Comparative Evaluation of Influence of Three Different Obturation Techniques on Removal of Filling Material during Retreatment: An in vitro Study

Deebah Choudhary

1Department of Conservative Dentistry and Endodontics, Institute of Dental Sciences, Sehora, Jammu, India.

Author's contribution

The sole author designed, analyzed and interpreted and prepared the manuscript. Author DC designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Author DC managed the analyses of the study and managed the literature searches.

Article Information

DOI: 10.9734/JAMMR/2020/v32i1730638

Received 14 July 2020
Accepted 18 September 2020
Published 25 September 2020

ABSTRACT

Aim: To evaluate the influence of various obturating techniques on retreatment teeth.

Place and Duration of Study: Department of Conservative Dentistry and Endodontics, Institute of Dental Sciences, Jammu and Kashmir, India between December 2019 and February 2020.

Methodology: Sixty extracted mandibular premolars were randomly divided into three groups (n=20) based on the obturation technique adopted which endodontic treatment i.e., cold lateral compaction, thermoplasticized and GuttaFlow techniques. The samples were evaluated using micro-computed tomography for the volume before and after the retreatment to assess the remaining amount of filling material in the canals, and also the time taken for the removal of filling material during the retreatment. Data were analyzed using ANOVA followed by Post hoc test at P < 0.05.

Results: The percentage of remaining filling material was between 17%-27%. The highest percentage of remaining filling material was seen in samples obturated with GuttaFlow (P < 0.05). The time required for retreatment was highly significant in thermoplasticized technique (P < 0.05).

Conclusion: The type of obturating technique influenced the amount of filling material remained in the canal after retreatment and also the time taken during this removal.

*Corresponding author: E-mail: deebahchoudhary@yahoo.co.in;
1. INTRODUCTION

The root canal treatment is done with a view to remove all harmful microbes within the canal of the tooth. In order to achieve this goal, cleaning and biomechanical shaping are the key requirements. Sometimes due to various limitations during root canal therapy like anatomic variations, preparation techniques and irrigation techniques, the endodontic therapy fails. The success rate of endodontic therapy is approximately 75% [1].

When initial endodontic therapy fails, retreatment procedure is the most conservative option to retain the tooth in the mouth. The retreatment procedure aims at a better root canal debridement and placement of a unfailing root canal material [2]. Improper cleaning and failure to remove the residual root filling material, leads to low success rate of the retreatment done [3,4]. Thus, the key factor for a successful treatment is the removal of original filling material from the root canals. Sometimes filling materials like gutta-percha and sealers are very difficult to remove due to uneven passage of root canal system which might entrap the material in small area. Ingle et al. have found that nearly 60% of endodontic failures arise due to incomplete obturation of the canals [5].

Cold lateral compaction, has been widely used method for obturation. It has set the golden standard in endodontics. The problem with this kind of techniques is that it mainly rely on a root canal sealer to achieve a fluid-tight seal in the root canal [6]. The major disadvantages which have been reported are voids, spreader tracts, incomplete adaptation of materials to walls [7].

Another obturating technique which utilizes heated gutta-percha was Obtura II. It is an injectable, thermoplasticized technique that has been found to be better than lateral condensation. It shows a three-dimensional adaptation to the root canal walls [8]. A new root canal obturating material, GuttaFlow (Coltene / Whaledent, Raiffeinsentra, Germany) is considered a good obturating material. It has better properties like good flowability, superior sealing, adaptability and also the material expands on setting [9-11]. This is a modification of RoekoSeal Automix sealer.

It is challenging and requires time and efforts to remove obturating materials during retreatment cases. The objective of this study is to evaluate the influence of three obturating techniques on the removal of root filling materials during retreatment using micro-computed tomography.

2. MATERIALS AND METHODS

The present study was conducted at Department of Conservative Dentistry and Endodontics, Institute Of Dental Sciences, Jammu and Kashmir, India for a period of three months from December 2019 to February 2020.

Sixty extracted, non-carious human mandibular single-rooted premolars teeth, were collected. The premolars which were extracted for orthodontic purpose were used. External surface of teeth were cleaned to remove any kind of debris and were stored in normal saline till used. The teeth were examined radiographically and all the teeth with calcified canals were discarded.

Standardized access opening was performed for all the samples, followed by working length determination from 15K-file (Mani, Japan) under a radiograph. Cleaning and shaping was performed using ProTaper files (Dentsply Maillefer, Ballaigues, Switzerland) upto size F3/0.09. The canals were thoroughly irrigated with 2ml of 5% sodium hypochlorite in between the preparation and the final rinse was done with normal saline. The canals were dried with paper points by corresponding size of F3 (Dentsply Maillefer, Ballaigues, Switzerland).

Samples were divided into three groups depending upon the technique of obturation (20 samples in each group).

Group I: Cold Lateral condensation
Group II: Thermoplasticized Gutta-Percha (Obtura II)
Group III: Flowable Gutta-Percha (GuttaFlow)

The groups were obturated according to manufacturor’s instructions. The samples were sealed with temporary restorative material Cavit and stored at 37°C and 100% humidity for 7 days. In order to quantify the root-filled area micro-computed tomography (X-radia Versa 500, Zeiss, Germany) was used. The three-dimensional images of the root canal filling materials were visualized by surface-CT-Vol (SkyScan). All the samples were prepared by single operator in order to reduce the discrepancies during the preparation.

Keywords: Thermoplasticized technique; gutta flow; obturation; Micro-computed tomography.
2.1 Root Canal Retreatment

Gutta-percha was removed from the cemento-enamel junction with the help of Gutta-percha dissolving solution Endosolv (Septodont, France). Retreatment instrument ProTaper R (Dentsply Maillefer, Baillagues, Switzerland) was used to remove the filling material in all the samples obturated by different techniques. ProTaper R files (D1, D2 and D3) were used in a crown-down pattern. File D3 was used till working length. Time taken by the retreatment file to reach the working length (T1) and time taken to remove filling material from the canal (T2), were recorded using a digital stopwatch. The canal were irrigated and when no gutta-percha residue was seen on the file, the procedure was considered complete.

The amount of remaining obturating material of all the specimen were observed under micro-computed tomography. The residual amount of filling material was calculated.

Residual filling material= Remaining filling material/ Total space of each canal × 100

2.2 Statistical Analysis

Descriptive and comparative statistics were performed using IBM SPSS v21. Differences among the groups were analysed by Analysis of variance (ANOVA) tests. P value <0.05 was considered statistically significant for all tests. Variables were expressed as means ± standard deviation. Tukey’s multiple post hoc test was used for comparisons among the three groups.

3. RESULTS

The results of the present study depicted that residual filling material was seen in all types of obturating techniques [Table 1]. The samples obturated with cold lateral compaction technique exhibited less remaining filling material as compared to thermoplasticized Gutta-percha techniques and those filled with GuttaFlow (P < 0.05). There was no statistical significant difference in samples obturated with GuttaFlow and thermoplasticized Gutta-percha (P > 0.05) [Table 2].

On calculating the time required by for retreatment of the teeth samples, it was noted that maximum time for removal was taken for thermoplasticized Gutta-percha samples [Table 3]. Cold lateral compaction technique revealed significantly less time for retreatment of the samples (P < 0.05) as compared to other two sample groups [Table 4].

### Table 1. Mean value percentage of remaining filling material and on-way analysis of variance

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group I Cold lateral compaction</td>
<td>20</td>
<td>17.43</td>
<td>6.15</td>
<td>0.001&lt;0.05 (Significant)</td>
</tr>
<tr>
<td>Group II Thermoplasticized Gutta-percha</td>
<td>20</td>
<td>25.19</td>
<td>6.48</td>
<td></td>
</tr>
<tr>
<td>Group III GuttaFlow</td>
<td>20</td>
<td>27.08</td>
<td>8.16</td>
<td></td>
</tr>
</tbody>
</table>

### Table 2. Post hoc Tukey’s tests for multiple comparisons

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean difference</th>
<th>Significant</th>
<th>95% CI</th>
<th>Lower bound</th>
<th>Upper bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group I vs Group II</td>
<td>7.7600</td>
<td>0.0025</td>
<td>2.4441</td>
<td>13.0759</td>
<td></td>
</tr>
<tr>
<td>Group II vs Group III</td>
<td>1.8900</td>
<td>0.6702</td>
<td>3.4259</td>
<td>7.2059</td>
<td></td>
</tr>
<tr>
<td>Group III vs Group I</td>
<td>9.6500</td>
<td>0.0002</td>
<td>4.3341</td>
<td>14.9659</td>
<td></td>
</tr>
</tbody>
</table>

P<0.05 statistically significant; P>0.05 non-significant; CI, Confidence interval

### Table 3. Mean time in minutes taken to remove the filling material

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group I</td>
<td>20</td>
<td>3.195</td>
<td>0.56146</td>
<td>0.0000&lt;0.005 (Highly Significant)</td>
</tr>
<tr>
<td>Group II</td>
<td>20</td>
<td>6.875</td>
<td>0.66004</td>
<td></td>
</tr>
<tr>
<td>Group III</td>
<td>20</td>
<td>6.05</td>
<td>0.34412</td>
<td></td>
</tr>
</tbody>
</table>
Table 4. Post hoc test to compared the three obturation techniques according the time taken for retreatment

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean difference</th>
<th>Significant</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Upper bound</td>
</tr>
<tr>
<td>Group I vs Group II</td>
<td>3.6800</td>
<td>0.0014</td>
<td>3.2704</td>
</tr>
<tr>
<td>Group II vs Group III</td>
<td>0.8250</td>
<td>0.0000</td>
<td>1.2346</td>
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<tr>
<td>Group III vs Group I</td>
<td>2.8550</td>
<td>0.0000</td>
<td>2.4454</td>
</tr>
</tbody>
</table>

P<0.05 statistically significant; P>0.05 non-significant; CI, Confidence interval

4. DISCUSSION

In the present study, we compared the influence of three different obturation techniques on the removal of filling material during retreatment in in-vitro conditions. In order to maintain the consistency, all the samples were prepared by a single operator using standard techniques.

In this study, cold lateral compaction technique was used because it is widely used and studied technique. It serves as a standard to compare other obturation techniques [12,13]. Another technique Obtura II is a thermoplasticized, injectable gutta-percha was also used in this in the present study. It has a better adaptability than lateral compaction in three dimensional root canal system [7,8,14]. A canal obturating material GuttaFlow, is also used in the study. It has better flow, good adaptability, better sealing and also expands on setting [9,10,15].

Earlier in order to access the residual root-filled material volume sectioning followed by radiographic evaluation was done. Now more noninvasive technique micro-computed tomographic method is used which reduces the chances of error during experimental studies as it easily differentiates the canal wall and residual debris in the canal [17].

The result of this study are in accordance to the previous study conducted which determined that the thermoplasticized gutta-percha technique fills more area of the root canal as compared to cold lateral compaction technique [18]. The overall percentage of remaining filling material in the samples were 17-27%, which were in close to previous studies conducted with micro-computed tomography [18,19]. More amount of remaining filling material was observed in samples obturated with GuttaFlow and thermoplasticized technique due to the reason that gutta-percha melts on heating and allow better adaptation into the root canal irregularities [18]. Also, Gutta-flow is a paste system, thus provides extended condensation and pressing into the narrow areas of root canal anatomy [20].

On comparing the time required for retreatment, it was found that cold lateral compaction took considerably less time when compared with thermoplasticized gutta-percha technique and GuttaFlow. There was significantly less difference in the thermoplasticized and GuttaFlow. This may be due to nonhomogenous obturation and less volume of filling material in lateral compaction technique, the retreatment files (ProTaper R) can easily penetrate and remove the obturation material. The result of this study are somewhat similar to other studies which evaluated that thermoplasticized gutta-percha technique took maximum time for the removal of obturation material [19,21].

Although the in vivo study are better than in vitro study as certain factors cannot be easily and quantitatively determined. To extract better results and evaluate the relevance of the treatment done with these materials, further clinical studies should be performed.

5. CONCLUSION

Within the limitations of this study, the following conclusion were drawn:

1. The percentage of residual filling material in the canals were more for samples obturated with GuttaFlow.
2. The time taken to perform retreatment in obturated samples was in following order Thermoplasticized gutta-percha > GuttaFlow > Cold Lateral Compaction.
DISCLAIMER
The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

CONSENT AND ETHICAL APPROVAL
The study has been approved by ethical committee of the institute. As per international standard or university standard, respondents’ written consent has been collected and preserved by the author(s).

COMPETING INTERESTS
Author has declared that no competing interests exist.

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Peer-review history:
The peer review history for this paper can be accessed here:
http://www.sdiarticle4.com/review-history/61478