Evaluation of the Reciprocation Technique of Single (SU) File Versus the Conventional Rotary Sequence of the Revo-S Files in Curved Root Canals (An In Vitro Study)

Thesis submitted to the Faculty of Dentistry, Ain Shams
University, in partial fulfillment for requirements for
Master Degree in

Endodontics

By

Nawar Muhammad Naguib Muhammad Nawar
B.D.S (2008) Ain Shams University

Department of Endodontics

Faculty of Dentistry

Ain Shams University

2014

Supervisors

Dr. Salma Hassan El-Ashri
Professor of Endodontic
Faculty of Dentistry
Ain Shams University

Dr. Abeer Abdel-Hakeem Mahmoud
Mohamed El-Gendy
Associate professor of Endodontic
Faculty of Dentistry

Ain Shams University

بسم الله الرحمن الرحيم

قَالُوا سُبْحَانَكَ لَا عِلْمَ لَذًا إِلاَّ مَا عَلَّمْتَنَا إِنَّكَ أَنتَ إِلاَّ مَا عَلَّمْتَنَا إِنَّكَ أَنتَ الْعَلِيمُ الْحَكِيمُ الْعَلِيمُ الْحَكِيمُ

صدق الله العظيم سورة الدقرة الآية (٣٢)

Dedication

I would like to dedicate my Master thesis to my Mother, everything started the moment you taught me how to grasp a pencil.

I dedicate it also to my Jather, Brother, WUB friends and childhood friends who have given me day by day support when progress was slow and morale was flagging and when there was much disappointment to overcome.

Acknowledgement

First of all thanks to almighty Allah the most kind and most merciful.

I wish to express my deepest gratitude and sincere appreciation to Dr. Salma Hassan El-Ashri Professor of Endodontic Faculty of Dentistry Ain Shams University. Her guidance and collaboration helped me to overcome the obstacles and difficulties that arose along the way until my thesis got completed.

I would like to thank Dr. Abeer Abdel-Hakeem Mahmoud Mohamed El-Gendy associate professor of Endodontic Faculty of Dentistry Ain Shams University for offering me much of her time, effort and support throughout the whole work.

Nawar Muhammad Naguib

List of Contents:

List of tables	ii
List of figures	iii
Introduction	1
Review of literature	3
Shaping abilityCleaning efficiency	
Aim of the study	43
Materials and methods	44
I) Materials	44
II) Methods	45
 Selection of samples Classification of samples Statistical analysis 	47
Results	63
Discussion	99
Summary and Conclusion	110
References	114
Arabic summary	**

Table No.	Title	Page No.		
1	The mean, minimum & maximum values of curvature			
1	angle of root canals in each subgroup.			
	Maximum, minimum and mean angles of canal curvature			
2	recorded pre- and post- operative (in degrees) for the			
	different subgroups.			
	Mean and standard deviation (SD) of pre and post			
3	instrumentation angel of curvature (in degrees) for the			
	different subgroups.			
	Maximum, minimum and mean percentage of change in			
4	canal curvature recorded post- operatively for the different			
	subgroups.			
5	Mean and standard deviation (SD) of percentage of	68		
3	changes in canal curvature for the different groups			
	Mean and standard deviation (SD) of Mesio-distal			
6	transportation for the different groups within each level,			
	negative sign denotes transportation to the distal direction.			
7	Maximum, minimum and mean mesiodistal centering			
/	ratio recorded for the different subgroups.			
	Mean and standard deviation (SD) of Mesio-distal			
8	centering ratio for the different subgroups within each			
	area.			
9	Mean and standard deviation (SD) of Canal cleanliness for			
9	the different groups within each level.			

Figure No.	Title	Page No.		
1	Revo-S files. The figure shows name, cross-section, tip			
1	size, taper and the length of the working blade.			
2	Teeth preparation showing access cavity and separation of			
2	distal roots.			
3	Specimens during scanning.	54		
4	Measuring Pre-operative canal curvature using	54		
	Schneider's method.			
5	Sneider's method used to measure canal curvature	55		
6	Siroendo motor used in the study.	55		
7	Representative drawing of tooth sections showing dentin	dentin 61		
,	thickness measurement.			
8	Longitudinal sections for canal cleanliness.	61		
9	Marking the outline of the root canal thirds and the debris pixels to calculate their surface area using image j.			
	Bar chart comparing the Mean of pre and post			
10	instrumentation angel of curvature (in degrees) for the			
	different subgroups.			
11	Bar chart showing the mean percent of reduction in canal	68		
11	curvature (%) for the different groups.	00		
12	Canal curvature measurement of sample IA-6	69		
12	A) Preinstrumentation B) Postinstrumentation	UZ		
13	Canal curvature measurement of sample IB-2			
	A) Preinstrumentation B) Postinstrumentation			
14	Canal curvature measurement of sample IC-4	at of sample IC-4		
	A) Preinstrumentation B) Postinstrumentation			
15	Canal curvature measurement of sample IIA-3	70		
13	A) Preinstrumentation B) Postinstrumentation			

Figure No.	Title			
16	Canal curvature measurement of sample IIB-5 A) Preinstrumentation B) Postinstrumentation			
17	Canal curvature measurement of sample IIC-8 A) Preinstrumentation B) Postinstrumentation			
18	Bar chart showing the Mean mesiodistal transportation for the different subgroups within each level, where the negative sign denotes transportation towards distal	75		
19	Bar chart showing the Mean mesiodistal transportation for the different levels within each subgroup, where the negative sign denotes transportation to the distal.	76		
20	Bar chart showing the mean mesiodistal centering ratio for the different subgroups within each level.	82		
21	Bar chart showing the mean mesiodistal centering ratio for the different levels within each subgroup.	83		
22	Measurements for mesiodistal transportation sample IC-3 at 2mm.	84		
23	Measurements for mesiodistal transportation sample IIC-5 at 2mm.	85		
24	Measurements for mesiodistal transportation sample IA-8 at 5mm.	86		
25	Measurements for mesiodistal transportation sample IIA-3 at 5mm.	87		
26	Measurements for mesiodistal transportation sample IB-5 at 8mm.	88		
27	Measurements for mesiodistal transportation sample IIB-7 at 8mm.	89		

Figure No.	Title	Page No.
28	Bar chart showing the mean canal cleanliness for the different subgroups within each level.	94
29	Bar chart showing the mean canal cleanliness for the different levels within each subgroup.	95
30	Measurements of canal cleanliness in sample IA-3.	96
31	Measurements of canal cleanliness in sample IIA-3.	96
32	Measurements of canal cleanliness in sample IB-3.	97
33	Measurements of canal cleanliness in sample IIB-6.	97
34	Measurements for canal cleanliness in sample IC-8.	98
35	Measurements for canal cleanliness in sample IIC-7.	98

Introduction

Introduction

Endodontic therapy is quite complex. Each clinical situation is unique, but the final objective remains identical: to preserve the natural tooth functional and asymptomatic.

Achieving this objective depends upon numerous factors among which the most important is probably the shaping performed to optimize the root canal disinfection. It is influenced not only by the clinician's experience, but also by the complexity of the root canal anatomy, as well as the clinician's armamentarium, this includes Nickeltitanium (NiTi) rotary endodontic instruments that gained increased popularity within the dental profession due to their many favorable characteristics compared to their stainless steel hand files predecessor.

Technological advances led to dramtic improvements in the ability to shape root canals with fewer complications; however, few of these actually addressed the inherent problems that have become apparent with this type of instruments. NiTi instruments are expensive, which limits their usage in poorer regions of the world and /or forces practitioners to use instruments repeatedly.

When shaping canals, it should be appreciated that there are both advantages and disadvantages associated with utilizing continuous rotating versus a reciprocating motion. The greater tactile touch gained and less inward pressure required when continuously rotating NiTi in curved canals must be balanced with the inherent risks associated with torque and cyclic fatigue failures.

On the other hand, file reciprocation reduces the various risks associated with continuously rotating a file through curvatures. It also considerably reduces the learning curve and is more cost effective.

The present study focuses on the applicability of reciprocating the Revo-S Shaping Universal (SU) endodontic instrument. If applicable, this will be extremely feasible because of its asymmetrical cutting profile as well as the manufacturer suggestions that the Revo-S instruments can be used several times.