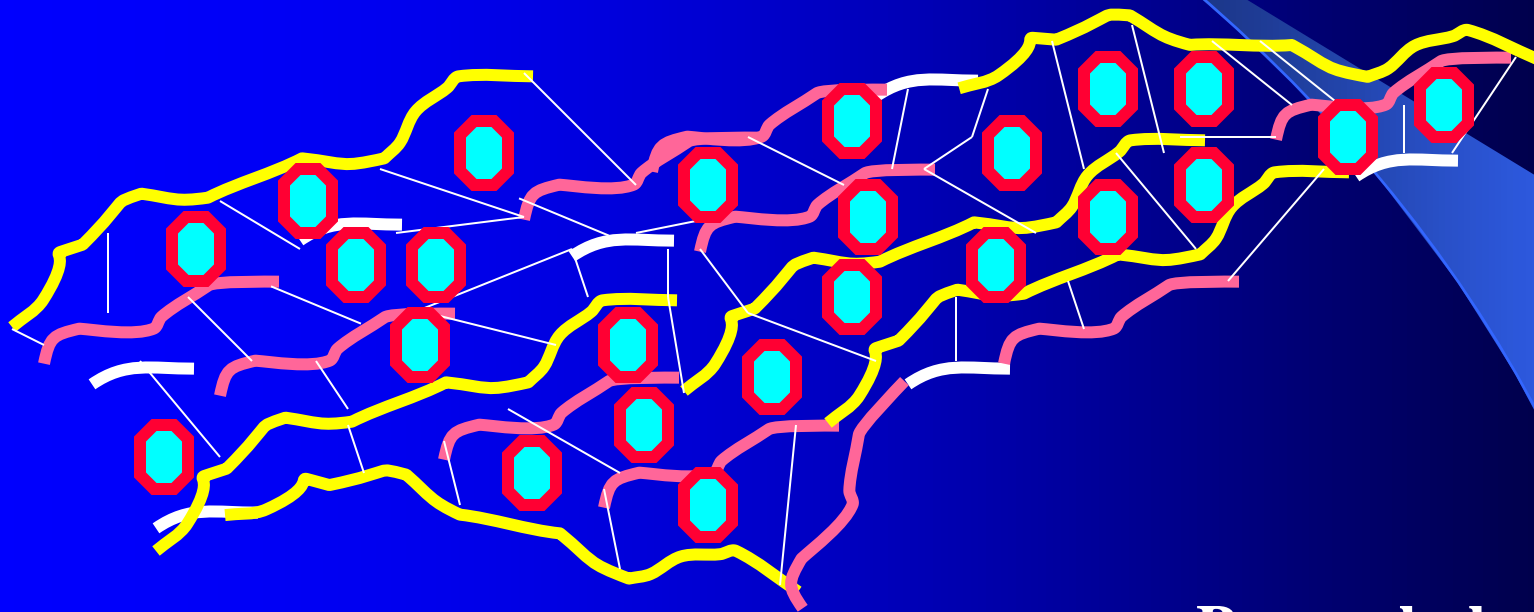
Blue light, 400 – 500 nm.

Camphorchinon 470 nm (maximum absorption)

Light



# Polymer network



Polymerization shrinkage

Pre-gel phase  
Gel-point  
Post-gel phase



# Indications

- Frontal area:  
Class III., IV, V.

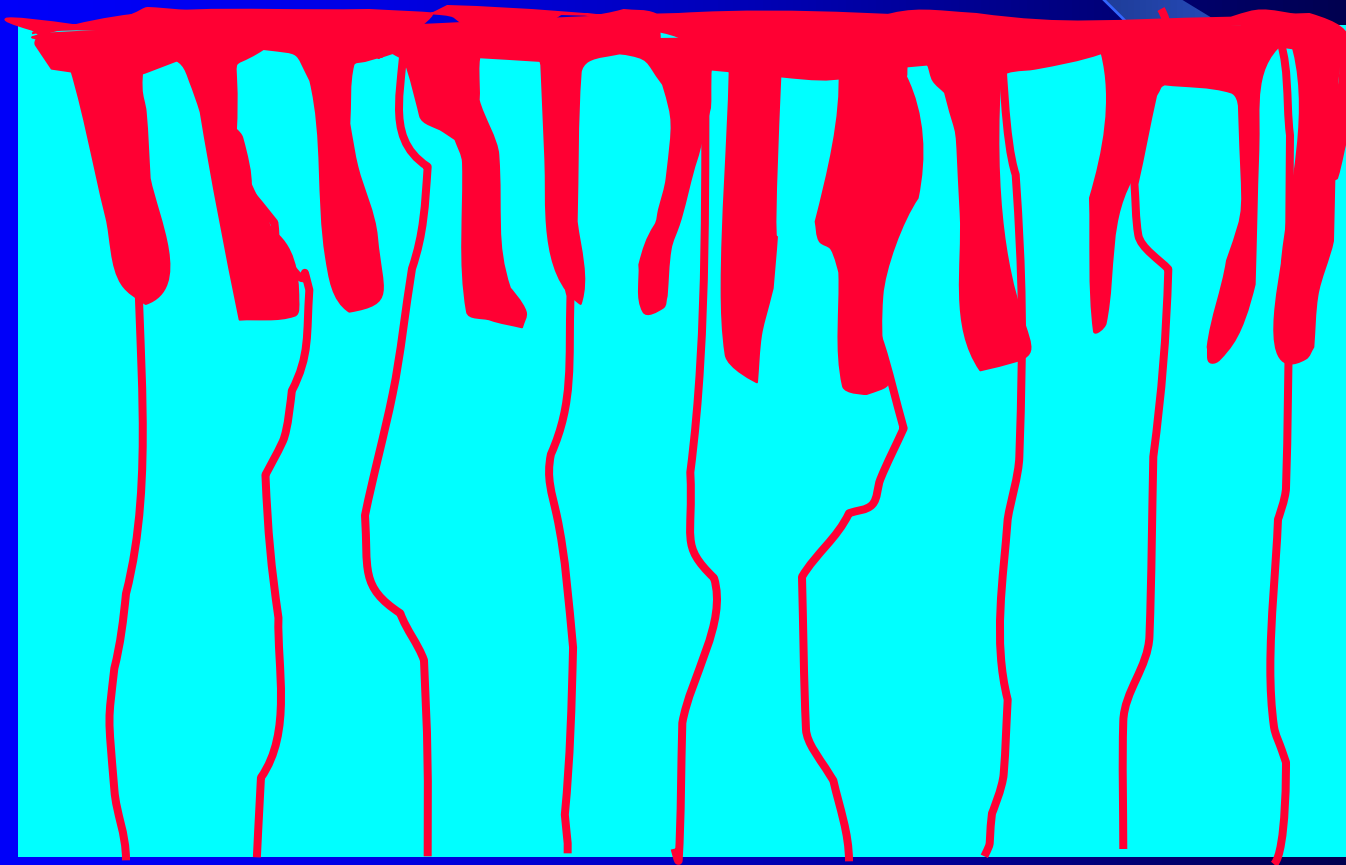
Posterior area

Small – moderate cavities I. and II. class

# Contraindications

- Bad level of oral hygiene
- Dry operation field is impossible
- Large cavities I. and II. class

## Principle of retention - micromechanical

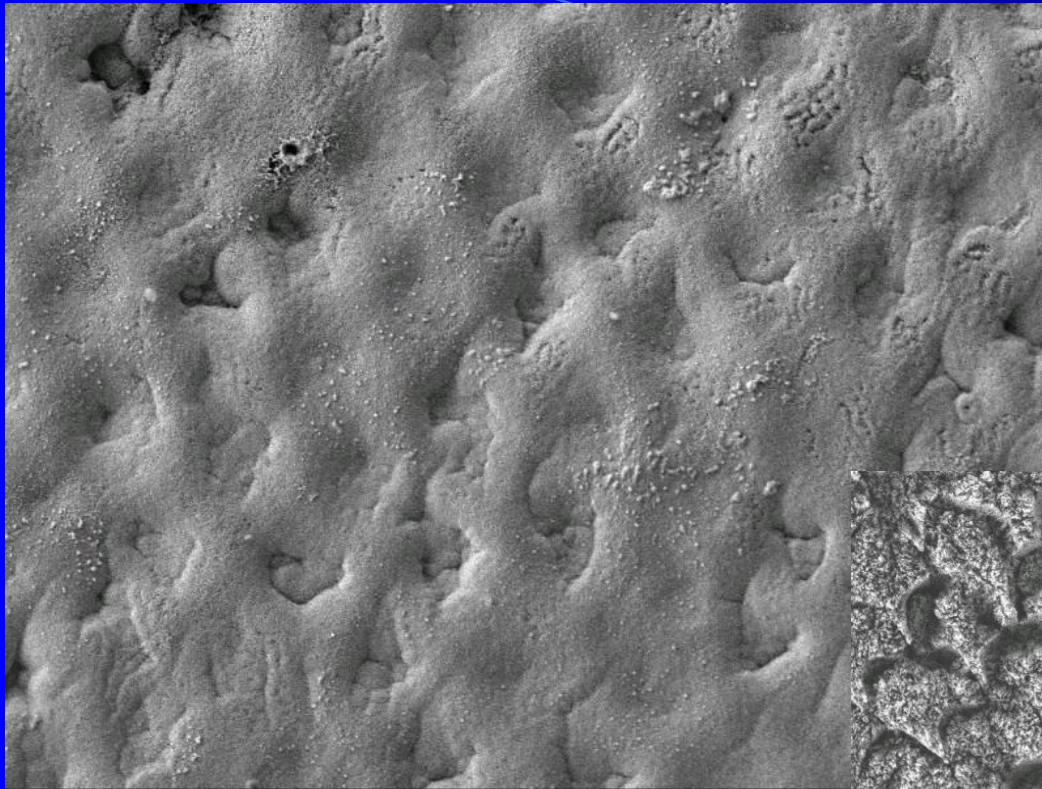


# Micromechanical retention

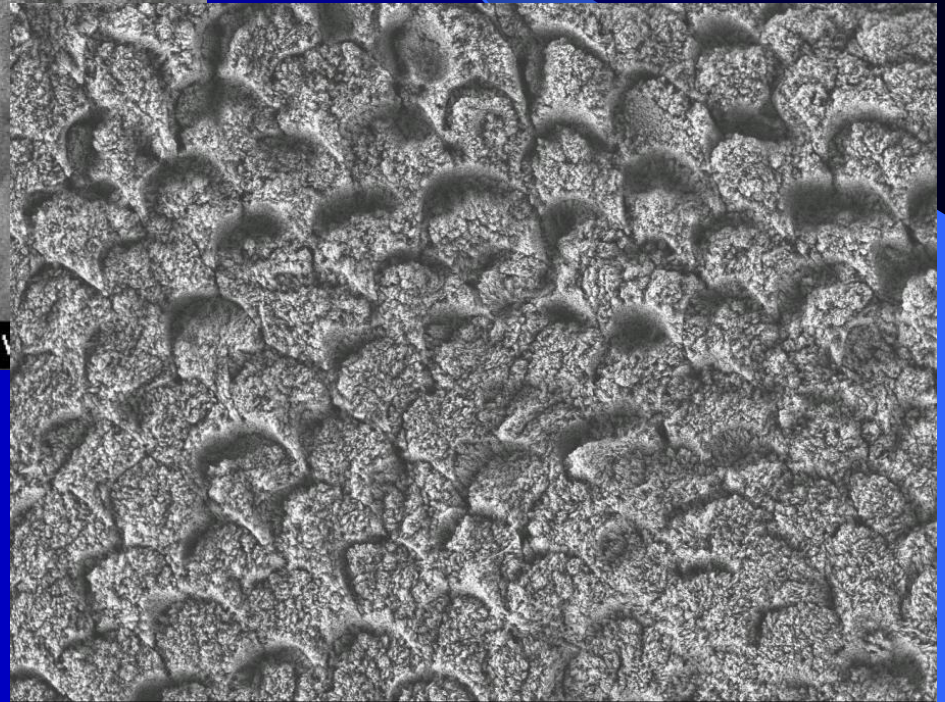
- Adhesion – two surfaces (adherends) are bound together with thin layer of adhesive
  - **Mechanical**
  - Physical (intermolecular forces – van der Waals)
  - Chemical (chemical binding)

# Clinical histology

- Enamel
  - Hardest dental tissue 98% inorganic substances – hydroxyapatit
  - Ectodermal origin, formed by ameloblasts
  - Basic unit of enamel – enamel rods (prismatic structure), between enamel rods interprismatic substance.
  - On the surface aprismatic enamel.



ISI LEI 5.0kV X2,000 10 $\mu$ m



ISI LEI 5.0kV X2,000 10 $\mu$ m WD 7.5mm

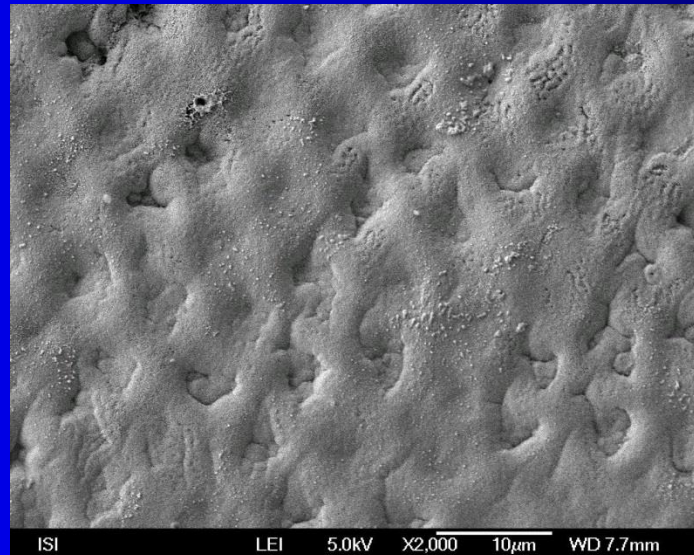




35% - 37% phosphoric acid  
silica particles  
blue dye

# 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)





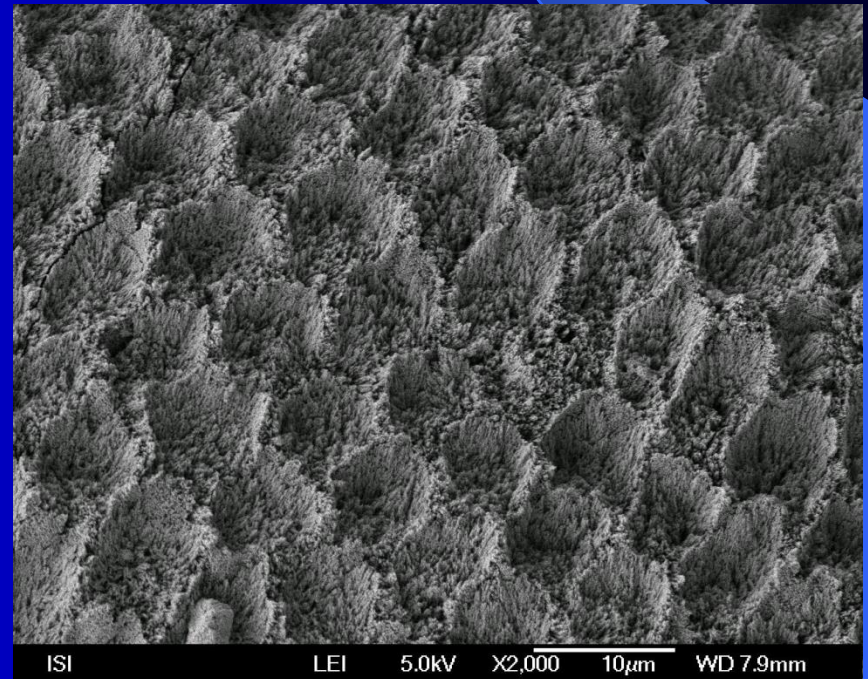
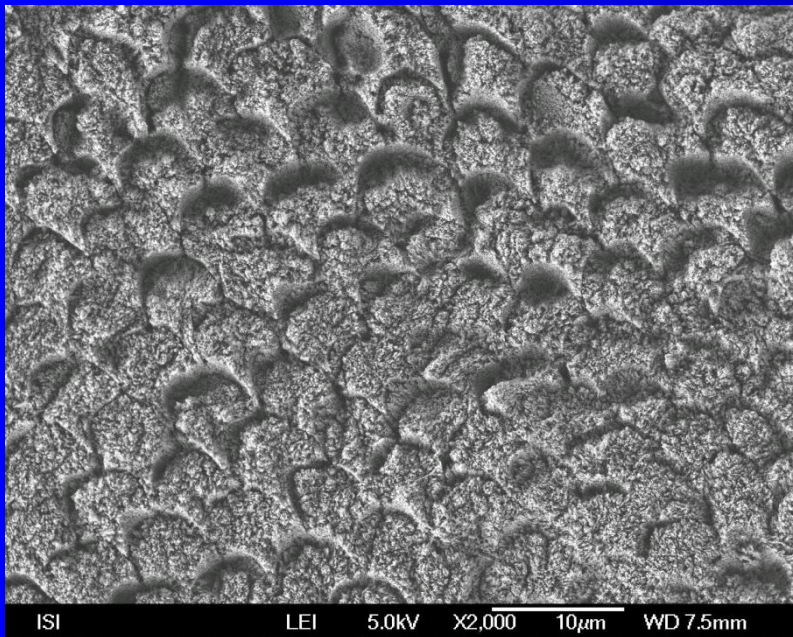
# Retention in enamel

Acid etching of enamel

Irregular surface – retentive pattern

Spaces between enamel rods or in enamel rods are created

The material flows into these spaces



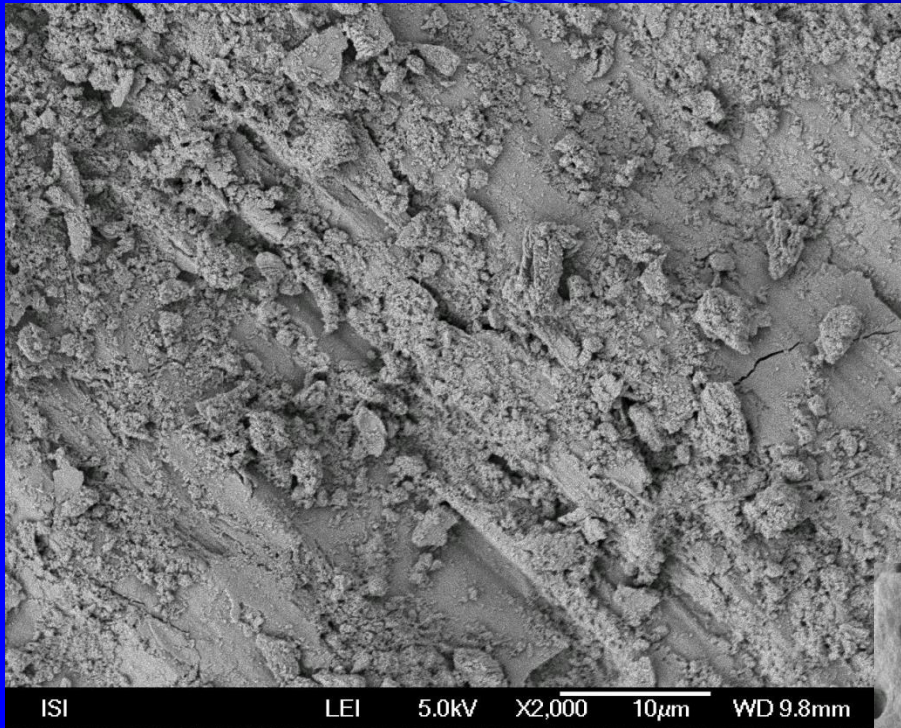
# Clinical histology

- Dentin hard dental tissue – core, mesenchymal origin, appr. 75% inorganic substances (hydroxyapatite)
- Similar to bone, without blood support.
- Structure: collagen fibers, incrustated with hydroxyapatite.
- Dentin tubuls – connection with dental pulp
- Dentinal liquor, Tomes fibers, nerve fibers.

# Retention in dentin

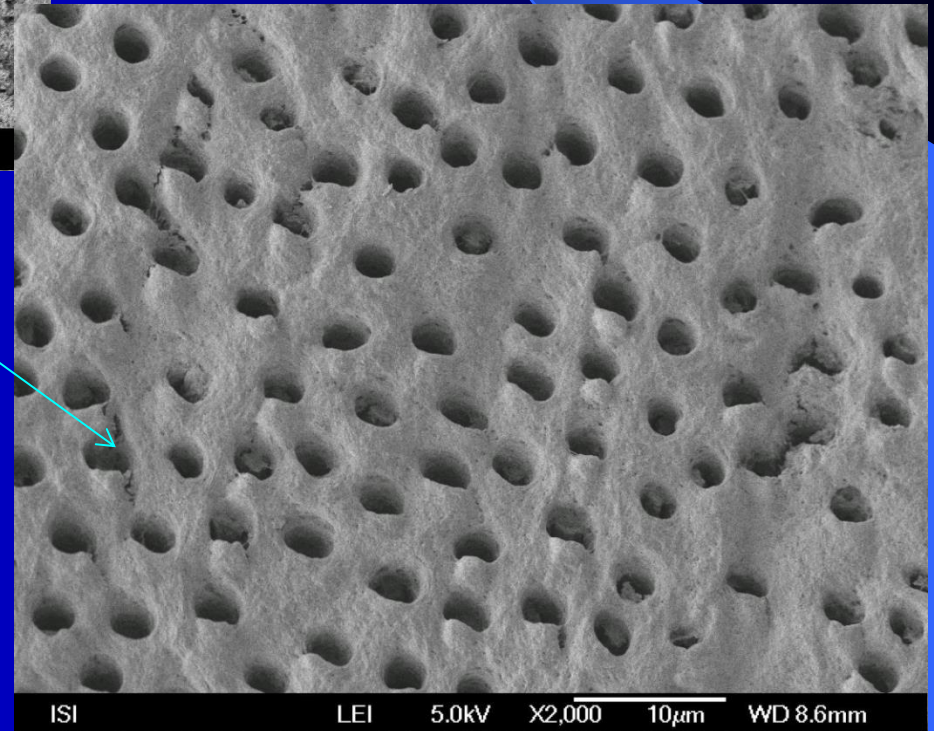
- o More water and organic components
- o Tubular liquor
- o Smear layer (layer after preparation composed of collagen fibers, crystals of hydroxyapatite that have been destroyed during preparation and microbes)





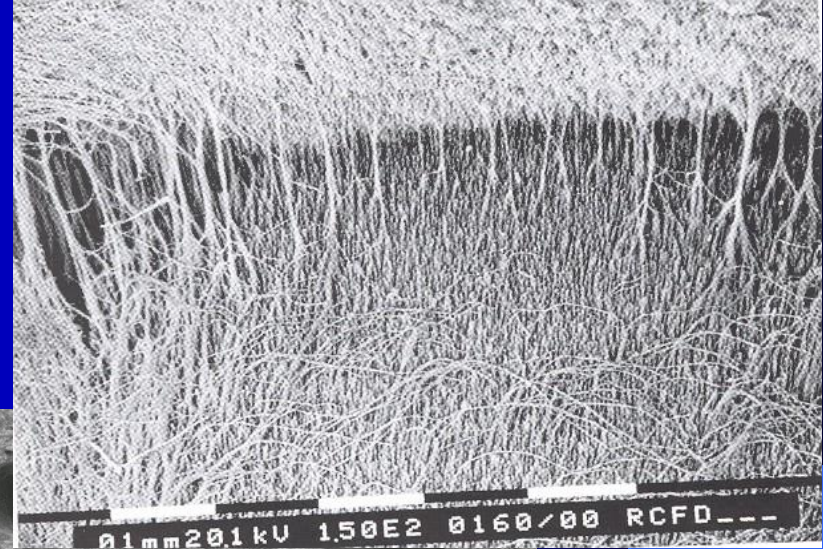
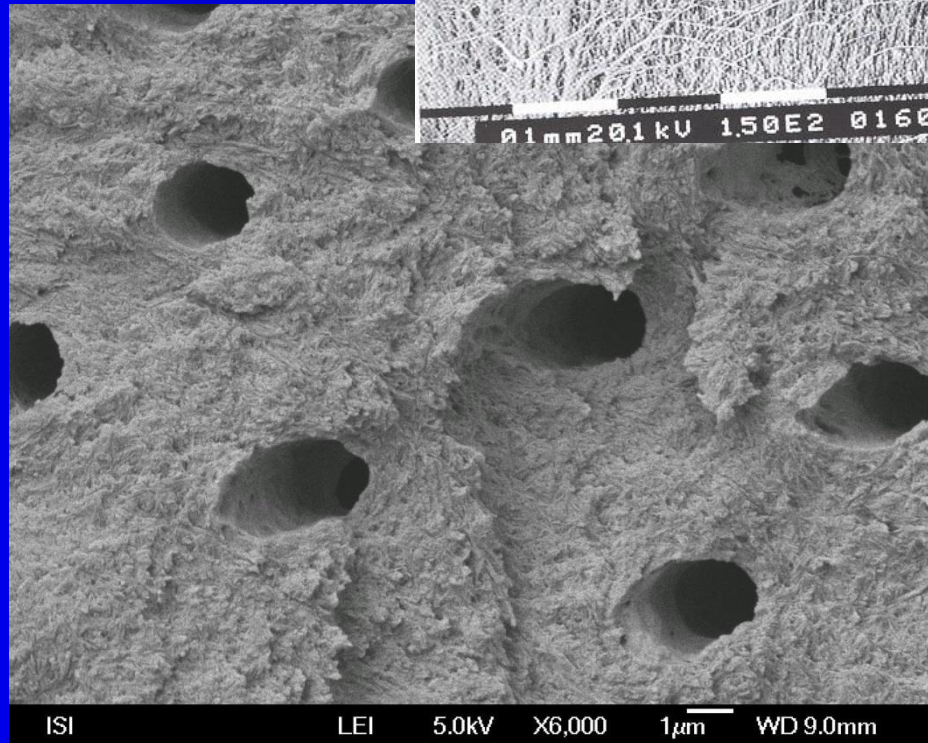
Smear layer

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



The material can flow into dentin tubules and penetrates into spaces in collagen network.

This is also micromechanical retention







35% - 37% phosphoric acid  
silica particles  
blue dye

# Adhesive system

- We need adhesive system for penetration into microscopic spaces after acid etching.

It consist of primer and bond

# Bond

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



# Primer

Open the collagen network in dentin and keep it open: Without it the bond would not be able to penetrate inside.

# 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 diamonds and rubber instruments)











# Glassionomers

## Composition

Powder: Aluminiumsilicate glass( $\text{SiO}_2$ ,  $\text{Al}_2\text{O}_5$ ,  $\text{CaO}$ ,  
 $\text{N}_2\text{O}$ ,  $\text{P}_2\text{O}_5$ , F)

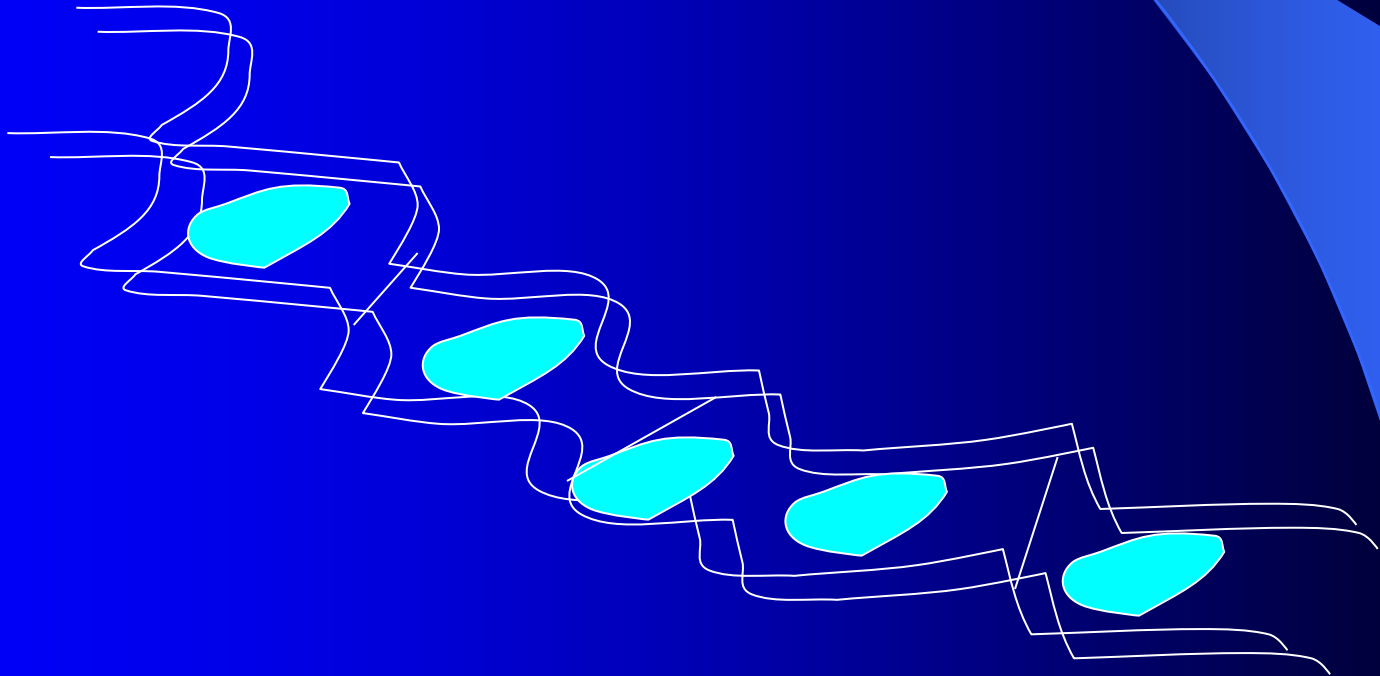
Liquid: Polyacid  
(polyacrylic, polymaleic)

Tartaric acid,

Water

# Glassionomers

- Principle of setting – acid base reaction





# Glassionomers

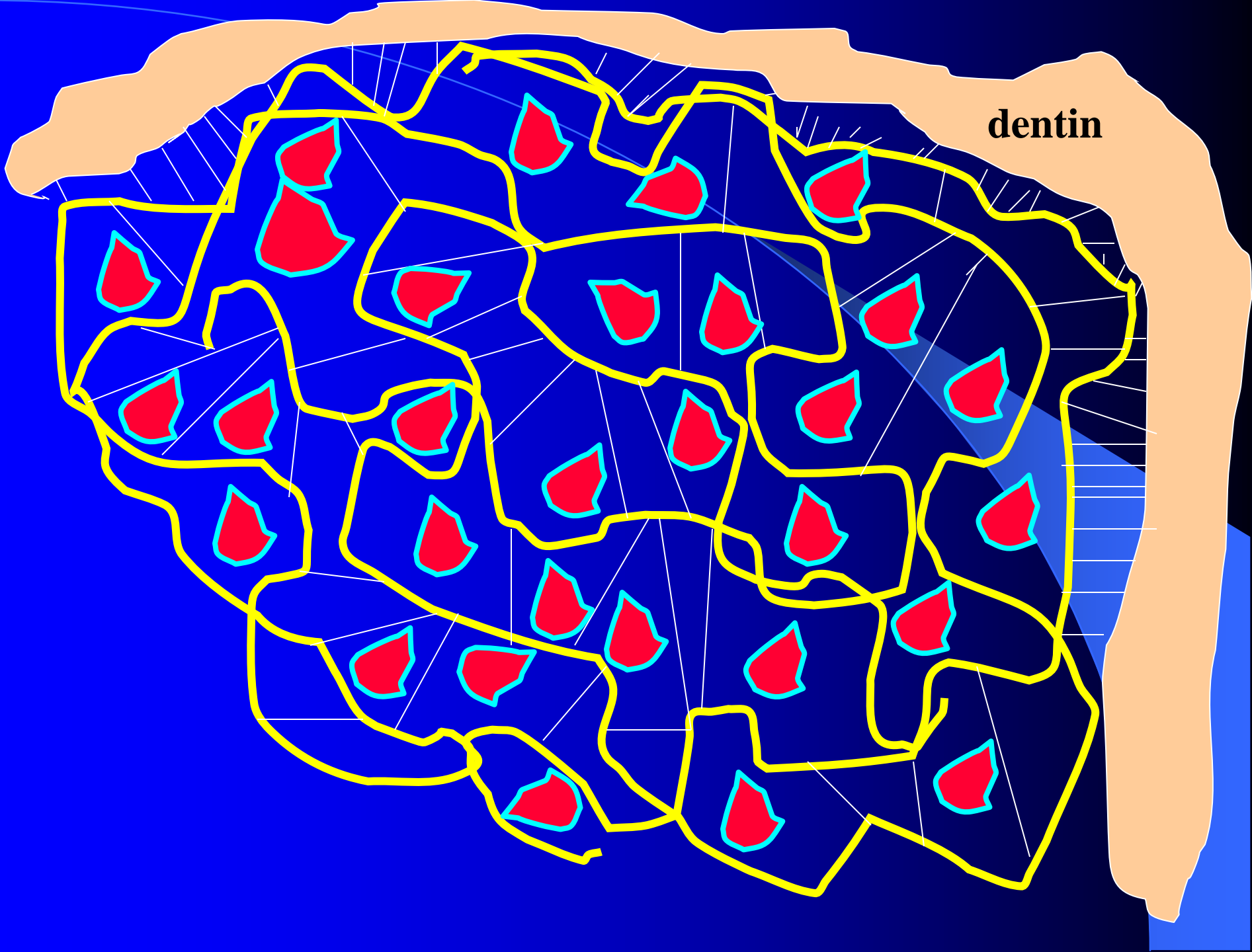
- Chemical bonding to hard dental tissues
- Thermal expansion similar to dentin
- Realease fluoride ions

Mechanical not strong enough

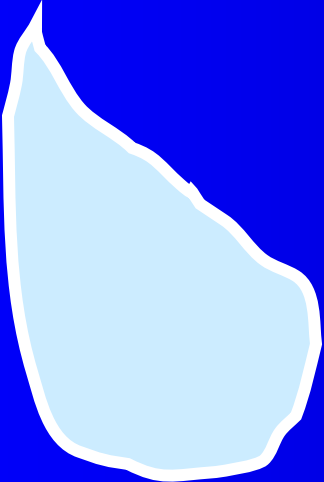
Aesthetics acceptable

# Glassionomers acc to curing

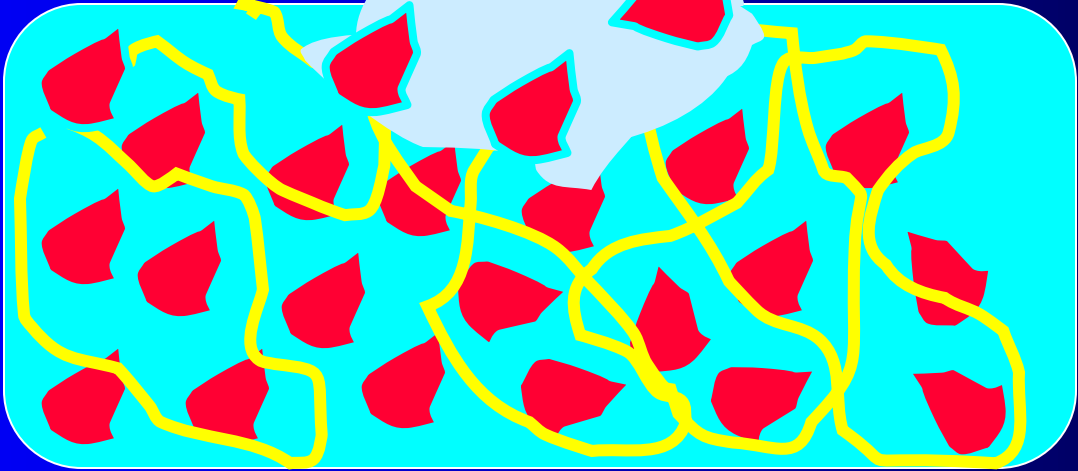
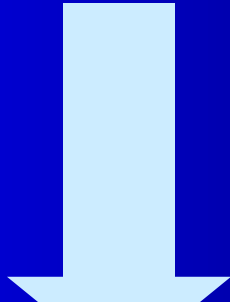
- Acid – base reaction
- Dual cured glassionomers (resin modified)

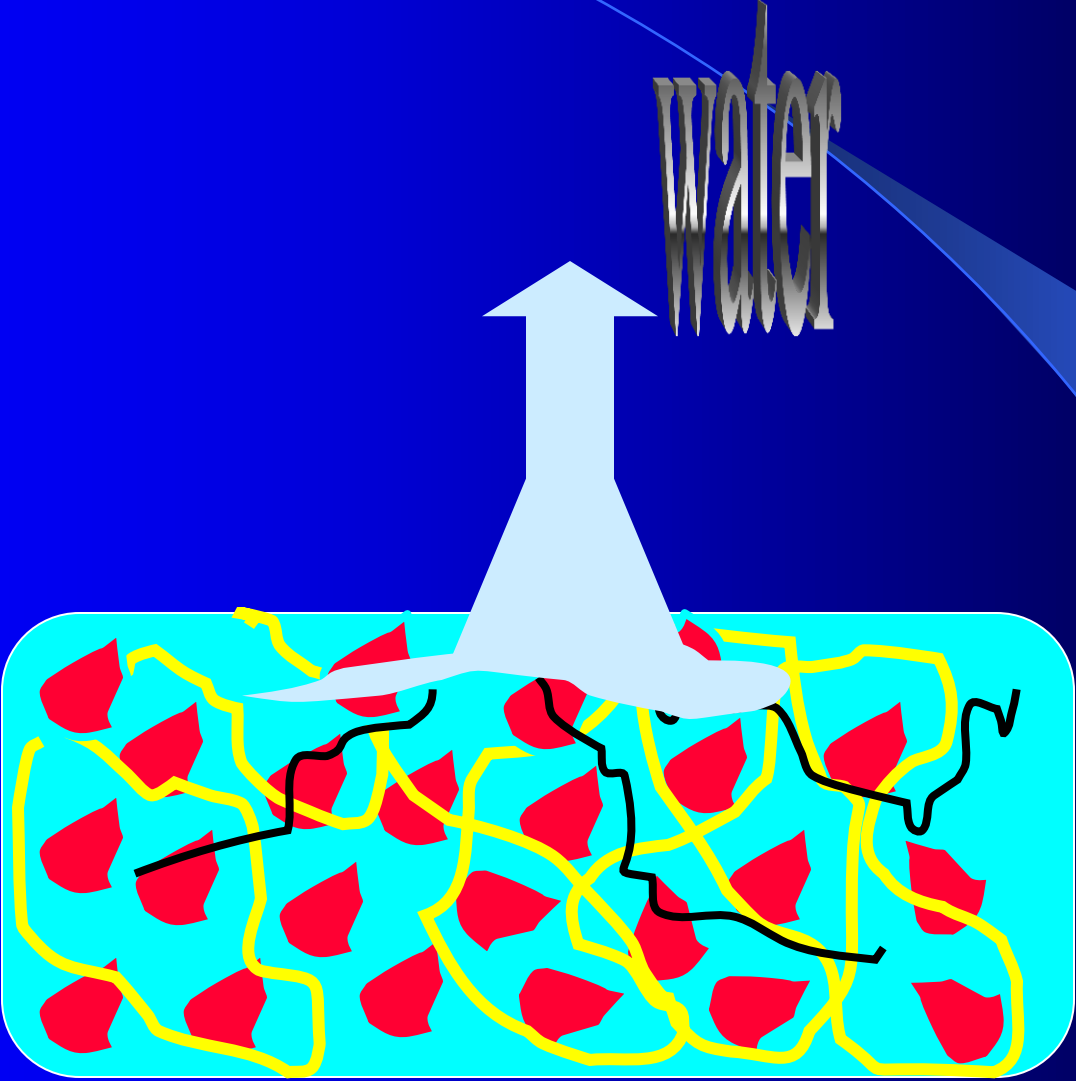


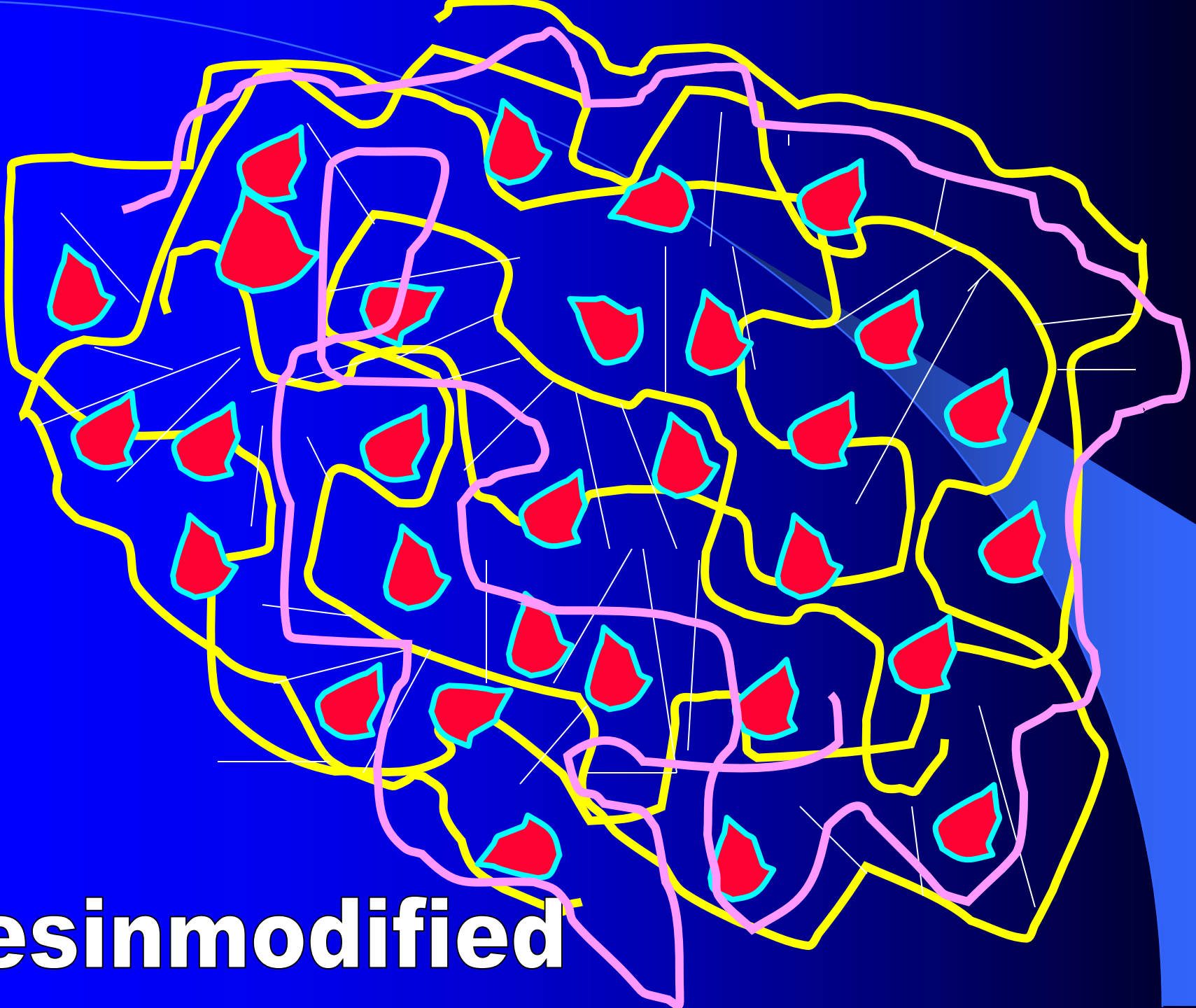
**dentin**



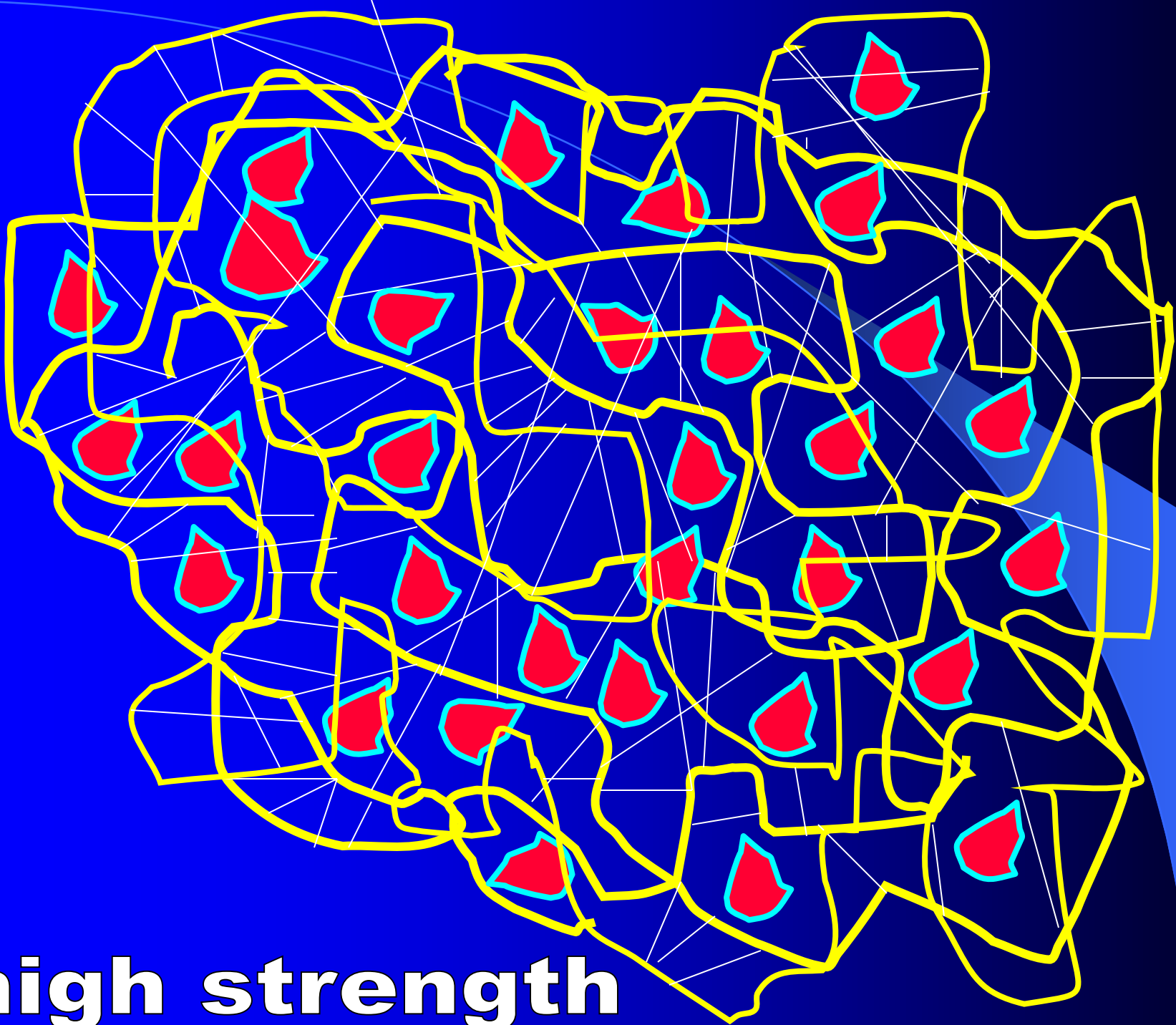
water







**resinmodified**



**high strength**



# Glassionomers - indications

- Fillings

Class V., III., I., II

Sealants

Protection of tooth surface

# Mixing

Hand

Power driven - capsulated



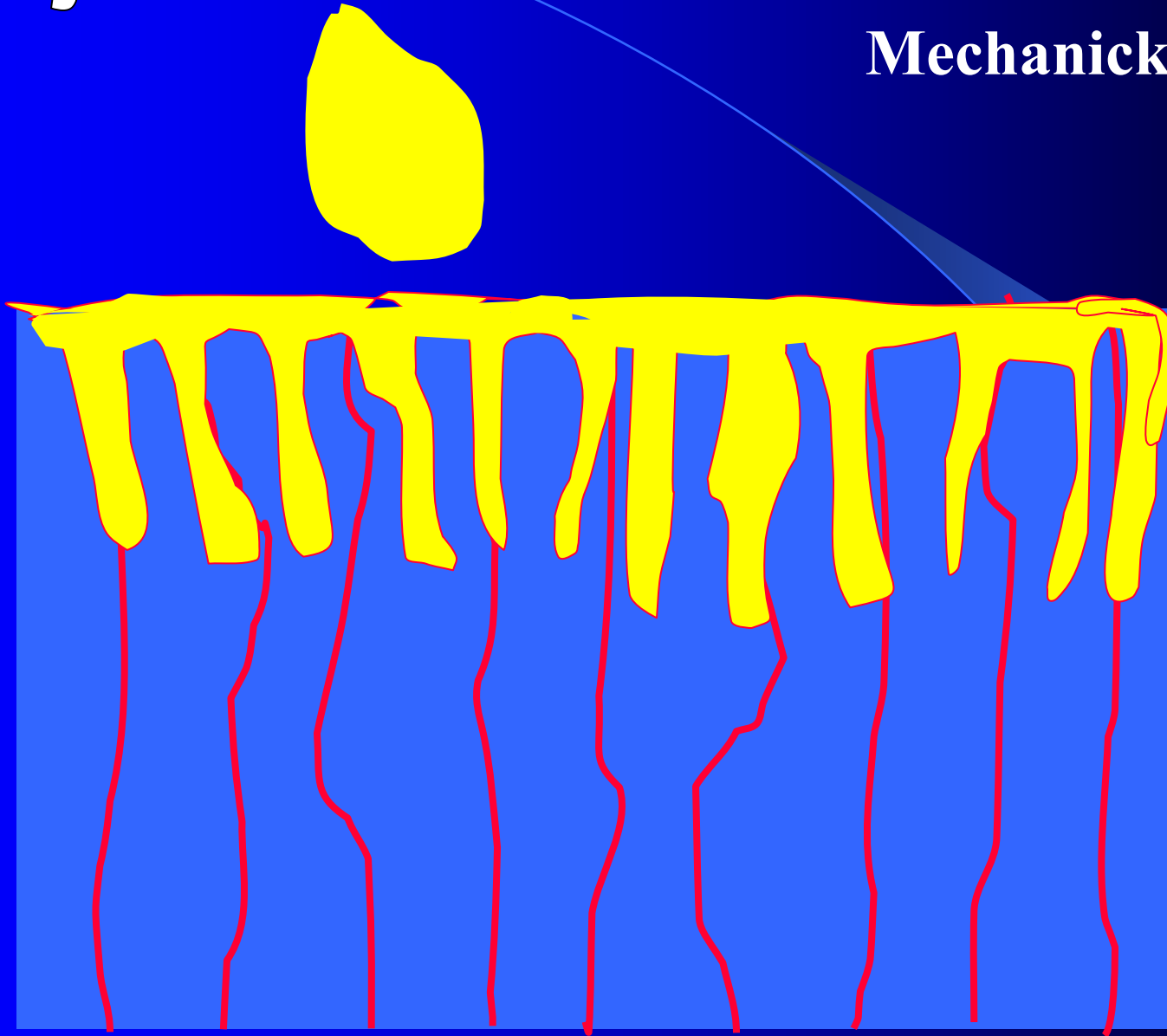
# Making filling

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

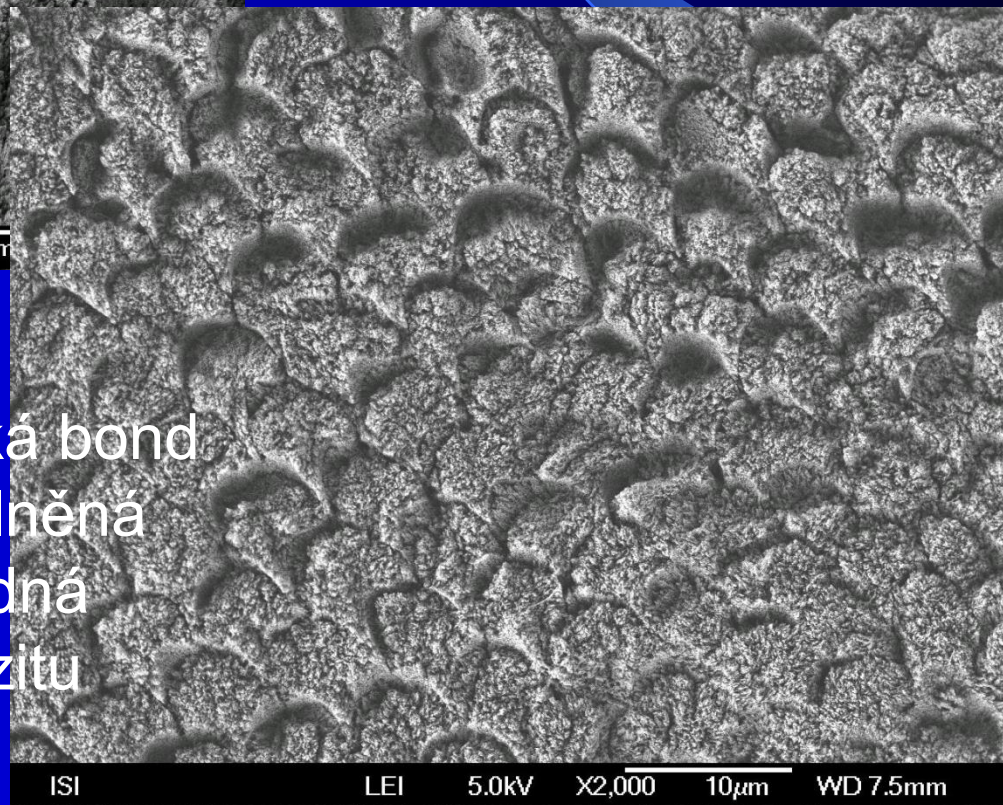
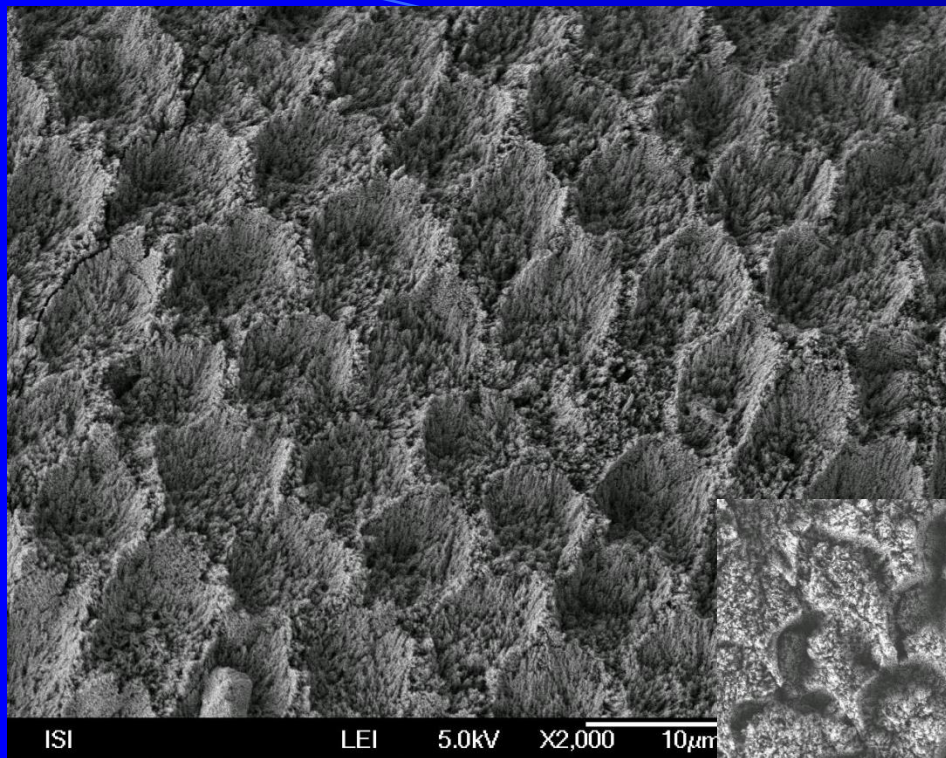


# Připojení ke sklovině

Mechanické







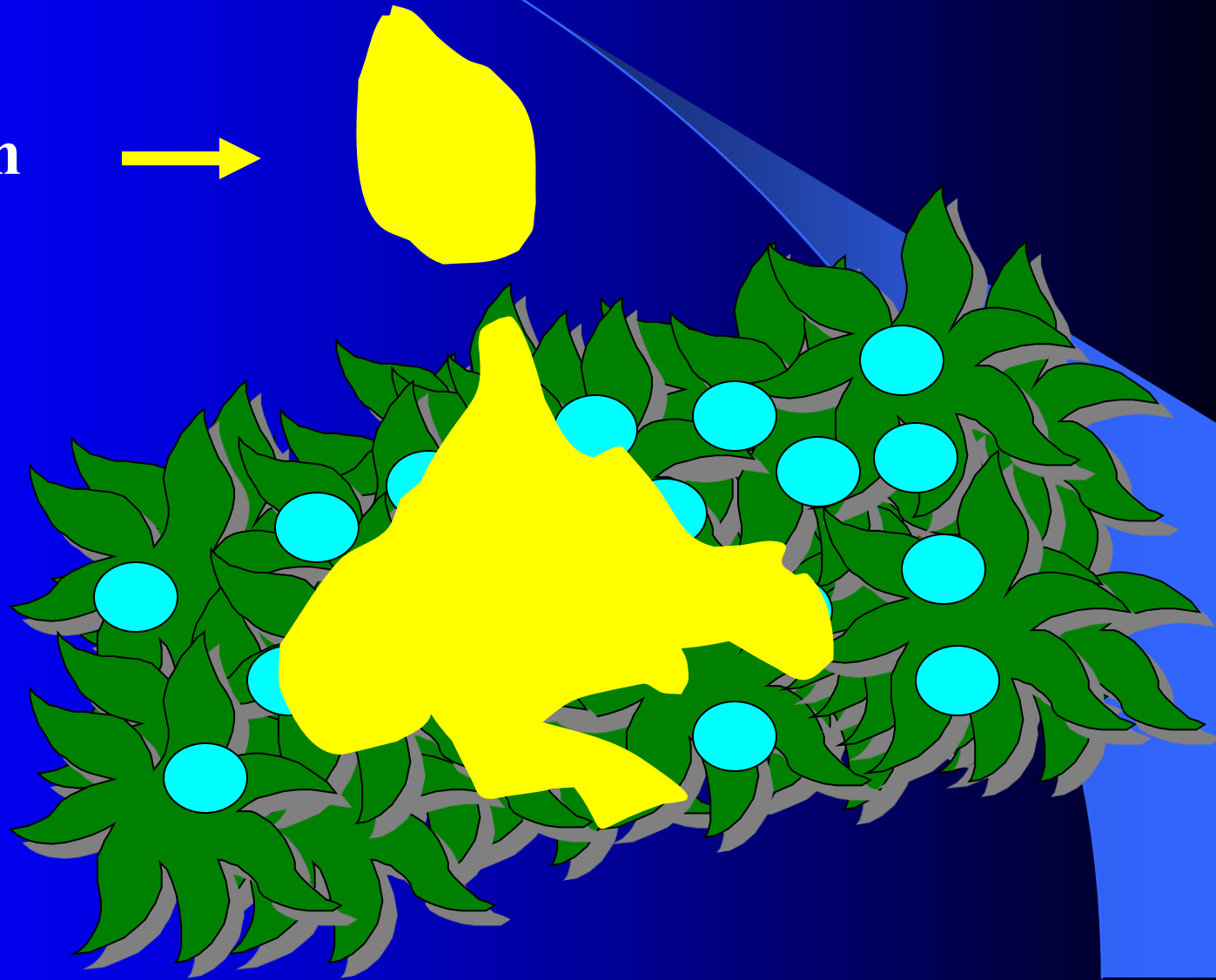
Do mikroskopických nerovností skloviny zatéká bond – neplněná nebo nízkoplněná pryskyřice chemicky shodná s organickou fází kompozitu

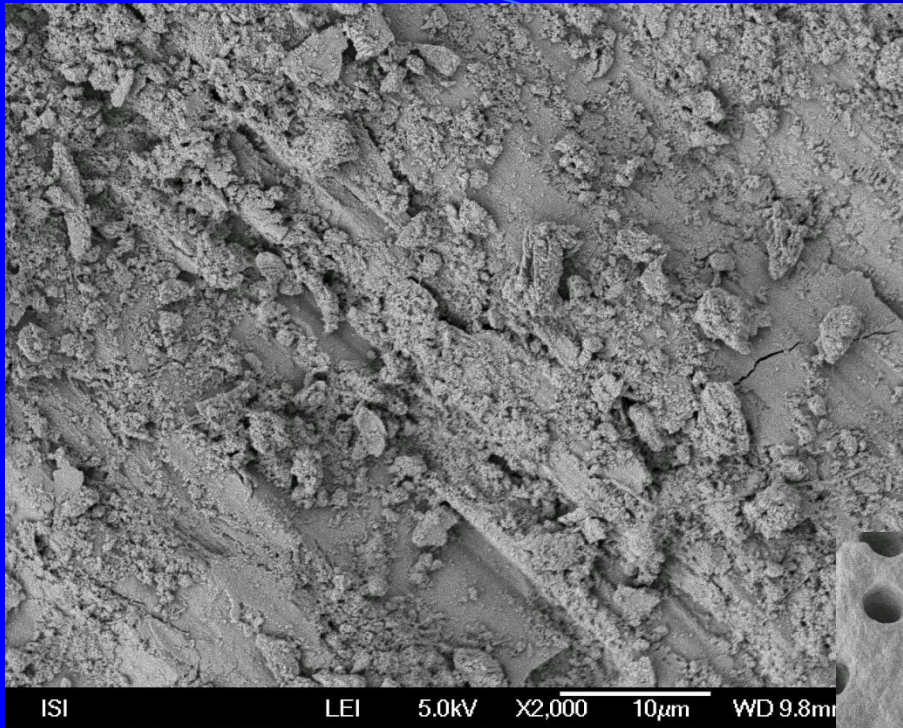


# Připojení k dentinu

Převážně mechanické

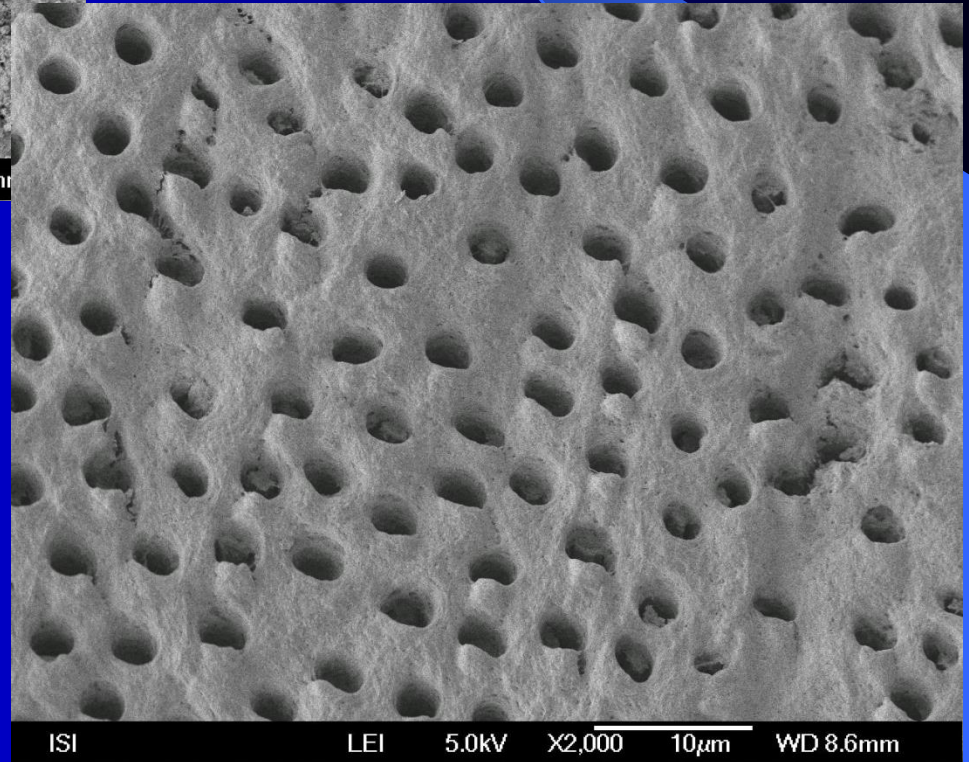
Vazebný systém

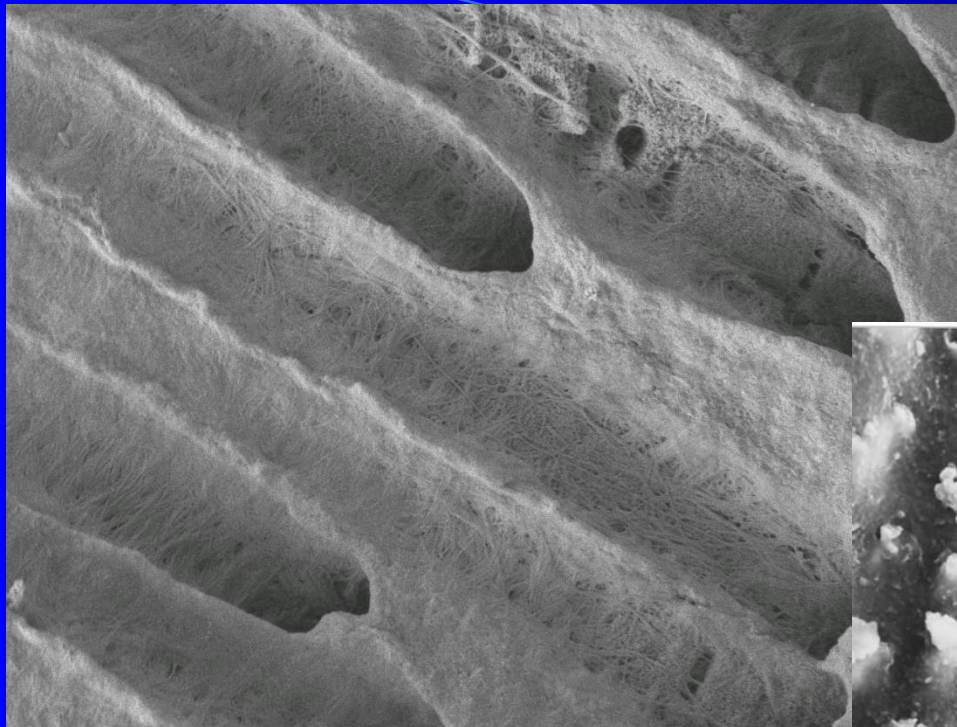




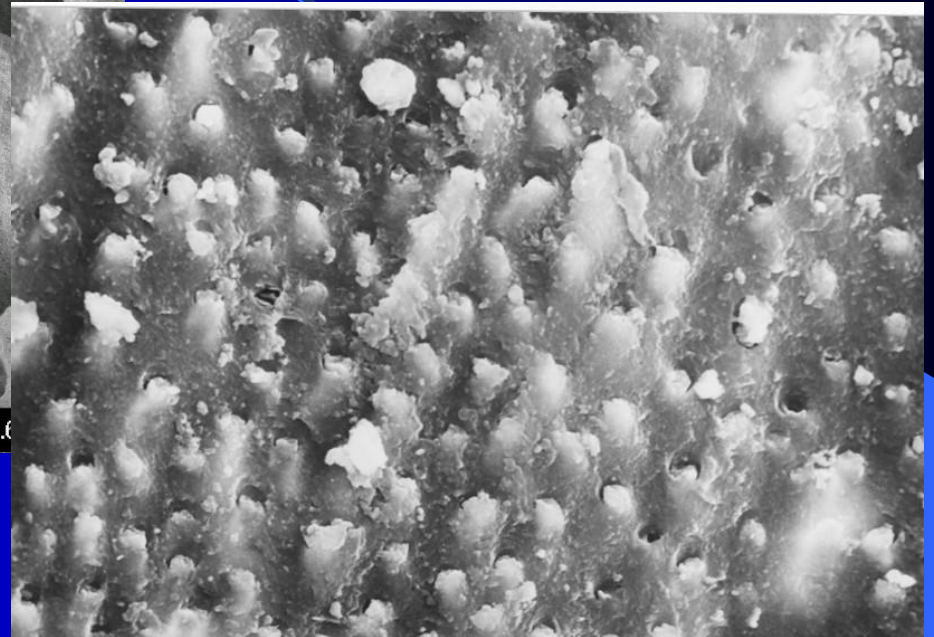
Smear layer

Dentin po ošetření kyselinou





ISI LEI 5.0kV X5,000 1μm WD 8.0



# Dentin

- Má méně anorganických látek než sklovina
- Vyšší obsah vody
- Nízká povrchová energie

Nelze smáčet hydrofobním bondem. Je riziko, e kolagenní síť zkolabuje a vznikne netěsnost.  
Proto je třeba primer.



# Primer

**Otvírá kolagenní síť dentinu a brání jejímu kolapsu.**

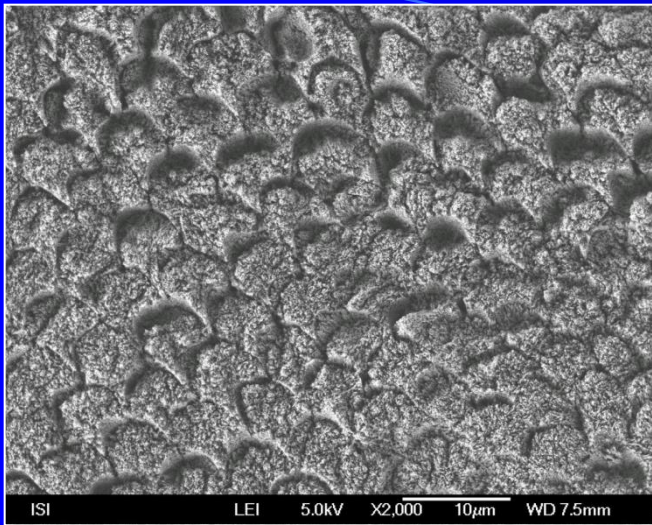
*Obsahuje amfifilní pryskyřice (mají hydrofilní*

*a hydrofobní část molekuly) a rozpouštědlo.*

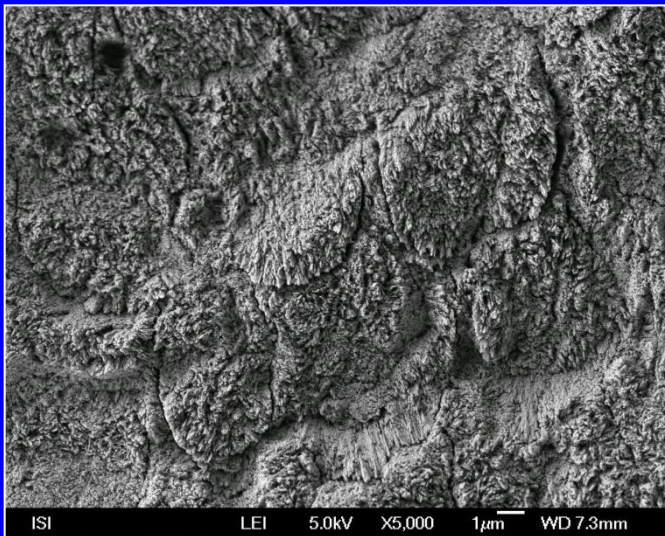
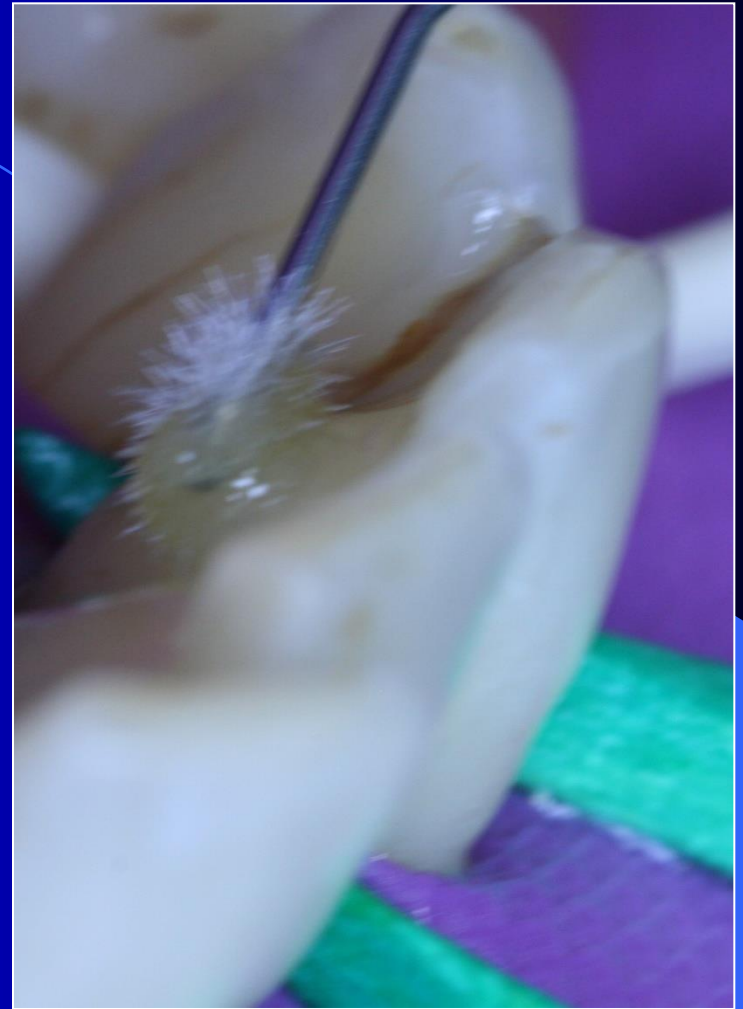
*Rozpouštědlo se odpaří a primer prosytí dentin. Jeho hydrofobní část kopolymeruje s kompozitem.*

# Bond

- **Prosytí kolagenní síť dentinu ošetřenou primerem a zatéká do nerovností ve sklovině, kopolymeruje s kompozitem .**



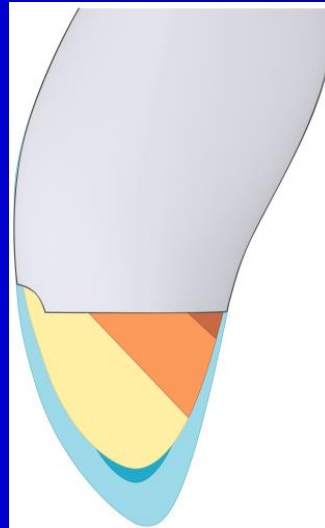
TE



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# Kompozitní výplň –pracovní postup

- Preparace kavity –hlubší miska
- Sklovinné okraje obvykle sešikmíme v úhlu 45°

Kolem kavity preparujeme retenční pruh (odstraněné aprizmatické skloviny, která je na povrchu a hůře se leptá)

Leptání skloviny 20 – 30s

Leptání dentinu 10s

Oplachování minimálně 10s

Primer+bond

Polymerace vrstvení kompozitu (1,5 – 2 mm

Opracování a leštění (diam.brousiky a gumové leštící pomůcky).

# Skloionomerní cementy (sklopolyalkenoáty, skloionomery)

- Složení:

Prášek: hlinitokřemičité sklo ( $\text{SiO}_2$ ,  $\text{Al}_2\text{O}_5$ ,  
 $\text{CaO}$ ,  $\text{N}_2\text{O}$ ,  $\text{P}_2\text{O}_5$ , F)

Tekutina:

polykyselina (kyselina

polyakrylova, polymaleinová)

kyselina vinná,

voda

# Skloionomerní cementy (sklopolyalkenoáty, skloionomery)

- Mechanismus tuhnutí:

Síťovatění vzniká polyakrylát hlinito vápenatý.





# Skloionomerní cementy vlastnosti

- Specifická adheze k tvrdým zubním tkáním
- Příznivý koeficient tepelné roztažnosti
- Kumulativní uvolňování fluoridových iontů
- Citlivost k obsahu vody v prostředí
- Delší doba tuhnutí zranitelnost





# Skloionomerní cementy rozdělení

- Tuhnoucí chemicky

Výplňové estetické

Výplňové zesílené – kovy,  
pryskyřicí

Vysokoviskózní cementy !

- Tuhnoucí světlem – obsah plastu s vazbou  
na polykyselinu!

# Skloionomerní cementy použití

- Výplně

V. třída, III. Třída, výjimečně I.a II. třída

- Podložky – sendvičové výplně
- Dostavby
- Tmelící materiál
- Výplň kořenového kanálku (kořenová výplň)

# Skloionomerní cementy

- Ručně míchatelné

Mísicí poměr – kapka bez bubliny!!!!

- Kapslované – aktivace kapsle. Kapsle mísicí, kapsle aplikační.

Režim míchání!!!!

Dokonalé zacházení!!!

# Skloionomerní cementy – postup zhotovení výplně

- Preparace kavity – hlubší miska, okraje ohlazený. Nešikmí se.
- Ošetření kondicionérem (kyselina polyakrylová, 20s)
- Aplikace materiálu najednou do vlhké kavity.
- Po ztuhnutí nalakování, neleští se.
- Opracování v další návštěvě.