

# بسم الله الرحمن الرحيم

 $\infty\infty\infty$ 

تم رفع هذه الرسالة بواسطة / حسام الدين محمد مغربي

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى مسئولية عن محتوى هذه الرسالة.

AIN SHAMS UNIVERSITY

Since 1992

Propries 1992

ملاحظات: لا يوجد



# "Clinical and CBCT Evaluation of the Quality of Obturation and Time Efficiency of Rotary Versus Manual Instrumentation in Pediatric Endodontics"

#### **Thesis**

Submitted In Partial Fulfillment of the Requirements of the Doctorate Degree in Pediatric Dentistry and Dental Public Health

#### Presented by:

#### Reem Mahmoud Abdelkader Awad

M.S.C. Faculty of Dentistry, Ain Shams University, 2017

B.D.S., Faculty of Dentistry, Ain Shams University, 2011

Assistant lecturer, Pediatric Dentistry and Dental Public Health, BUE

E-mail: reem.mahmoud@bue.edu.eg

**Phone no.:** 01227432617

Faculty of Dentistry
Ain Shams University
2022

## **Supervisors**

#### Professor Dr. Noha Samir Kabil

Professor of Pediatric Dentistry and Dental Public Health
Faculty of Dentistry
Ain Shams University
British University in Egypt

#### Assistant Professor Dr. Mariam Osama Wassel

Associate Professor of Pediatric Dentistry and Dental Public
Health, Faculty of Dentistry
Ain Shams University

Faculty of Dentistry
Ain Shams University
2022



(سورة المجادلة - آيه 11)

#### Dedicated to

## The soul of my father,

Whose affection encouraged me throughout my whole life. Hopefully I am making him proud by fulfilling his dream and will.

#### My mother

My role model for strength and dedication. Her constant, unconditional love and support, I became the person I am today.

#### My brother

who continued to support me through words and actions. I value all your input and appreciate your confidence.

#### My beautiful niece

for the joy, she brings to my life.

## Acknowledgement

All praise and all thanks to Allah, who has given me the strength, guided me, and enabled me to accomplish this work.

The completion of this thesis would not have been possible without the support and encouragement of several special people. Hence, I would like to take this opportunity to show my deepest gratitude to those who have assisted me in a myriad of ways.

First, I would first like to express my heartfelt thanks and my deepest gratitude to my supervisors: *Professor Dr. Noha Samir Kabil*, for sharing her expertise, continuous motivation, support, sincere and valuable guidance. Respectful thanks to *Dr.Mariem Osama Wassel* for her willingness to offer me so much of her time, her guidance and dedication for the thesis to stand out at its best.

Furthermore, my deepest appreciation to *Proferssor Dr. Nadia Metwalli* for her continuous support and encouragement. Much obliged, *Dr.Shaimaa Abu El Sadat*, Lecturer of Dental Radiology, Ain Shams University, *Dr.Mahmoud El Sayed*, MSc.Dental Radiology, Ain Shams University whom assisted in and facilitated the process of CBCT scanning and interpretation and *Dr.Wael elshater*, Lecturer of Endodontics, Ain Shams University, who never spared his time or knowledge whenever needed.

This acknowledgement would be incomplete without expressing my endless gratitude to all my friends and colleagues in the Pediatric Dentistry Department, Ain Shams University and the British University in Egypt. Moreover my beloved patients who put up with me through this tough journey.

## **List of Contents**

List of Tables	i
Table of Figures	iii
Table of abbreviations	vii
1.Introduction	2
2.Review of Literature	5
3.Aim of the Study (Objectives)	41
4.Materials and Methods	44
4.1. Clinical Evaluation	44
4.1.1. Materials	44
4.1.2. Methodology	46
4.1.3. Clinical procedures	51
4.1.4. Follow up	62
4.1.5. Data collection	64
4.1.6. Data management	64
4.2. In-vitro evaluation	65
4.2.1. Materials	65
4.2.2. Methodology	66
4.3. Measuring Remaining Dentin Thickness, Canal Transportation and	
Centering Ratio	79
4.4. Statistical Analysis	82
5.Results	84
5.1. Clinical Analysis	84
5.1.1. Demographic Data of the studied population	84
5.1.2. Characteristics of Dropouts	86
5.1.3. Instrumentation Time	87
5.1.4. Quality of Obturation	88
5.1.5 Clinical and Radiographic success	90

5.2. In-vitro Analysis	94
5.2.1 Instrumentation Time	94
5.2.2 Comparison between the Clinical and the In-vitro regarding.	. 95
the Instrumentation Time	
5.2.3 Correlation Between Working Length and Instrumentation	97
Time	
5.2.4 Quality of Obturation	98
5.2.5 Association between Working Length and Quality of	103
Obturation	
5.2.6 Remaining Dentine Thickness	105
5.2.7. Canal Transportation	108
5.2.8. Centering Ratio	112
6.Discussion.	115
7.Summary	129
8.Conclusion	133
9.Recommendations	135
10.References	137
11.Appendices	161
12.Arabic Summary	

## **List of Tables**

No.	Title	Page No.
1	Materials used in the clinical phase of the study	44-45
2	Materials used in the in-vitro phase of the study	65
3	Demographic characteristics of the studied population	84
4	Summary of characteristics of the study dropouts	86
5	Mean, Standard deviation (SD) values of instrumentation time for different types of files	87
6	Frequencies and percentages for quality of obturation for different groups	88
7	Frequencies and percentages for overall clinical and radiographic outcome for different groups	91
8	Mean, Standard deviation (SD) values of instrumentation time for different types of files	94
9	Comparison of mean, standard deviation (SD) values of instrumentation time for different types of files between clinical and in-vitro.	95
10	Correlation between working length and instrumentation time	97
11	Frequencies (n) and percentages (%) for quality of obturation for different groups	99
12	Association between working length and obturation quality	103
13	Mean, Standard deviation (SD) values of remaining dentine thickness for different types of files (Buccolingual)	105

14	Mean, Standard deviation (SD) values of remaining dentine thickness for different types of files (Mesiodistal)	107
15	Mean, Standard deviation (SD) values of transportation for different types of files (Buccolingual)	108
16	Mean, Standard deviation (SD) values of transportation for different types of files (Mesiodistal)	110
17	Mean, Standard deviation (SD) values of centering ratio for different types of files (Buccolingual)	112
18	Mean, Standard deviation (SD) values of centering ratio for different types of files (Mesiodistal)	113

## **Table of Figures**

No.	Title	Page No.
1	Graphical representation of the ideal "Schilder" canal preparation shape	10
2	Disposable 2 ml syringe	29
3	Insulin syringe	29
4	Endodontic Pressure Syringe	30
5	Lentulo spiral	31
6	Four different obturation methods: (a) Endodontic pressure syringe. (b) Insulin syringe. (c) Jiffy tube. (d) Local anesthetic syringe	33
7	Canal Transportation	38
8	The Consort flowchart of the trial according to criteria recommended in the Consort guidelines	49
9	Schematic drawing for the study design with the follow up and the assessments period	50
10	Lower mandibular arch showing badly decayed lower left 2 <sup>nd</sup> primary molar.	53
11	Saline	53
12	FONA phosphor plate size 1 and KERR phosphor plate holder	55
13	Manual stainless-steel K-files (#15-#30)	55
14	Zinc Oxide and Eugenol	56

15	A disposable 3 ml syringe (AMECO, Egypt) was modified	57
	by fitting with disposable tips (Meta Biomed).	
16	Reinforced ZOE cement (IRM).	58
17	3M Stainless-Steel Crowns	59
18	XGENUS X-ray machine	60
19	DURR Dental Vista Scan Image Plate Scanner	60
20	MM Ni-Ti files (#20-#25-#30)	62
21	Eighteeth E-Connect Pro (Endo Motor)	62
22	Root length rechecked using digital caliper	68
23	Root length rechecked using CBCT.	68
24	Schneider's method for determination of canal curvature	69
25	Schematic drawing for the in-vitro study design	70
26	Thermacol with 5 extracted teeth aligned in an arch form.	72
27	CBCT machine; GENDEX DP-800	72
28	Pre-operative (white; on the left) and post-operative scans	74
	(blue; on the right) were superimposed using the InVivo	
	5.3.1 Anatomage software (Anatomage, CA, USA).	
29	Superimposition was done by registering tooth by tooth, not group by group.	74
30	Pre-instrumentation CBCT scans of the Distobuccal canal.A:	75
50	cervical level. B: Middle root. C: Apical level	, 5
31	Post-Instrumentation CBCT scans of the Distobuccal canal.	76
	A: cervical level. B: Middle root. C: Apical level.	
32	Screenshot of the Excel sheet prepared for data entrance	77

obturation. a: Optimum. b: Underfilled. c: Overfilled.  34	33	Post-obturation scans for evaluation of the quality of	78
A) Before; B) After preparation  35 Gender distribution  36 Average age (years)  37 Average instrumentation time for different types of files  38 Percentage of obturation quality in different file types  39 Percentage of obturation quality in different techniques  40 Percentage of overall clinical and radiographic outcome in different groups  41 Percentage of overall clinical and radiographic outcome in different intervals  42 Radiographic follow up for group Manual group  43 Radiographic follow up for group Rotary group  44 Average instrumentation time for different types of files  45 Comparison of average instrumentation time for different types of files between clinical and in-vitro  46 The correlation between working length and instrumentation time in manual files  47 The correlation between working length and instrumentation time in rotary files		obturation. a: Optimum. b: Underfilled. c: Overfilled.	
35 Gender distribution 85  36 Average age (years) 85  37 Average instrumentation time for different types of files 87  38 Percentage of obturation quality in different file types 89  39 Percentage of obturation quality in different techniques 89  40 Percentage of overall clinical and radiographic outcome in different groups 92  41 Percentage of overall clinical and radiographic outcome in different intervals 92  42 Radiographic follow up for group Manual group 93  43 Radiographic follow up for group Rotary group 93  44 Average instrumentation time for different types of files 94  45 Comparison of average instrumentation time for different types of files between clinical and in-vitro 96  46 The correlation between working length and instrumentation time in manual files 98  47 The correlation between working length and instrumentation time in rotary files	34	Schematic view of canal geometry.	81
36 Average age (years)  37 Average instrumentation time for different types of files  38 Percentage of obturation quality in different file types  39 Percentage of obturation quality in different techniques  89  40 Percentage of overall clinical and radiographic outcome in different groups  41 Percentage of overall clinical and radiographic outcome in different intervals  42 Radiographic follow up for group Manual group  43 Radiographic follow up for group Rotary group  44 Average instrumentation time for different types of files  45 Comparison of average instrumentation time for different types of files between clinical and in-vitro  46 The correlation between working length and instrumentation time in manual files  47 The correlation between working length and instrumentation time in rotary files			
Average instrumentation time for different types of files  Percentage of obturation quality in different file types  Percentage of obturation quality in different techniques  Percentage of overall clinical and radiographic outcome in different groups  Percentage of overall clinical and radiographic outcome in different intervals  Radiographic follow up for group Manual group  Parage instrumentation time for different types of files  Average instrumentation time for different types of files  Comparison of average instrumentation time for different types of files between clinical and in-vitro  The correlation between working length and instrumentation time in manual files  The correlation between working length and instrumentation time in rotary files	35		85
38 Percentage of obturation quality in different file types 39 Percentage of obturation quality in different techniques 89 40 Percentage of overall clinical and radiographic outcome in different groups 41 Percentage of overall clinical and radiographic outcome in different intervals 42 Radiographic follow up for group Manual group 43 Radiographic follow up for group Rotary group 44 Average instrumentation time for different types of files 45 Comparison of average instrumentation time for different types of files between clinical and in-vitro 46 The correlation between working length and instrumentation time in manual files 47 The correlation between working length and instrumentation time in rotary files	36		85
Percentage of obturation quality in different techniques  40 Percentage of overall clinical and radiographic outcome in different groups  41 Percentage of overall clinical and radiographic outcome in different intervals  42 Radiographic follow up for group Manual group  43 Radiographic follow up for group Rotary group  44 Average instrumentation time for different types of files  45 Comparison of average instrumentation time for different types of files between clinical and in-vitro  46 The correlation between working length and instrumentation time in manual files  47 The correlation between working length and instrumentation time in rotary files	37	Average instrumentation time for different types of files	87
40 Percentage of overall clinical and radiographic outcome in different groups  41 Percentage of overall clinical and radiographic outcome in different intervals  42 Radiographic follow up for group Manual group  43 Radiographic follow up for group Rotary group  44 Average instrumentation time for different types of files  45 Comparison of average instrumentation time for different types of files between clinical and in-vitro  46 The correlation between working length and instrumentation time in manual files  47 The correlation between working length and instrumentation time in rotary files	38	Percentage of obturation quality in different file types	89
different groups  41 Percentage of overall clinical and radiographic outcome in different intervals  42 Radiographic follow up for group Manual group  43 Radiographic follow up for group Rotary group  44 Average instrumentation time for different types of files  45 Comparison of average instrumentation time for different types of files between clinical and in-vitro  46 The correlation between working length and instrumentation time in manual files  47 The correlation between working length and instrumentation time in rotary files	39	Percentage of obturation quality in different techniques	89
41 Percentage of overall clinical and radiographic outcome in different intervals  42 Radiographic follow up for group Manual group  43 Radiographic follow up for group Rotary group  44 Average instrumentation time for different types of files  45 Comparison of average instrumentation time for different types of files between clinical and in-vitro  46 The correlation between working length and instrumentation time in manual files  47 The correlation between working length and instrumentation time in rotary files	40		92
different intervals  42 Radiographic follow up for group Manual group  43 Radiographic follow up for group Rotary group  44 Average instrumentation time for different types of files  45 Comparison of average instrumentation time for different types of files between clinical and in-vitro  46 The correlation between working length and instrumentation time in manual files  47 The correlation between working length and instrumentation time in rotary files		•	
42 Radiographic follow up for group Manual group 93  43 Radiographic follow up for group Rotary group 93  44 Average instrumentation time for different types of files 94  45 Comparison of average instrumentation time for different types of files between clinical and in-vitro 96  46 The correlation between working length and instrumentation time in manual files 97  47 The correlation between working length and instrumentation 98  time in rotary files	41		92
43 Radiographic follow up for group Rotary group  44 Average instrumentation time for different types of files  45 Comparison of average instrumentation time for different types of files between clinical and in-vitro  46 The correlation between working length and instrumentation time in manual files  47 The correlation between working length and instrumentation time in rotary files		different intervals	
44 Average instrumentation time for different types of files  45 Comparison of average instrumentation time for different types of files between clinical and in-vitro  46 The correlation between working length and instrumentation time in manual files  47 The correlation between working length and instrumentation time in rotary files	42	Radiographic follow up for group Manual group	93
45 Comparison of average instrumentation time for different types of files between clinical and in-vitro  46 The correlation between working length and instrumentation time in manual files  47 The correlation between working length and instrumentation time in rotary files	43	Radiographic follow up for group Rotary group	93
types of files between clinical and in-vitro  46 The correlation between working length and instrumentation time in manual files  47 The correlation between working length and instrumentation time in rotary files	44	Average instrumentation time for different types of files	94
46 The correlation between working length and instrumentation time in manual files  47 The correlation between working length and instrumentation time in rotary files	45	Comparison of average instrumentation time for different	96
time in manual files  47 The correlation between working length and instrumentation time in rotary files		types of files between clinical and in-vitro	
47 The correlation between working length and instrumentation time in rotary files 98	46	The correlation between working length and instrumentation	97
time in rotary files		time in manual files	
	47	The correlation between working length and instrumentation	98
48 Percentage of obturation quality in different file types 100		time in rotary files	
	48	Percentage of obturation quality in different file types	100

49	Percentage of obturation quality in different techniques	100
50	Post-obturation scans for evaluation of the quality of 102	
	obturation. a: Mi. b: Ms. c: Ri. d:Rs	
51	The association between working length and obturation	104
	quality	
52	Average remaining dentine thickness for different types of	106
	files (Buccolingual)	
53	Average remaining dentine thickness for different types of	107
	files (Mesiodistal)	
54	Average transportation for different types of files	109
	(Buccolingual)	
55	Average transportation for different types of files	111
	(Mesiodistal)	
56	Average centering ratio for different types of files	112
	(Buccolingual)	
57	Average centering ratio for different types of files	113
	(Mesiodistal)	
		<u> </u>

## **Table of Abbreviations**

Symbol	Meaning
J	8
AAPD	American Academy of Pediatric Dentistry
B-L	Buccolingual
BMP	Behavior management problems
Ca(OH)2	Calcium Hydroxide
CBCT	Cone Beam Computed Tomography
СЕЈ	Cemento-enamel junction
CHX	Chlorhexidine gluconate
CM	Controlled memory
DIOR	Digital intra-oral receptor
dmft	decayed, missing, filled primary teeth
DPC	Direct pulp capping
ECC	Early childhood caries
FOV	Field of View
GIC	Glass Ionomer Cement
$H_2O_2$	Hydrogen Peroxide
IMD	Innovative Material and Devices Inc.
IPC	Indirect pulp capping
IRM	Intermediate Restorative material