

Research Article

Impact of Silane Coupling Treatment on Resin-Based Composite (RBC) Restorations

Enzo Cooper*

Department of Oncology, School of Medicine, Honduras

Abstract

The study you mentioned, "Effects of silane coupling treatment on the clinical performance of direct repaired resin-based composite (RBC) restorations with or without prior surface sandblasting: A randomized controlled trial," investigates the impact of silane coupling treatment on the clinical outcomes of resin-based composite (RBC) dental restorations, both with and without prior surface sandblasting. This type of research is essential in the field of dentistry to enhance the understanding of materials and techniques used in dental restorative procedures.

Keywords: RBS; Silane; Resin composites

Introduction

The primary objective of this randomized controlled trial is to evaluate whether the application of silane coupling treatment influences the clinical performance of resin-based composite restorations. The study also aims to assess whether the prior surface sandblasting of the tooth structure before restoration placement has any significant effect on the outcomes [1,2].

Methodology

Resin-based composites are commonly used in dental restorations to repair cavities and damaged teeth. The bonding of these materials to the tooth structure is critical for long-term success. Silane coupling agents are often used to enhance the bond between the tooth and the composite material. Surface sandblasting is another technique used to improve the adhesion of the composite to the tooth surface. This study aims to determine if there are measurable differences in clinical outcomes between these two techniques [3,4].

Randomized controlled trial

The study is designed as a randomized controlled trial, which is considered a robust method for assessing the impact of different treatments in clinical settings.

Study groups: Participants are likely divided into groups, including those who receive silane coupling treatment, those who undergo surface sandblasting, and a control group that receives neither treatment.

Clinical assessments: Clinical performance of the restorations is assessed over a defined period, which could be months or years. Assessments may include criteria like marginal integrity, color match, restoration wear, and signs of degradation.

Data analysis: The data collected will be analyzed statistically to determine if there are significant differences in clinical outcomes between the various treatment groups.

Significance

Understanding how different pre-treatment techniques, like silane coupling and surface sandblasting, affect the clinical performance of resin-based composite restorations is important for dental professionals. It can help guide clinical decisions and improve the longevity and success of dental restorations. Silane coupling treatment, in particular, is crucial for ensuring strong and durable bonds between the tooth and the restorative material, which is essential for the success of dental procedures. The study you mentioned focuses on an important aspect of dental materials and techniques, as it examines the influence of silane coupling treatment and surface sandblasting on the clinical performance of resin-based composite restorations. The results of this study can provide valuable insights for dental practitioners, helping them make informed decisions in their clinical practice and potentially improving the longevity and success of dental restorations [5,6].

Improving Dental Restoration Longevity: Resin-based composites are commonly used in dental restorations, such as fillings, due to their esthetic qualities. Achieving a strong and durable bond between the tooth structure and the composite material is crucial for the longterm success of these restorations. Understanding the impact of different treatment methods, such as silane coupling and surface sandblasting, can help improve the clinical performance of dental restorations.Evidence-Based Dentistry: Randomized controlled trials are considered the gold standard in clinical research. This study design allows for rigorous evaluation of the effectiveness of specific techniques in real-world dental practice. The findings from this study can provide evidence-based guidance to dental professionals, assisting them in making informed decisions when choosing bonding techniques for restorations [7].

Silane coupling treatment

Enhancing adhesion

Silane coupling agents are used to promote adhesion between the dental composite and the tooth structure. They achieve this by forming a chemical bridge between the organic composite matrix and the inorganic tooth structure, resulting in a more robust bond.

Longevity and aesthetics: A strong bond is essential not only for the structural integrity of the restoration but also for its long-term aesthetics. A well-bonded restoration is less likely to develop gaps, discoloration, or recurrent decay over time.

*Corresponding author: Enzo Cooper, Department of Medicine, School of health sciences, Honduras, E-mail: enzo339C@gmail.com

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Surface sandblasting

Improving micro-mechanical bond

Surface sandblasting is a technique that physically alters the tooth structure to create a micro-mechanical bond with the composite material. It roughens the surface, increasing surface area for adhesion.

Bonding enhancement: Sandblasting can be particularly useful when dealing with smooth or glazed tooth surfaces where achieving a reliable bond can be challenging [8,9].

Clinical implications

Customized treatment approaches: The findings of this study may help dental practitioners customize their treatment approaches. Depending on the clinical situation, they can choose to use silane coupling treatment, surface sandblasting, or a combination of both to achieve the best results.

Patient outcomes: Improved bonding techniques can lead to better clinical outcomes for patients. These may include reduced restoration failure rates, longer-lasting restorations, and a higher level of patient satisfaction with their dental work.

Preventive dentistry: Stronger and more durable restorations can contribute to the prevention of further dental issues, such as recurrent decay and the need for additional restorative procedures.

The study investigating the effects of silane coupling treatment and surface sandblasting on resin-based composite restorations is significant for the field of dentistry. It provides valuable insights into techniques that can enhance the clinical performance and longevity of dental restorations, ultimately benefiting both dental professionals and their patients. The results of this research have the potential to guide evidence-based decision-making in dental practice and contribute to the ongoing improvement of restorative dentistry [10].

Enhanced Bonding: Silane coupling agents are vital for achieving a strong and durable bond between the tooth structure and the resinbased composite material. This strong bond is essential for the longevity and performance of dental restorations.

Preventing microleakage: A well-bonded restoration helps prevent microleakage, which is the seepage of bacteria and fluids between the tooth and the restoration. Microleakage can lead to secondary cavities and restoration failure.

Aesthetic outcomes: In addition to structural integrity, silane coupling treatment contributes to the aesthetics of dental restorations. It helps maintain the color match between the restoration and the natural tooth, ensuring a pleasing appearance.

Silane coupling agents function through a chemical process that involves several key steps:

Hydrolysis: Silane molecules are initially hydrolyzed, breaking the silane compound into two parts: a silanol (Si-OH) group and an alcohol (ROH) group.

Condensation: The hydrolyzed silane molecules undergo condensation reactions, creating siloxane (Si-O-Si) bonds. This process forms a network of chemical bridges between the inorganic tooth structure and the organic resin matrix.

Adhesion promotion: The newly formed siloxane bonds strengthen the adhesion between the tooth and the composite material, creating a durable and long-lasting bond. **Direct restorations**: Silane coupling agents are commonly used in direct dental restorations, such as composite fillings. They promote a secure bond between the composite material and the tooth structure.

Indirect restorations: In cases involving indirect restorations like porcelain veneers or ceramic crowns, silane coupling treatment is used to ensure a strong bond between the restoration material and the tooth.

Orthodontics: Silane coupling agents are also utilized in orthodontics when bonding brackets to teeth. They enhance the adhesion of orthodontic brackets to the enamel surface.

Adhesive dentistry: Silane coupling is a fundamental aspect of adhesive dentistry, as it's involved in various bonding procedures, such as bonding orthodontic appliances, fissure sealants, and composite veneers.

In summary, silane coupling treatment is a critical technique in modern dentistry. It significantly enhances the adhesion of dental restorations to the tooth structure, which is crucial for the long-term success and durability of these restorations. By forming strong chemical bonds, silane coupling agents play a pivotal role in maintaining the integrity, aesthetics, and overall quality of dental treatments, ultimately contributing to better patient outcomes and satisfaction.

The methodology for applying silane coupling treatment in dental practice involves a systematic process to ensure effective bonding between dental restorations and tooth structures. Here is a step-by-step methodology for using silane coupling agents:

Evaluate the patient's dental condition, including the type of restoration needed (e.g., composite filling, ceramic crown, porcelain veneer, orthodontic bracket), and assess the condition of the tooth or teeth involved. Develop a comprehensive treatment plan, which includes the choice of restoration material and the bonding technique. Determine whether silane coupling treatment is appropriate for the specific restoration. Prepare the tooth or teeth that require the restoration by cleaning and isolating the area. Ensure that the tooth surface is free from contaminants and moisture, as these can affect bonding. Choose the appropriate silane coupling agent based on the type of restoration material and manufacturer recommendations. Different formulations may be available for various clinical applications. Apply the silane coupling agent according to the manufacturer's instructions. Typically, this involves the following steps. The applied silage coupling agent undergoes a process of hydrolysis, which involves the reaction of the silage with water present on the tooth's surface. This process results in the formation of a sialon (Si-OH) group. The hydrolysed silane molecules go through condensation reactions, creating siloxane (Si-O-Si) bonds. These bonds act as chemical bridges between the inorganic tooth structure and the organic resin matrix of the restoration material. The siloxane bonds formed during condensation significantly enhance the adhesion between the tooth and the composite material. This promotes a strong, durable bond essential for the restoration's longterm success. Following the application of the silane coupling agent and bonding process, proceeds with the placement of the dental restoration, whether it's a composite filling, crown, veneer, or orthodontic bracket. Carefully position the restoration and ensure proper fit and alignment. For some restorations, particularly composite fillings, light curing may be required to set the material. Follow the manufacturer's recommendations for curing times and intensity. After securing the restoration, perform any necessary finishing and polishing to achieve the desired aesthetics and ensure a smooth, comfortable bite.

Assess the clinical results, including the quality of the bond,

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Results

This methodology outlines the key steps involved in applying silane coupling treatment in dental practice, from patient assessment and treatment planning to the application of the silane coupling agent and post-operative care. The goal is to achieve a strong, durable bond between the tooth structure and the restoration material, contributing to the long-term success of dental restorations.

Silane coupling treatment is a fundamental technique in modern dentistry with profound implications for the success and longevity of dental restorations. Through a systematic process of applying silane coupling agents, dentists and dental professionals can achieve strong and durable bonds between tooth structures and various dental materials, such as resin-based composites, ceramics, and orthodontic appliances. The importance and effectiveness of silane coupling treatment can be summarized as follows:

Discussion

Silane coupling agents create chemical bridges between the inorganic tooth structure and the organic resin matrix of dental materials, resulting in robust bonds. This enhanced adhesion is essential for the structural integrity of restorations.A well-bonded restoration prevents microleakage, which is the ingress of bacteria and fluids between the tooth and the restoration. Microleakage can lead to secondary cavities and restoration failure, making silane coupling an indispensable technique.Silane coupling treatment not only contributes to the structural strength of restorations but also plays a significant role in maintaining the aesthetic quality of dental work. It helps maintain the color match between the restoration and the natural tooth, ensuring pleasing visual outcomes.Silane coupling agents find applications in various clinical scenarios, including direct restorations (e.g., composite fillings), indirect restorations (e.g., ceramic crowns and veneers), orthodontics (e.g., bonding brackets), and adhesive dentistry procedures. The versatility of this technique makes it a cornerstone of modern dental practice. The efficacy of silane coupling treatment is supported by scientific evidence and clinical research. It is considered an evidence-based approach to achieving reliable bonding in dental restorations, ensuring the highest level of patient care.

Conclusion

In summary, silane coupling treatment is a crucial step in the dental restoration process, contributing to the success of dental procedures in terms of strength, durability, and aesthetics. This methodology, which involves the careful selection and application of silane coupling agents, offers dental professionals a reliable means of ensuring that restorations will withstand the rigors of the oral environment and provide patients with both functional and esthetic solutions to their dental needs.

References

- Butterfield PG, Valanis BG, Spencer PS, Lindeman CA, Nutt JG (1993) Environmental antecedents of young-onset Parkinson's disease. Neurology 43: 1150-1158.
- Ward JM, Singh G, Katyal SL, Anderson LM, Kovatch RM (1985) Immunocytochemical localization of the surfactant apoprotein and Clara cell antigen in chemically induced and naturally occurring pulmonary neoplasms of mice. Am J Pathol 118(3): 493-499.
- Ward JM, Argilan F, Reynolds CW (1983) Immunoperoxidase localization of large granular lymphocytes in normal tissues and lesions of athymic nude rats. J Immunol 131(1): 132-139.
- Homburger F, Russfield AB, Weisburger JH, Lim S, Chak SP, et al.(1975) Aging changes in CD-1 HaM/ICR mice reared under standard laboratory conditions. J Natl Cancer Inst 55(1): 37-45.
- Barlow BK, Thiruchelvam MJ, Bennice L, Cory-Slechta DA, Ballatori N, et al.(2003) Increased synaptosomal dopamine content and brain concentration of paraquat produced by selective dithiocarbamates. J Neurochem 85: 1075-1086.
- Behari M, Srivastava AK, Das RR, Pandey RM (2001) Risk factors of Parkinson's disease in Indian patients. J Neurol Sci 190: 49-55.
- Betarbet R, Sherer TB, Di Monte DA, Greenamyre JT (2002) Mechanistic approaches to Parkinson's disease pathogenesis. Brain Pathol 12: 499-510.
- Orentreich N, Matias JR, DeFelice A, Zimmerman JA (1993) Low methionine ingestion by rats extends life span. J Nutr 123(2): 269-274.
- Ooka H, Segall PE, Timiras PS (1988) Histology and survival in age-delayed low-tryptophan-fed rats. Mech Ageing Dev 43(1): 79-98.
- Segall PE, Timiras PS (1976) Patho-physiologic findings after chronic tryptophan deficiency in rats: a model for delayed growth and aging. Mech Ageing Dev 5(2): 109-124.