

Influence of Composite Inlay/Onlay Thickness on Hardening of Dual-cured Resin Cements

(Influence de l'épaisseur des inlays/onlays en composite sur le durcissement des ciments en résine chimio/photopolymérisables)

• Omar M. El-Mowafy, BDS, Ph.D., FADM •
• Marcia H. Rubo, DDS, M.Sc. •

S o m m a i r e

Cette étude a évalué l'effet de l'épaisseur des inlays/onlays en résine composite sur la dureté de huit ciments en résine chimio/photopolymérisables. Quatorze spécimens de disques mesurant 6 mm de diamètre et 2,5 mm d'épaisseur ont été préparés à l'aide de chacun des huit produits prévus : Adherence, Choice, Duolink, Enforce, Lute-It, Nexus, Resinomer et Variolink. Deux spécimens de chaque matériau ont été directement photopolymérisés alors que les autres ont été photopolymérisés à travers des séparateurs en résine composite dont l'épaisseur variait entre 1 et 6 mm. La polymérisation à travers les séparateurs a fait invariablement chuter les indices de dureté de Knoop. Pour certains ciments, les indices de dureté ont fléchi de 50 % ou plus lorsque l'épaisseur des séparateurs en résine composite était de 4 mm ou plus, même lorsque les mesures ont été prises une semaine après la double polymérisation (chimio et photopolymérisation). La faiblesse des indices de dureté témoigne d'un mécanisme de chimopolymérisation insuffisant pouvant compromettre la qualité du ciment dans les zones de la cavité difficilement accessibles par photopolymérisation.

Mots clés MeSH : dental bonding; inlays; resin cements/chemistry

© J Can Dent Assoc 2000; 66: 147

Cet article a fait l'objet d'une révision par des pairs.

It is important for dual-cured resin cements to be formulated in such a way that they are capable of achieving a sufficient degree of hardening with and without light-curing to ensure adequate polymerization of the cement in areas that are not readily accessible to the curing light. This investigation was conducted as a continuation of previously published work on this subject.¹ The reader is referred to the introduction of this published work for background information about the subject as well as for a comprehensive list of references. This current study evaluated the influence of resin composite inlay/onlay thickness on the hardening of a group of eight dual-cure resin-based cements.

Methods and Materials

Eight dual-cured resin-based cements were examined in this study (Table 1): Adherence, Choice, Duolink, Enforce, Lute-It, Nexus, Resinomer and Variolink. Resinomer is a resin/ionomer cement. Following manufacturers' instructions for proportioning and mixing, two disc specimens measuring

2.5 mm in thickness and 6 mm in diameter were prepared from each cement using metal rings. If a selection of cement shades was available, middle range shades were selected. Each ring was placed on a glass plate lined with a Mylar strip, filled with the mixed cement and covered with another Mylar-strip-lined glass plate. The two glass plates were pressed together with two clamps and were subjected to light from a light-curing unit for 60 seconds from one surface only. Prepared specimens were stored at 37°C until testing.

Using 8-mm diameter Teflon moulds, six resin composite inlay spacers, each 1 mm thick, were prepared from a resin composite inlay material (Herculite XRV, Laboratory Inlay Kit, Kerr Co., Romulus, MI). To simulate clinical conditions, the resin composite spacers were prepared and used in a manner such that the first 2 mm of spacers were made from enamel shade A2 and the remaining 4 spacers from dentin shade A2. Another set of 12 cement specimens was prepared from each cement material in the same manner as above; however, these specimens were subjected to light-curing through

Table 1 Manufacturers and shades for the eight dual-cure resin-based cements

Material	Manufacturer	Shades used
Adherence M ⁵	Confi-Dental Products Co. Louisville, CO 80027	Light yellow Light grey
Choice	Bisco Inc. Itasca, IL 60143	A1 B1
Duolink	Bisco Inc. Itasca, IL 60143	One shade provided
Enforce	Dentsply/Caulk Milford, DE 19963-0359	A2 C2
Lute-It	Jeneric/Pentron Inc. Wallingford, CT 06492	Light Dark
Nexus	Kerr USA, Orange, CA 92667	Neutral Dark
Resinomer	Bisco Inc. Itasca, IL 60143	One shade provided
Variolink	Vivadent, FL-9494 Schaan, Liechtenstein	Yellow Brown

the six resin composite spacers. Two specimens were cured through one spacer at a time. Following storage and using a Tukon 300 microhardness tester (Acco Industries Inc., Wilson Instrument Division, Bridgeport, CT) with a Knoop indenter and a 30-g weight, the surface microhardness of each specimen was determined at one hour, one day and one week. Five readings were obtained from each specimen at each test interval. Mean Knoop hardness numbers (KHNs) were calculated for each material at the three test intervals. Data were analyzed statistically using analysis of variance (ANOVA) and Duncan's tests.

A light radiometer (Cure Rite, model # 8000, EFOS Inc., Williamsville, NY) was used to measure the curing light intensity directly and through the six resin composite spacers to determine the degree of light attenuation as it passed through the different spacers.

Results

When specimens were cured through resin composite spacers, there was a tendency for hardness to decrease gradually with increasing thickness of the spacer. The degree of decrease varied among the eight cements (Figs. 1 to 8). ANOVA revealed significant differences in KHNs among the materials ($p < 0.0001$) and between different spacer thicknesses ($p < 0.0001$).

For Adherence, a decrease in the KHN from 47.9 to 9.9 (79.4%) occurred when the spacer thickness was 6 mm compared to curing without a spacer at the one-week test interval (Fig. 1). The mean KHN for Adherence was significantly decreased when spacer thickness was increased to more than 1 mm at the one-week test interval. For Choice, decreases in KHNs ranged from only 17% to 30% when spacer thickness increased from 1 to 6 mm at the three test intervals (Fig. 2).

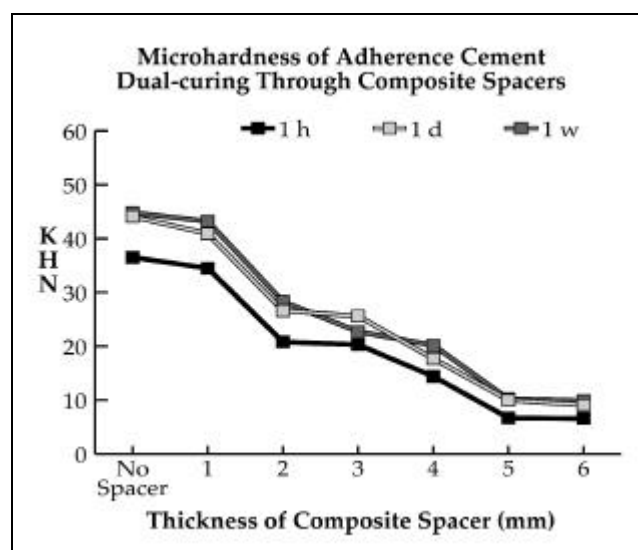


Figure 1: Mean KHNs for Adherence obtained with the six resin composite spacers as well as without a spacer at the three test intervals.

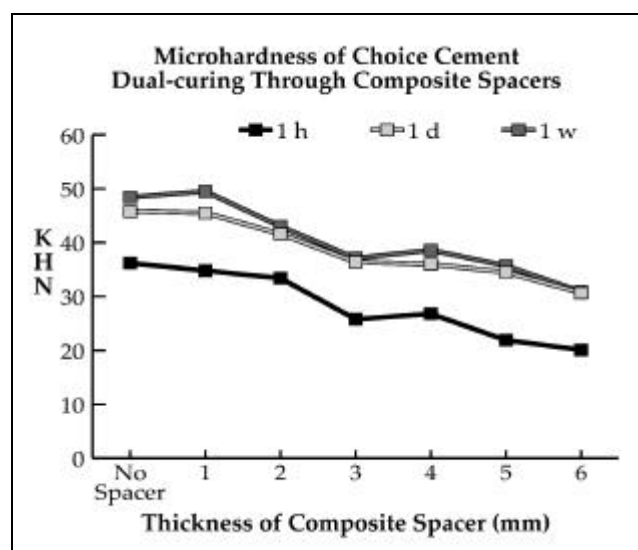


Figure 2: Mean KHNs for Choice obtained with the six resin composite spacers as well as without a spacer at the three test intervals.

Significant decreases in KHNs of Choice occurred when the spacer thickness was more than 2 mm at the three test intervals. For Duolink, the KHN decreased from 57.1 to 23.5 (58.9%) when spacer thickness was 6 mm compared to curing without a spacer at the one-week test interval (Fig. 3). Significant decreases in KHNs of Duolink occurred when the spacer thickness was 3 mm or more at the three test intervals. In contrast, the KHN of Enforce decreased from 52 to 42.1 (19.1%) when the spacer thickness was 6 mm compared to curing without a spacer at the one-week test interval (Fig. 4). Enforce's KHNs decreased significantly when the spacer thickness was 3 mm or more at the one-week test interval. For Lute-It, decreases in KHNs ranged from 87.5% to 91.4%

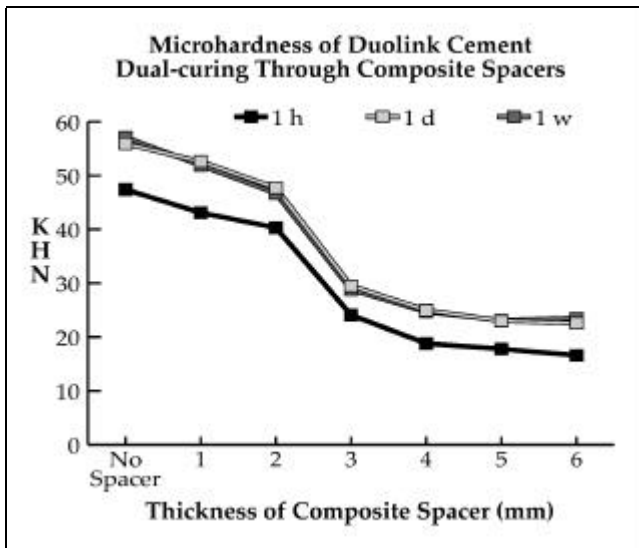


Figure 3: Mean KHNs for Duolink obtained with the six resin composite spacers as well as without a spacer at the three test intervals.

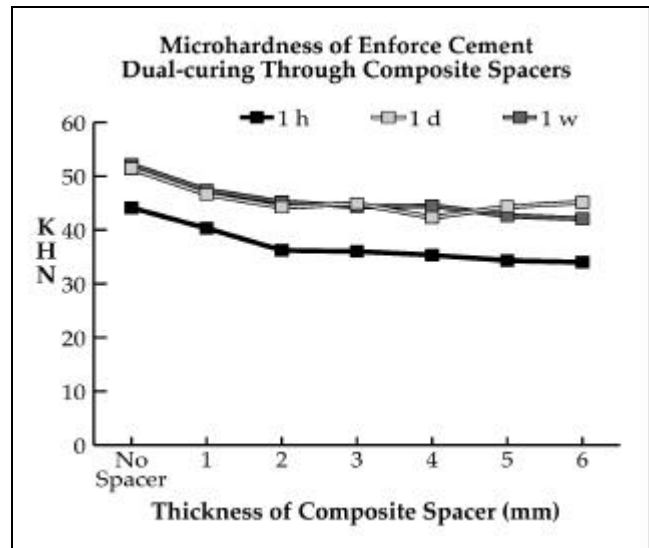


Figure 4: Mean KHNs for Enforce obtained with the six resin composite spacers as well as without a spacer at the three test intervals.

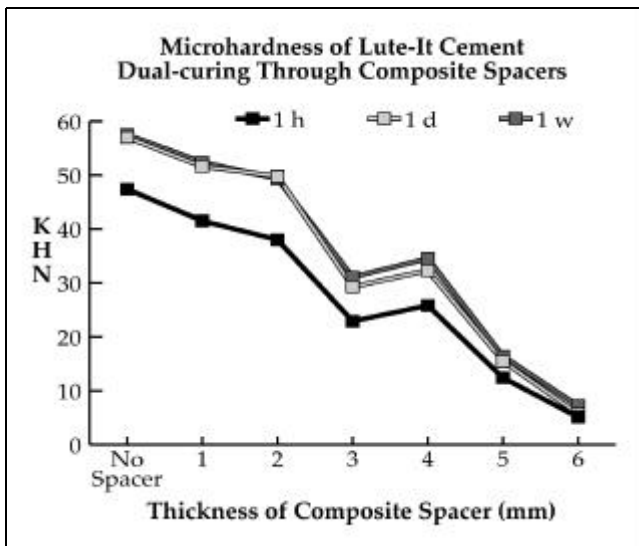


Figure 5: Mean KHNs for Lute-It obtained with six resin composite spacers at the three test intervals. Mean KHNs obtained without spacer were included for comparison.

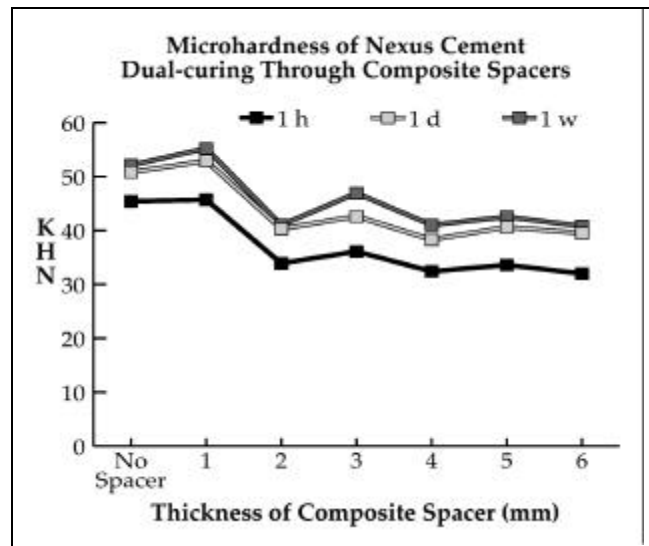


Figure 6: Mean KHNs for Nexus obtained with the six resin composite spacers as well as without a spacer at the three test intervals.

when spacer thickness was 6 mm compared to curing without a spacer at the three test intervals (Fig. 5). All KHNs obtained for this cement were significantly different at the three test intervals except for the one-day test interval between the 1-mm and 2-mm spacers, where there was no significant difference. In contrast, the KHN of Nexus decreased from 52.1 to 40.8 (21.7%) when spacer thickness was 6 mm compared to curing without spacer at the one-week test interval (Fig. 6). For Resinomer, mean KHNs decreased from 44.6 to 32.5 (27.2%) when the spacer thickness was 6 mm compared to the value obtained without a spacer (Fig. 7). KHNs for Resinomer decreased significantly when the spacer thickness was more than 1 mm for the one-hour and one-day test intervals. For Variolink, mean KHNs decreased from 53.8 to 14 (74%)

when the spacer thickness was 6 mm compared to curing without spacer (Fig. 8). Significant decreases in KHNs of Variolink occurred between all spacer values at the one-day and one-week test intervals.

Figure 9 shows radiometer readings of the light intensity of the light-curing unit when measured with and without spacers. Through only a 1-mm resin composite spacer there was an abrupt decrease in light intensity of about 70%. Beyond 1 mm, light intensity continued to decrease gradually with increasing thickness of the resin composite spacer; the light was totally obstructed at 4 mm.

Discussion

The findings of this investigation agree in general terms with findings reported in other studies.¹⁻⁵ However, there was

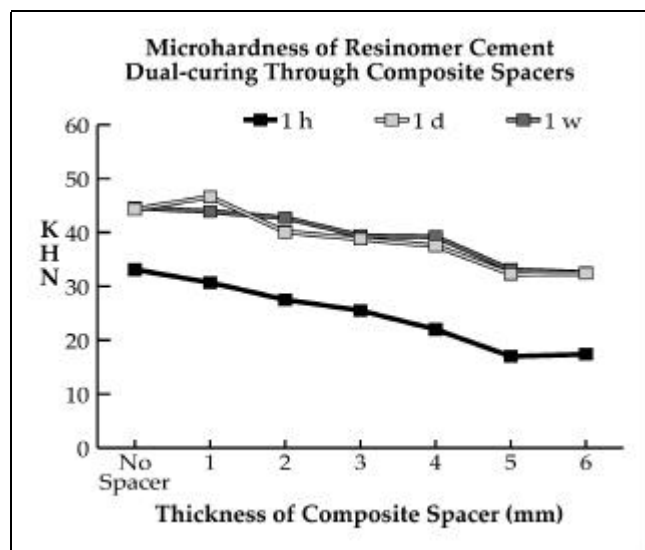


Figure 7: Mean KHNs for Resinomer obtained with the six resin composite as well as without a spacer at the three test intervals.

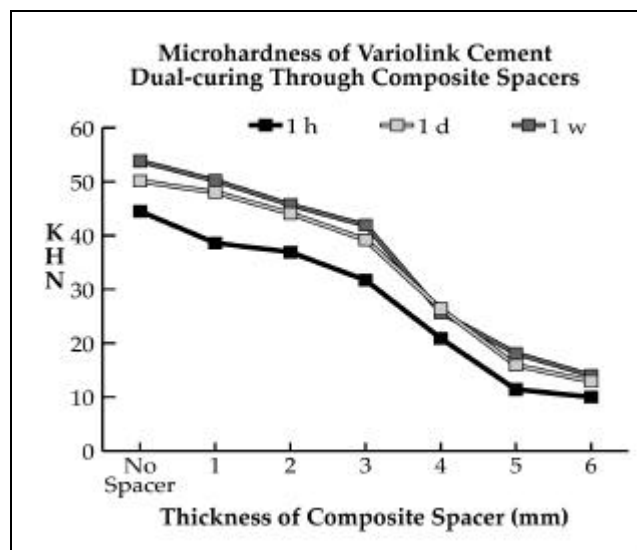


Figure 8: Mean KHNs for Variolink obtained with the six resin composite spacers as well as without a spacer at the three test intervals.

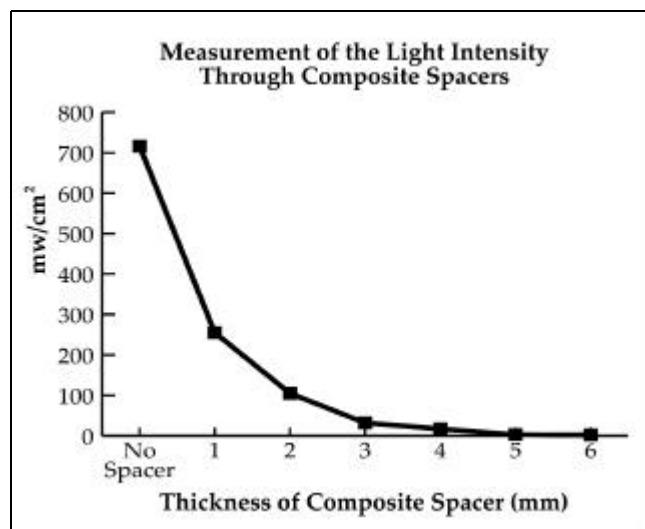


Figure 9: Curing-light intensity measurements made with and without resin composite spacers. Note the significant drop in light intensity with only 1 mm of resin composite spacer.

some variability among the cements tested in the amount of hardening achieved through thicker resin composite spacers. For Choice, Enforce, Nexus and Resinomer, sufficient degrees of hardening (67% to 80% of maximum hardness with the lowest KHN not less than 30) were achieved one day after dual-curing through the 6-mm resin composite spacer. These values were slightly further enhanced for some of these cements one week after dual-curing. In contrast, Adherence, Lute-It and Variolink had a relatively weak chemical-curing component and were able to achieve only 30% or less of maximum hardness when the resin composite spacer thickness was 5 mm, even when measurements were made one week after dual-curing; the highest hardness values remained well below the 20-KHN mark.

Insufficient hardening of cement may lead to post-operative sensitivity due to washout of the unset cement material with

subsequent microleakage and recurrent caries. When manufacturing dual-cure resin cements, proportioning of the ingredients should be made such that the materials are capable of achieving a degree of hardening through self-curing similar to or not significantly lower than the one achieved through dual-curing. This measure would ensure adequate polymerization of the cement in areas underneath the inlay/onlay restorations that do not get exposed to the full intensity of the curing light.

For most of the cements examined, there was little difference in KHNs obtained with the 5-mm and 6-mm spacers. This finding is easily explained by the fact that there was total light obstruction beyond 4-mm thickness of the resin composite spacer (Fig. 9). In a clinical situation where an inlay/onlay restoration with a deep gingival seat is being cemented, the operator should apply the curing light from the buccal and lingual aspects of the restoration as well as from the occlusal aspect to maximize light penetration through the inlay material. In the meantime, manufacturers should modify their dual-cured resin cement formulations to optimize the efficiency of the self-curing component. This modification must be done with great care to avoid incorporation of an excessive amount of the chemical-curing component, which can lead to significant shortening of the working time of the cement and subsequent problems in inserting the restoration.

Conclusions

For cements Adherence, Duolink, Lute-It and Variolink, hardness values were reduced by 50% or more when the resin composite inlay/onlay thickness was 4 mm or more, even when measurements were made one week after dual-curing. Enforce exhibited the highest values of hardness, which were best sustained through up to 6-mm of resin composite inlay/onlay material. The Enforce hardness values ranged from 52 KHN without spacer to 46 KHN at 6 mm at the one-day test interval. ♦

Remerciements : Les auteurs souhaitent remercier les différents fabricants qui ont fourni en quantité suffisante les matériaux étudiés dans le cadre de cette recherche. Ils remercient également le Dr W.A. El-Badrawy de la Faculté de médecine dentaire de l'Université de Toronto de sa précieuse contribution.

Le Dr El-Mowafy est professeur agrégé du Département de dentisterie restauratrice de la Faculté de médecine dentaire, Université de Toronto.

Le Dr Rubo est une ancienne étudiante de maîtrise au Département de dentisterie restauratrice de la Faculté de médecine dentaire, Université de Toronto.

Écrire au : Dr Omar El-Mowafy, Département de dentisterie restauratrice, Faculté de médecine dentaire, Université de Toronto, 124, rue Edward, Toronto ON M5G 1G6.

L'auteur n'a aucun intérêt financier déclaré dans la ou les sociétés qui fabriquent les produits mentionnés dans cet article.

Références

1. El-Mowafy OM, Rubo MH, El-Badrawy WA. Hardening of new resin cements cured through a ceramic inlay. *Oper Dent* 1999; 24:38-44.
2. El-Badrawy WA, El-Mowafy OM. Chemical versus dual curing of resin inlay cements. *J Prosthet Dent* 1995; 73:515-24.
3. Blackman R, Barghi N, Duke E. Influence of ceramic thickness on the polymerization of light-cured resin cements. *J Prosthet Dent* 1990; 63: 295-300.
4. Uctasli S, Hasanreisoglu U, Wilson HJ. The attenuation of radiation by porcelain and its effect on polymerization of resin cements. *J Oral Rehab* 1994; 21:565-75.
5. Hasegawa EA, Boyer DB, Chan DC. Hardening of dual-cured cements under composite resin inlays. *J Prosthet Dent* 1991; 66: 187-92.