

بسم الله الرحمن الرحيم

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بقسم التوثيق الإلكتروني بمركز الشبكات وتكثولوجيا المطومات دون أدنى مسنولية عن محتوى هذه الرسالة.

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The Incidence of Dentinal Crack Formation During Root Canal Treatment by Three Different File Systems In Vitro Study

Thesis Submitted to the Endodontic Department Faculty of Dentistry - Ain Shams University for Fulfillment of the Requirements of Master Degree in Endodontics

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Faculty of Dentistry
Ain Shams University
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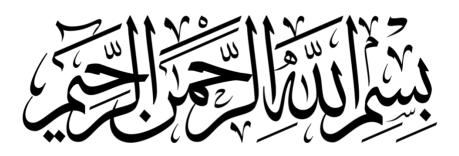
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Table of Contents

Title	Page No.
Table of Contents	I
List of Tables	II
List of Figures	III
Introduction	1
Review of Literature	2
Aim of the Study	32
Materials & Methods	33
Results	44
Discussion	85
Summary	95
Conclusion	97
References	98
الملخص العربي	112

List of Tables

Table No.	Title	Page No.
Table 1:Demonstrating number	er of teeth included in each	group37
Table 2: Demonstrating Numbabsence of cracks us	ber (N) of samples showing jing different file types	
Table 3: Demonstrating numb absence of cracks in	oer (N) of samples showing p different root section	
Table 4: Demonstrating numbasence of cracks in	per (N) of samples showing per relation to root curvature	
_	oer (N) of samples showing prepared by ProTaper Next in ferent root curvature	n different
	oer (N) of samples showing prepared by ProTaper Gold into root curvature	n different root
-	ber (N) of samples showing prepared by TruNatomy in dinterest root curvature	ifferent root
Table 8: Comparison between (severely curved ro	subgroup A (straight root) oot) for each group at the a	
Table 9: Comparison between (severely curved ro	subgroup A (straight root) oot) for each group at the m	
Table 10: Comparison between (severely curved ro	en subgroup A (straight root bot) for each group at the co	
	n apical, middle & coronal s in sugroup A (straight root)	for each
9	n apical, middle & coronal s in subgroup B (severely cur	eved root) for
Table 13: Comparison between (straight root)	n groups regards cracks am	· ·
Table 14: Comparison between (severely curved in	en groups regards cracks an root)	

List of Figures

Figure No.	Title	Page No.
Fig. 1: ProTaper No	ext	33
Fig. 2: ProTaper G	old	33
Fig. 3: TruNatomy.		34
Fig. 4: Photograph	showing Schneider's method	35
Fig. 5: Photograph	showing Rotary motor	39
Fig. 6: Photograph	showing low speed straight hand piece	e40
Fig. 7: Photograph	showing carbide disc	40
Fig. 8: Photograph	showing Stereomicroscope	42
types	number of samples showing cracks wi	46
_	of number of samples showing presence fferent files in different root sections.	
prepared n unprepared	h showing absence of crack in the coro nesio-buccal canal. Note absence of cra d mesio-lingual canal red arrow (ProT	ack in the aper Next,
Fig. 12: Photograph prepared me the unprepa	h showing complete crack in the middlesio-buccal canal black arrow. Note abred mesio-lingual canal red arrow. (Pr	e section of the sence of crack in oTaper Next,
complete c	gnification of the previous photograph rack extending to the outer root surfac	ce black arrow,
the prepare crack in the	h showing two incomplete cracks in the ed mesio-buccal canal black arrow. No e unprepared mesio-lingual canal red a	ote absence of. arrow. (ProTaper

Figure	No.	Title	Page No.
Fig. 15:	2 2	vious photograph showing two	
Fig. 16:	prepared mesio-buccal cana unprepared mesio-lingual c	e of cracks in the coronal secti al. Note absence of crack in the anal red arrow. (ProTaper Go	ld,
Fig. 17:	prepared mesio-buccal cana the unprepared mesio-lingu	ete crack in the middle section al black arrow. Note absence of al canal red arrow. (ProTaper	f crack in Gold,
Fig. 18:	crack extending to the outer	vious photograph showing con root surface black arrow,	_
Fig. 19:	prepared mesio-buccal cana the unprepared mesio-lingu	plete crack in the apical section al black arrow. Note absence of al canal red arrow. (ProTaper	f crack in Gold,
Fig. 20:	Higher magnification of pre	vious photograph showing inco	omplete
Fig. 21:	prepared mesio-buccal cana	ee of cracks in the coronal sectial. Note absence of crack in the anal red arrow. (TruNatomy,	
Fig. 22:	Photograph showing comple prepared mesio-buccal cana the unprepared mesio-lingu	ete crack in the middle section al black arrow. Note absence of al canal red arrow. (TruNaton	of the f crack in
Fig. 23:	crack extending to the outer	vious photograph showing con root surface black arrow,	-
Fig. 24:	the prepared mesio-buccal of in the unprepared mesio-lin	complete cracks in the apical sc canal black arrow. Note absence gual canal red arrow. (TruNat	ce of crack tomy,
Fig. 25:		vious photograph showing twow.X30	

Figure	e No.	Title	Page No.
Fig. 26:	Photograph showing absence root. (ProTaper Next, X 20).	of cracks in the middle of str	_
Fig. 27:	Photograph showing complet curved root black arrow. (Pr		-
Fig. 28:	Higher magnification of prev crack in middle section of sev		_
Fig. 29:	Bar chart of number of samp in relation to root curvature.		
Fig. 30:	photograph showing incompl severely curved root black ar	row. (ProTaper Next,	
Fig. 31:	X20) Higher magnification of preverack in apical section of several		omplete
Fig. 32:	Photograph of the same tooth middle section black arrow. (<u> </u>	
Fig. 33:	Higher magnification of prev crack in middle section of sev	ious photograph showing incoverely curved root black arrow	
Fig. 34:	Photograph of the same tooth coronal section black arrow.	showing incomplete crack in (ProTaper Next.,X20)	
Fig. 35:	Higher magnification of prev crack in coronal section of se	ious photograph showing incoverely curved root black arro	_
Fig. 36:	Bar chart representing Comp subgroup B for each group at	_	
Fig. 37:	Bar chart representing Comp subgroup B for each group a		
Fig. 38:	Bar chart representing Comp subgroup B for each group at	~ <u>-</u>	

Figu	re No.	Title	Page No.
Fig. 39:	_	senting comparison between apica regarding cracks in subgroup A f	,
Fig. 40:	-	senting comparison between apica regarding cracks in subgroup B f	
Fig. 41:	_	senting comparison between groupoup A at different root sections	
Fig. 42:	-	senting comparison between group B at different root sections	

Introduction



Introduction

Effective root canal therapy is based on reaching an accurate diagnosis and establishing an appropriate treatment plan. In spite of the fact that successful treatment depends on numerous factors, one of the most important steps in root canal treatment is canal instrumentation. This is essential because instrumentation determines the efficacy of all subsequent procedures and includes mechanical debridement, creating space for medicament delivery, and optimized canal geometries for obturation.

Chemo-mechanical preparation is expected to clean, sanitize, and shape the root canal. This step is of most importance during endodontic therapy. since treatment result relies upon how successfully the clinician eliminates bacteria, their by-products, and necrotic tissue that would act as substrate for bacterial re-growth. In any case, curves, root canal complex and internal anatomical variations can represent a high degree of difficulty in reaching these goals.

For many years root canal instrumentation was performed using manual stainless steel endodontic files. This technique proved to be difficult and led to many errors, due to the use of rigid ended instruments in a push-pull filing motion. Because of the constraints of manual files NiTi rotary instruments were introduced.

Root canal preparation can damage the root dentin, that might result in dentinal crack formation that have the ability to develop to vertical root fracture.

The treatment of cracked teeth depends on the extent of the crack. A tooth with an extensive crack for long duration may be more likely to require root canal treatment.

Review of Literature

There are five generations of NiTi rotary instruments:

The First generation was firstly introduced to the market during the mid 1990s. The main Niti Files of this generation are LightSpeed, Profile-Dentsply, Quantec SybronEndo and GT system-Dentsply. All these NiTi instruments were centered in the middle of the canal also created smooth walls and caused minimum procedural errors. The main disadvantage of this generation was requiring large number of files to achieve these goals. **Hata et al., 2002**⁽¹⁾ **and Yun and Kim 2003**⁽²⁾

The second generation was introduced in 2001. The main Niti files of this generation were: I Race, I Race Plus, ProTaper Universal-Dentsply, Hero Shape, K3-SybronEndo and Mtwo. The main benefits of these NiTi instruments were greater cutting efficiency with active cutting edge, so the number of instruments required was less in comparison with the previous generation. The main disadvantages during shaping with these files were file breakage and canal transportation. **Schäfer and Vlassis 2004**⁽³⁾ and **Kuzekanani et al., 2009**⁽⁴⁾

The third generation was introduced in 2007. The main NiTi files were: Profile GTX, HyFlex CM, Vortex Blue and K3 XF Files. **Peters et al., 2012**⁽⁵⁾. In this generation the manufactures focused mainly on the metallurgy of the files, so they applied the M-wire and R-phase technology, to increase the flexibility of files and decrease the incidence of file breakage. **Shen et al., 2013**⁽⁶⁾

The fourth generation focused mainly on reciprocation motion and the use of single file technique to achieve full cleaning and shaping of the canal. The main files of this category were Wave One and One Shape. Haapasalo and Shen 2013⁽⁷⁾ and Peters et al., 2012⁽⁵⁾

The fifth generation focused on increasing the efficiency of the canal shaping and also improve the cutting and removing of debris. The main important examples of Niti files in this category were: Revo-S and ProTaper Next. **Peters et al., 2012**⁽⁵⁾

ProTaper Next is made by M- wire technology. This system has an off center rectangular cross section. It has a progressive and regressive taper. Off centered rectangular shape provides the file a swaggering motion (snake-like), which minimizes the contact between the file and the dentinal wall, thus reducing the screwing effect. **Çakici et al., 2019**⁽⁸⁾

ProTaper Gold has a convex triangular cross section with a progressive taper. According to the manufacturer ProTaper Gold is considered as a twin to ProTaper Universal as it has the same geometry, but high austenite finish temperature and thermal treatment provides greater flexibility and resistance to cyclic fatigue. Kim et al., 2021⁽⁹⁾

Recently, TruNatomy files has been developed. It is manufactured using special NiTi heat treated wire in order to increase flexibility. TruNatomy files are off-centred parallelogram cross-section. TruNatomy consist of four files: Gilder (size 017 .02 taper), Small (size 020 .04 taper), Prime (size 026 .04 taper) and Medium (size 036 .03 taper). **Elnaghy et al., 2020**⁽¹⁰⁾

Studies has shown that distinctive root canal preparation systems damage the root canal wall to different degrees. Different types of dentinal wall defects may happen such as craze lines, micro-cracks or vertical root fracture. Wilcox et al., 1997(11)

Some authors define "crack tooth syndrome" as incomplete fracture of posterior teeth these teeth are vital, fracture extend to dentin and could reach the pulp. Lynch and McConnell 2002(12)