



Comparison of time required by three different retreatment file systems for retrieval of Gutta Percha- An In Vitro Study

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ABSTRACT

Background: When there is a failure of primary root canal treatment there is a need for retreatment. This retreatment mainly aims at the disinfection of the canal space and in attaining hermetic seal of the canals.

Aim: To determine the time taken by three different file systems in retrieval of Gutta Percha from the root canal space.

Materials and Method: 60 freshly extracted single rooted teeth were divided primarily into three groups (n=20) Group A- Neo Endo Retreatment Files, Group B- Solite RS3 and Group C- ProTaper Retreatment Files (PTUR). These were further subdivided into 2 groups with and without magnification. The files were used as specified by the manufacturer.

Results: Neo Endo Retreatment file system was significantly slower in removal of Gutta Percha when compared to PTUR and Solite RS3 with and without Magnification (p=0.000). In the group without magnification there was no significant difference in time required for GP retrieval between Solite RS3 and ProTaper Universal retreatment file system (p= 0.985). With magnification using DOM the

ProTaper Universal retreatment file system was significantly faster in removal of Gutta Percha than Solite RS3 ($p=0.001$).

Conclusion: ProTaper retreatment files and Solite RS3 were significantly faster than Neo Endo Retreatment files when used with and without Magnification. Without magnification both PTUR and Solite RS3 performed similarly but with magnification PTUR was significantly better than other two systems.

Keywords: *Retreatment, Time taken, SoliteRS3, ProTaper, NeoEndo, Medical, Health*

INTRODUCTION

There is a need for retreatment root canal treatment when the primary treatment fails (1). Prognosis of root canal treatment greatly depends on the complete removal of necrotic and infected debris and proper disinfection followed by hermetic sealing of the root canal space, when these are not fulfilled it leads to failure of root canal treatment. In recent decades, root canal therapy has been found to exhibit a success rate ranging between 62% and 96%. Regrettably, a certain proportion of teeth that have undergone endodontic treatment necessitate retreatment. Numerous factors have been ascribed to the lack of success in root canal therapy, including inadequate preparation and filling of canals, difficulties pertaining to instrumentation, excessive use of filling materials and intricate root canal morphology(2,3). In 1986, Dr. Herbert Schilder introduced the term "Retreatodontics" and posited that the future of endodontic practice would entail a focus on addressing the failures of previous endodontic interventions. In instances where root canal therapy proves ineffective, alternative treatment modalities such as conventional retreatment, periradicular surgery or extraction may be considered. Whenever feasible, the preference is given to the retreatment alternative due to its highly conservative nature as a problem-solving strategy(4,5).

The existence of missed canals in endodontic therapy can result in the retention of tissue, bacteria, and other irritants, which can ultimately give rise to various clinical symptoms and lesions with endodontic etiology(6)(7)(1,8–10)(1,8–11). This raises the need for non-surgical or surgical treatment(12,13). The Non surgical retreatment is the primary choice as it is more reasonable and conservative than surgical retreatment.

The objective of non surgical retreatment is to regain access to the apical foramina. This can be done by retrieving all the Gutta Percha and sealer that was used during obturation to create an hermetic seal(14)(15)(16)(17,18). Retrieval of Gutta Percha from the canals can be done using thermal, chemical or mechanical methods. Thermal method is considered the safest but when used alone is not effective. Chemical methods of using xylene or chloroform pose a threat of toxicity to the periapical tissues. Mechanical method is effective but it can also lead to canal transportation, instrument separation and ledge formation(19). Ultrasonics Can also be utilized in Gutta Percha removal(20,21).

Initially Gates glidden drills, Peeso reamers and hand files were used for retrieval of GP but these were replaced by NiTi rotary instruments. Various retreatment file designs in relation to cross- section, tip design, continuous or reciprocating motion and different heat treatments such as CM-wire, M- wire and blue technology have been recently introduced(8,10,22,23).

The aim of the present study is to determine the time required for GP retrieval using three different retreatment file systems with and without magnification.

MATERIALS AND METHODS

This In vitro study was conducted after the ethical approval from the Institutional ethical board. A total of 100 freshly extracted single rooted teeth were examined. Teeth with calcification and severe root curvature were excluded. 60 single root teeth were randomly included. To standardize the teeth, all the decoronated at 16mm from the apex. Access

opening was done, working length was established 1mm short of apex. Biomechanical preparation was done using the Heat treated Niti rotary file system (ProTaper Gold). Irrigation was done using 3% NaOCl, 17% EDTA and saline. Canal was dried using paper points and obturation was using 6% tapered Gutta Percha and resin based sealer (AH plus sealer). Entrance filling was done using Cavit and the teeth were stored in 100% humidity and 37 degree Celsius.

Retreatment Procedure

60 single rooted teeth were randomly divided into 3 groups (n=20) Group A- Neo Endo Retreatment Files, Group B- Solite RS3 and Group C- ProTaper Retreatment Files (PTUR). These were further subdivided into 2 groups with and without magnification. No solvents were used during retreatment, the canal was rinsed with saline. When the retreatment file surface and the saline used for rinsing the canal was devoid of Gutta Percha remnants, the retreatment was considered complete. The time taken was recorded using a stopwatch.

File Systems Used

Group 1- Neoendo Retreatment Files

Files used in sequential manner- N1, N2 and N3

Motion- Light apical pressure using crown down technique

Speed-350 rpm

Group 2- Solite RS3

Files used in sequential manner- RS, RS2 and RS3

Motion- Brushing motion and crown down technique

Speed- 350 rpm

Group 3- ProTaper Universal Retreatment file

Files used in sequential manner- D1,D2 and D3

Motion- Brushing motion and crown down technique

Speed- 500 rpm

Statistical Analysis

The time taken for GP retrieval with and without magnification was entered in the data sheet. This data was then exported for statistical analysis to IBM SPSS Statistics 23. To assess the significance of variation between variables, one-way ANOVA and Tukey's Post Hoc test for multiple comparisons was done using the exported data. $p < 0.05$ was considered significant.

RESULTS

The mean and standard deviation for time required for GP retrieval with and without magnification for the three retreatment file systems are reported in (Table 1 and Table 2). In both with and without magnification groups, Neo Endo retreatment file system required significantly more time for GP retrieval than Solite Retreatment and ProTaper Universal Retreatment file system ($p=0.000$). In the group without magnification there was no significant difference in time required for GP retrieval between Solite RS3 and ProTaper Universal retreatment file system ($p= 0.985$) (Figure 1). In the group with magnification using DOM, the ProTaper Universal retreatment file system was significantly faster in removal of Gutta Percha than Solite RS3 ($p=0.001$) (Figure 2). There was a significant difference in time taken for retrieval without and with Magnification using DOM ($p=0.000$).

DISCUSSION

The anatomy of the root canal system is a crucial determinant of endodontic outcomes, both with respect to achieving success and encountering failures. Failure in endodontics may arise due to insufficiencies in the process of shaping, cleaning, and obturation, iatrogenic occurrences, or the recurrence of infection in the root canal system subsequent to the loss of coronal seal following the completion of root canal therapy (1,24–27).

Prior to initiating any therapeutic intervention, it is of paramount significance to contemplate all

interdisciplinary therapeutic alternatives in relation to their temporal, monetary, prognostic, and patient satisfaction implications(1,24–28). It is imperative to assess failures in endodontic treatment in order to determine the most appropriate course of action, namely, nonsurgical retreatment, surgical retreatment or extraction. The objectives of non-surgical retreatment encompass the eradication of substances within the root canal cavity and the rectification of any pathogenic or iatrogenic anomalies that may be identified. Moreover, non-invasive remedial interventions ratify mechanical malfunction, previously undetected canal pathways, or fractures below the root crest level(29–32).

The important part of nonsurgical retreatment is retrieval of GP and sealer, as it denudes the root surface and microbes that are responsible for secondary infection and inflammation(33,34). Previous studies have reported the faster removal of GP associated with the use of NiTi rotary file systems compared to hand files. In the present study no solvents were used, since it would amper the determination of efficacy of the file systems used in retreatment(29).

In the present study it was seen that the time taken by Neo Endo Retreatment files in retrieval of Gutta Percha was significantly higher than the other two groups. Previous in vitro study by Sagare et al. reported that WaveOne was significantly more effective than Neo Endo retreatment files in retrieval of Gutta Percha(35,36). Wahane et al in his study evaluated the efficacy of Gutta Percha Removal using Cone Beam Computed Tomography reported that WaveOne was significantly better than Neo Endo file system(9,37–39).

In our study it was found that the Protaper Retreatment file system and Solite RS3 systems were significantly faster than Neo endo retreatment files. The difference in time taken by the ProTaper Retreatment files and Solite RS3 file were insignificant when used without magnification. The advantage of ProTaper retreatment files is attributed to the convex triangular cross section, which increases the cutting efficiency. This engine driven files when used without irrigant or solvent generate heat inside the canal which plasticises the Gutta

Percha resin and enables the easy removal from the canal(40–44).

On the other hand, Solite RS3 is a 3 file system. Files are made of NiTi and are heat treated for better resistance against fracture and facilitates its usage in curved canals. RS1 and RS2 files have cutting tips, while RS3 is non-cutting.

Along with the estimation of time taken for Gutta Percha Retrieval, there is a further need to evaluate the remnant Gutta Percha in the root canals using these different retreatment file systems to enable better understanding about these file systems.

CONCLUSION

ProTaper retreatment files and Solite RS3 were significantly faster than Neo Endo Retreatment files when used with and without Magnification. Without magnification both PTUR and Solite RS3 performed similarly but with magnification PTUR was significantly better than other two systems.

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TABLE 1: Mean and Standard Deviation of time taken by three different file systems for the removal of Gutta Percha without magnification. P<0.05 is statistically significant.

Retreatment File System	Mean Time Taken for GP removal (seconds) without magnification	Significance	
Neo Endo	262±30	Solite ProTaper	P=0.000
Solite	152±17	ProTaper	P=0.985
ProTaper	150±17		

TABLE 2: Mean and Standard Deviation of time taken by three different file systems for the removal of Gutta Percha with magnification. P<0.05 is statistically significant.

Retreatment File System	Mean Time Taken for GP removal (seconds) with magnification	Significance	
Neo Endo	522±21	Solite ProTaper	P=0.000
Solite	300±38	ProTaper	P=0.001
ProTaper	248±21		

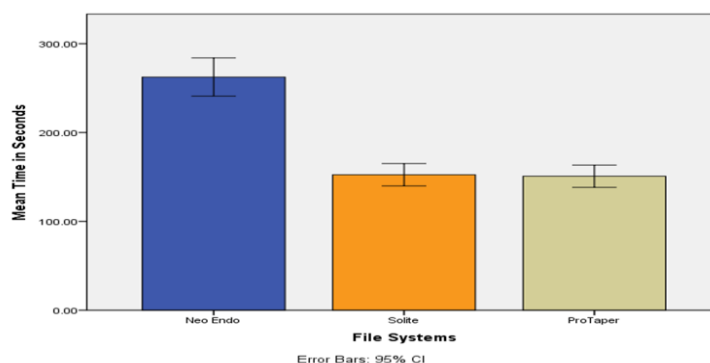


FIGURE 1: Time taken by three different Retreatment file systems for the removal of Gutta Percha without magnification

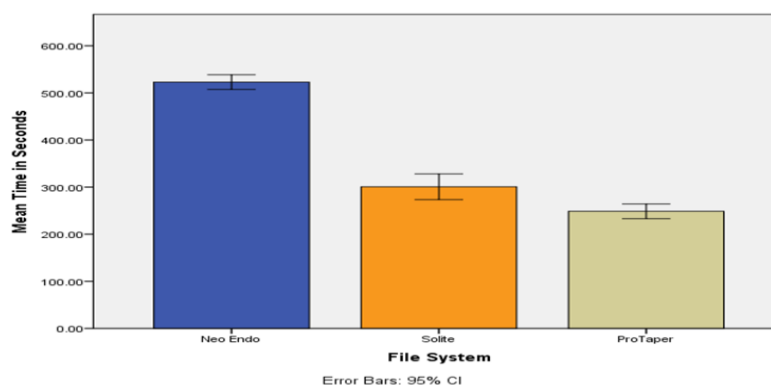


FIGURE 2: Time taken by three different Retreatment file systems for the removal of Gutta Percha without magnification