

EQUIPMENT ANALYSIS : CANAL SHAPING ABILITY OF RECENT TRUE SHAPE FILE SYSTEM WITH WAVE ONE GOLD

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1.ABSTRACT

1.1 Aim: The aim of the present study was to compare the canal transportation and centering ability of Rotary Wave One gold, True Shape using cone beam computed tomography (CBCT) in root canals to find better instrumentation technique for maintaining root canal geometry.

1.2 Materials and Methods: Total 10 freshly extracted premolars having Straight root canals were divided into two groups of 5 teeth each. All teeth were scanned by CBCT to determine the root canal shape before instrumentation. In Group 1, the canals were prepared with the True Shape file system, in Group 2 the canals were prepared with Rotary Wave One Gold files. After preparation and post-instrumentation scan was performed. Pre-instrumentation and post-instrumentation images were obtained at three levels, 3 mm apical, 3 mm coronal and 8 mm apical above the apical foramen were compared using CBCT software. Amount of transportation and centering ability were assessed. The two groups were statistically compared with analysis of variance and Tukey honestly significant.

1.3 Results: All instruments maintained the original canal curvature with significant differences between the different files. Data suggested that True Shape files presented the best outcomes for the variables evaluated. True Shape files caused lesser transportation and remained better centered in the canal than Rotary Wave One Gold files.

1.4 Results:

1.5 Conclusion: The canal preparation with True Shape files showed lesser transportation and better centering ability than Wave One Gold filing system

Keywords: Canal transportation; canal centering ability; CBCT

2.INTRODUCTION

In endodontics one of the instruments of greatest significance to the clinicians are the rotary files systems. These file systems not only provide an efficient outcome to the clinician but also help in cutting the dentine of the infected with root canal. The widely accepted filing system in the dental fraternity is that of the Wave One File System (Dentsply Sirona). The successor to these systems is the Wave One Gold (Dentsply Sirona) which offers the increased

flexibility in the apical region (Vorster, van der Vyver, and Paleker 2018). Recently developed True Shape file system offers the canal centering ability and with its particular S Shaped Curvature offers great ability to avoid canals of the premolar teeth in particular (Zuolo et al. 2016).

In endodontics the root canal shaping is a key stage of the treatment. A successful shaping of the root canal eliminates the chance of poor prognosis of tooth. An ideal root canal preparation should be in a continuous tapered preparation in which the path of canal should be maintained without deviation. The preparation of the root canal should be such that the apical foramen should be as small as possible (Hulsmann, Peters, and Dummer 2005). These objectives are very challenging to achieve when the root canal is prepared with a conventional stainless steel based filing system. With the invention of the rotary file system which are basically Nickel and Titanium (Ni-Ti) based alloy filing systems the paradigm shift happened in the field of endodontics. These Ni-Ti based rotary systems had great advantages over the conventional systems. The advantages included the that less time was consumed during the cleaning and shaping process, a procedure which was more safer would be carried out more efficiently as compared to conventional stainless steel filing system. The Ni-Ti files were more accuracy oriented compared to the other filing systems and offered lower risk of procedural errors compared to hand filing system (Pettiette, Olutayodelano, and Trope 2001).

One of the prerequisites for safer instrumentation of the root canal is to perform effective cleaning and shaping without causing the apical transportation of the canal. After the Ni-Ti alloy based system was introduced, there was a significant improvement in the quality of the root canal shaping with the predictable results and less iatrogenic damage in all forms of canal shapes and sizes. In recent years the Ni-Ti file systems have been upgraded with the help of scientific technology like CAD-CAM. These manufacturing advancements have been proposed with the aim of increasing the reliability, the effectiveness and the safety of these filing systems. Wave One Gold Rotary file system is a new generation of Ni-Ti filing system, with the pre existing advantages of the conventional Wave One system with added increased flexibility in it. This improved flexibility helps in better negotiation of the canal in the apical third of the root canal (Srivastava 2018). The design of the Wave One file system cross-section resembles that of the K file system when compared to other rotary instrument. With this kind of design structure the dentine is cut in a more elective fashion. This further reduces the torsional load on the filing system and prevents one of the second most common procedural error being instrument separation (Goldberg, Dahan, and Machtou 2012). Among the clinicians around the globe, the greater concern is the instrument separation. One of the concerns with these instruments is that they offer aggressive dentinal cutting and hence the chances of the canal transportation increases many folds. The modern filing systems have a stringent safety feature known as reciprocating motion (Ahn et al. 2020). The basic mechanism behind this feature is that there are two angles operating in the filing systems which have this reciprocating motion. The first angle is a large rotating angle which works in a counterclockwise direction when the instrument advances and cuts the dentine. The other angle is the smaller angle which disengages the file system. This angle works in clockwise direction. This is the critical safety

feature behind the modern Ni-Ti filing systems. This contributes to reduction in the screwing effect and the file separation with ease. Canal centring ability is the ability of the file system to not deviate from the normal canal curvature and to cut the only selected part of the infected dentine. The canal centring ability is influenced by the following factors. The foremost being the design cross section of the instrument, followed by the taper of the instrument (Agarwal 2015). The flexibility of the filing system is governed by the material properties of the alloy with an uncontrollable factor by the operator which is the root canal anatomy depending on the various root canal morphologies. It has been found that the instrument receives lesser constraint in the straighter canals. In conventional techniques to assess the pre operative and the post operative outcome the reassembly techniques were used where the pre op image of the canal was taken and the postoperative image of the canal cross section was compared. The modern advanced technology of precision is the Ultra conservative treatment (UCT) which helps in assessing the outcome faster, and with higher accuracy. This technology of CBCT offers the three dimensional analysis (Patel et al. 2019)

The study aims to assess the canal centring ability of Wave One Gold instruments with the recently developed filing system the True Shape file system. Our team has done previous studies in this field and also wants to do study in future as this is a challenging field. (Rao and Kumar 2018; Felicita 2017; A. R. Jain 2017; Patturaja 2016; Mp 2017; Sivamurthy and Sundari 2016; Kumar et al. 2006; Azeem and Sureshababu 2018; Krishnan and Lakshmi 2013; Sekar et al. 2019; Felicita, Chandrasekar, and Shanthasundari 2012) (Neelakantan et al. 2011; R. K. Jain, Kumar, and Manjula 2014; Johnson et al. 2019; Keerthana and Thenmozhi 2016; Lakshmi et al. 2015)

3. MATERIALS AND METHODS

3.1 Specimen Selection -

The present study consisted of 10 freshly extracted mandibular premolars with fully formed apices. These teeth were collected from the cases which had to undergo prosthodontic rehabilitation or had to undergo orthodontic treatment. The treatment plan in these cases indicated the extraction of such teeth. These teeth were selected for the study. These teeth were stored in saline at 4°C. The access cavities were prepared with the help of size no.2 Endo Access bur (Dentsply Sirona). After this a size 10 K file was used to establish the working length. The file was made to negotiate till apex in all the cases until it was visible at the apical foramen. The working length was established 1 mm short of the apex in all cases.

These ten teeth were embedded in the modelling wax, which was stimulated in the mandibular arch form. These teeth were randomly divided in two groups of five teeth each. Before the instrumentation the pre operative scan of these ten teeth was taken with the help of CBCT. The cross section at three levels was assessed, the first being at 3mm from the apex (apical level), the second cross section being at 8mm from the apex (mid root level) and the third being at 15 mm from the apex (Coronal level). After this all the root canals were instrumented to the working length by a single operator with the help of standardized technique. All the specimens were instrumented to the working length with the help of size K10, K15 and

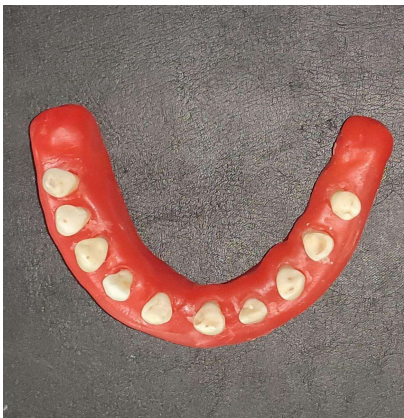


Figure 1- Image of Wax model

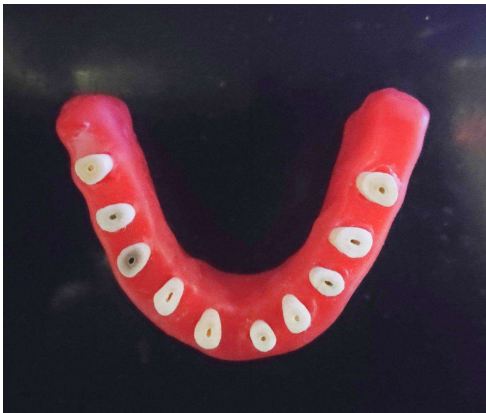




Figure 2- Decoronated Section teeth with wax model

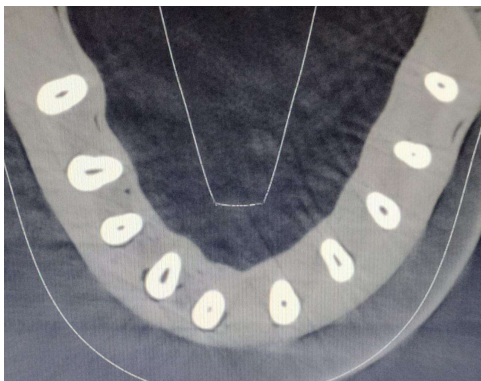
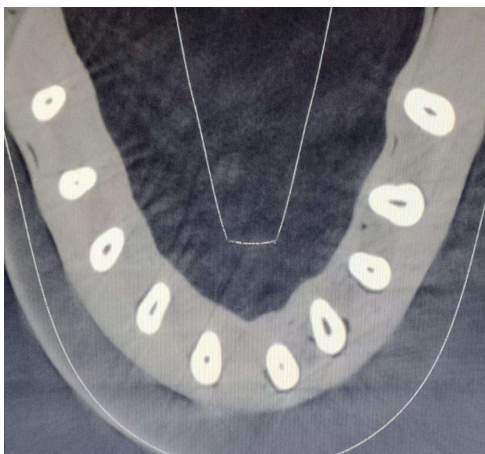


Figure 3 - CBCT scan of decoronated section

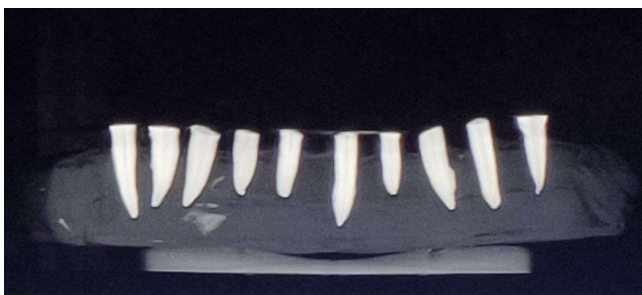


Figure 4 - CBCT scan of decoronated view represented from the frontal aspect

Specimens in Group 1 (n = 5) were prepared with the Rotary wave one gold file (Dentsply sirona) using a reduction gear handpiece powered by electric motor as guided by the manufacturers recommendations.

Specimens in Group 2 (n = 5) were prepared with the Trushape file (Dentsply sirona) using a reduction gear handpiece powered by an electric motor as guided by the manufacturer's recommendations.

The motion used in the preparation for both the specimens were in a slow and in a out pecking motion. The flutes of the files were cleaned with the help of wiping the file with 70% isopropyl alcohol rub after three in and out motions. Each instrument was discarded after the use in two canals , as per recommendations by manufacturers.

3.2 Evaluation of Canal Transportation:

The canal transportation can be assessed first by analysing the pre instrumented canal. The pre instrumented canal was analysed by taking measurement from the shortest distance at the edge of the canal to the periphery of the root canal either mesially or distally. This uninstrumented canal was later compared with the instrumented canal. All the values were cross verified by two evaluators and a mean value was taken.

The formula to measure the difference was $(a1-a2) - (b1 - b2)$. The value “a1” was the shortest distance from the mesial edge of the root to the mesial edge of the uninstrumented canal. The value “b1” was the shortest distance from the distal edge of the root to the distal edge of the uninstrumented canal. The value “a2” was the shortest distance from the mesial edge of the root to the mesial edge of the instrumented canal .The value “b2” was the shortest

distance from the distal edge of the root to the distal edge of the instrumented canal .

The statistical analysis was performed with the One - way analysis of variance followed by post hoc Tukey(Honestly Significantly Different) statistical tests.The level of significance was set at a value of 0.05.

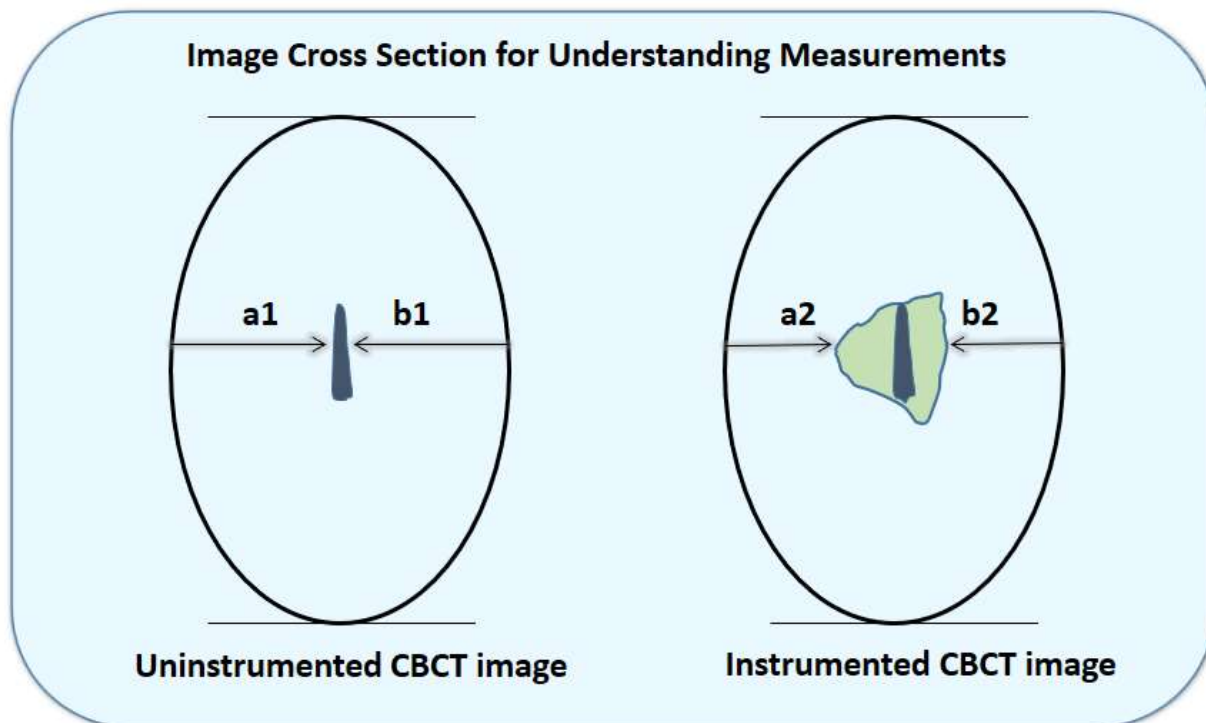


Figure 1. Depicting the cross sectional view of the uninstrumented and the instrumented canal. The initial measurement of the uninstrumented canal is shown by a1,b1 values .The instrumented canal measurements are taken by the a2,b2 values.The value a1 represents distance from the mesial edge of the root to the mesial edge of the uninstrumented canal.The value “a2” was the shortest distance from the mesial edge of the root to the mesial edge of the instrumented canal. The value “b2” was the shortest distance from the distal edge of the root to the distal edge of the instrumented canal .

3.3 Evaluation of Centering Ability:

The mean centering ratio indicates the ability of the instrument to not deviate from the glidepath and to stay centered in the canal . It was calculated by the following ratio:(a1-a2)/(b1-b2). A value of 1 indicates the perfect centering ability.One way analysis of variance followed by Tukey HSD multiple comparisons was conducted to look at a significant difference in mean centering ratio.The level of significance was at 0.05.

4. RESULTS

The following results were obtained.

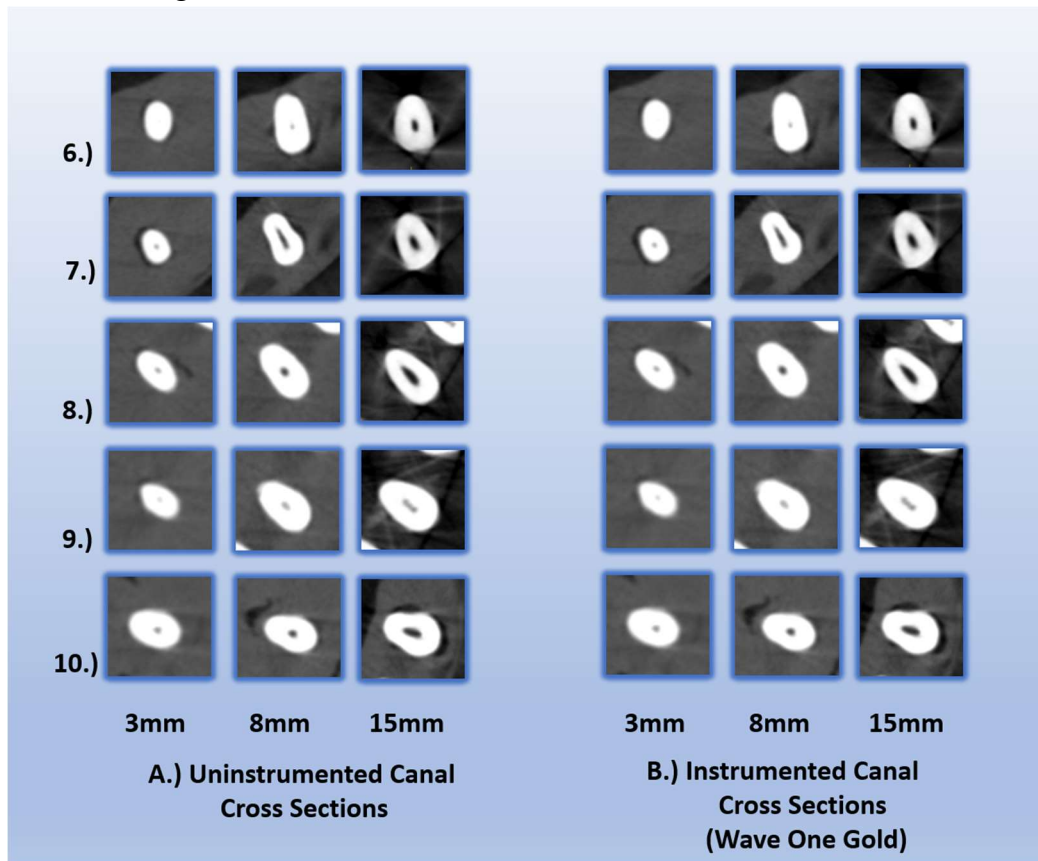


Figure 2 : Uninstrumented VS Wave One Gold (depicted as a1 in the statistical table)

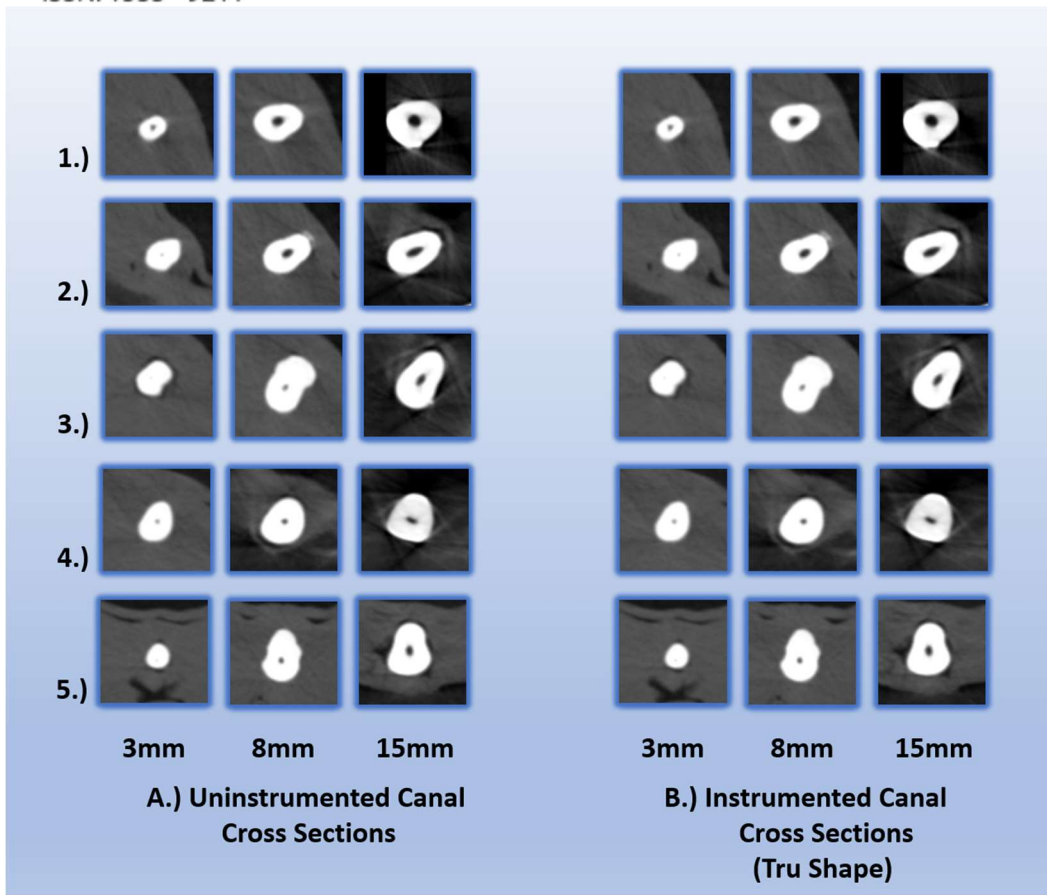


Figure 3 : Uninstrumented VS True Shape (depicted as b1 in the statistical table)

Group Statistics						
	Group	N	Mean	Std. Deviation	Std. Error Mean	p-value
3mm(a1)	1.00	10	1.8810	.50571	.15992	.566
	2.00	10	2.0240	.58396	.18466	
3mm(b1)	1.00	10	1.6350	.53163	.16812	.069
	2.00	10	2.1480	.64853	.20508	
8mm(a1)	1.00	10	2.6460	.58123	.18380	.983
	2.00	10	2.6410	.45103	.14263	
8mm(b1)	1.00	10	2.3430	.23894	.07556	.058
	2.00	10	2.6910	.48873	.15455	
15mm(a1)	1.00	10	2.7220	.29713	.09396	.760
	2.00	10	2.6840	.24959	.07893	
15mm(b1)	1.00	10	2.6170	.39260	.12415	.104
	2.00	10	2.9040	.35722	.11296	

Table 1 .Statistical Output .The is no significant difference between groups. A1 stands for the samples of the waveone gold file system and B1 stands for the trushape file system.

5. DISCUSSION

Canal centering ability plays a significant role in the preservation of the dentine and offers the selective removal of carious dentine. The instruments which offer a better canal centering ability enhance the life of the tooth after the root canal treatment (Venkateshababu et al. 2009). Canal centering ability predominantly depends on the design and the cross section of the instrument. Canal centering ability with a value of 1 depicts perfect ability of the file system to only remove the carious dentine and to not waver from the path of removal of the canal curvature (A. Jain et al. 2016). Niti instruments play an effective role in offering better centering ability than traditional instruments made out of stainless steel. Niti instruments offer better flexibility that adapt to the canal as they are heat treated files which are formed by the martensitic transformation. The ideal objective of the root canal preparation is to have a continuous tapered preparation with the apical foramen as small as possible (Gavini et al. 2018). One of the other studies showed that transportation patterns found the advantage of using these types of mechanized preparation systems in clinical practice, primarily due to their safety. Other aspects, such as resistance to cyclic and torsional fatigue, clinical factors associated with the apical transportation and centering ability emphasize the quality of these NiTi systems. These instruments produce few changes in the canal anatomy during root canal preparation. The measurement of post-instrumentation root canal transportation and centering may reveal the efficacy of root canal instruments in maintaining the original root canal anatomy, reducing aberrations and ultimately facilitating the three-dimensional cleaning of the root canal walls. However, because of the large number of systems available, each presenting different sequences composed of instruments with various different designs, taper, and function it is important for clinicians to have information about their safety and effectiveness during root canal preparation (Pinheiro et al. 2018).

The modern Niti instruments like the wave one gold and the Trushape files are created with the help of CAD - CAM technology, this gives them better cutting ability closer to the apical third region. One of the significant but crucial uncontrollable factors is the clinician skill that plays a valuable role in preparation of the canal (Radcliffe et al. 2017). Our team has done previous studies in this field and also wants to do study in future as this is a challenging field. (Rao and Kumar 2018; Felicita 2017; A. R. Jain 2017; Patturaja 2016; Mp 2017; Sivamurthy and Sundari 2016; Kumar et al. 2006; Azeem and Sureshababu 2018; Krishnan and Lakshmi 2013; Sekar et al. 2019; Felicita, Chandrasekar, and Shanthasundari 2012) (Neelakantan et al. 2011; R. K. Jain, Kumar, and Manjula 2014; Johnson et al. 2019; Keerthana and Thenmozhi 2016; Lakshmi et al. 2015).

6. CONCLUSION

The canal centering ability of the Trushape file systems was much effective as compared to the samples created by wave one gold.

7. ACKNOWLEDGEMENTS - We would like to acknowledge all my teachers of the Department of Conservative dentistry and Endodontics for their constant support and encouragement.

8. CONFLICT OF INTEREST -NIL

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