Chemomechanical Effect and Healing Potentiality of Different Formulations of Calcium Hydroxide on Root Canal Dentin and Periapical Tissues.

(An In Vitro-In Vivo study)

Thesis Submitted to the Faculty of Dentistry
Ain Shams University
In Partial Fulfillment of The Requirements For
The Doctor Degree in Endodontics.

By

Medhat Taha Abdel Fattah

B.D.S/M.D.Sc
Department of Endodontics
Faculty of Dentistry
Ain Shams University
2011

Supervisors

Professor Doctor. Salma Hassan El Ashry

Professor of Endodontics Faculty of Dentistry Ain Shams University

Associate Professor. Doctor. Ashraf Mohamed Abdel-Rahman Abu-seida

Associate professor of Surgery.

Anesthesiology & Radiology Department of Surgery.

Anesthesiology & radiology faculty of Veterinary Medicine Cairo university

> Associate Professor Doctor. Houry mostafa Alboghdady

Ass. Professor of Oral Pathology Faculty of Dentistry Ain Shams university

Doctor Kareem M. El-Batouty

Lecturer of Endodontics Endodontic department Faculty of Dentistry Ain Shams University

Summary

Calcium hydroxide is considered an effective intracanal medicament for the eradication of many bacterial strains and its byproducts in addition to its role in the relief of inflammation. However it has a critical disadvantage through its weakening effect of the mechanical properties of root canal dentin. Many vehicles were used for mixing of calcium hydroxide and it was proofed by many authors that the mixing vehicle has a direct effect on the degree and the rate of calcium hydroxide formulations. In our study three vehicles were used; saline, chlorhexidine and iodoform.

This study consisted of three parts;

The first part was designed to detect the chemical effect of calcium hydroxide on the root canal dentin and the surrounding periapical tissues regarding the changes in pH and the calcium weight percent after immersion of the dressed samples in normal saline for one, two and three months.

PH changes were measured using digital pH meter and the changes in the internal and external dentin calcium weight percent were measured using EDAX system.

The results of this section showed an increase in the pH by time for both dentin and the surrounding media with higher

Dedicated to

The soul of my precious father, To my great mother, my lovely wife And my beautiful daughters

Thank you for supporting me all the time.

Acknowledgement

I would like to express my deep appreciation and gratitude to the mother of Endodontics of our faculty **Professor Doctor. Salma Hassan El Ashry.** Professor of Endodontics, professor of Endodontic, Faculty of Dentistry, Ain Shams University, for her academic supervision, guidance and valuable advice which were essential for completion of this study.

My sincere gratitude to Associte Professor Doctor. Ashraf Abo-Seida, Associate professor of Surgery. Anesthesiology & Radiology Department of Surgery, Anesthesiology & radiology. faculty of Veterinary Medicine. Cairo university for his generous support through the entire course of the work.

I am pleased to thank Associate Professor Doctor. Houry mostafa Alboghdady Ass. Professor of Oral Pathology Faculty of Dentistry. Ain Shams university for her grateful help and precious knowledge.

My great appreciation for doctod Karim El-Battoty Lecturer of Endodontics. Faculty of dentistry. Ain Shams university for his continuous help and support.

Many thanks to all members of Endodontic department, Faculty of Dentistry, Ain Shams University.

Contents

Subject	Page
INTRODUCTION	1
REVIEW OF LITERATURE	3
I- chemical effect of calcium hydroxide	3
II- Mechanical effect of calcium hydroxide	25
III- Biological effect of calcium hydroxide	32
AIM OF THE STUDY	50
MATERIALS AND METHODS	51
I-Chemical effect	53
II- Mechanical effect	68
III- Healing potentiality	77
RESULTS	84
I- Chemical effect	84
II- Mechanical effect	108
III- Healing potentiality	123
DISCUSSION	143
SUMMARY	157
CONCLUSION AND RECOMMENDATIONS	160
REFERENCES	161
ARABIC SUMMARY	

List of Errata.

- Page 56 last line (*Sopro II Radiovisiograph) shifted to page 55.
- Page 73, paragraph 2, line 5. Was: The indentation on the internal canal space; the indentation on the external Dentin was made approximately 2-2.5 mm. from the canal lumen. Now: The indentation on the inner dentin was made at 0.5-1 mm from the canal lumen and the indentation on the outer dentin was made approximately 2-2.5 mm. from the canal lumen.
- Page 75, figure 12. Was: Photograpg. Now: Photograph.
- Pages 113-120. All Kgf/mm2 now Kgf/mm².
- Page 116, paragraph 2 line 6. Was: The minimum value was 37.9 Kgf/mm². Now: The minimum value was 39.7 Kgf/mm².
- Page 122, table 20 the control was 42.6. Now 54.8
- Page 139-141 all Ca(OH)2 now: Ca(OH)₂.
- Page 160 paragraph 1 was: con. Now: can.

LIST OF FIGURES

	Figure page	
Fig (1)	Photograph shows a specimen for measuring dentinal PH	57
	with drilled cavity in the middle third of 1mm width, 5mm	
	length and 2mm depth from the canal lumen.	
Fig (2)	Photograph of the Copper block former.	62
Fig (3)	Photograph shows luting sample to the copper arm.	62
Fig (4)	Photograph shows Insertion of sample in the acrylic.	63
Fig (5)	Photograph shows sample in acrylic block.	63
Fig (6)	Photograph of the EDAX system.	66
Fig (7)	Photomicrograph shows an ESEM scale.	66
Fig (8)	Graph shows an ESEM results for minerals content (horizontally representing the position of each element according to its frequency and vertically representing its intensity).	67
Fig (9)	Photograph shows Instron universal testing machine.	71
Fig (10)	Photograph shows a sample during loading.	71
Fig (11)	Photograph shows the sample after fracture.	72
Fig (12)	Photograph shows Vickers Microhardness Tester.	75
Fig (13)	Photograph shows a sample under Vicker's indentor.	75
Fig (14)	Photomicrograph of an indentation of outer dentin.	76
Fig (15)	Classification of groups and subgroups for the in-vivo study.	78

Fig (17)	Photograph shows the application of the dressing calcium	80
	hydroxide formulation.	
Fig (18)	Steps of image analysis.	83
Fig (19)	The mean value for inner dentine pH for different groups and subgroups.	95
Fig (20)	The mean value for outer dentine pH for different groups and subgroups.	96
Fig (21)	The mean value for pH of the samples with no cavity for different groups and subgroups.	97
Fig (22)	The mean value for inner dentine Ca wt% for different groups and subgroups.	106
Fig (23)	The mean value for outer dentine Ca wt% for different groups and subgroups.	107
Fig (24)	The mean value for fracture resistance for different groups and subgroups.	112
Fig (25)	The mean value for inner dentine microhardness for different groups and subgroups.	121
Fig (26)	The mean value for outer dentine microhardness for different groups and subgroups.	122
Fig (27)	A-Photomicrograph of subgroup A (two weeks) showing generalized edema in the periapical area. (X10). B-Higher magnification of the previous photomicrograph revealing mononuclear inflammatory cell infiltrate and connective tissue fibrils surrounded by edematous connective tissue (X40).	127

Photograph shows pulp extirpation with file #40.

80

Fig (16)

- Fig (28) A-Photomicrograph of subgroup B (2 weeks) revealing generalized edematous connective tissue in the periapical region. (X10).

 B-Higher magnification of the previous photo revealing chronic inflammatory cells (lymphocytes and plasma cells surrounded by edematous connective tissue. Fibrillar dissociation was seen in the periodontal ligament. (X40).
- Fig (29) A-Photomicrograph of subgroup C (2 weeks) revealing 129 periapical granulation tissue surrounded by edema (X10).

 B- Higher magnification of the previous photomicrograph showing intense inflammatory cell infiltrate mainly lymphocytes, delicate connective tissue fibrils and edematous areas. (X40).
- Fig (30) A-Photomicrograph of subgroup D (control) (2 weeks) 130 revealing numerous blood vessels in the periapical tissue.

 Bone and cementum resorption was evident. (X10).

 B-Higher magnification of the previous photomicrograph showing dilated and congested blood vessels among mononuclear inflammatory cells and delicate connective tissue fibrils. Note the presence of osteoclasts (X40).
- Fig (31) A-Photomicrograph of subgroup A (4 weeks) revealing 131 generalized edema in the periapical area. Note the root resorption (X10).

 B-Higher magnification of the previous photomicrograph showing fibrillar dissociation with minimal cellularity and vascularity in degenerated connective tissue (X40).

- Fig (32) A-Photomicrograph of subgroup B (4 weeks revealing periapical granulation tissue surrounded by highly vascularized edematous connective tissue (X10).

 B-Higher magnification of the previous photomicrograph showing mononuclear inflammatory cell infiltrate, areas of edema and fibrillar dissociation within the periodontal ligament (X40).
- Fig (33): A-Photomicrograph of subgroup C (4 weeks) revealing periapical granulation tissue with areas of edema (X10).

 B-Higher magnification of the previous photomicrograph showing intense inflammatory cell infiltrate (lymphocytes, plasma cells and macrophages) fibrillar dissociation is also seen. (X40)
- Fig (34): A-Photomicrograph of subgroup D (control) (4 weeks) 134 revealing an area of degenerated connective tissue surrounded by vascular granulation tissue. (X10)

 B-Higher magnification of the previous photomicrograph showing mononuclear inflammatory cells, blood vessels, hyaline degeneration and areas of edema. (X40).
- Fig (35): A-Photomicrograph of subgroup A (6 weeks) revealing 135 absence of any periapical lesion (X10).

 B-Higher magnification of the previous photomicrograph showing direct contact of the periodontal ligament with the adjacent bone. Note the dilated blood vessels (X40).
- Fig (36): A-Photomicrograph of subgroup B (6 weeks) revealing a 136 mass of degenerated connective tissue in the periapical region surrounded by edematous connective tissue. Note the presence of root resorption (X10).

	showing mononuclear inflammatory cells, areas of hyaline	
	degeneration and edema (X40).	
Fig (37):	A-Photomicrograph of subgroup C (6 weeks) revealing a	137
	large edematous area in the periapical tissue (X10).	
	B- Higher magnification of the previous photomicrograph	
	showing fibrillar dissociation, areas of edema congested	
	blood vessels and mononuclear inflammatory cells (X40).	
Fig (38):	A-Photomicrograph of subgroup D revealing degenerated	138
	connective tissue surrounded by vascular granulation tissue	
	(X10).	
	B-Higher magnification of the previous photomicrograph	
	showing mononuclear inflammatory cells, areas of hyaline	
	degeneration, fibrillar dissociation and numerous blood	
	vessels (X40).	
Fig (39):	The mean value for inflammatory cell count for all tested	142
	groups.	

B-Higher magnification of the previous photomicrograph

LIST OF TABLES

Table		page
Table (1)	Classification of samples for determination of pH changes.	55
Table (2)	Classification of samples for changes in calcium content of root canal dentin:	60
Table (3)	Classification of samples for fracture resistance	69
Table (4)	PH changes of the root dentin of group I (calcium hydroxide mixed with saline) at different observation periods:	87
Table (5)	PH changes of the root dentin of group II (calcium hydroxide mixed with CHX) at different observation periods:	90
Table (6)	PH changes of the root dentin of group III (calcium hydroxide mixed with iodoform)at different observation periods	93
Table (7)	Mean and statistical significance for inner dentin PH for all tested groups.	95
Table (8)	Mean and statistical significance for outer dentin PH for all tested groups.	96
Table (9)	Mean and statistical significance for PH of samples with no cavity for all tested groups.	97
Table (10)	Dentin calcium weight percent of group I (calcium hydroxide mixed with saline) at different observation periods.	100

Table (11)	Dentin calcium weight percent of group II (calcium	102
	hydroxide mixed with chlorhexidine) at different	
	observation periods.	
Table (12)	Dentin calcium weight percent of group III	104
	(calcium hydroxide mixed with iodoform) at	
	different observation periods.	
Table (13)	Mean and statistical significance for inner dentin	106
	calcium weight percent for all tested groups.	
Table (14)	Mean and statistical significance for outer dentin	107
	calcium weight percent for all tested groups.	
Table (15)	Mean and statistical significance for fracture	112
	resistance (N.) for different groups and subgroups.	
Table (16)	Dentin microhardness of group I (calcium	115
	hydroxide mixed with saline) (Kgf/mm ²) at	
	different observation periods.	
Table (17)	Dentin microhardness of group II (calcium	117
	hydroxide mixed with CHX) (Kgf/mm ²) at different	
	observation periods.	
Table (18)	Dentin microhardness of group III (calcium	119
	hydroxide mixed with iodoform) (Kgf/mm ²) at	
	different observation periods.	
Table (19)	Mean and statistical significance for inner dentin	121
	microhardness; (Kgf/mm2) for all tested groups.	
Table (20)	Mean and statistical significance for outer dentin	122
	microhardness; (Kgf/mm2) for all tested groups.	
Table (21)	Total inflammatory cell count and statistical	142
	significance for all tested groups.	

Aim of the study.

This study was designed to evaluate:

I- In vitro.

- A- The chemical changes in root canal dentine after the application of different formulations of calcium hydroxide as regards:
- 1. The changes in the PH of root canal dentin with different depths and of the surrounding medium.
- 2. Changes in the calcium weight percent of the root canal dentin.
- B-The effect of different formulations of calcium hydroxide intra canal dressings on the mechanical properties of root canal dentin as regards:
 - 1. Fracture resistance.
 - 2. Dentin microhardness.

II- In vivo.

A- The healing potentiality of different formulations of calcium hydroxide on the induced periapical lesions in dogs as regards the total inflammatory cell count.