

Evaluation of Micro-Shear Bond Strength in Interface of Repaired Aged Methacrylate-based Composites by Means of Silorane-based Composites after Different Surface Treatments: An In-vitro Study

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Abstract:

Background: As the polymerization pattern of methacrylate-based composite resins (MBCR) differs from silorane-based composite resins (SBCR) ones, the aim of present study was an evaluation of the micro-shear bond strength (μ SBS) of SBCR bonded to aged MBCR after sandblasting with micro and nano abrasive particles with or without silane application.

Methods: 80 samples of MBCR were prepared by light curing. After incubation, they were thermocycled for 5000 cycles. Then, the specimens were divided into two subgroups randomly. The first group was air abraded by 50 μ m particle of Al_2O_3 and was divided into 4 subgroups (M1, M2, M3, and M4). The second head group was air abraded by 80 nm Al_2O_3 and was randomly divided into four subgroups (M5, M6, M7, and M8). After etching, the surface were conditioned by methacrylate-based adhesive with (M2 and M6) or without (M1 and M5) silane coupling agent. The same procedure was done for silorane-based adhesive (M3 and M7/M4 and M8). Each MBCR group was bonded to its correspondence SBCR group, and μ SBS was done on each bonded samples. The collected data were subjected to Kolmogorov-Smirnov, ANOVA, Tukey and three-way ANOVA tests by SPSS software ver.20 at 5% significance level.

Results: The results manifested significant differences among all groups ($P = 0.00$). Furthermore, the pattern of μ SBS fracture was 100% in adhesive part in all of the groups.

Conclusion: Micro sized abrasive particles provide higher μ SBS than nano ones in aged composite resins. Furthermore, the

application of silane prior to adhesive resins is recommended for achieving higher μ SBS.

Key Words: Composite resin, micro particle, micro-shear bond strength, nano, sandblasting

Introduction

Composite resin is used widespread because of its esthetic properties and conservative replacement of lost dental tissue in cosmetic dentistry.^{1,2} Inevitably, these composite resins are strongly depended on adhesive resin systems for achieving proper durable bonding. The average time for replacing a tarnished and discolored composite resin is about 5.7 years and proving a proper bonding to an aged composite resin has turned to a concern full dilemma.³ It has been estimated that half of the time spent by dentists is dedicated to repairing and replacement of previous restoratives (replacement dentistry). Hence, the cost and time consumption have made the bonding of a new composite resin to an aged composite resins one of the most concerns of clinicians.^{4,5}

Methacrylate-based composite resins (MBCR) are commercially available everywhere and widely used in clinics. One of the major disadvantages associated with this type of composite is its polymerization shrinkage (1-5%).^{1,2} This volumetric shrinkage has negative impact on the bond strength and might result in clinical failure.⁶⁻¹⁰ That is why a new generation of composite resins with low polymerization shrinkage is introduced recently which is called silorane BCR (SBCR) and is polymerized in the base of photo cationic ring opening reaction.^{11,12} The SBCR benefits lower water absorption and solubility and lower hardness decrease than MBCR.

Some clinical factors play paramount roles during repairing of an aged composite resins with a new composite resin such as water absorption, chemical derangement, and destructive leaching of the aged composite resin.^{13,14} These factors reduce the optimum bonding of those two composite resins.¹⁵ Hence, some surface treatments are recommended for decompensating those negative impacts such as making chemical and mechanical bonding by using intermediate agents.¹⁶ Silica coating, acid etching, grit blasting, and sandblasting are some of those mentioned methods for surface treating.^{16,17} Silane and resin unfilled agents are also used in repairing aged composite resins. Nevertheless, there

is a controversy among clinician about these surface treating protocols.¹⁸⁻²² As the polymerization pattern of MBCR differs from SBCR, the aim of present study was an *in-vitro* evaluation of the micro-shear bond strength (μ SBS) of SBCR bonded to aged MBCR after sandblasting with micro and nano abrasive particles and using compatible adhesive resins, with or without silane application.

Materials and Methods

This experimental study was done by supporting of Dental Faculty of Shahid Sadughi University of Medical Science with no# 4184.

Fabrication of aged composites samples

For sample fabrication, MBCR (Filtek P60, 3M ESPE; St Paul, MN, USA; shade A1) was inserted in a plastic tube with 4 mm internal diameter and 4mm depth and finally 80 samples were obtained. All samples were light cured by means of light curing units (Ultra-Lume LED 5, Ultradent; South Jordan, USA) for 40 s at 800 mW/cm². Then, specimens were stored in NaCl 0.9% solution²³ for 30 days at 37°C in incubator, whereas the solution was changed weekly. Finally, all specimens were thermocycled (5000 cycles, 5-55°C, dwell time: 20 s, transfer time: 10 s) to complete aging process.²⁴

Surface treatment

First, the surface of specimens was abraded with silicon carbide paper (Recife, PE, Brazil) for 10 s to remove a degraded superficial layer. Then, the specimens were divided to two subgroups each group contains 40 specimens, randomly. The first group was air abraded by means of micro abrasive particle of Al₂O₃ (Parslyma, Tehran, Iran) with 50 μ m particle size in 10 mm distance from the specimens surface at 2.8 bar air pressure. This group was divided into 4 subgroups randomly: M1, M2, M3, and M4 (M=10). At the second frothy group, air abrasion was done by nano abrasive particle of Al₂O₃ (Parslyma, Tehran, Iran) with 80nm particle size at the same condition of the first group and randomly divided into four subgroups: M5, M6, M7, and M8 (M = 10).

Then specimens' surface was acid etched by phosphoric acid 37% for 10 s to obtain the clean surface, and phosphoric acid was washed out for 10 s and air dried for 5 s. Finally, surfaces were conditioned as follows:

M1 and M5 groups: Methacrylate-based adhesive (MBAR) (3M ESPE; St Paul, MN, USA) was applied with microbrush for 20 s on abraded surfaces, air thinned and light cured for 20 s in accordance of manufacture instruction at 800 mw/cm².

M2 and M6 groups: At first, silane coupling agent (Monobond-S; Ivoclar Vivadent, Schaan, Liechtenstein) was applied on composites surface and followed for 60 s waiting period to evaporate its solvent. Then, MBAR was applied with microbrush for 20 s on abraded surfaces, air thinned and light

cured for 20 s in accordance of manufacture's instruction at 800 mw/cm².

M3 and M7 groups: Silorane-based adhesive (SBAR) (phosphate Dimethacrylate base adhesive) (3M ESPE, USA) was applied with microbrush for 20 s on abraded surfaces, air thinned and light cured for 20 s in accordance to manufacture instruction at 800 mw/cm².

M4 and M8: First, silane was applied like prior groups, and then, SBAR (phosphate dimethacrylate base adhesive) was applied with microbrush for 20 s on abraded surfaces, air thinned and light cured for 20 s in accordance of manufacture instruction at 800 mw/cm².

Preparation of specimens for the μ SBS test

In all of these 8 subgroups, SBCR (Filtek P90, 3M ESPE, USA; shade A3) was inserted in Tygon tube (Small Parts Inc., Logansport, IN, USA) with 1 mm internal diameter and height and then was placed on conditioned MBCR and light cured for 40 s at 800 mW/cm².

μ SBS test

To measure μ SBS specimens were fixed parallel to long axes and perpendicular to blade of Universal Testing Machine (Instron; Canton, MA, USA). Then, the shear force was exerted at a crosshead speed of 1 mm/min until failure occurred. All measurements were documented in MPa.

Fracture pattern evaluation

After carrying out of μ SBS, fractured surface of each specimen was evaluated by means of Stereo Microscope (Leica, Microsystems; Wetzlar, Germany) at $\times 30$ magnification to assign pattern of fracture. Fracture patterns were classified into three groups: Adhesive, cohesive, and mixed.

Statistical analysis

Since Kolmogorov-Smirnov tests indicated that data distribution was normal in each group. ($p > 0.05$). Three-way ANOVA was applied to determined single and combinational effect of each variable. ANOVA test was chosen to determine significance difference in groups. If ANOVA test showed a significance difference, Tukey test will be done for two by two comparisons at 5% significance level by SPSS software ver.20.

Results

Based on the results, the highest means of μ SBS was observed in Group M2, which was air abraded by micro particles and surface treated by mathalcrilate base resin adhesive and silane. In contrast, the lowest means of μ SBS was recorded by Group M6, which only differs with Group M2 in using nano abrasive particles (Table 1).

The Kolmogorov-Smirnov tests admit the normal distribution of recorded data ($P > 0.05$). So, ANOVA test was

hired for further analytical tests which manifested significant differences among all groups ($P=0.00$). Tukey test was used for pair-wise comparison (Table 2).

Moreover, the pattern of μ SBS fracture was 100% in adhesive part in all of the groups (Table 3).

Discussion

As the results showed, surface preparation of aged MBCR by micro sized abrasive particles prior to applying MBAR was resulted in the highest μ SBS.

The purpose of laboratory aging procedure of the specimens is to make a similar condition to oral cavity such as water absorption, tarnishing, and leaching. However, there is no precise agreement among different studies about the laboratory aging procedure for composite resins.²⁵ In the present study, the samples were stored for 30 days at NaCl 0.09%, then were incubated at 37°C and subjected to thermocycling for 5000 cycles.

Based on previous studies, the μ SBS between MBCR and SBCR was lower than μ SBS between SBCR to SBCR or MBCR to MBCR.²⁶ Nevertheless, surface roughening of substrates and application of low viscose resin binding agents would increase the μ SBS hopefully.¹¹ Surface sandblasting of resin composites with Al_2O_3 particles would increase the surface energy and filler exposure which facilitates the bonding procedures.^{27,28} Several studies have notified better bond strength after administrating of Al_2O_3 air abrasion in comparison to other methods such as using diamond burs, acid phosphoric, or hydroforic.²⁸⁻³⁴ In the current study, the mean μ SBS of samples which subjected to sandblasting with micro particles was significantly higher than those ones sandblasted with nano particles. One of the important purposes of this study was to observe the effect of using nano particles for sandblasting, which has not been studied previously. Although, nano particles were not as capable as micro particles to provide higher μ SBS, some mechanisms are advised for enhancing the bonding strength:³⁵

1. Providing micro mechanical irregularity for better penetration of intermediate agents
2. Gelation and dissolving of surface layer of substrate which allows better penetration of vinyl monomers.

The nano sized abrasive particles were not as much capable to create deep irregularity on the composite surface which ends in the lower micro mechanical bonding of adhesive resin. Furthermore, our SEM observation on micro (Figure 1a) and nano (Figure 1b) particle sandblasted samples approved his phenomena. In the other hand application of methacrylate base or phosphate metacrylate base adhesives, with or without using silane (M5, M6, M7, and M8) did not bring about significant higher μ SBS. It is reported that using of silane on the irregular surface of aged composite resin might increase

Table 1: Mean and standard deviation of studied groups.

Groups	No	Mean	SD
M1	10	11.67	1.04
M2	10	12.25	1.24
M3	10	8.16	1.40
M4	10	6.56	1.31
M5	10	5.70	0.96
M6	10	5.50	0.610
M7	10	5.63	0.740
M8	10	5.70	0.660

SD: Standard deviation, SEM: Standard error of mean

Table 2: Two by two comparison of subgroups by Tukey test.

Groups	M1	M2	M3	M4	M5	M6	M7	M8
M1	-	-	-	-	-	-	-	-
M2	1.000	-	-	-	-	-	-	-
M3	0.000**	0.000**	-	-	-	-	-	-
M4	0.000**	0.000**	0.373	-	-	-	-	-
M5	0.000**	0.000**	0.009*	0.967	-	-	-	-
M6	0.000**	0.000**	0.003*	0.676	1.000	-	-	-
M7	0.000**	0.000**	0.005*	0.880	1.000	1.000	-	-
M8	0.000**	0.000**	0.007*	0.928	1.000	1.000	1.000	-

Table 3: Frequency of fractured pattern.

Groups	Fractured pattern		
	Adhesive (%)	Cohesive	Mixed
M1	100	-	-
M2	100	-	-
M3	100	-	-
M4	100	-	-
M5	100	-	-
M6	100	-	-
M7	100	-	-
M8	10%	-	-

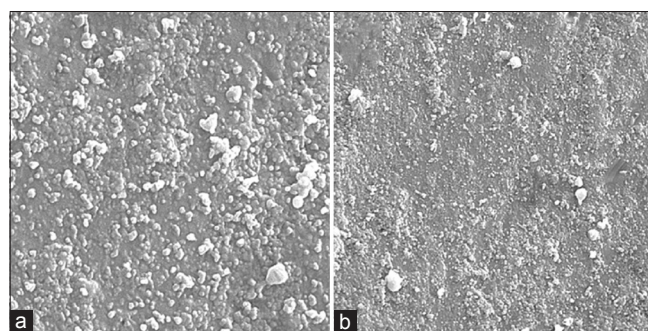


Figure 1: Standard error of mean observation of micro (a) and nano (b) particle sandblasted samples.

the wettability of adhesive resin agents^{27,36} and final μ SBS, specially in MBCR.¹¹ Wiegand *et al.* have stated that using silane prior to MBAR is essential for enhancing higher μ SBS.²⁴ Moreover, Ivanovas *et al.* have found the higher μ SBS in aged composite resin when the surface was treated by silane and MBAR.¹¹ In accordance to mentioned studies, the highest μ SBS was noticed in those groups which were treated by silane and MBAR in the present study. However, M4 group, which was sandblasted by micro sized abrasive particles, showed lower

μ SBS than Groups M1, M2, and M3. It seems that using silane and phosphate metacrylate base adhesive resins results in lower μ SBS.²⁴ Maneenut *et al.* claimed that application of SBAR on MBCR is not appropriate.³⁷ These statements might explain lower μ SBS of Groups M3 and M4 with M1 and M2.

Conclusion

With considering the *in-vitro* limitation of this study, it was shown that micro sized abrasive particles provide higher μ SBS than nano sized ones in aged composite resins. Furthermore, the application of silane prior to adhesive resins is strongly suggested for achieving higher μ SBS.

References

1. Labella R, Lambrechts P, Van Meerbeek B, Vanherle G. Polymerization shrinkage and elasticity of flowable composites and filled adhesives. *Dent Mater* 1999;15(2):128-37.
2. Palin WM, Fleming GJ, Nathwani H, Burke FJ, Randall RC. *In vitro* cuspal deflection and microleakage of maxillary premolars restored with novel low-shrink dental composites. *Dent Mater* 2005;21(4):324-35.
3. Marshall GW Jr, Marshall SJ, Kinney JH, Balooch M. The dentin substrate: Structure and properties related to bonding. *J Dent* 1997;25(6):441-58.
4. Joulaei M, Bahari M, Ahmadi A, Savadi Oskoe S. Effect of different surface treatments on repair micro-shear bond strength of silica- and zirconia-filled composite resins. *J Dent Res Dent Clin Dent Prospects* 2012;6(4):131-7.
5. Tyas MJ, Anusavice KJ, Frencken JE, Mount GJ. Minimal intervention dentistry – A review. FDI Commission Project 1-97. *Int Dent J* 2000;50(1):1-12.
6. Bausch JR, de Lange K, Davidson CL, Peters A, de Gee AJ. Clinical significance of polymerization shrinkage of composite resins. *J Prosthet Dent* 1982;48(1):59-67.
7. Ferracane JL. Current trends in dental composites. *Crit Rev Oral Biol Med* 1995;6(4):302-18.
8. Giachetti L, Scaminaci Russo D, Bambi C, Grandini R. A review of polymerization shrinkage stress: Current techniques for posterior direct resin restorations. *J Contemp Dent Pract* 2006;7(4):79-88.
9. Lutz F, Krejci I, Barbakow F. Quality and durability of marginal adaptation in bonded composite restorations. *Dent Mater* 1991;7(2):107-13.
10. Mjör IA, Gordan VV. Failure, repair, refurbishing and longevity of restorations. *Oper Dent* 2002;27(5):528-34.
11. Ivanovas S, Hickel R, Ilie N. How to repair fillings made by silorane-based composites. *Clin Oral Investig* 2011;15(6):915-22.
12. Weinmann W, Thalacker C, Guggenberger R. Siloranes in dental composites. *Dent Mater* 2005;21(1):68-74.
13. Suzuki S, Ori T, Saimi Y. Effects of filler composition on flexibility of microfilled resin composite. *J Biomed Mater Res Part B Appl Biomater* 2005;74(1):547-52.
14. Tarumi H, Torii M, Tsuchitani Y. Relationship between particle size of barium glass filler and water sorption of light-cured composite resin. *Dent Mater J* 1995;14(1):37-44, 102.
15. Vankerckhoven H, Lambrechts P, van Beylen M, Davidson CL, Vanherle G. Unreacted methacrylate groups on the surfaces of composite resins. *J Dent Res* 1982;61(6):791-5.
16. Guiraldo RD, Consani S, Consani RL, Berger SB, Mendes WB, Sinhorette MA, *et al.* Comparison of silorane and methacrylate-based composite resins on the curing light transmission. *Braz Dent J* 2010;21(6):538-42.
17. Gordan VV, Shen C, Riley J 3rd, Mjör IA. Two-year clinical evaluation of repair versus replacement of composite restorations. *J Esthet Restor Dent* 2006;18(3):144-53.
18. Lucena-Martín C, González-López S, Navajas-Rodríguez de Mondelo JM. The effect of various surface treatments and bonding agents on the repaired strength of heat-treated composites. *J Prosthet Dent* 2001;86(5):481-8.
19. Oztas N, Alaçam A, Bardakçy Y. The effect of air abrasion with two new bonding agents on composite repair. *Oper Dent* 2003;28(2):149-54.
20. Turner CW, Meiers JC. Repair of an aged, contaminated indirect composite resin with a direct, visible-light-cured composite resin. *Oper Dent* 1993;18(5):187-94.
21. Rathke A, Tymina Y, Haller B. Effect of different surface treatments on the composite-composite repair bond strength. *Clin Oral Investig* 2009;13(3):317-23.
22. Yesilyurt C, Kusgoz A, Bayram M, Ulker M. Initial repair bond strength of a nano-filled hybrid resin: Effect of surface treatments and bonding agents. *J Esthet Restor Dent* 2009;21(4):251-60.
23. Giachetti L, Scaminaci Russo D, Baldini M, Goracci C, Ferrari M. Reparability of aged silorane with methacrylate-based resin composite: Micro-shear bond strength and scanning electron microscopy evaluation. *Oper Dent* 2012;37(1):28-36.
24. Wiegand A, Stawarczyk B, Buchalla W, Tauböck TT, Özcan M, Attin T. Repair of silorane composite – Using the same substrate or a methacrylate-based composite? *Dent Mater* 2012;28(3):e19-25.
25. Barcellos DC, Pleffken PR, Pucci CR, Pagani C, de Paiva Gonçalves SE, Torres CR. Effectiveness of silorane-based composite as a repair filling for dimethacrylate-or silorane-based composite restorations. *World J Dent* 2012;3(2):161-5.
26. Davidson CL, Feilzer AJ. Polymerization shrinkage and polymerization shrinkage stress in polymer-based restoratives. *J Dent* 1997;25(6):435-40.
27. Rodrigues SA Jr, Ferracane JL, Della Bona A. Influence of surface treatments on the bond strength of repaired resin composite restorative materials. *Dent Mater* 2009;25(4):442-51.
28. Hannig C, Laubach S, Hahn P, Attin T. Shear bond strength of repaired adhesive filling materials using different repair procedures. *J Adhes Dent* 2006;8(1):35-40.
29. Costa TR, Ferreira SQ, Klein-Júnior CA, Loguercio AD, Reis A. Durability of surface treatments and intermediate

- agents used for repair of a polished composite. Oper Dent 2010;35(2):231-7.
30. Frankenberger R, Roth S, Krämer N, Pelka M, Petschelt A. Effect of preparation mode on Class II resin composite repair. J Oral Rehabil 2003;30(6):559-64.
 31. Lühns AK, Görmann B, Jacker-Guhr S, Geurtsen W. Repairability of dental siloranes *in vitro*. Dent Mater 2011;27(2):144-9.
 32. Ozcan M, Barbosa SH, Melo RM, Galhano GA, Bottino MA. Effect of surface conditioning methods on the microtensile bond strength of resin composite to composite after aging conditions. Dent Mater 2007;23(10):1276-82.
 33. Papacchini F, Dall'Oca S, Chieffi N, Goracci C, Sadek FT, Suh BI, *et al*. Composite-to-composite microtensile bond strength in the repair of a microfilled hybrid resin: Effect of surface treatment and oxygen inhibition. J Adhes Dent 2007;9(1):25-31.
 34. Passos SP, Ozcan M, Vanderlei AD, Leite FP, Kimpara ET, Bottino MA. Bond strength durability of direct and indirect composite systems following surface conditioning for repair. J Adhes Dent 2007;9(5):443-7.
 35. Padipatvuthikul P, Mair LH. Bonding of composite to water aged composite with surface treatments. Dent Mater 2007;23(4):519-25.
 36. Bouschlicher MR, Reinhardt JW, Vargas MA. Surface treatment techniques for resin composite repair. Am J Dent 1997;10(6):279-83.
 37. Maneenut C, Sakoolnamarka R, Tyas MJ. The repair potential of resin composite materials. Dent Mater 2011;27(2):e20-7.