



Apical Extrusion of Debris During Instrumentation Using Two Different Rotary Files System in Permanent Teeth- an in Vitro Study

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ABSTRACT

Aim: The aim of this study was to compare the amount of apically extruded debris during preparation with ProFit S3 files and ProTaper NEXT (Dentsply Mailefer).

Materials And Methods: Thirty extracted single-rooted premolars which were recently extracted and preserved in physiological saline solution were used. All the samples were standardized to 16 mm. Standard endodontic access was prepared using endo access bur (Dentsply Maillefer, Switzerland). The initial patency was established using #10 k file (Mani, Utsunomiya, Tochigi, Japan) to the working length. Two different rotary files systems were used for cleaning and shaping. Debris was collected in the Eppendorf tube and then weighed using microbalance.

Results: It shows that significant differences between ProFit S3 and ProTaper NEXT showed increased debris extrusion.

Conclusion: It can be concluded that all the file system extruded debris beyond apical foramen. The ProFit S3 group showed lesser debris extrusion when compared to ProTaper NEXT.

Keywords: permanent, system, dentistry, technical, teeth, study

INTRODUCTION

The primary goal of endodontic treatment is to obtain adequate disinfection of the root canal space in order to prevent recurrence of apical periodontitis(1)(2). Nickel Titanium instruments are used to clean and shape the root canals productively compared to manual instrumentation(3,4).The goal of canal instrumentation is to create a continually tapering conical preparation that replicates the anatomy of the canal while maintaining the

foramen as clean and free from any deviation from the original anatomy and curvature of the canal. In order to achieve the highest level of cleanliness and disinfection inside the root canal system, the process includes not only canal shaping but also the use of intracanal irrigants(5)(6)(6,7) Establishing the working length of the canal is an important step in this process. The distance between a stable coronal reference point and the location where root canal preparation

and obturation must end is known as the "working length," according to the endodontic lexicon. Ingle (1973) stated that the WL must be 0.5mm short of the external root surface; Weine (1982) stated that it must be 1 mm short of the radiographic apex.

Injuries caused by mechanical or chemical agents are frequently attributed to iatrogenic causes. Instrumentation (mostly overinstrumentation) and overextended filling materials are two examples of mechanical irritation that results in periradicular inflammation. Irrigants, intracanal medications, and overextended filling materials are some examples of chemical irritants. The development of discomfort, swelling, or both within a few hours or days following root canal procedures is known as the "interappointment flare-up." Studies have documented different frequencies of flare-ups, ranging from 1.4% to 16% (8)(9)(10)

One of the main causes of postoperative discomfort is the extrusion of contaminated debris to the periradicular tissues during chemomechanical preparation (11)(12). There is a balance between the host defenses at the periradicular tissues and the microbial aggression from the infecting endodontic microbiota in silent chronic Periradicular lesions associated with infected teeth. If microorganisms are extruded into the periradicular tissues during chemomechanical preparation, the host will be confronted with a scenario in which it will be more challenged by irritants than it was previously (13)(14).

ProFit S3(PS3)(Kedo Dental, India) is a new heat-treated file system with blue technology that is coated with titanium oxide coating. It has a rectangular cross-section with a two-point contact which reduces debris extrusion apically. Its taper is variably variable (VV) between 4% to 8% with increased flexibility, adequate shape memory and more resistance to fracture (3)

The ProTaper Next (PTN) rotary system (Dentsply Tulsa Dental, Tulsa, OK) is composed of a set of instruments that are designed with variable tapers and an off centered rectangular cross-section, which generates a swaggering effect along its active portion (15). By minimizing contact between the file and the dentin, an off-centered rectangular shape reduces the screw effect, perilous taper lock, and torque on any particular file (15,16).

The purpose of this study was to investigate the quantity of apical debris produced in vitro using two different nickel-titanium rotary file instruments. The null hypothesis was that there was no difference in the apical debris extrusion, between the tested NiTi rotary instruments in single-rooted teeth.

MATERIALS AND METHODS

Tooth Selection and Preparation of specimen

Thirty extracted human mandibular premolar teeth with fully formed apices were included in this study. The teeth exhibited no defects, root canals were not calcified, showed no internal or external root resorption, no signs of prior endodontic treatment, and no aberrant canal morphology; each tooth had a single canal and a single apical foramen, based on buccal and proximal radiographic examination. Crowns were decoronated to increase standardization, and only teeth measuring 16 mm were included in the analysis (17). Schneider's methods were used to select mandibular premolars with fully formed apices and curvature angles of 0°–10° (18). The teeth in this study were extracted for periodontal or orthodontic purposes and preserved in normal saline at 4°C until they were required (19)(20). By using a diamond disc to decorate all of the samples, they were all uniform to 16 mm in length. (17,19). The access cavity was prepared using Endo Access bur, 21 mm size 2 (Dentsply Maillefer, Swiss made) was used and K-file (Mani, Utsunomiya, Tochigi, Japan) of size #10 hand files were used to achieve the initial patency of the canal to full working length (WL), visible at the apical foramen, and the WL was established 1 mm short of this length. (21)

The experimental model described by Myers and Montgomery in 1991 (22) was used in this study. In order to weigh the tooth, a hole was drilled in the Eppendorf tube's stopper, and the tooth was then placed so that the cemento-enamel junction remained 1-2 mm above the stopper. As a drainage cannula and to equalize the air pressure within and outside the tube, a 27-G needle was positioned next to the stopper. The Eppendorf tubes were then inserted into vials coated in aluminum foil, so that the operator wouldn't be able to see the root apex when instrumenting. Each stopper had a tooth and a needle attached to it.

Pre Weighing of the Eppendorf Tubes

Stoppers were separated from the Eppendorf tubes. A microbalance was used to measure the weights of the tubes. Three consecutive weights were obtained for each tube, and the average was calculated.

Root Canal Instrumentation with the PTN

The files were employed in an electric motor (X-Smart, Dentsply Tulsa Dental) that ran at 300 rpm and 300 gcm torque. Until resistance was felt in the canal, the X1 file (17/.04, Dentsply Tulsa Dental) was utilised in a brushing outstroke motion. The document was then removed, cleaned, and examined before being used again. After using distilled water to rinse the canal, a #10 K-file from Dentsply Tulsa Dental was used to check for patency. These steps were repeated until the WL received the X1 file.. The same procedures were performed with the X2 file (25/.06, Dentsply Tulsa Dental). A total amount of 5 ml distilled water was used.

Root Canal Instrumentation with the ProFit S3 Files

Until the WL was reached, the ProFit S3 files (PF1 AND PF2) were employed in an electric motor (e3, Dentsply Tulsa Dental). The file was removed after three pecking motions, cleaned,

and examined before being reused. After using distilled water to rinse the canal, a #10 K-file from Dentsply Tulsa Dental was utilised to check for patency before being reused. The file was processed in this manner repeatedly until it reached the WL.

Post Weighing of the Eppendorf Tubes:

When the instrumentation was complete, the Eppendorf tube's stopper, needle, and teeth were removed. The tubes were stored in an incubator at 55°C for 5 days to let the distilled water evaporate before being weighed with the dry debris. They were weighed and calculations done. The Eppendorf tubes containing the extruded debris were weighed using the same analytical balance to determine their final weight. Three weight readings in a row were collected for each tube. The dry weight of the extruded debris was estimated by subtracting the weight of the empty tube from the weight of the tube containing the debris.

Data Analysis

Statistical analysis was performed using SPSS version 22.0 software (SPSS Inc, Chicago, IL). Debris extrusion in the same group was analyzed using the t test.



Teeth mounted in eppendorf microbalance tube



Preop eppendorf tube weighed using

RESULT

The mean weight, range, and standard deviation for each instrumentation group are presented in Table 1. Data were analyzed using a Mann Whitney U test of variance to determine whether

a significant difference in the amount of apically extruded debris existed among the groups. Figure 1 indicates the mean comparison between ProFit S3 and Protaper NEXT for the amount of debris extruded.

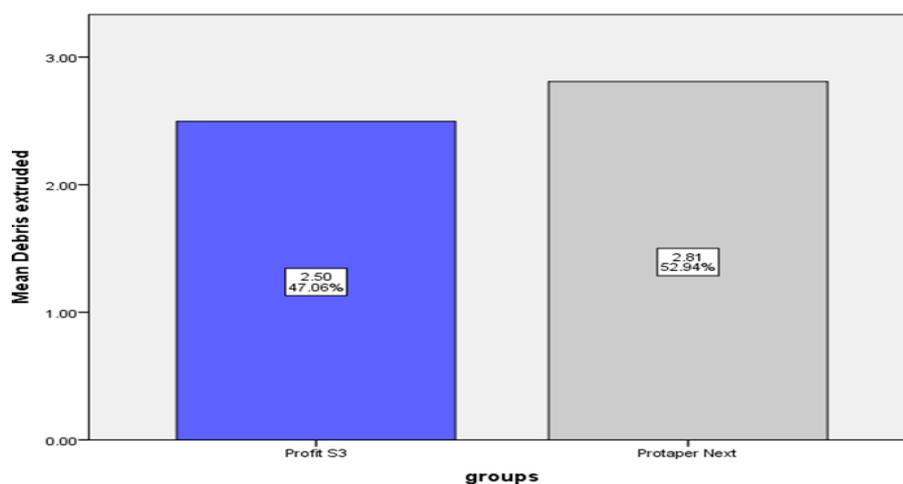


Figure 1 indicates the mean comparison between ProFit S3 and Protaper NEXT for amount of debris extruded

TABLE 1: indicates the mean comparison between ProFit S3 and ProTaper NEXT for amount of debris extruded.

	Groups	Mean	Standard deviation	P value
Debris extruded	ProFit s3	2.4957	0.27748	0.005
	ProTaper NEXT	2.808	0.13514	0.007

* The mean difference is significant at the 0.05 level.

DISCUSSION

This study discusses the phenomenon of apical extrusion of debris between two endodontic rotary file system. These files were chosen due to their similarity in cross-section both were rectangular cross section. The methodology utilized for the study has been used for several years to measure the amount of apically extruded debris in numerous studies of newly available preparation technologies that have been published in endodontic journals(23)(24)(25)(26)(18). These methods were reproducible and efficient, and it makes it simple to compare the results of one study to those of other studies, opening up the possibility to further meta-analyses involving various investigations.

The results of this research indicate that all of the instrumentation techniques examined result in apically extruded debris. For endodontic therapy to be effective, the root canal space should be biomechanically prepared. The full removal of bacteria, necrotic debris, and all necessary tissue from a root canal system is the goal(27)(12).

Extrusion of debris into the periapical tissues can be related to postoperative pain after endodontic

instrumentation. The possible reasons for the debris extrusion may be due to the cross-sectional geometry of the file, instrumentation technique, motion of the file, irrigation system, or anatomy of the root and the cross section of this file shows similar cross-section.

ProTaper NEXT claims that ,one of the most recent generations of files, stands out with its offset centre of mass and centre of rotation. Compared to a file with a centered mass and axis of rotation, this design offers a larger cross sectional region for improved cutting, loading, and successfully permitting the debris to exit the canal coronally(28)(10). ProFit S3 rotary files it has a variable taper design with a rectangular cross-section. This cross-section has two-point contact, thereby reducing the apical extrusion of debris(3)(29).

In this study, we have used the most attention and has been adopted by most studies pertaining to apical extrusion of debris is the one described by Myers & Montgomery (1991). It is very likely that a smaller amount of extruded material may have a higher chance of eliciting a periapical response because it contains bacteria with higher virulence and antigenic characteristics than a

larger amount of extruded material but without the same level of irritation. According to Myers & Montgomery, filing to the foramen caused more debris to extrude than filing to the foramen that was 1 mm shorter (Martin & Cunningham 1982a,b, Myers & Montgomery 1991, Beeson et al. 1998).

Post-operative pain is one of the main drawbacks in root canal preparation. Bacteria, intracanal irrigants, or intracanal medications can also be pushed into the periradicular tissues and cause post-instrumentation irritation and pain in addition to dentin debris. Many studies have reported varying degrees of post endodontic pain ranging from 25-40% (30)(13). Main causes of postoperative discomfort was the extrusion of contaminated debris during chemomechanical preparation (11,30)(13,14). Result shows that profit S3 file show less debris extrusion when compared to ProTaper NEXT. Limitation of the study is further studies were required with increased sample size.

Our team has extensive knowledge and research experience that has translate into high quality publications (31-40)

CONCLUSION

The present study concluded that rotary file systems for root canal treatment are associated with apical extrusion of root canal dentin layer debris. In addition, the ProFit S3 files resulted in a comparatively lower amount of apical debris layer extrusion than the ProTaper Next rotary file systems.

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