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# **RESEARCH ARTICLE**

# INFLUENCE OF DIFFERENT SURFACE DESIGN AND CHEMICAL TREATMENT ON THE TRANSVERSE STRENGTH OF REPAIRED DENTURE BASE BY AUTO POLYMERIZING RESIN– AN IN VITRO STUDY

## \*Dr. Ankur Prajapati, Dr. Pronob Kumar Sanyal, Dr. Priya Vaswani, Dr. Shivsagar Tewary, Dr. Shubha Joshi and Dr. Karuna Pawashe

Department of Prosthodontics and Crown & Bridge, School of Dental Sciences, Krishna Institute of Dental Sciences Deemed University, Karad, India

ARTICLE INFO	ABSTRACT					
Article History: Received 19 <sup>th</sup> September, 2016 Received in revised form 20 <sup>th</sup> October, 2016	Statement of Problem: The fracture of complete denture is a common occurrence in the field of prosthodontics. Often if all other criteria are met such as good aesthetics, occlusion, and functionality; denture repair is acceptable. If denture fractures, we would want the joint surface strength to be as good as original.					
Accepted 15 <sup>th</sup> November, 2016 Published online 30 <sup>th</sup> December, 2016	<b>Purpose:</b> Influence Of different Surface Design and Chemical Treatment On the transverse Strength of Repaired Denture Base by Auto polymerizing resin					
Key words:	Materials and Methods: Seventy specimens of heat-cured acrylic resin of dimension 65 mm × 40 mm × 2 mm were prepared using a special metal plate. Transverse strength of 10 samples was calculated which served as a control group. Transverse strength of two differently designed joined					
Denture fracture, Zig-zag design, Semi-circular design,	contours treated with chemicals or without chemicals was then compared with control group and also they were compared with each other and result was statistically analysed with one-way analysis of variance (ANOVA) and Post-hoc ANOVA.					
Auto-polymerising resin, Denture repair.	<b>Result:</b> Transverse strength of original specimen was higher than that of repaired specimens. Transverse strength of chemically treated specimens (Ethyl acetate) which were repaired with Zigzag design was found to be higher than others.					
	strength of repaired denture.					

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## **INTRODUCTION**

Acrylic resins were so well received by the dental profession that by 1946, 98% of all denture bases were constructed from methyl methacrylate polymers or co-polymers. (Craig, 1998) Denture fracture has been one of the most common problems encountered bypatients and prosthodontists even after continuous striving to improve their physical, chemical and biocompatible properties. (Grajower and Goultschin, 1984) Fabrication of a new denture is an expensive and time consuming procedure; hence the decision to repair a denture is a convenient and cheaper alternative. Mechanical modifications improve the bond strength by increasing the surface area and mechanical retention. Organic solvents such as ethyl acetate,

### \*Corresponding author: Dr. Ankur Prajapati,

Department of Prosthodontics and Crown & Bridge, School of Dental Sciences, Krishna Institute of Dental Sciences Deemed University, Karad, India. methylene chloride, chloroform causes etching of the surface of denture base resins and increases mechanical interlocking thereby significantly improving the bond strength between acrylic denture base and the repair resin. (Sarac *et al.*, 2005) Therefore the aim of the study was to evaluate and compare the transverse bond strength of heat cure resin specimens repaired using autopolymersing resin when joint surfaces were mechanically modified with Zigzag and Semi-circulardesigns and chemically treated using ethyl acetate and chloroform with unrepaired specimens.

## **MATERIALS AND METHODS**

Study was designed and clearances were obtained from department protocol committee and university ethical committee before conducting the study. A Metal mould of stainless steel was fabricated with 8 uniform rectangular shaped spaces (65mm x 40mm x 2mm). Two stainlesssteel plates of same dimensions were fabricated so as to approximate with the former plate with screw-holeto engage the screws for retention and compression. (Fig.1)



Fig.1. Stainless steel mold

Heat cure acrylic resin (DPI Heat cure: Dental products of India Ltd. Mumbai, India) was manipulated according to manufacturer instructions and was packed in the metal moulds. Specimens were compressed using Sirio hydraulic bench pressunder 25psi for 1 hour and then screwed with screws. The curing cycle used for processing of the resin specimens were carried out in a Temperature-controlled water bath at 74  $^{\circ}$ C for 2 hours followed by boiling at 100  $^{\circ}$ C for 1 hour. Bench cooling was done for 1hour and specimens were retrieved. Specimens were finished, polished according to manufacturer's instructions and stored for 1 week in water at 37  $^{\circ}$ C. (Fig.2) The sample sizes of 70 specimens were considered for the study.



Fig.2. Heat polymerized acrylic resin specimen

The samples were then cut at the centre horizontally by using carborundum disk (LM abrasives, NB exclusive, Italy), so thatthe cut surfaces had two different surface modifications such that 30 specimens had a Zigzag design (Fig.3a) at the interface, other 30 specimens had semi-circular design (Fig.3b). Remaining 10 specimens served as control group that were not subjected to any form of repair. One group of 30 specimens were subdivided such that group 1 consisted of first ten specimens immersed in ethyl acetate solution for a period of 1 minute, group 2 consisted of next ten specimens immersed in chloroform solution for a period of 1 minute, group 3 consisted of ten specimens that were left chemically unaltered.



Fig.3a. Zigzag design



Fig.3b. Semi-circular design

The remaining30 specimenswere subdivided similarly. Chemically treated specimen were placed in rectangular metal mould (Fig.4) and gap between fracture line was packed up with auto polymerizing resin (DPI Heat cure: Dental products of India Ltd. Mumbai, India) in dough stage manipulated according to manufacturer instructions and allowed to cure for 1 hour followed by finishing and polishing using. (Fig.5)



Fig.4. Specimen placed back to mold

### Assessment of transverse strength

Transverse strength of the samples were tested by three-point bending test with the help of universal testing machine (Zwick, Materiaprufung 1445, Germany) at a cross head speed of 0.5 cm/min. Each sample was placed on a clamp; the distance between two clamps was 40 mm. A load was applied centrally to the specimen through 2.5 mm diameter hardened steel rod. All the tests were carried out under uniform atmospheric conditions of  $23^{\circ}$ C temperature and 50% relative humidity. (Fig.6)



Fig.5. Gap filled with autopolymerizing resin



Fig.6. Universal testing machine

### RESULTS

The data was statistically analysed using One-Way ANOVA and Scheffe's Post Hoc test. Table 1 represents minimum, maximum and mean transverse bond strength of heat cure specimen repaired using autopolymersing resin.

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GROUP	CHEMICAL	Number	Minimum	Maximum	Mean	Std. Deviation
CROUP ZIG ZAG	ETHYL ACETATE	10	355.870	368.670	361.25800	4.012258
	CHLOROFORM	10	247.830	261.710	266.25300	4.575041
	WITHOUT CHEMICAL	10	256.700	279.000	240.72000	7.317231
SEMI CIRCULAR	ETHYL ACETATE	10	260.250	290.570	275.23200	9.649714
	CHLOROFORM	10	205.500	222.190	252.08200	6.025772
	WITHOUT CHEMICAL	10	245.570	259.890	234.39800	4.569984
CONTROL	CONTROL	10	390.750	422.350	407.10600	9.814076

 Table 2. Represents intergroup comparison of transverse bond strength depicting statistical significant difference between Zigzag and Semi-circular design (p<0.001)</td>

TRANSVERSE STRENGTH					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	192575.056	2	96287.528	71.826	<0.001*
Within Groups	89817.508	67	1340.560		
Total	282392.563	69			

#### Table 3. Intra group comparison/Group wise comparison among two groups by post hoc Scheffe's test

Dependent Vari	able: TRANSVERSE STREN	IGTH				
(I) GROUP	Mean Difference	Std. Error	Sig.	95% Confidence Interval		
				Lower Bound	Upper Bound	
ZIG ZAG	47.173000*	9.453605	< 0.001	23.50588	70.84012	
SEMI CIRCULAR	-112.695667*	13.369417	< 0.001	-146.16603	-79.22530	
CONTROL	-159.868667*	13.369417	< 0.001	-193.33903	-126.39830	



**Mean Tensile Strength** 

### Graph 1. Minimum, maximum and mean trasverse bond strength of heat cure specimen repaired using autopolymersing resin

On comparison, it was observed that the mean bond strength of specimens in group 1 (Zigzag) which were chemically treated in ethyl acetate was found to have highest transverse strength of 361.25N, while minimum bond strength was observed with group 2 (semi-circular) which was not subjected to any chemical treatment (234.398N). Control group exhibited mean bond strength of 407.1N

Interpretation of Table 3

There is statistically significant difference (p < 0.001) among zigzag group (n=30) and Semi-circular group (n=30); with mean difference 47.173.

# DISCUSSION

Fracture of complete denture is an emergency, irrespective of the causative factors. In majority of cases this becomes an

emergency requiring prompt attention. The prime requirement of a patient in case of a fractured denture would be its repair. Repair of fractured denture with self2cured acrylic resin has long been popular as the time required for repair is less and is economical as well. (Stanford et al., 1955) Literature states that various materials and techniques have been tried by different researchers for repairing fractured dentures. George and D'Souza (George and D'Souza, 2001) evaluated the transverse strength of denture base materialrepaired by heat 2 cured and self2cured methods with and without surface chemical treatment using ethyl acetate. Both heat 2 cured samples treated with ethyl acetate showedimproved repaired strength. The results of this present study co-relate partly with the results of above mentioned study. Minami et al. (2005) reportedthat specimens reinforced with 1.2 mm diameter stainless steel wire and Co<sup>2</sup>Cr<sup>2</sup>Ni wires significantly improved the flexural strength, whereas titanium wires and woven glass fibres were not effective for reinforcing denture base repair. Berry and

Funk have suggested the use of vitallium denture strengthenerwhich reduces or eliminatesthe incidence of mandibular denture breakage. (Berry and Funk, 1971) Bowman and Manley (1984) have confirmed that the carbon fiber reinforced polymethyl2methacrylate material was stronger by an order of magnitude than a conventional denture material. Beyli and von Fraunhofer (1980) reported that butt joint for repair of fractured denture has been found to be inferior to inverse knife edge, round, and lap joint. Yazdanie and Mahmood (1985) investigated the transverse strength of carbon fiber acrylic resin composite and confirmed that it is stronger and stiffer than unfilled acrylic resin. When choosing a repair technique other factors besides strength such as working time and the degree to which dimensional accuracy is maintained must be considered during repair. (Rached et al., 2004) Repairs withauto polymerised resin can be performed at room temperature, are cost and time effective and easy to manipulate. (Anusavice KJ. Philip's, 2003) When self2cured resins are used, repair can be accomplished faster because no denture flasking is required. Additionally, the denture accuracy is maintained because during polymerization not enough heat is present to release stress. Heat 2 cured repairs require denture flasking and may distort the denture by releasing stress during processing. (Peyton and Anthony, 1963; Tewary and Pawashe, 2014; Saritha et al., 2012) Use of Chloroform or methylene chloride as a chemical agent altersthe surface morphology by inducing the formation of cracks and pits approximately 2um in size. These changes can increase the mechanical bond strength, due to penetration of the monomer into the pits and cracks. (Sarac et al., 2005)

### Limitations of this study

Effect of repair material, surface design and chemical treatment on transverse strength of repaired acrylic denture base, does not simulate the oral conditions, as repaired dentures are exposed to repeated mechanical stresses during mastication. Also the use of a simple rectangular shaped specimen rather than a complex denture design contributes to the limitations of the present study. Therefore further investigations are necessary to evaluate the strength of repair under more closely simulated clinical conditions.

### Conclusion

- Within the limits of this study, it can be concluded that the method of repair and chemical treatment have significant effect on transverse strength of repaired denture.
- Repair of fractured denture with self-cured acrylic resin has long been popular and can be used as a repair material to increase strength of denture.
- The transverse strength of original specimen was superior to repaired specimen.

• The transverse strength of Zigzag design chemically treated with ethyl acetate exhibited highest value.

## REFERENCES

- Anusavice KJ. 2003. Philip's. Science of dental materials. 11<sup>th</sup> ed. Philadelphia, W.B saunders; p. 747-748
- Berry HH. and Funk OJ. 1971. Vitalliumstrengthener to prevent lower denture breakage. *J Prosthet Dent*, 26:532-6.
- Beyli MS, von Fraunhofer JA. 1980. Repair of fractured acrylic resin. *J Prosthet Dent*, 44:497-503.
- Bowman AJ. and Manley TR. 1984. The elimination of breakages in upper dentures by reinforcement with carbon fibre. *Brit Dent J.*, 156:87-9.
- Craig R.G. 1998. Prosthetic applications ofpolymers. Restorative dentalmaterials. 10th edition. USA. Mosby
- George R. and D'Souza M. 2001. Surface chemical treatment with ethylacetate and repair of fractured denture base resin-An *in vitro* analysis of transverse strength. *J Indian ProsthodontSoc.*, 1:41-4.
- Grajower R. and Goultschin J. 1984. Thetransverse strength of acrylic resinstrips and of repaired acrylicsamples. *J Oral Rehabil.*, 11:237-47.
- Minami H, Suzuki S, Kurashige H, Minesaki Y, Tanaka T. 2005. Flexural strengths of denture base resin repaired with autopolymerizing resin and reinforcements after thermocycle stressing. *J Prosthodont.*, 14:12-8.
- Peyton FA. and DH Anthony, 1963. Evaluation of denture processed by different techniques. J Prosthet Dent., 13:269-82.
- Rached RN, Powers JM, Del BelCury AA. 2004. Efficacy of conventional and experimental techniques for denture repair. J Oral Rehabil., 31:1130-8.
- Sarac SY, Sarac D, Kulunk T, Kulunk S. 2005. The effect of chemical surface treatments of different denture base resins on the shear bondstrength of denture repair. *J Prosthet Dent.*, 94(3):259-66
- Saritha MK, Shivamurthy S, Nandeshman DB, Tewary S. 2012. An in-vitro study to investigate the flexural strength of conventional heat polymerized denture base resin with addition of different percentage of aluminium oxide powder. *Asian J Med CliSci.*, 1(2):80-85.
- Stanford JW, Burns CL, Paffenbarger GC. 1955. Self-curing resins for repairingdentures: Some physical properties. J Am Dent Assoc., 51:307-15.
- Tewary S. and Pawashe KG. 2014. Evaluation of linear dimensional accuracy of hard chairside and laboratory heat cure reline resins at different time intervals after processing. *Indian J Dent Res.*, 25(6):686-691.
- Yazdanie N. and Mahood M. 1985. Carbon fiber acrylic resin composite: An investigation of transverse strength. J Prosthet Dent, 54:543-7.

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