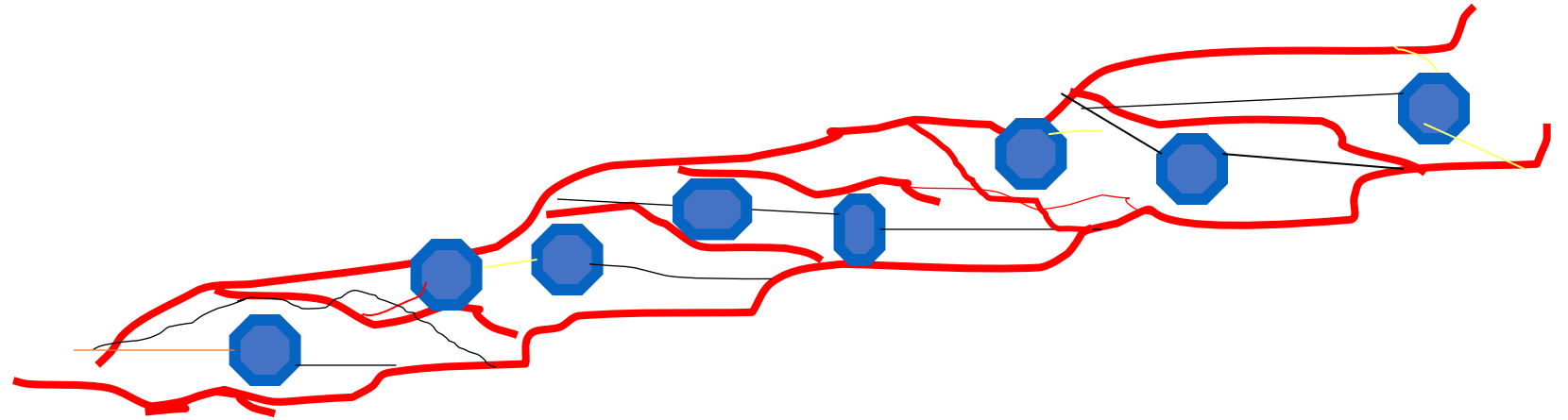


Restorative dentistry 3rd year Lecture 2

L. Roubalíková

Composite materials

Chemically bonded mixture of organic matrix and inorganic fillers



Coupling agent – binds organic matrix and the filler together

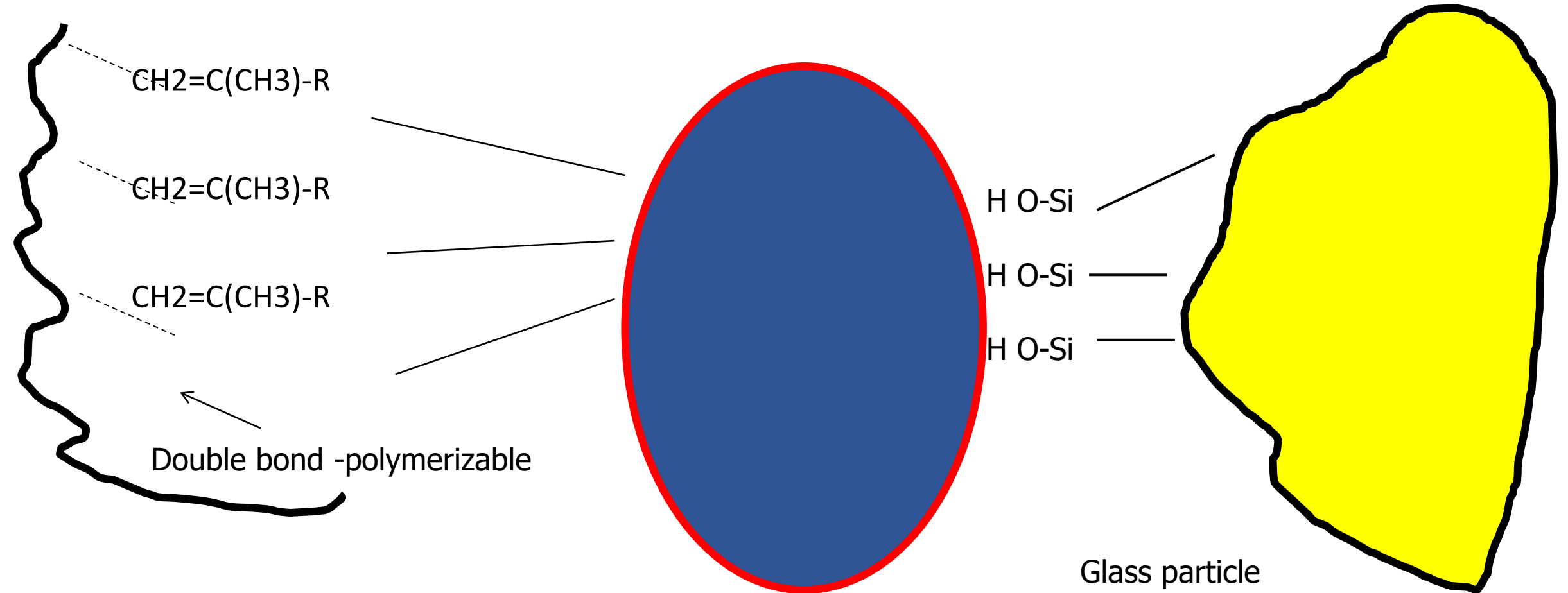


Homogenous distribution of the filler particles in the material



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
- Aluminium silicate glass
- Silicon dioxide
- Prepolymer (composite material is polymerized with high pressure in fabrics, then milled – particles of the filler are made of cured composite)
- Complexes of microfiller (agglomerates) – e-g-. silicon dioxide or zirconium oxide

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
 - Agglomerates
- 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) • phenyl]propan)

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

Dimethacrylates - mixture of materials with high and lower molecular weight

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
- Trimethylbenzoylphosphino xid TPO

Camphorquinon (CQ) - initiator

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

Composite materials – basic characteristics

	Matrix		Filler
Compressive strength		↓	↑
Elasticity		↑	↓
Polymerization shrinkage		↑	↓
Polymerization stress		↑	↓
Water sorption		↓	↑
		↓	↑

Classification of composite filling materials

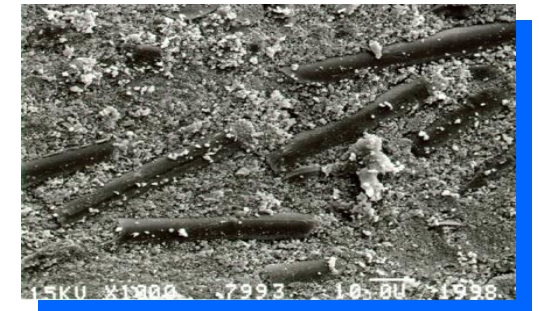
- Size of the filler particles

Macrofilled, microfilled (homogenous, non homogenous, hybrid)

- Matrix (monomers)

Dimethacrylate, acid modifies, ormocers, silorans

- Viskosity (flowable, thick)



History

Dimetacrylates

Bowen 1960 – Bowen's monomer

Buoconore 1955 – acid etching

History

- Fusayama 1979

Adhesion to dentin

Yoshida. Nakabayashi

Van Meerbeek

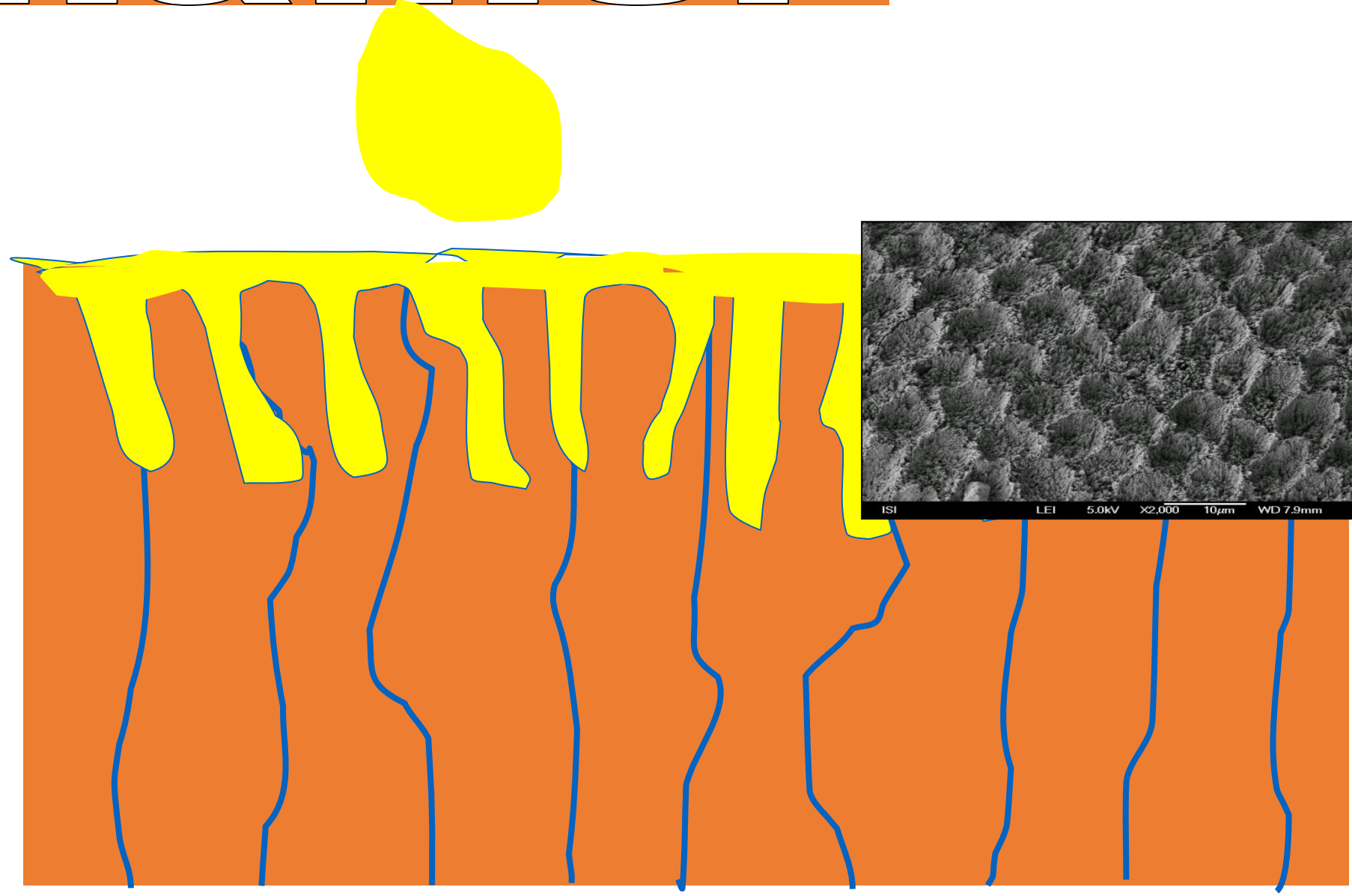


35% - 37% phosphoric acid
silica particles
blue dye

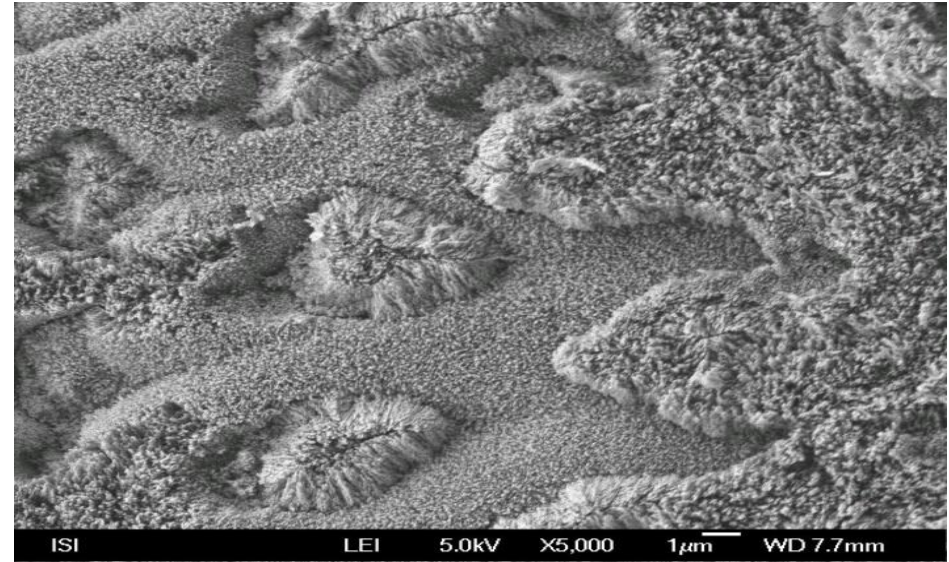
Adhesion

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

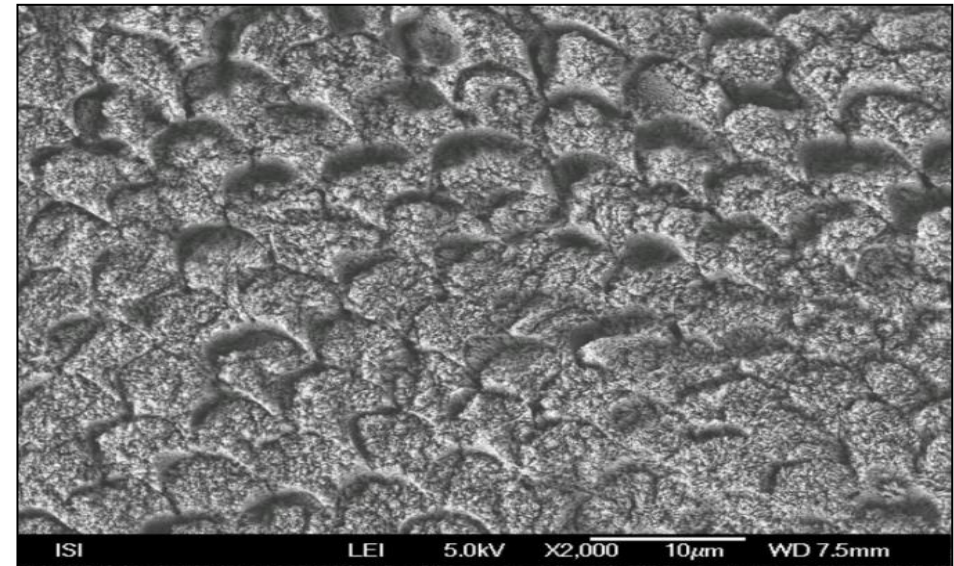
Enamel



Acid on aprismatic enamel

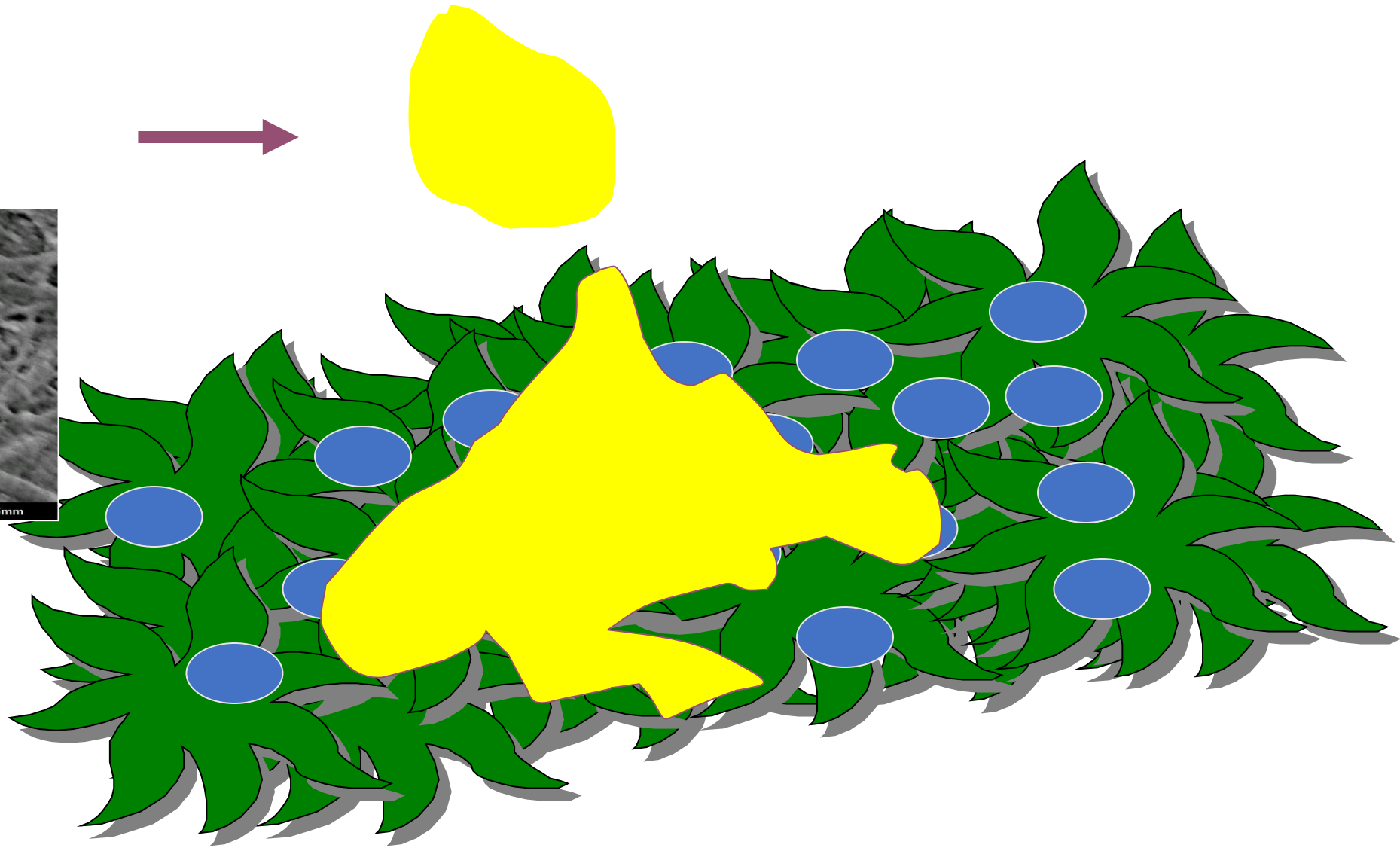
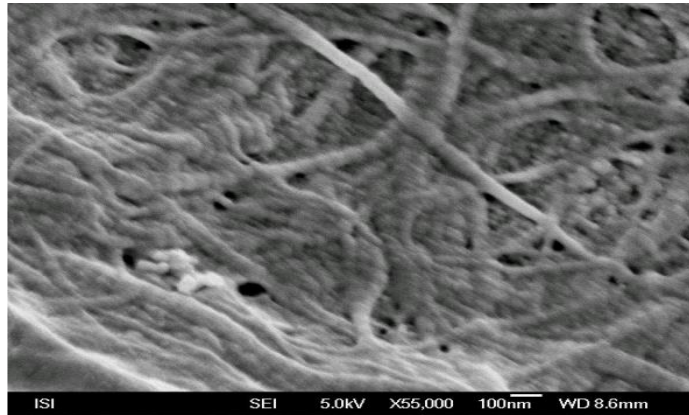


Acid on prismatic enamel



Dentin

Bonding agent



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 hydrophilic substance

Adhesive systems contain resin monomers

- Hydrophobic monomers - bond works in enamel it does not work in dentin without primer
- Amphiphilic monomers – hydrophobic + hydrophilic part - in primer

Primer is necessary for dentin.

The hydrophilic 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 •

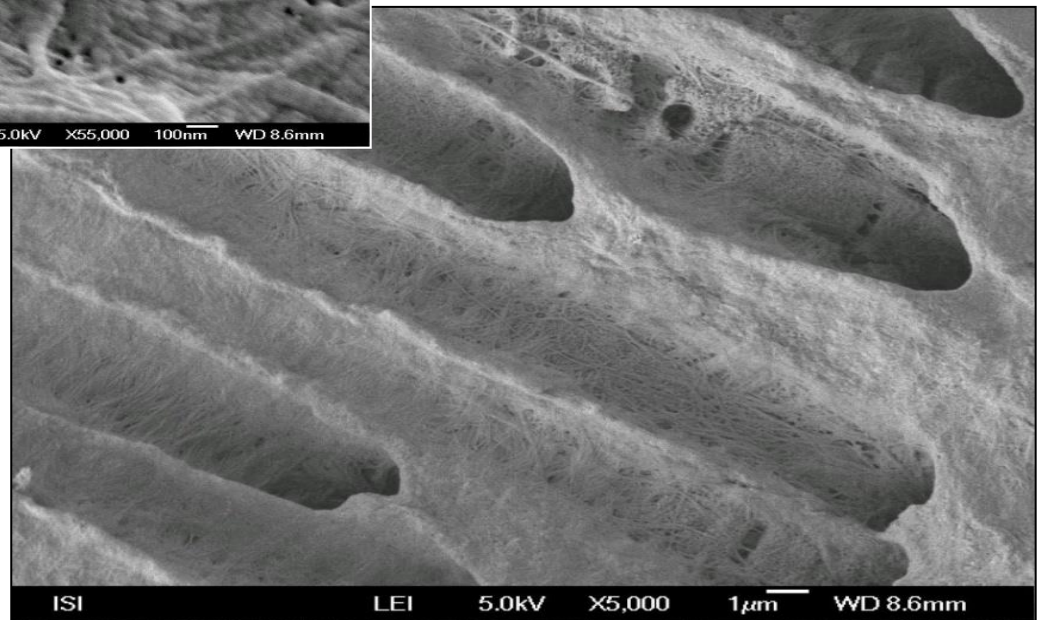
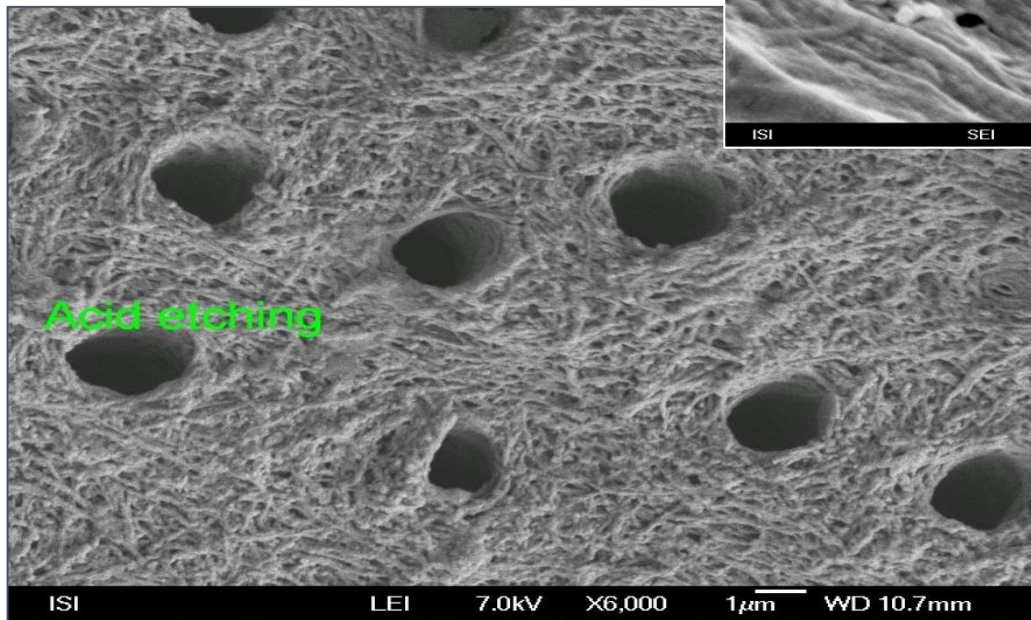
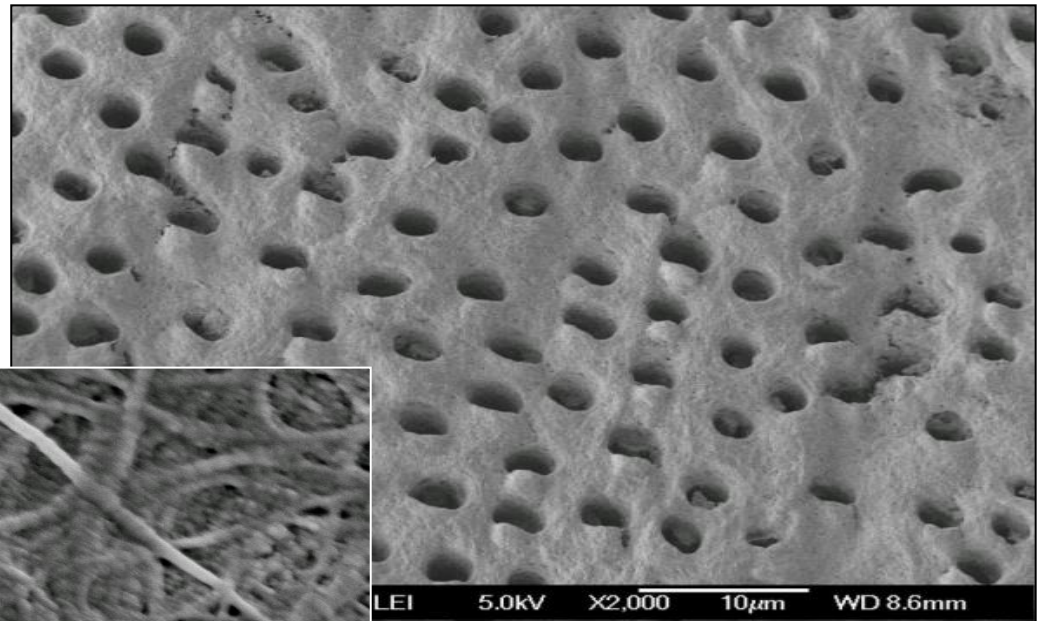
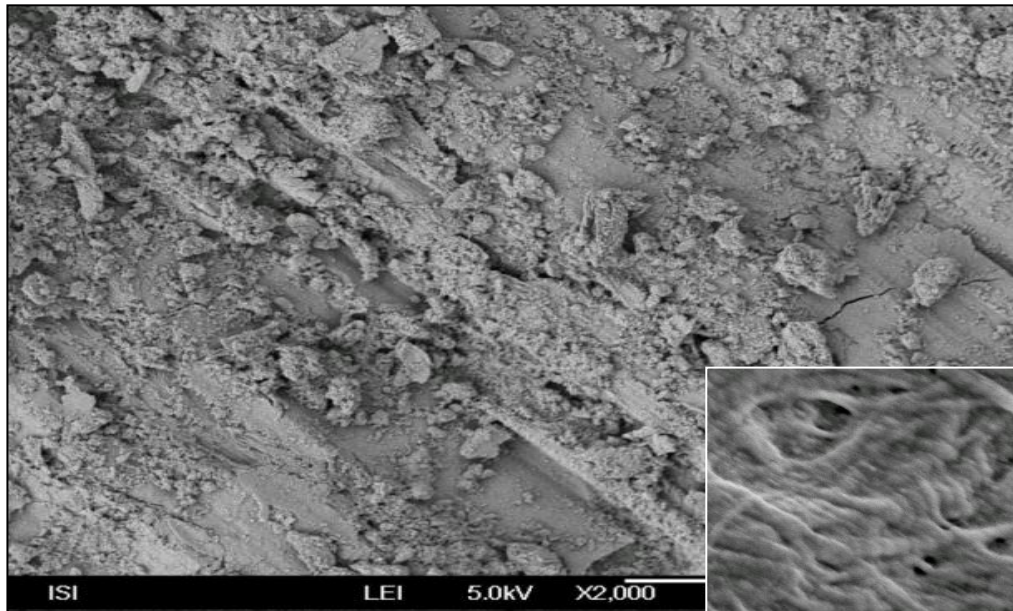
5-NMSA •

Bis-GMA

Bond: Bis-GMA or other dimetacrylates. Hydrophobic.

Dissolving agents

- Aceton
- Alcohol
- Water
- Water/alcohol

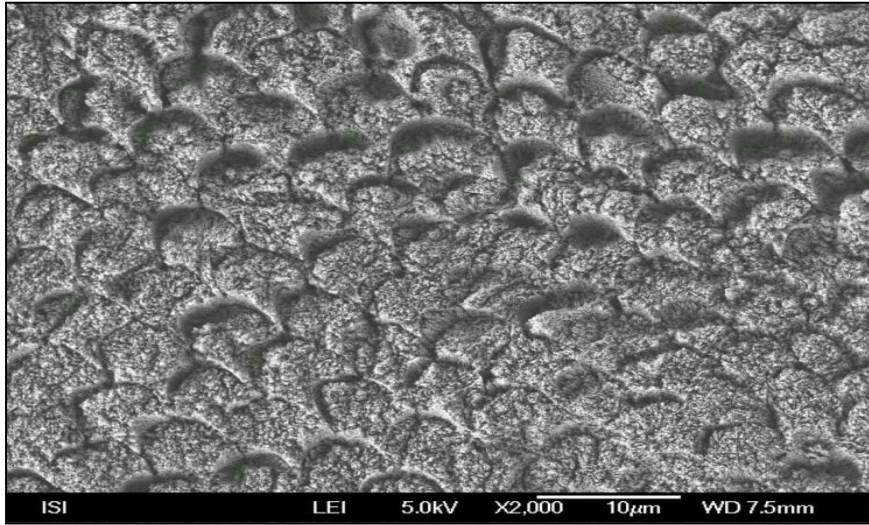


Clinically oriented classification of the adhesive systems acc to number of steps

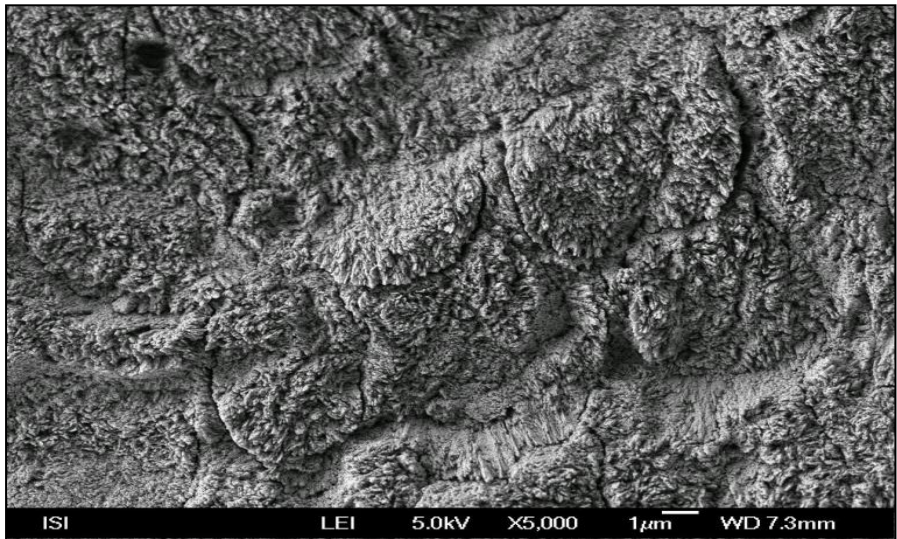
Acid etching	Rinsing	Priming	Bonding
Acod etchin	Rinsing	Priming a bonding	
Selfetching priming			Bonding
Selfetching bonding)			



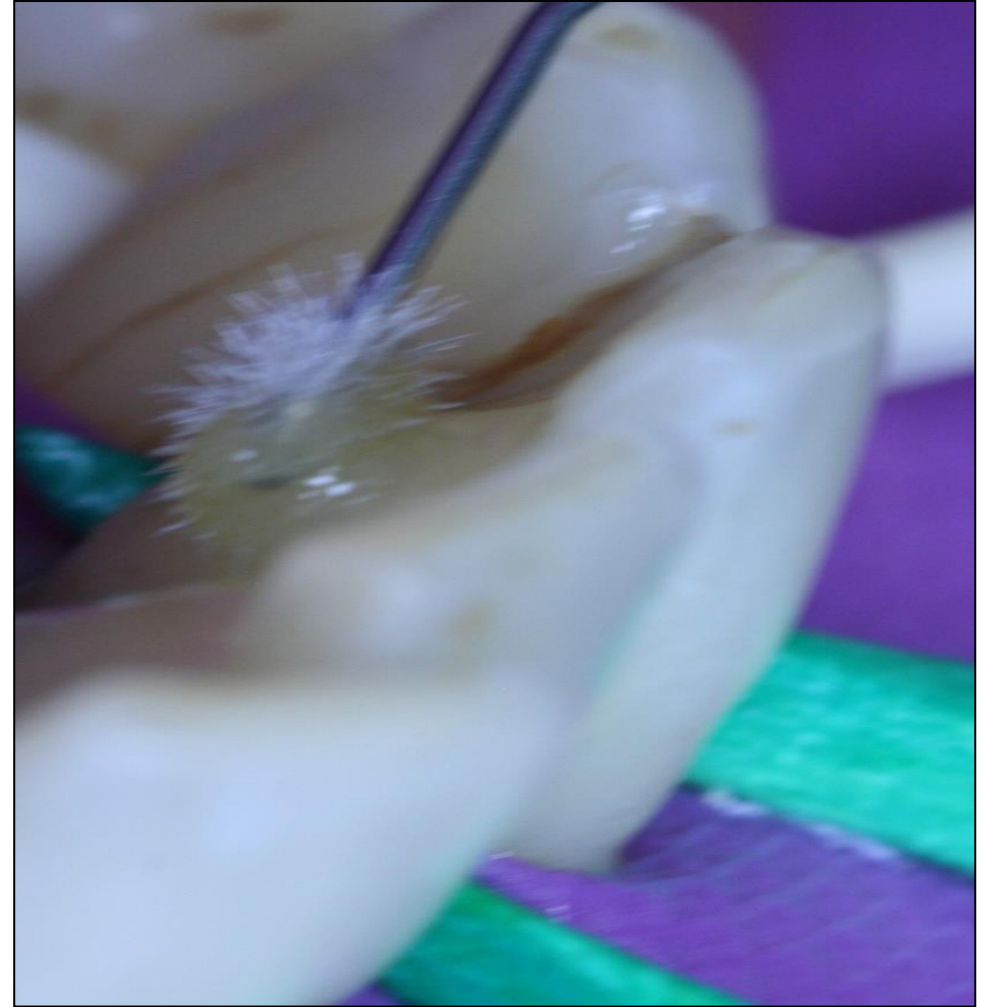
Sselfetching bonding agents



TE – Total etch,
ERA



SE – Self etching
SEA



Two steps selfetching agents

- Acidic hydrophilic primer – evaporation of the solvent, penetration, dissolving of the smear layer
- Hydrophobic bond – sealing of the surface

One step selfetching agents

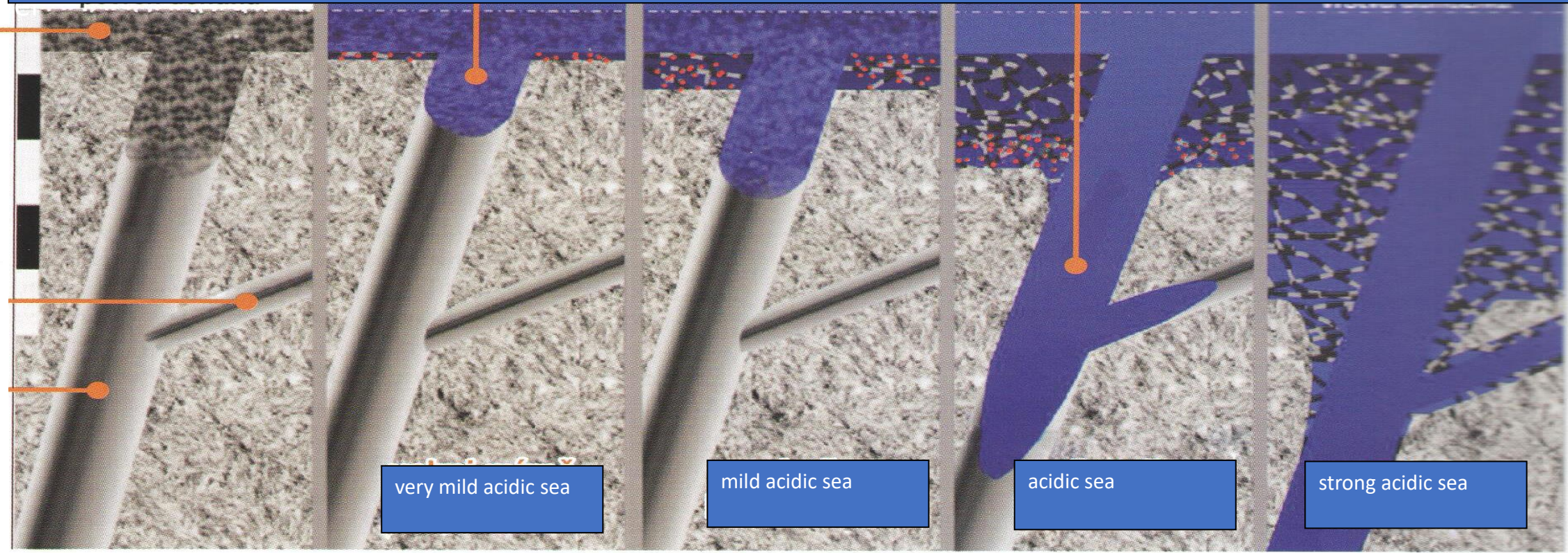
- More vulnerable bonding, risk of hydrolysis

surface of dentin smear layer impregnated with the adhesive system

resin tag

Smear layer

Dentin tubules



very mild acidic sea

mild acidic sea

acidic sea

strong acidic sea

pH of the adhesive system
thickness of the hybrid layer

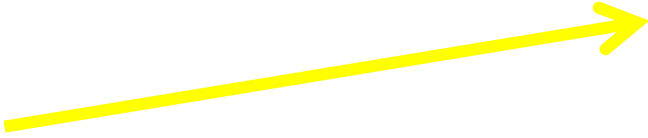
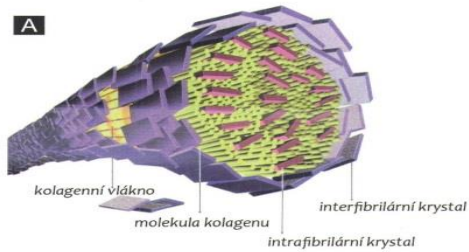
$\geq 2,5$
 $\approx 100-300 \text{ nm}$

≈ 2
 $\approx 1 \mu\text{m}$

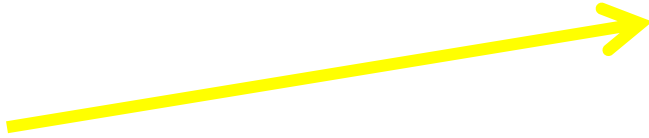
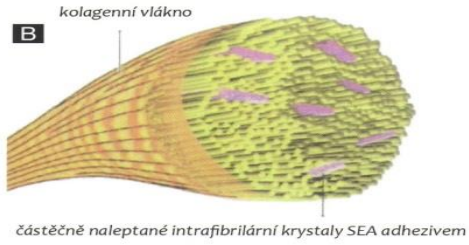
$\approx 1,5$
 $1-2 \mu\text{m}$

< 1
 $3-5 \mu\text{m}$

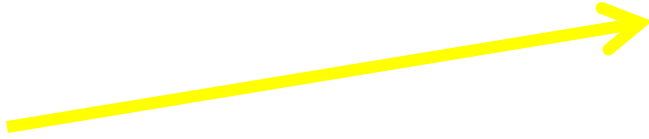
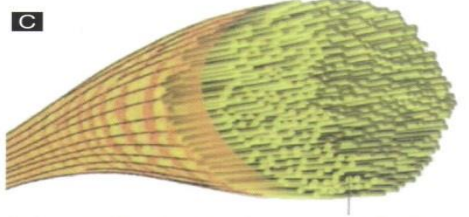
Source: Dudek M. Adhezivní spoj a adhezivní systémy I. LKS 11/2013



Colagen fibers with interfibrilar and Intrafibrilar crystals od hydroxyapatite



Colagen fibers with intrafibrilas crystals of hydrpoxyapatite only



Colagen fibers without crystals of hydroxyapatites

Zdroj obrázku: Dudek M. Adhezivní spoj a adhezivní systémy I. LKS 11/2013

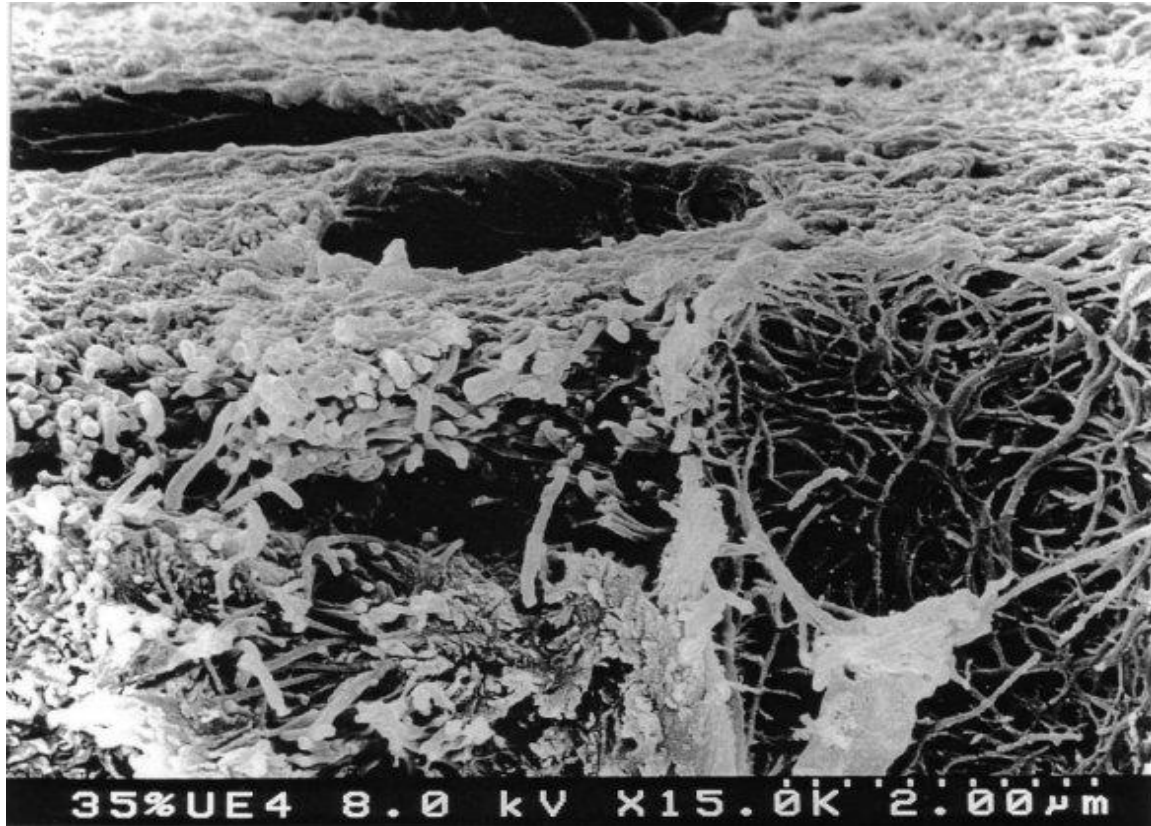
Importance of hydroxyapatite

– Protection of collagen against hydrolysis

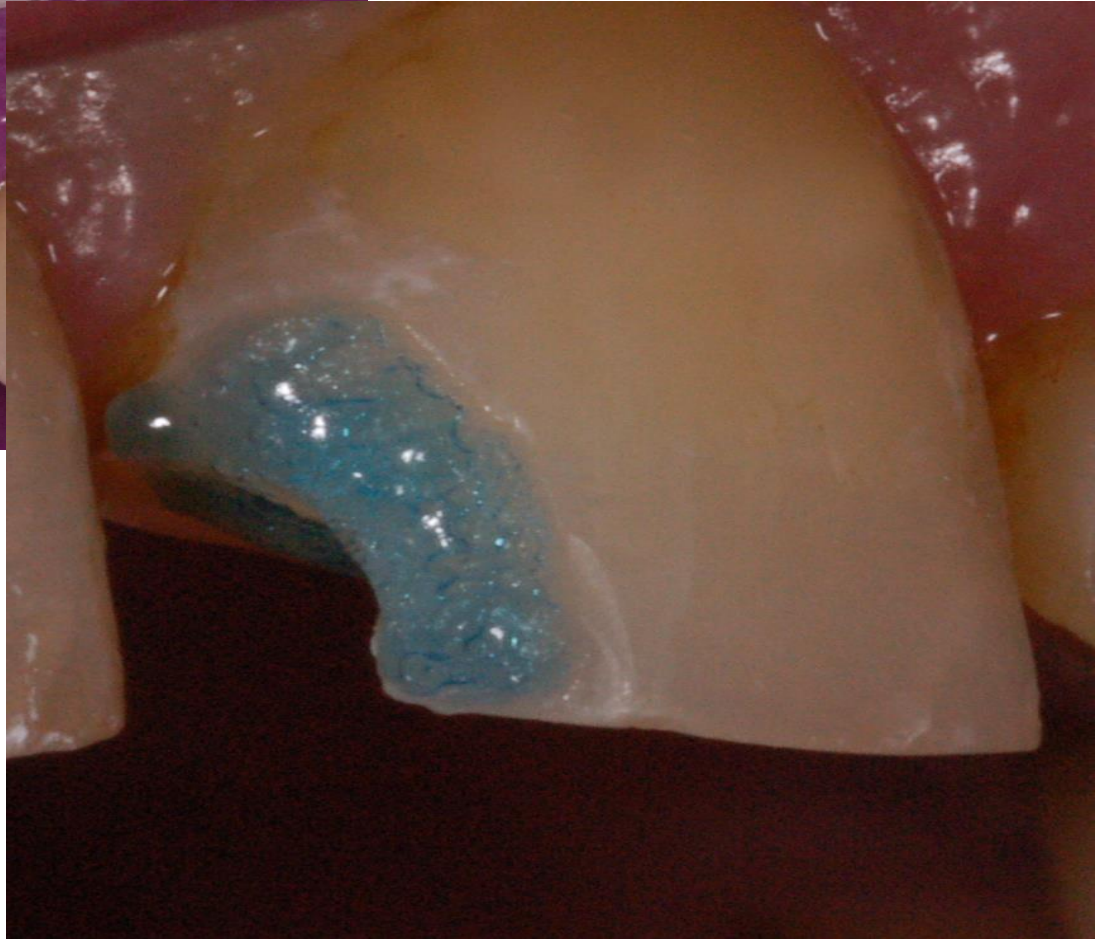
as well as enzymatic degradation of collagen (due to activation of matrix metalloproteinases)

- Strong mineral acid is dangerous for good long term bonding

- Chlorhexidin for one minute can stabilize collagen

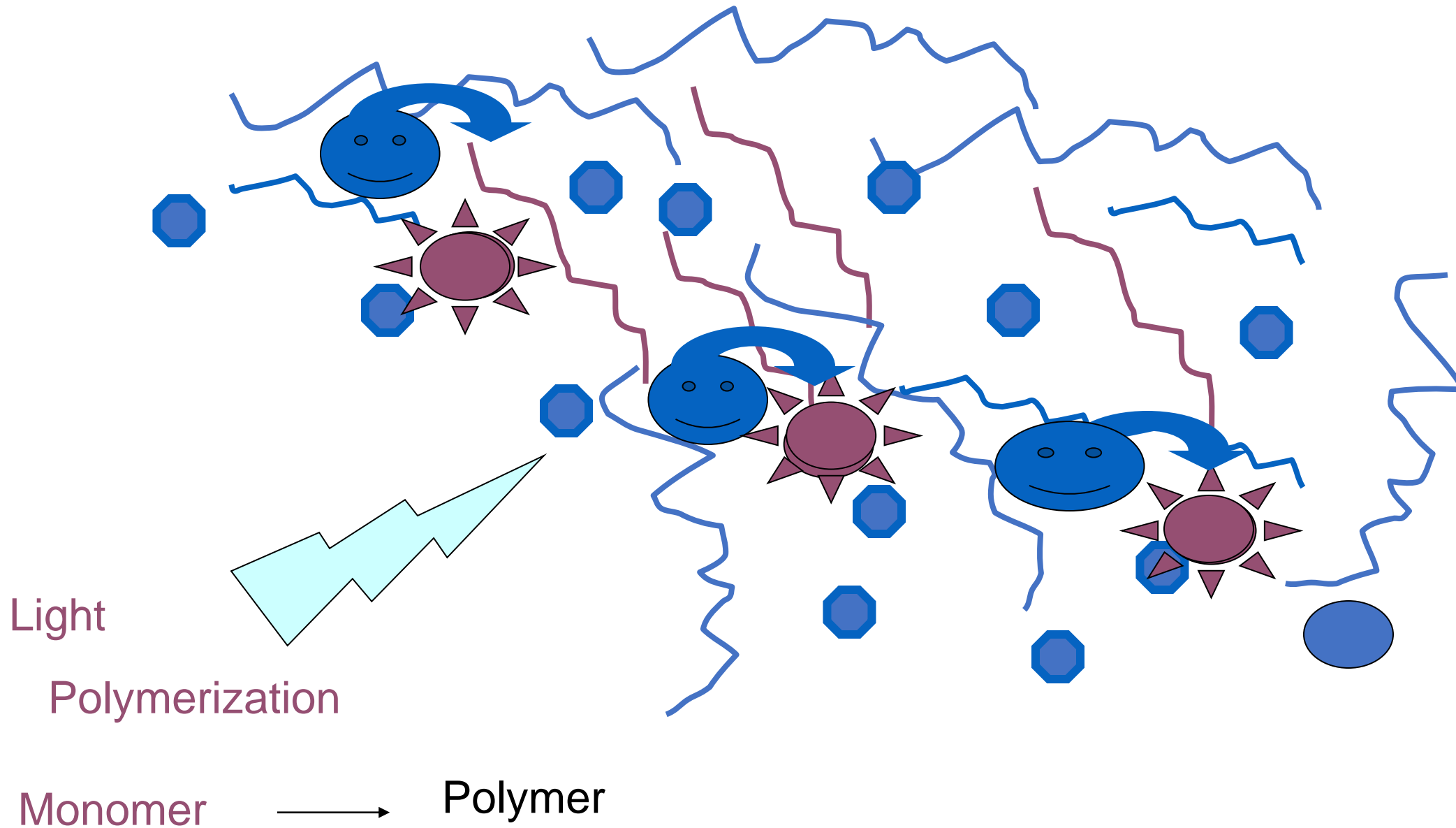


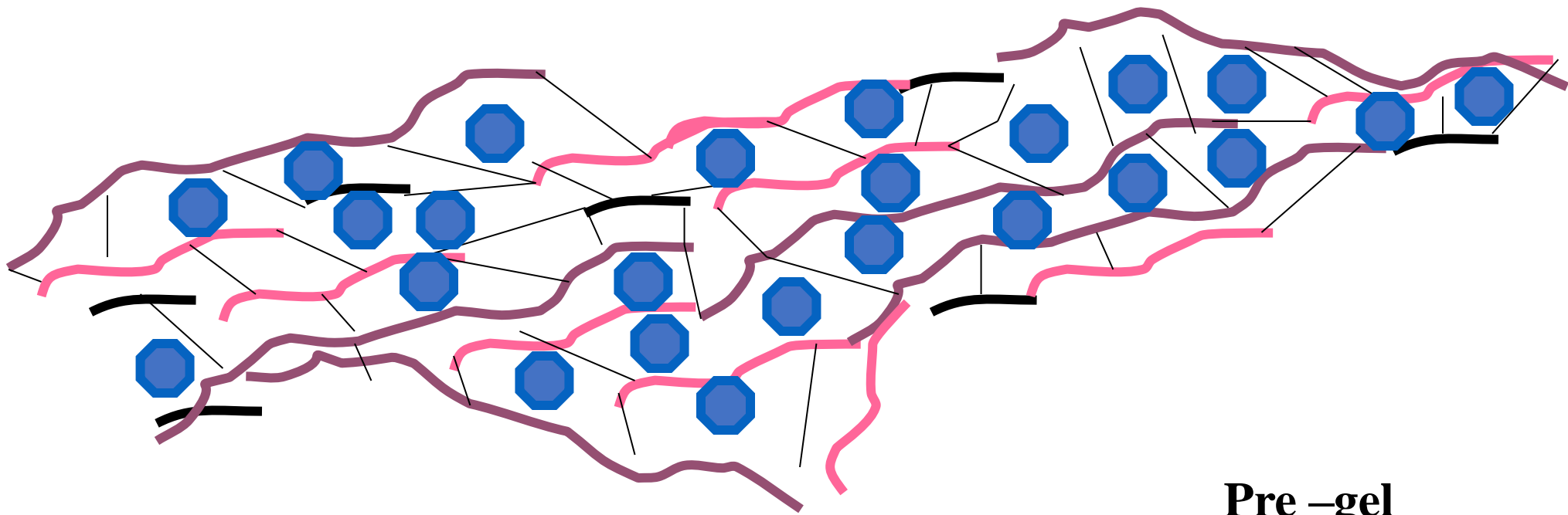
Enzymatic degradation of collagen



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, asntiseptics, bleaching agent rtc.)





Pre -gel

Gel

Post -gel

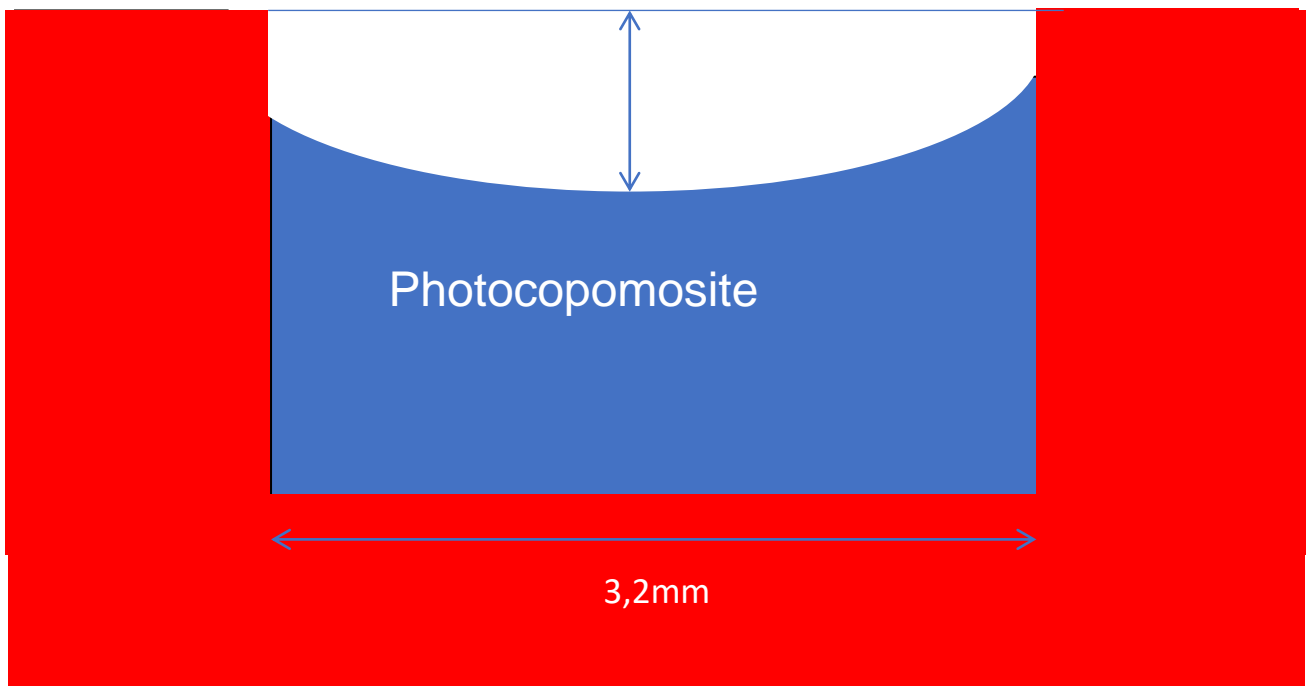
Three phases

Phases

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



3mm



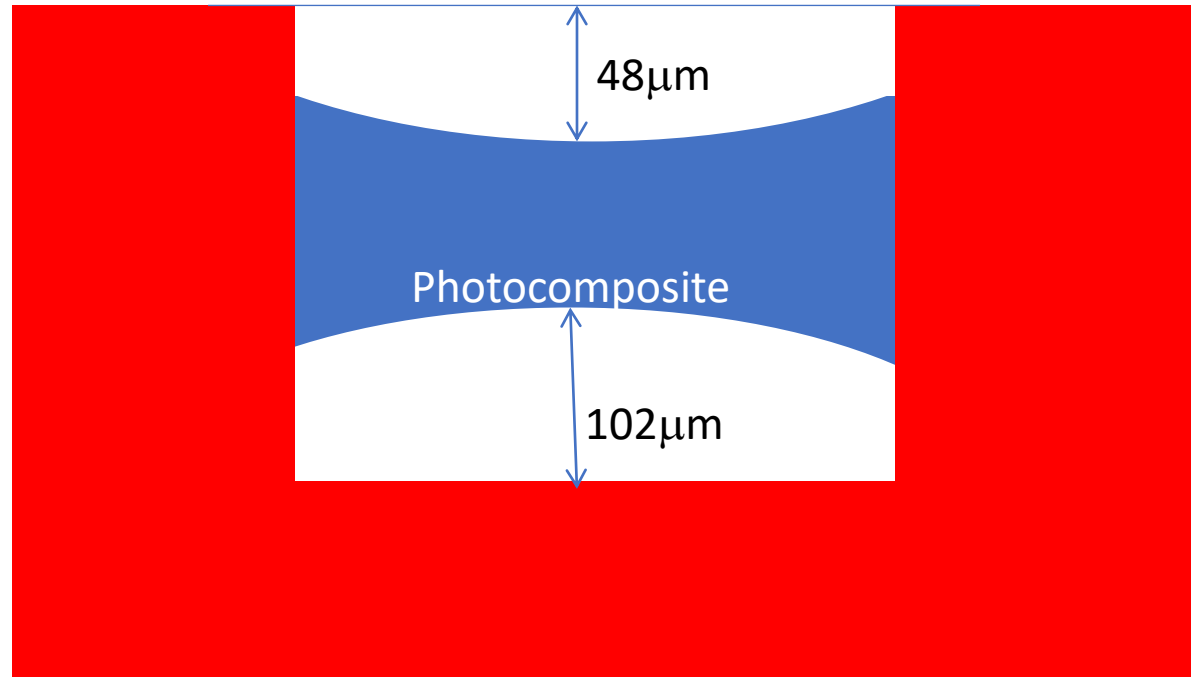
Photocopomosite

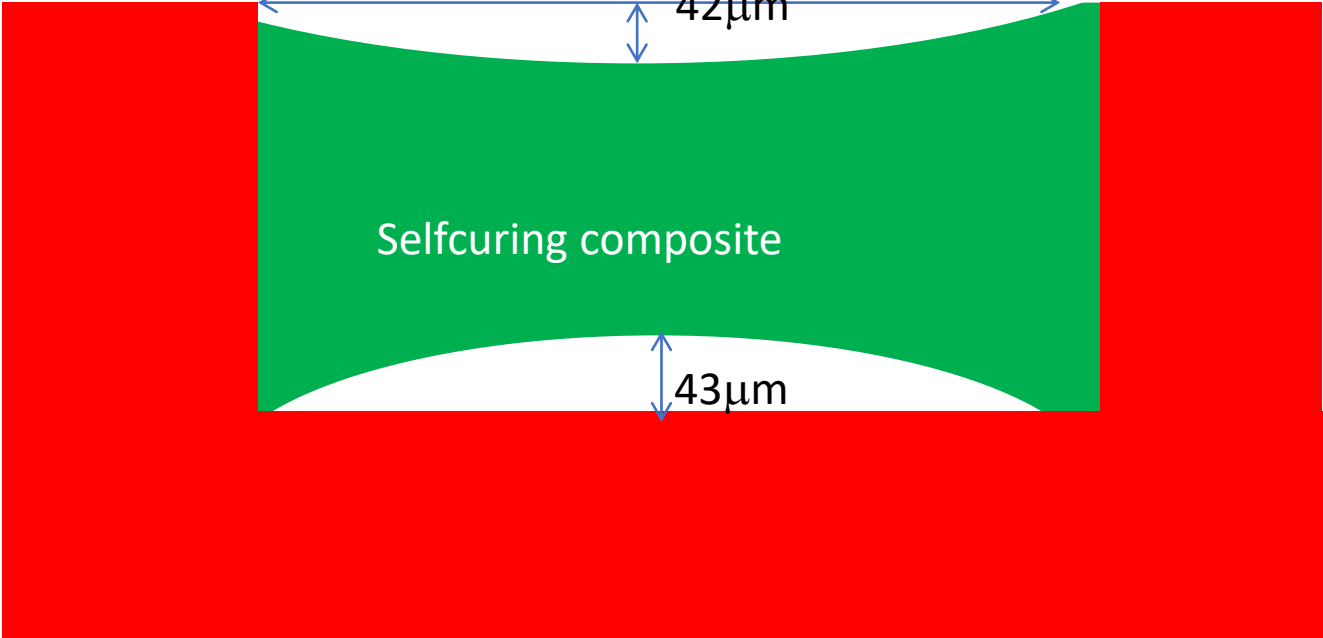
3,2mm



8,5mm







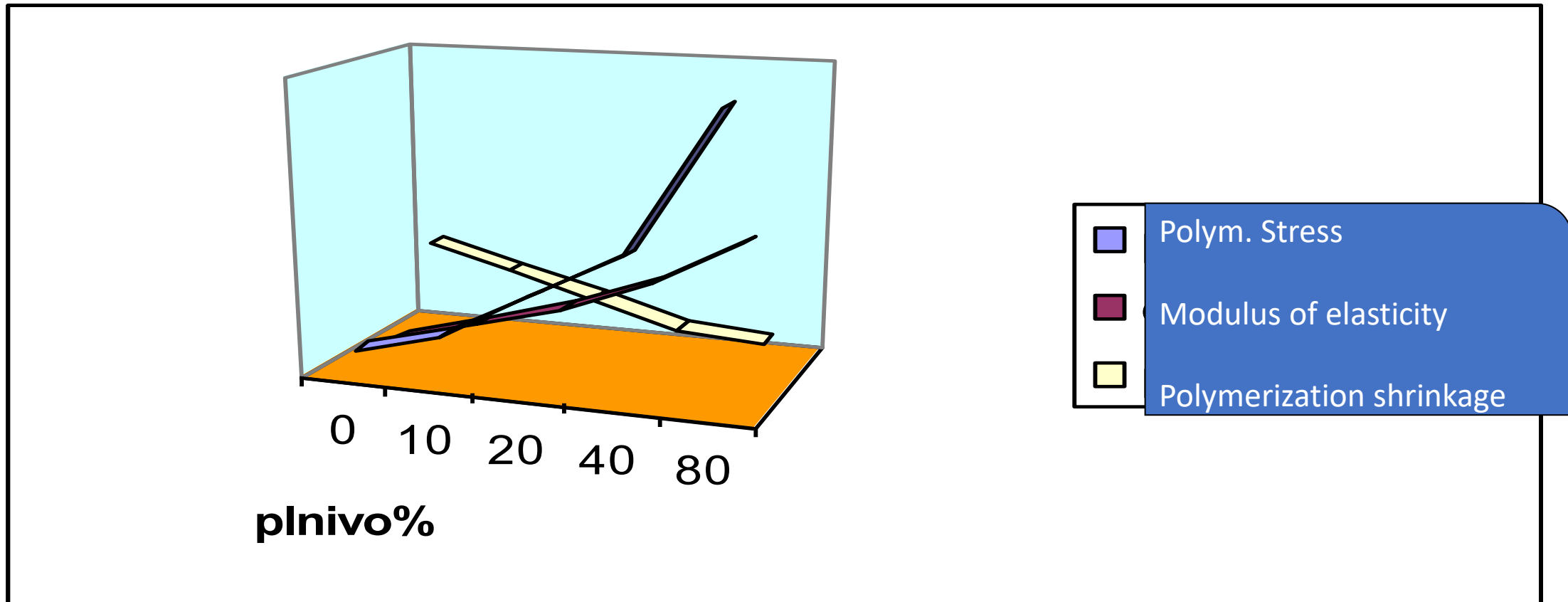
Polymerization stress depends on

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

Polymerization stress depends on

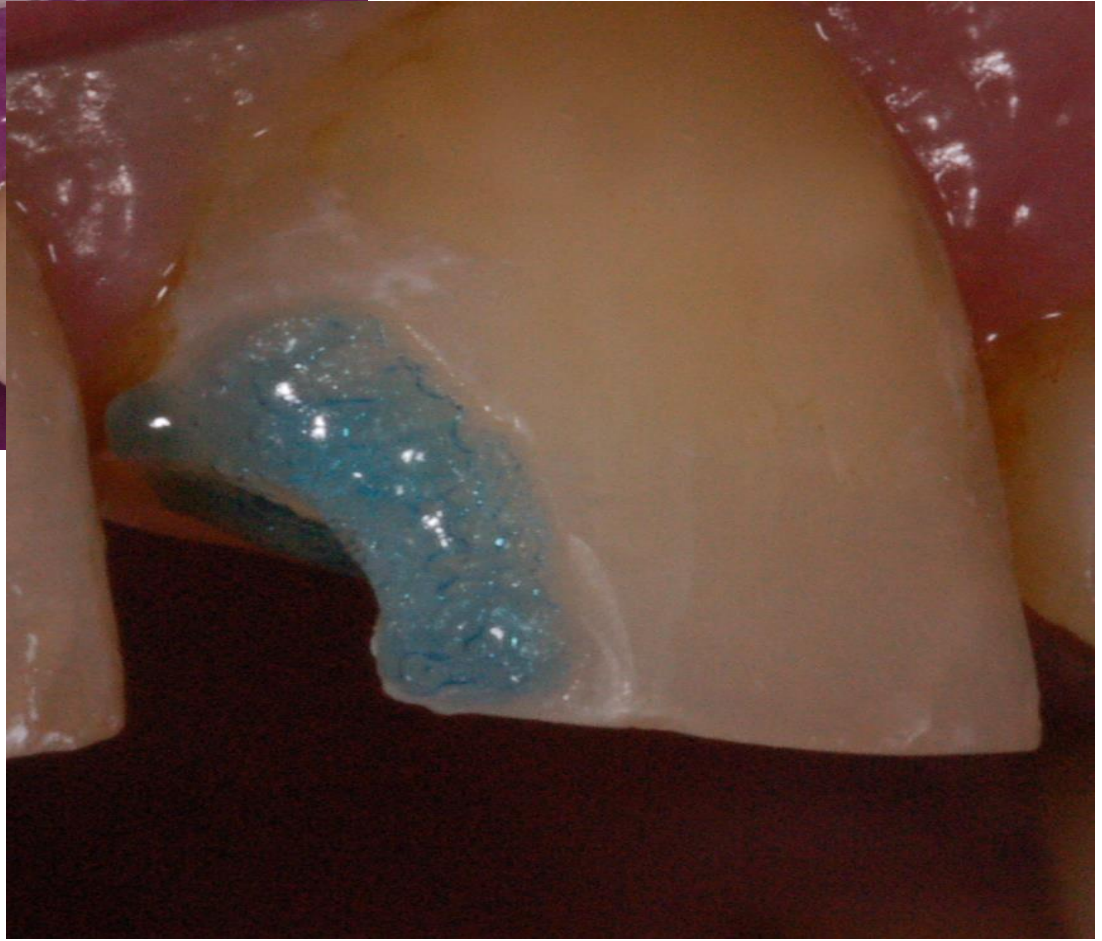
- Quality of the material
- C- factor
- Mode of application
- Mode of polymerization

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



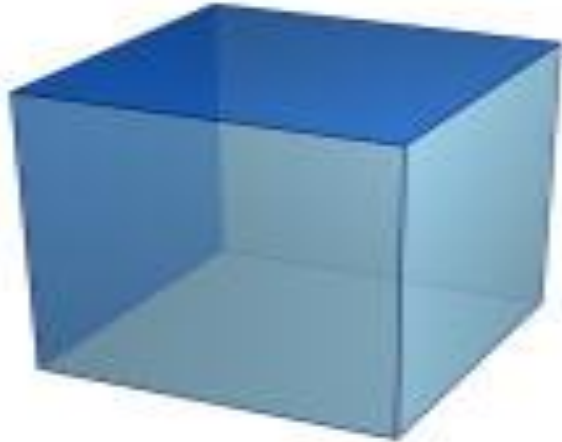
Polymerization stress depends on

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





5



2



1

Bonded area : Free area
1:1 and less - optimal

Polymerization stress depends on

- 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*

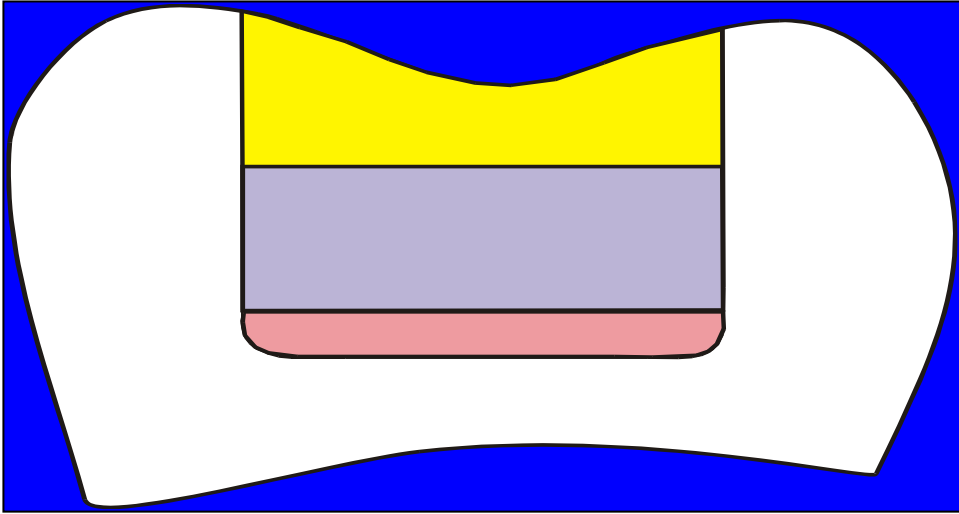
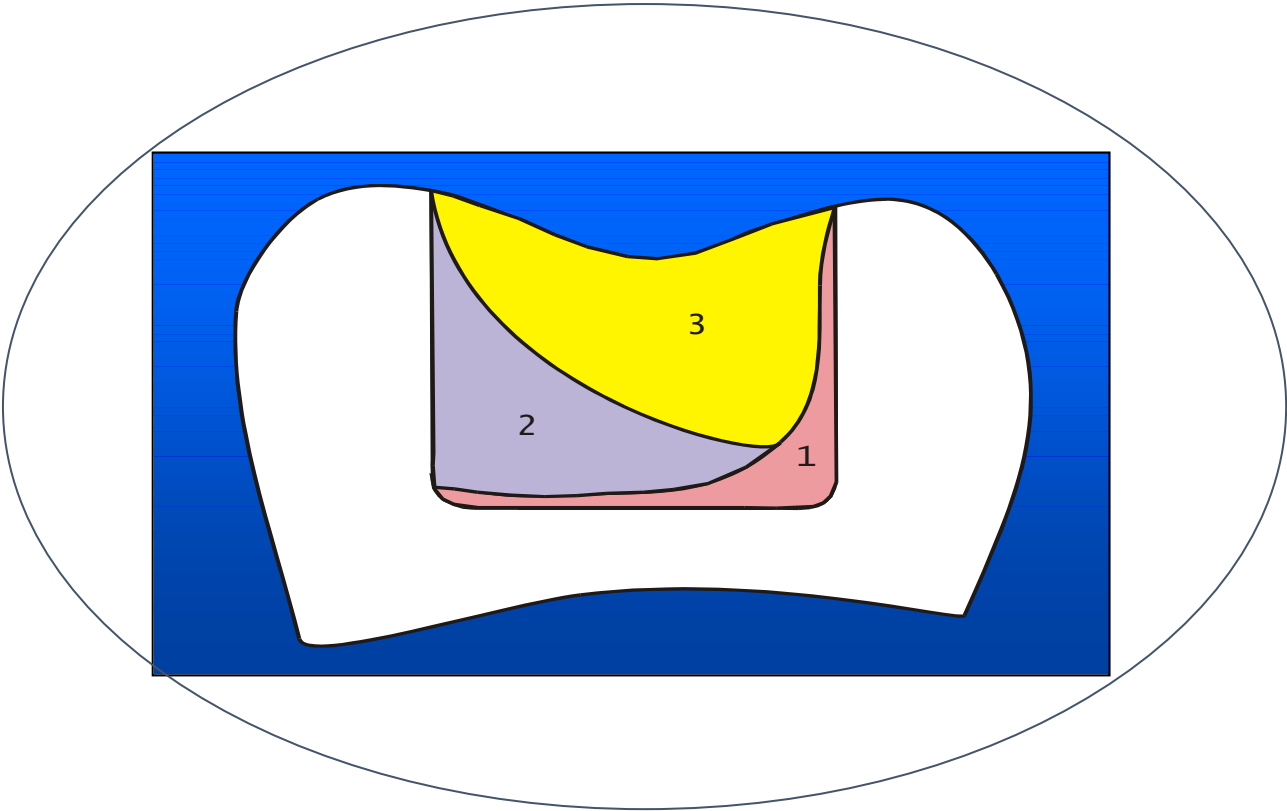
Thin layer of flowable first –big free surface

Good marginal adaptation

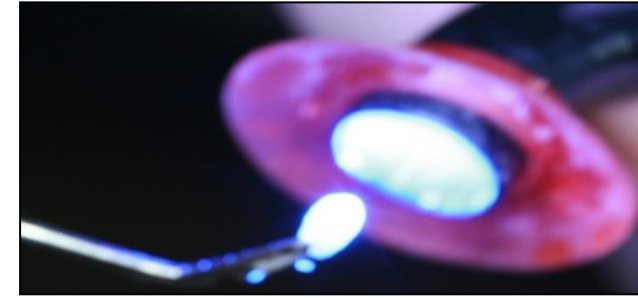
Compensation of the stress of the other layers

Bulk fill materials do not solve the problem with polymerization stress

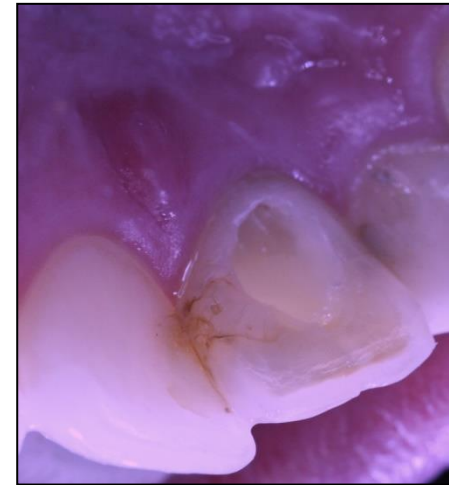
Placement of the material



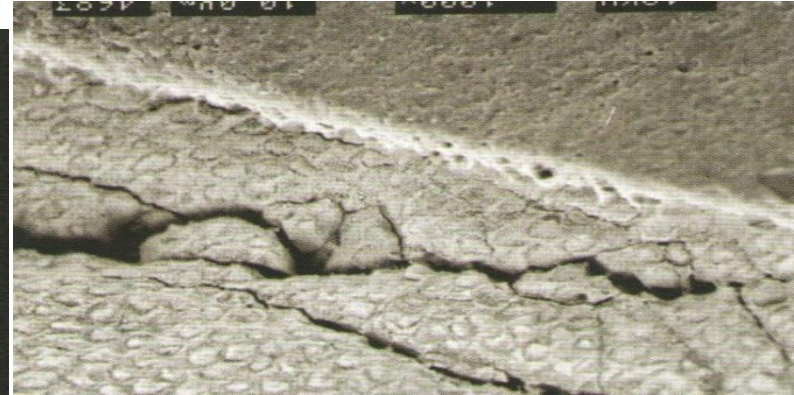
Placement of the material



- 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



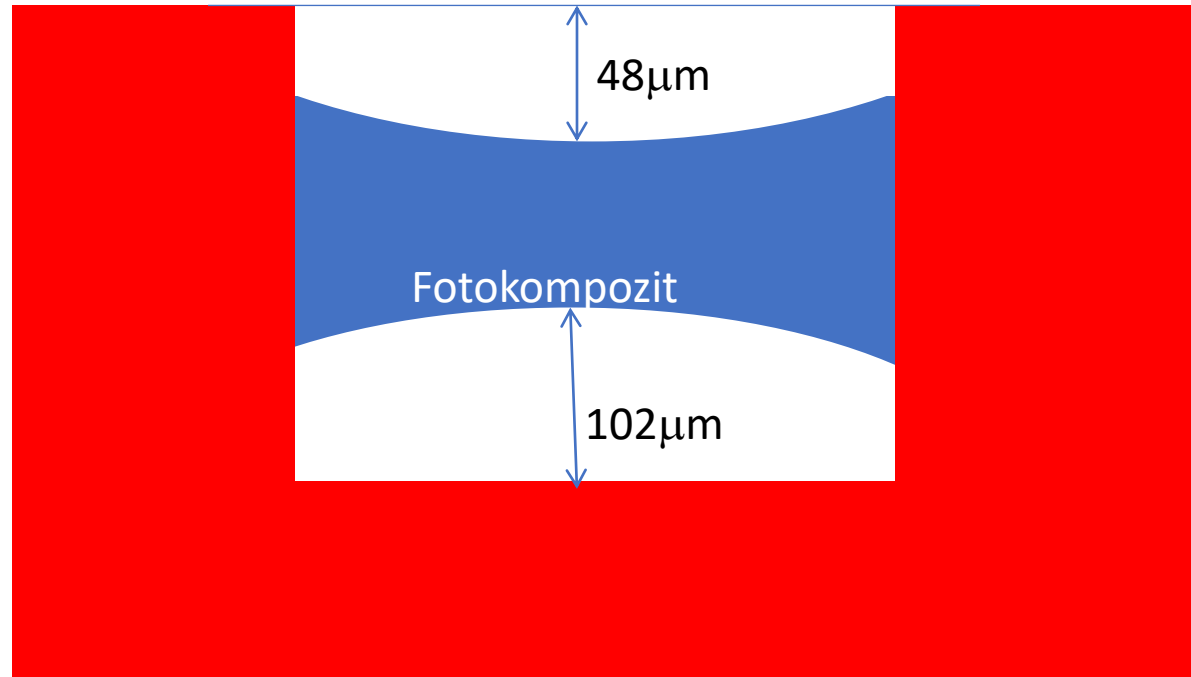
← White line around the filling

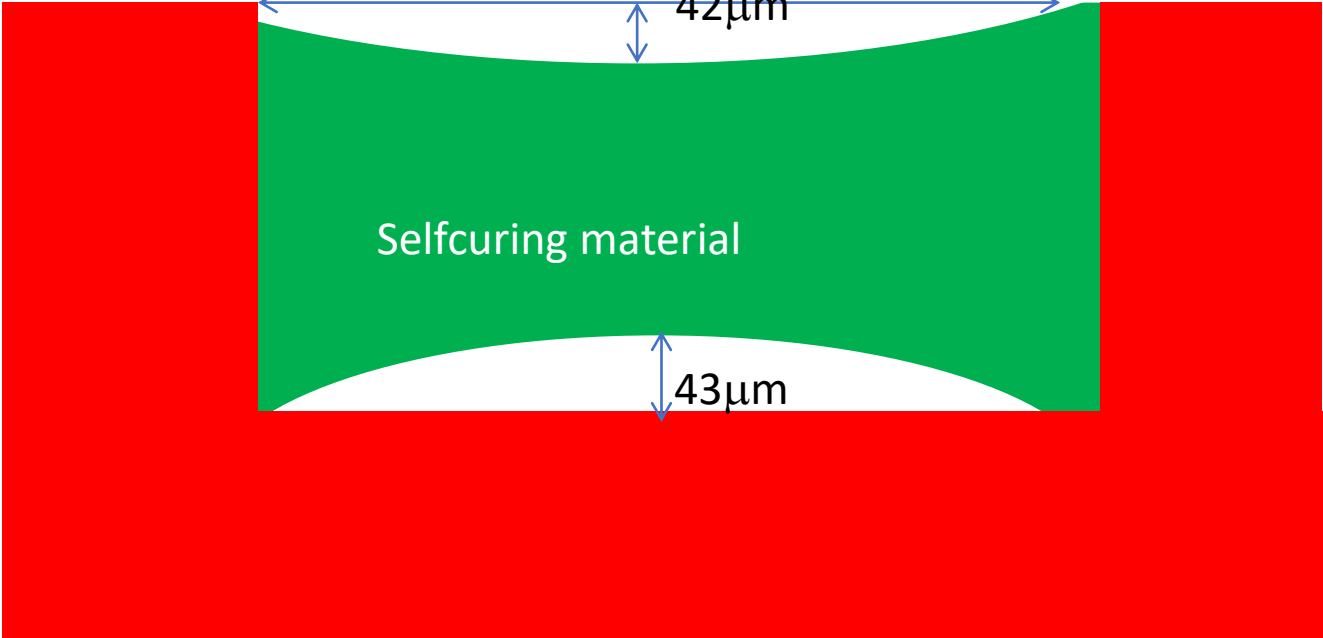


Sealing of the filling . Acid etching around the cavosurface margin,
application of the unfilled resin

Polymerization stress depends on

- 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, asntiseptics, bleaching agent rtc.)

Contemporary possibilities polymerization

- Quartz halogen units (halogen lamp)
- Plasma units
- LED units (diode – monochromatic light, need of more diodes)
- 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

- Recommended power is 12000 – 16000 mJ/cm²

12 000 mWs/cm²
measured intensity mW/cm²

Time in seconds

Usually 20 s

Radiometer is recommended

Photoinitiators

- Kafirchinon
CQ
- Phenylpropandion
PPP
- Trimethylbenzoylphosphinoxid TPO

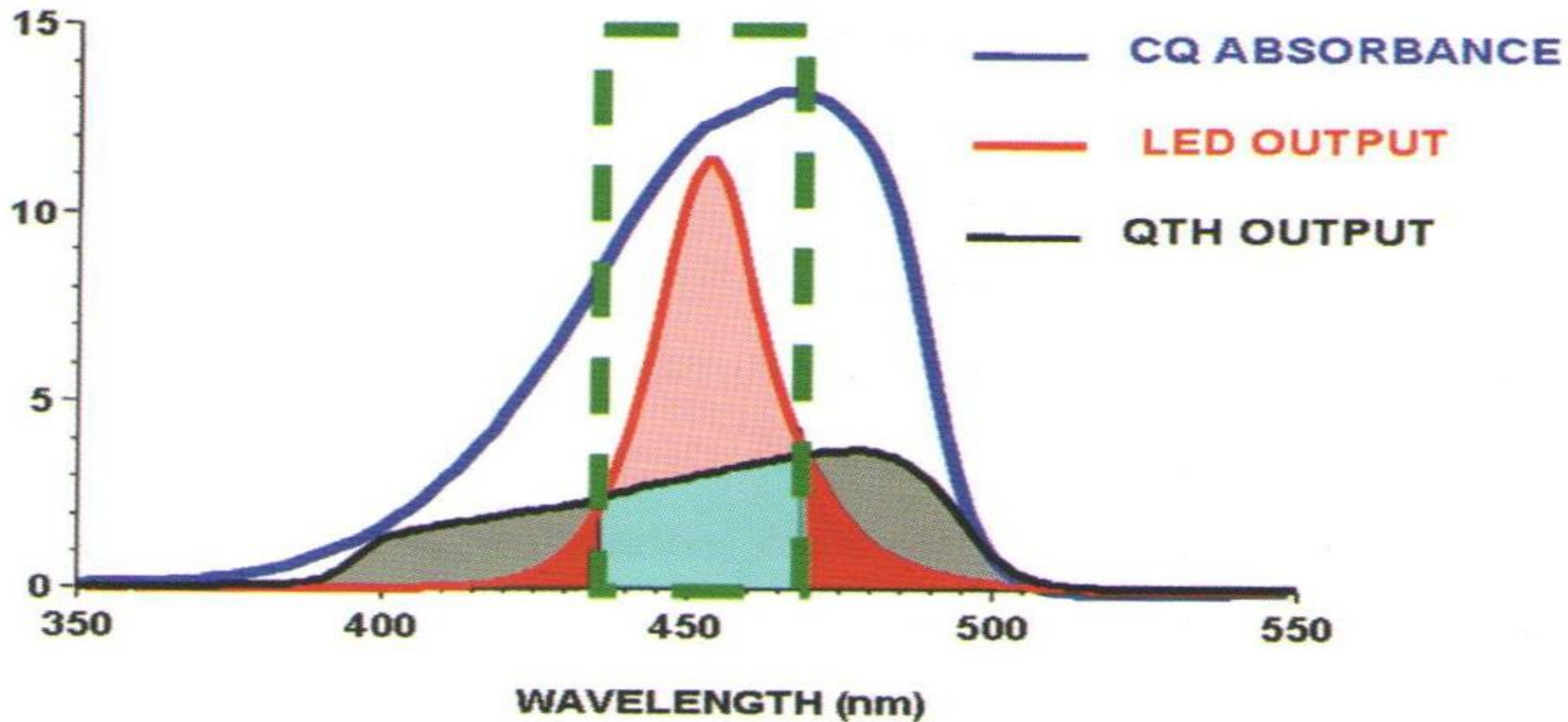
Absorbtion spectrum of fotoiniciators

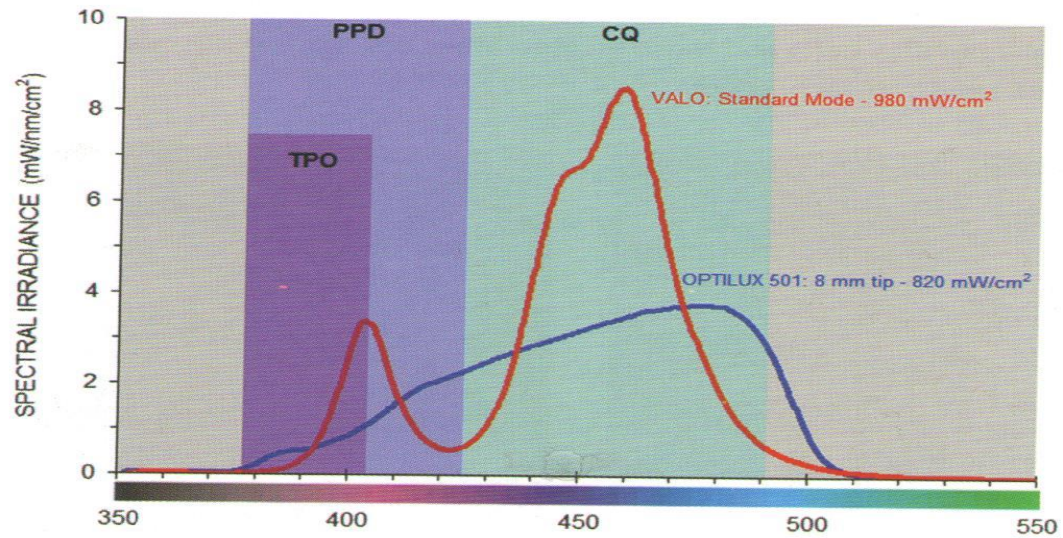
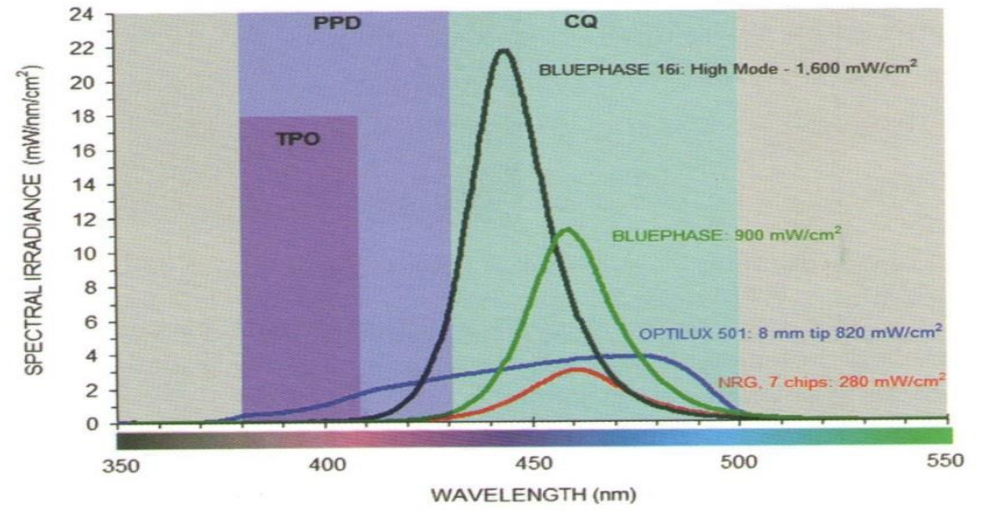
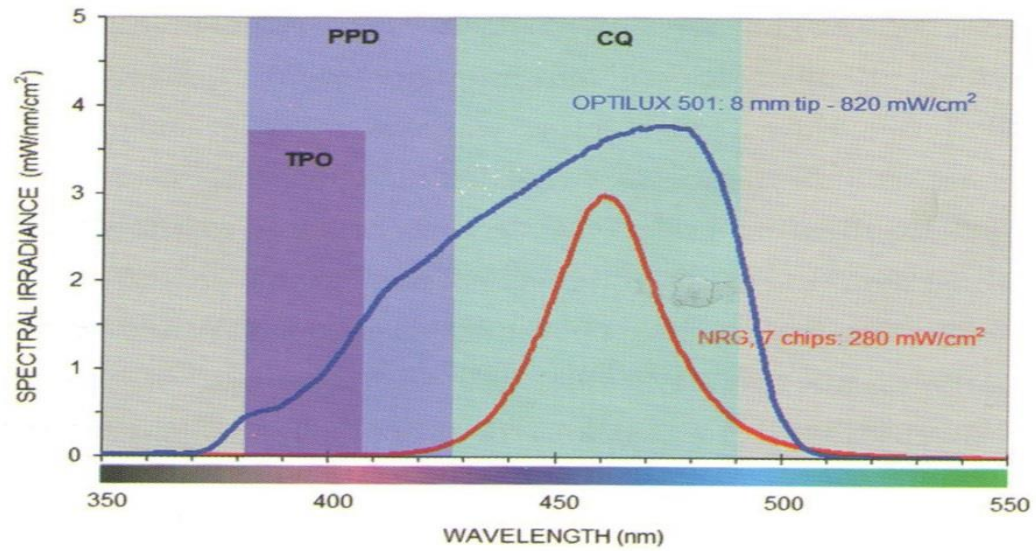
Photoinitiator	Absorbtion spectrum (nm)	Maximum (nm)
CQ	440 - 500	470
PPD	380 – 430	400
TPO	350 - 410	380

ABSORPTIVE REGION THAN FROM QTH LIGHT

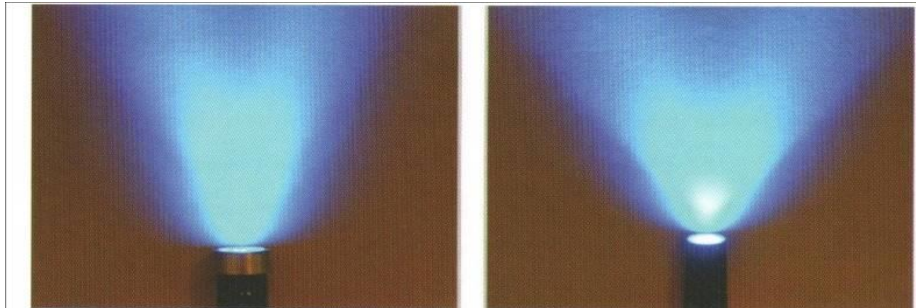
SPECTRAL IRRADIANCE

(mW/cm²/nm)





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/cm² unit 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
- High 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 completely 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

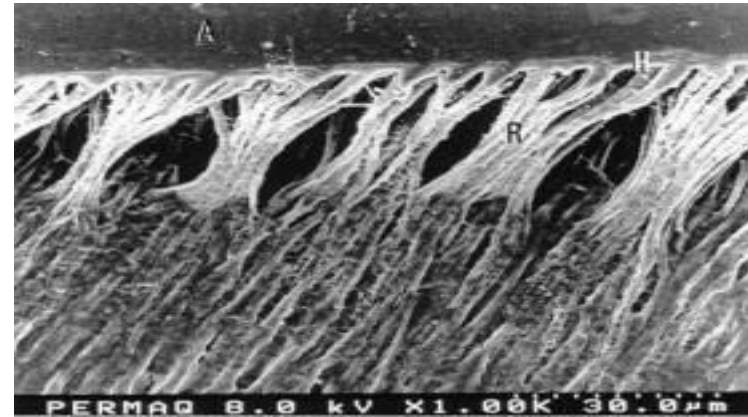
Long term experience?

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, asntiseptics, bleaching agent rtc.)

Working procedure and variables affecting the bonding

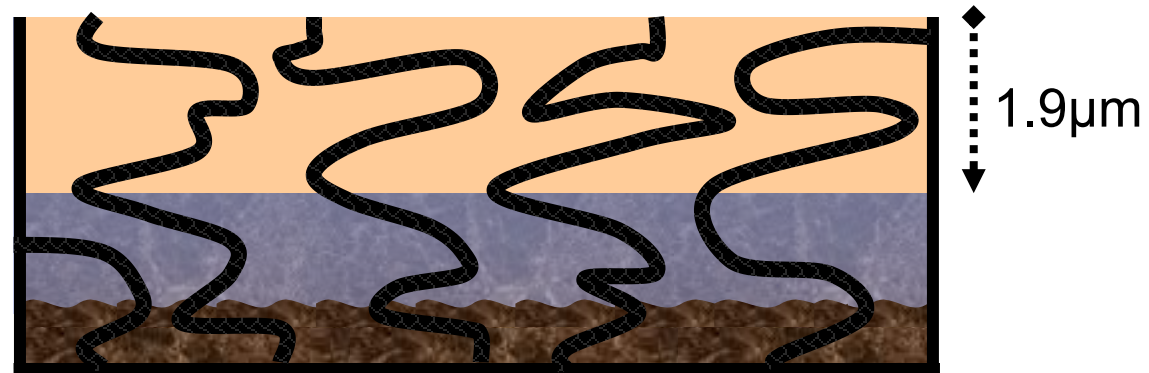
What affects the quality of bonding?



Variables that affect quality of bonding

1) Etching

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



Variables that affect quality of bonding

2) Drying dentin

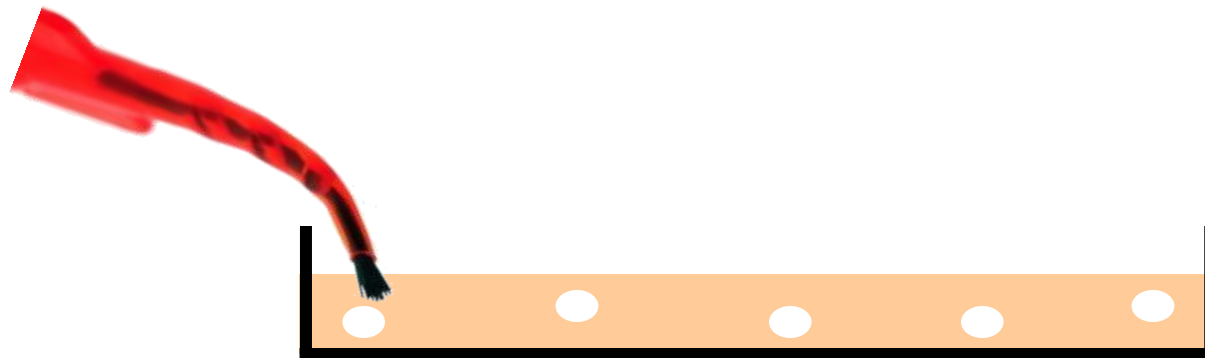
Over drying the dentin after etching can be very destructive to bond values with some adhesives.



Variables that affect quality of bonding

3) Application time

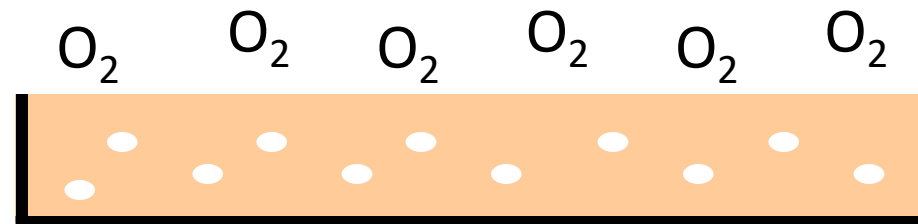
Too short of application time may not allow for proper volatilization of the solvents or complete resin hybridization. This is critical with self etching systems.



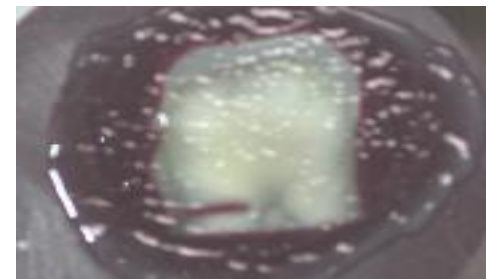
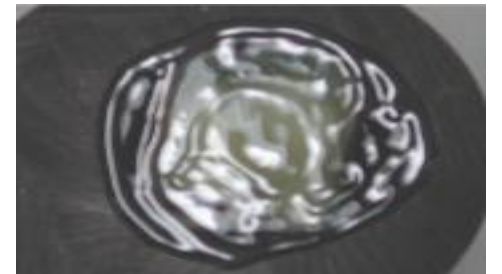
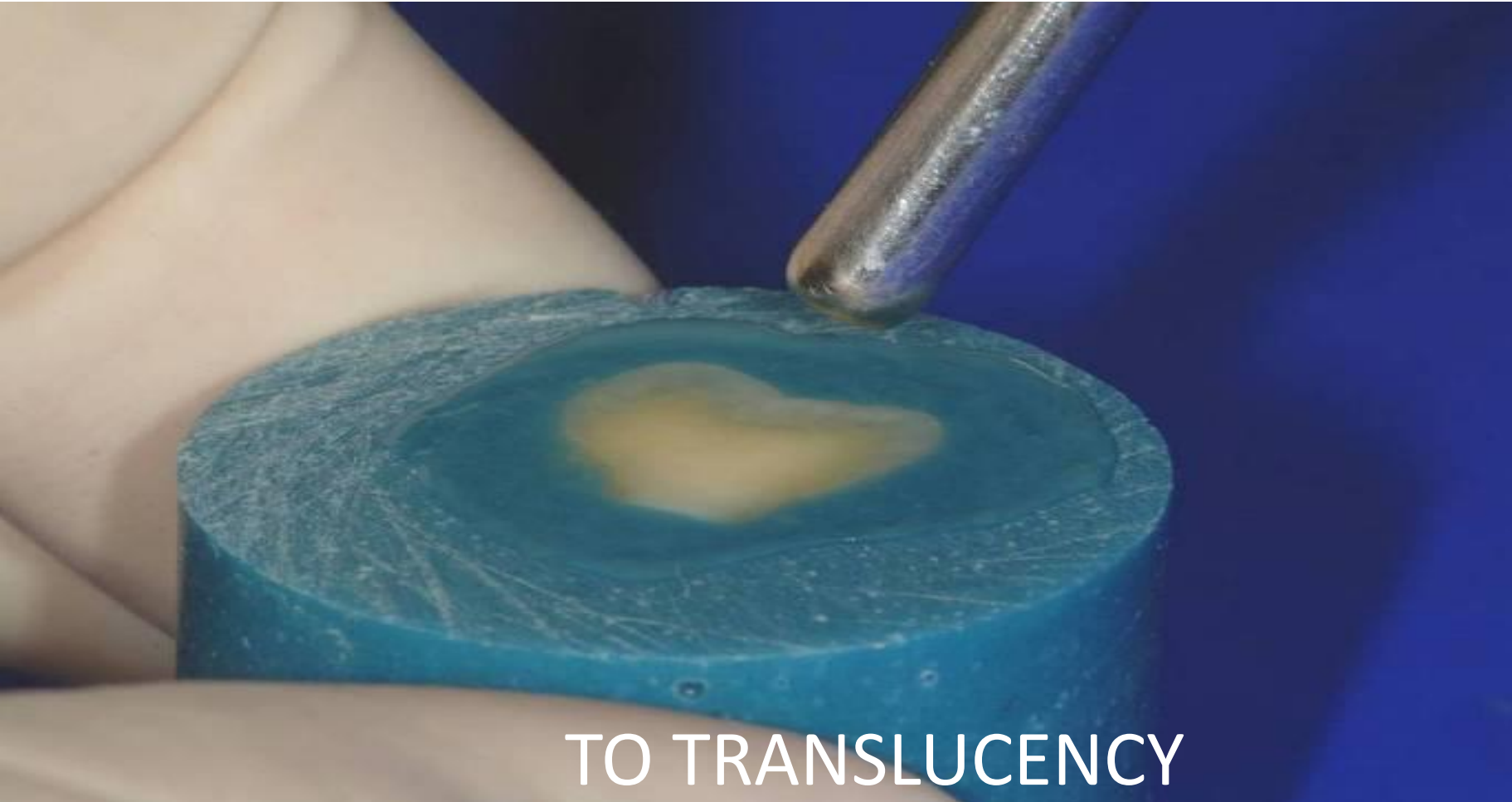
Variables that affect quality of bonding

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



Variables that affect quality of bonding

5) Light curing

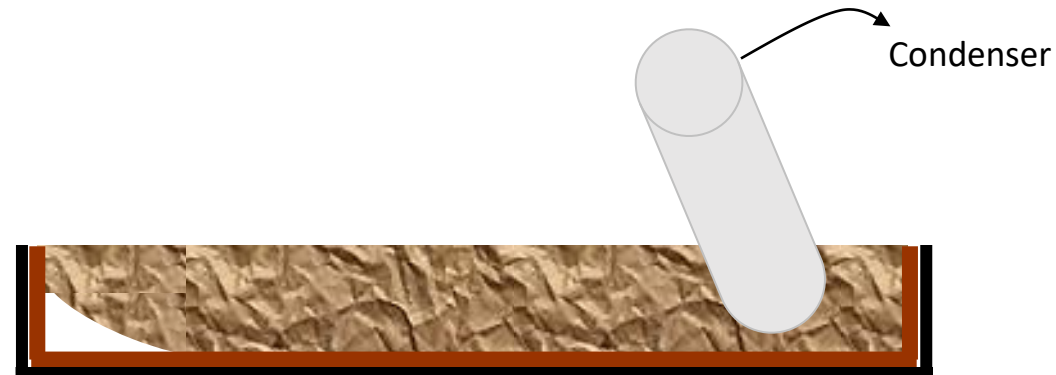
Too short or insufficient light cure equals partially polymerized resins.



Variables that affect quality of bonding

6) Composite Placement

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



Variables that affect quality of bonding

7) Contamination

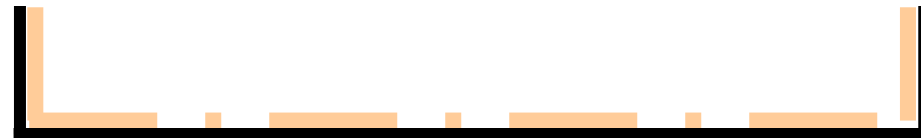
- **Blood**
- **Sulcular fluid**
- **Saliva**
- **etc...**



Variables that affect quality of bonding

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

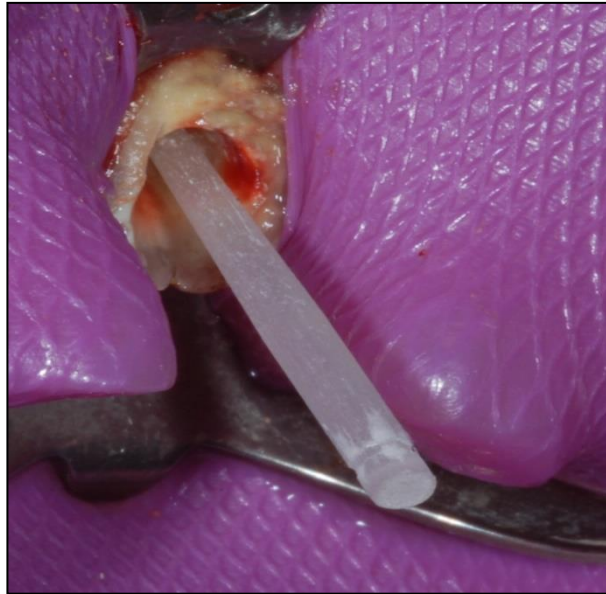
- Splinting
- Postendo treatment (post and core)
- Cementation (special materials) – adhesive cementation
- Fissure sealing
- Venners – direct, indirect

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

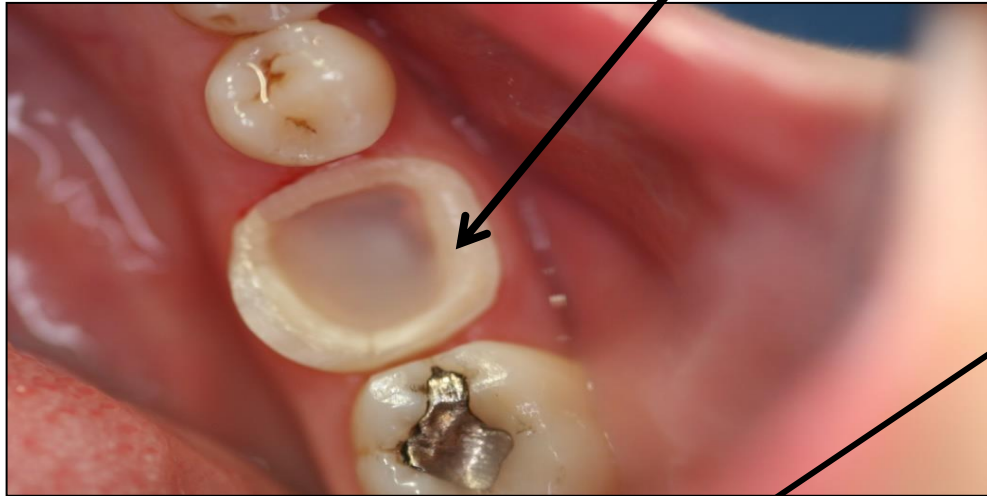


Postendo – post and core



Postendo using flowable and onlay

- Flowable at the bottom



- Onlay after 8 years

