

بسم الله الرحمن الرحيم



-Call 4000





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة يعبدا عن الغبار













بالرسالة صفحات لم ترد بالأصل







The Effect Of Silver Diamine Fluoride On Bond Strength To Demineralized Enamel

(An In-Vitro Study)

Thesis

submitted to the Department of Operative Dentistry, Faculty of Dentistry, Ain Shams University, in partial fulfillment of the requirements for the Master's Degree in Operative Dentistry.

By

Sarah Mohsen Mohammad Abbas

B.D.S., Faculty of dentistry Ain Shams University (2014)

Ain Shams University 2020

Supervisors

Assist. Prof. Dr. Khaled Aly Nour

Assistant Professor of Operative Dentistry Department Faculty of Dentistry, Ain Shams University

Dr. Mohammed Nasser Mohammed Anwar

Lecturer of Operative Dentistry Department Faculty of Dentistry, Ain Shams University First of all, I am grateful to **Allah** for giving me the faith and patience to reach this point in my thesis.

I would like to express my deep gratitude to **Prof. Dr. Mokhtar Nagy Ibrahim**, I wish he was here with us today. May his soul rest in peace.

I would like to thank **Prof. Dr. Khaled Aly Nour** for his continuous support and guidance throughout the whole thesis.

I was honored to be one of master's candidates under supervision of **Dr. Mohammed Nasser Mohammed Anwar,** I really appreciate his endless help, support and efforts. I really owe you a lot.

I dedicate this thesis to My adorable mum Ola El-Shamy and my sisters, who were always by myside in all my hard and good times.

And My lovely, caring uncle **Ahmad Arnous**, who was my source of inspiration providing me with all support and care. Without him, I had never been here today.

Special thanks to **Eman Ahmd** and **Mariam Gharib**, your constant presence around me makes me feel safe and loved.

The best colleague ever **Amany Yasser**, she is always here for me.

Finally, <u>Dr. Hamed El-Qady</u>, my mentor who taught me so much, much appreciation to you.

List Of Content

List Of Tables II	
List Of Figures III	
Introduction1	
Review Of Literature	,
I-Caries: Cause And Progression	3
II- Paradigm Shift Toward Non-Invasive	
Techniques Specially With Incipient Caries 5	,
III- Features Of Demineralized Enamel	ĺ
IV- Bonding to demineralized enamel	,
V- Remineralization Concept	3
VI- Reaction Of SDF With Dental Tissues 12	2
VII- Protocol Of SDF Application1	5
VIII- Staining Of SDF18	8
IX- Adhesive Technology	2
X- Bonding To Remineralized Enamel2	4
XI- Microshear Bond Strength Test 2	6
Aim Of The Study)
Materials And Methods	1
Results	7
Discussion 51	Ĺ
Summery And Conclusion 57	
References	ı
Arabic Summery	

List of Tables

Table No.	<u>Table name</u>	<u>page</u>
Table 1	Materials, Composition, Manufacturer and Lot Number.	31
Table 2	Levels of investigations	34
Table 3	Interactions between variables for micro-shear bond strength test	34
Table 4	Two-way ANOVA of all tested variables for the effect of surface treatment, substrate and their interaction on the micro-shear bond strength values	48
Table 5	Means ± Standard Deviation for the effect of SDF application on microshear bond strength (MPa) to sound and demineralized Fnamel	49

List of figures

Figure No.	Figure title	Page
Figure (1)	Curing of adhesive on top of enamel treated with SDF (a) Sound Enamel, (b) Demineralized Enamel	19
Figure (2)	(a)sectioning of the tooth below CEJ using low speed diamond disc. (b) after separation of the crown	35
Figure (3)	Crown molded into rubber base mold and sectioned mesiodistally into two halves using low speed diamond disc	36
Figure(4)	Each tooth half is molded into acrylic mold with	36
	buccal/lingual surface facing upward.	
Figure (5)	Un-varnished surface window is ready for intervention.	37
Figure (6)	Immersion of the sample in 32ml demineralizing solution	38
Figure (7)	D1 under Polarized Light Microscope , demineralization extended below DEJ (demineralization depth = 1100 ± 200 um)	39
Figure (8)	D2 under Polarized Light Microscope (demineralization depth = 960 ± 100 um)	40

Figure (9)	ICDAS SCOR 2 (black color) under polarized light microscope.	41
Figure (10)	WSL detected visually in a wet sample (ICDAS	41
	SCOR 2).	
Figure (11)	(a) SDF active application (10 sec), (b) rinsing for SDF (15 sec), (c) after 5 sec gentle air dryness	42
Figure (12)	SDF penetration (red color) inside the	43
	demineralized lesion under polarized light	
	microscope	
Figure (13)	Specimen with plastic circular mold after co-	44
	curing with the universal adhesive (a) sound	
	enamel with SDF, (b) demineralized Enamel	
	with SDF.	
Figure (14)	Flowable composite injected inside plastic circular mold	44
Figure (15)	Composite discs after removal of plastic circular mold	45
Figure (16)	Specimen undergo microshear bond strength testing	46
Figure (17)	Bar chart representing the mean and standard deviation	50
	in MPa of all tested groups.	

complex, multi-factorial. Dental caries is chronic disease that affect hard dental tissues causing localized destruction by the acidic products of oral bacteria¹. Enamel caries characterized by destruction of the enamel surface or a white patch in enamel not reaching dentino-enamel junction which indicates that there is subsurface lesion with most of the minerals are lost under relatively intact enamel surface^{1,2}. The incipient caries lesion in enamel, which is called white spot lesions (WSL) is firstly appear as a white color increased by air dryness³.

Recently, a paradigm shift towards a non-invasive approach that depends mainly on preventive strategies and remineralization as a management for dental caries. Current caries management procedure depends on minimally invasive dentistry that include conservative dental treatment with no or minimal intervention by removing as less as possible from tooth structure and achieve peripheral seal⁴. The removal of all caries lesion and extension for the cavity margins to reach sound tooth structure has shown many drawbacks; unnecessary removal of healthy tooth structure, unnecessary pulp exposure which causes weakening of tooth structure and increasing the cost of treatment.

Bonding with enamel is different according to the nature of enamel whether it sound or demineralized⁵. Bonding with sound enamel gives very strong and durable bond⁶. Bonding with hypo-calcified enamel considered a