



Effect of aging type and aged unit on the repair strength of resin composite to feldspathic porcelain in testing microtensile bond strength

Pedro Henrique Corazza, Rodrigo Furtado de Carvalho, Rodrigo Othávio de Assunção e Souza, Marco Antonio Bottino & Mutlu Özcan

To cite this article: Pedro Henrique Corazza, Rodrigo Furtado de Carvalho, Rodrigo Othávio de Assunção e Souza, Marco Antonio Bottino & Mutlu Özcan (2016) Effect of aging type and aged unit on the repair strength of resin composite to feldspathic porcelain in testing microtensile bond strength, *Journal of Adhesion Science and Technology*, 30:4, 434-442, DOI: [10.1080/01694243.2015.1105121](https://doi.org/10.1080/01694243.2015.1105121)

To link to this article: <https://doi.org/10.1080/01694243.2015.1105121>



Published online: 05 Nov 2015.



Submit your article to this journal 



Article views: 67



View Crossmark data 



Citing articles: 1 View citing articles 



Effect of aging type and aged unit on the repair strength of resin composite to feldspathic porcelain in testing microtensile bond strength

Pedro Henrique Corazza^a, Rodrigo Furtado de Carvalho^b, Rodrigo Othávio de Assunção e Souza^c, Marco Antonio Bottino^b and Mutlu Özcan^d

^aPost-graduation Program in Dentistry, Dental School, University of Passo Fundo, Passo Fundo, Brazil;

^bDepartment of Dental Materials and Prosthodontics, Institute of Science and Technology, São Paulo State University (UNESP), São José dos Campos, Brazil; ^cDepartment of Dentistry, Federal University of Rio Grande do Norte/UFRN, Natal, Brazil; ^dClinic for Fixed and Removable Prosthodontics and Dental Materials Science, Center for Dental and Oral Medicine, Dental Materials Unit, University of Zurich, Zurich, Switzerland

ABSTRACT

The aim of the present study is to investigate the effect of aging type (thermocycling vs. water storage) and aged unit (block vs. stick) on the repair strength of resin composite to feldspathic porcelain in testing microtensile bond strength (μ TBS). Ceramic specimens ($N = 30$) ($10 \times 5.7 \times 4.5 \text{ mm}^3$, Vita Mark II, Vita) were obtained from CAD-CAM blocks. One surface was etched with 10% HF and silanized. An adhesive was applied and resin composite blocks were constructed incrementally on the conditioned surface. The specimens were randomly divided into five groups ($n = 6$): Control (C); Non-aged; BTC: Blocks were thermocycled (5–55 °C, 6000 cycles); STC: Sticks were thermocycled; BS: Blocks aged in water storage (6 months) after thermocycling; SS: Blocks aged in water storage (6 months) after thermocycling. After μ TBS test, failure types were classified. Data (MPa) were statistically analyzed (1-way and Dunnett and 2-way ANOVA, Tukey's) ($\alpha = 0.05$). Two-parameter Weibull distribution values including the Weibull modulus, scale (m), and shape (0) values were calculated. Aging type ($p = 0.009$) and aged unit ($p = 0.000$) significantly affected the results. Interaction terms were also significant ($p = 0.000$). Considering the stick level, there was no significant difference between thermocycling (STC: 25.7 ± 2.3) and water storage (SS: 25.3 ± 3.8) ($p > 0.05$) but the results were significantly higher when blocks were thermocycled (BTC: 31.6 ± 2.9) ($p < 0.05$). Weibull modulus and characteristic strength was the highest in BTC ($m = 4.2$; σ_0 : 34.4) among all other groups ($m = 3–3.9$; σ_0 : 14.6–28.5). Adhesive failures were common and cohesive failures occurred in less than 5% in all groups. Aging protocol was detrimental on durability of repair strength of resin composite to feldspathic porcelain. Exposing the sticks to either thermocycling or water storage aging should be considered in *in vitro* studies.

ARTICLE HISTORY

Received 11 June 2015

Revised 18 September 2015

Accepted 2 October 2015

KEYWORDS

Adhesion; aging; bond strength; resin composite; repair



Introduction

The introduction of adhesion to porcelains in the early 1980s with the etching ceramic surface [1] allowed the development of several ceramic materials for dental applications. [2] Improvements on the adhesion have been the focus of many studies [3–9], where two clinical scenarios were of interest, namely cementation of the restorations [5,7,9] and repair of ceramic defects using resin composites.[4,8] Essentially, in both situations, resinous materials are used that are composed of organic polymer matrix and reinforced inorganic filler particles.[10] Although it is important to quantify the initial bond strength between ceramic restorations and cements or repair materials, the clinical relevance of the studies increases when the bond test is performed after aging the interface.[5]

Storage of test specimens in water for periods up to three months, thermocycling between the extreme temperatures found in the mouth or exposing the specimens to mechanical fatigue using vertical loads are the most common aging approaches found in the literature.[11] Storing the specimens in water for nine months was shown to decrease the bond strength of a ceramic-resin cement-dentin assembly.[5] The mechanism of bond degradation seems to be complex including the size of the adhesive area where water is indispensable for this action.[12] The water sorption decreases the frictional forces between the polymer chains of the bonding area that eventually decreases the mechanical properties of the resin.[12] Moreover, water increases the pull-out of filler particles from resin composites possibly due to the hydrolysis of the silane bond between the organic and inorganic phases of the material.[13] On the other hand, thermocycling is used in some studies [7,9], aiming to induce contraction/expansion stresses at the interface that results from the thermal expansion coefficient of the materials.[12] This can induce crack propagation along the interface and consequently debond the materials. Different thermocycling profiles have been reported, varying from 3000,[7] 5000,[14], and 12,000 [9] to high numbers such as 40,000 cycles.[15] The effectiveness of the aging protocol can be related to the type of interface and type of test used for the individual study. In the ceramic-resin composite bond strength, the protocol of ceramic surface conditioning is detrimental for the effectiveness of the aging protocol. [3] Thus, it seems necessary to know which is the most appropriate aging protocol for the specific test method.

Microtensile bond strength (μ TBS) test was introduced in dentistry by Sano et al. [16] and was proven to be more appropriate than shear tests for evaluating the bonded joints. [17] The aging process prior to the μ TBS test can be performed either by exposing the bonded block (block aging) [5,7] or the sticks obtained from the bonded block (stick aging) to the aging media.[9,18,19] However, to date, the literature lacks studies comparing the effectiveness of the aging methods in these two experimental situations.

The objective of this study, therefore, was to investigate the effect of aging type (thermocycling vs. water storage) and aged unit (block vs. stick) on the repair strength of resin composite to feldspathic porcelain in testing μ TBS. The null hypothesis tested was that aging effect of thermocycling or water storage would not show significant difference on the bond strength depending on the experimental unit type (block vs. stick).

Materials and Methods

Specimen preparation

Feldspathic ceramic specimens ($N = 30$) (10 mm × 5.7 mm × 4.5 mm, Vita Mark II, Vita, Bas Säckingen, Germany) were obtained from the original CAD-CAM blocks (15 mm × 12 mm × 10 mm) in a precision sectioning device (Isomet 1000, Buehler, Lake Bluff, USA). The blocks were finished with metallographic silicone carbide papers of 600- and 1000-grit in sequence and cleaned ultrasonically (Cristofoli, São Paulo, Brazil) in distilled water for 10 min.

Bonding surfaces of all ceramic blocks were etched with 10% hydrofluoric acid for 60 s and subsequently washed with air/water spray for 30 s. The blocks were ultrasonically cleaned in distilled water for 5 min, dried, and the silane coupling agent (Rely X Ceramic Primer, 3 M ESPE, Sumare, Brazil) was applied on the bonding surface during 30 s. Then, one coat of adhesive resin (2.0 Adper Single Bond, 3 M ESPE) was applied and photopolymerized for 20 s (Optilux 501, Demeton, Kerr, Orange, USA). The light intensity was verified with a radiometer throughout the experiment to make sure that it was not less than 850 mW/cm².

The surface conditioning of the ceramic specimens was followed by the construction of the resin composite block. Resin composite (A2 TPH, Dentsply, York, USA) was applied in 2 mm increments on the bonding surface of the ceramic block until the same size with the ceramic was reached (10 mm × 5.7 mm × 4.5 mm). Each increment was photopolymerized for 60 s. The resin composite-ceramic assemblies were stored in distilled water for 24 h and then assigned randomly into the following five experimental groups ($N_{block} = 6$ per group) according to the aging protocol:

Aging protocols

Control (C): Non-aged group. The sticks were obtained 24 h after cementation and immediately subjected to μ TBS test.

BTC: Blocks were first thermocycled (MSCT-3 Plus, Erios, São Paulo, Brazil) (5–55 °C, 6000 cycles; dwell time: 30 s) and then sticks were obtained.

STC: Initially, sticks were obtained and then subjected to thermocycling as described for BTC.

BS: Blocks were first thermocycled as described in group BTC and then stored in distilled water for 6 months at 37 °C. Thereafter the sticks were obtained.

SS: Sticks were obtained and then subjected to thermocycling as described for BTC and stored in water as described in group BS.

μ TBS test

Each ceramic-composite block was placed in a special mold and embedded in autopolymerizing acrylic resin (Classico, São Paulo, Brazil). The blocks were then sectioned into sticks in a precision sectioning saw (Isomet 1000) under low speed (250 rpm) and water cooling. After the first cut, the blocks were rotated 90° for the second cut aiming to obtain sticks measuring approximately 1 mm thickness. The sticks from the outer sections were discarded. Each resultant stick had bonding area measuring 1 ± 0.1 mm² and length of approximately 9 mm. From each block 14 sticks were obtained.



Bonding area of each stick was measured with a digital caliper (Starret Industria e Comercio Ltd, Itu, Brazil) again and noted prior to tests. Each stick was then fixed in the jig using cyanoacrylate gel (Super Bonder Gel, Loctite Ltd, São Paulo, Brazil) parallel to the long axis of the device, which was fixed in a universal testing machine (DL-1000, EMIC, São José dos Pinhais, Brazil). The sticks were loaded in tensile at a crosshead speed of 1 mm/min with a 10 Kgf load cell, until the failure. 10 Kgf was the maximum load that the load cell could support. This load amounts approximately 98 N, which was more than sufficient for the present study where the highest values were about 50 N.

The maximum load to failure was recorded using the software program (TESC, EMIC, São José dos Pinhais, Brazil). The μ TBS was calculated according to the equation $R = F/A$, where R is the strength (MPa), F is the load (N) required to debond the specimen, and A is the bonding area (mm^2).

Failure analysis and microscopy evaluation

Failure sites were initially observed using an optical microscope (Zeiss Stemi 2000-C, Edmund Optics Inc., Barrington, USA) at $\times 50$ magnification and classified as follows: Type I: Adhesive failure between the ceramic and the resin composite; Type II: Cohesive failure in the ceramic or the resin composite; Type III: Mixed failure between the ceramic and the resin composite with more than half of the composite remained on the ceramic surface.

Additionally, representative sticks from each group were selected for complementary analysis under scanning electron microscopy (SEM, Jeol-JSM-T330A-Scanning Microscope, Tokyo, Japan) at 15 kV using secondary electron mode at a magnification of $\times 220$.

Statistical analysis

A sample size of six blocks in each group was calculated to have more than 80% power to detect a difference of 5 MPa between mean values Satterthwaite *t*-test (Statistix 8.0 for Windows, Analytical Software Inc, Tallahassee, FL, USA) with a 0.05 two-sided significance level.

Kolmogorov-Smirnov and Shapiro-Wilk tests were used to test normal distribution of the data (Minitab Software V.16, Minitab Inc., Centre County, USA). As the data (MPa) were normally distributed, one-way analysis of variance (ANOVA) and Dunnett and two-way ANOVA and Tukey's *post hoc* tests were applied at two levels (Level 1: Thermocycling vs. water storage; Level 2: Block vs. stick) to analyze the possible significant differences between the groups. The blocks were considered as experimental units. Maximum likelihood estimation without a correction factor was used for two-parameter Weibull distribution (Weibull⁺⁺, ReliaSoft, Tucson, USA), including the Weibull modulus, scale (m), and characteristic strength (σ_0), in order to interpret predictability and reliability of adhesion considering the sticks as the experimental unit.

Results

No pre-test failures were experienced during obtaining sticks or aging process.

Aging type ($p = 0.009$) and aged unit ($p = 0.000$) significantly affected the results. Interaction terms were also significant ($p = 0.000$) (Table 1).

Table 1. μ TBSs (Mean \pm standard deviation) of resin composite to feldspathic porcelain after aging methods applied on either blocks or sticks, Weibull modulus (m) and characteristic strength (σ_o). Same lower-case letters in each column indicate no significant differences ($\alpha = 0.05$). C: Control group; BTC: Blocks thermocycled; STC: sticks thermocycled; BS: blocks stored in water for 6 months; SS: sticks stored in water for 6 months.

Experimental groups	N_{block}	Mean (SD)	m	σ_o
C	6	14.4 (1.3) ^a	3.9	15.8
BTC	6	31.6 (2.9) ^b	4.2	34.4
STC	6	25.7 (2.3) ^c	3.4	28.5
BS	6	13.1 (0.6) ^a	3	14.6
SS	6	25.3 (3.8) ^c	3.5	28

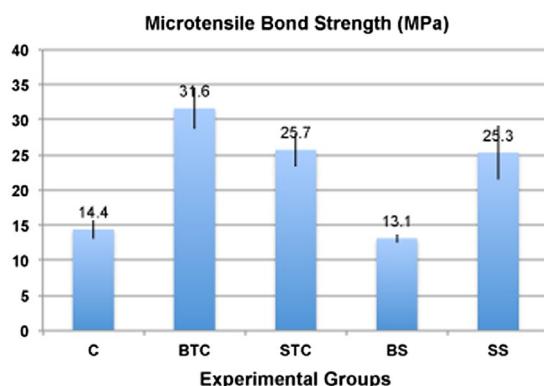


Figure 1. μ TBSs (Mean \pm standard deviation) of resin composite to feldspathic porcelain after aging methods (Thermocycling-TC; Water storage for 6 months-S) applied on either blocks (B) or sticks (S).

Table 2. μ TBSs (Mean \pm standard deviation) of resin composite to feldspathic porcelain as a function of aging method and aged unit. Same lower-case letters in each column indicate no significant differences (2-way ANOVA, Tukey's, $\alpha = 0.05$). See Table 1 for group abbreviations.

Aging method	Unit	N_{block}, N_{stick}	Mean (SD)
Thermocycling	Block	6, 14	31.6 (2.9) ^a
	Stick	6, 14	25.7 (2.3) ^b
Water storage	Block	6, 14	13.1 (0.6) ^b
	Stick	6, 14	25.3 (3.8) ^c

Considering the stick level, there was no significant difference between thermocycling (STC: 25.7 ± 2.3) and water storage (SS: 25.3 ± 3.8) ($p > 0.05$) but the results were significantly higher when blocks were thermocycled (BTC: 31.6 ± 2.9) ($p < 0.05$) (Figure 1, Table 2).

Weibull modulus and characteristic strength were the highest in BTC ($m = 4.2$; $\sigma_o = 34.4$) among all other groups ($m = 3-3.9$; $\sigma_o = 14.6-28.5$) (Figure 2, Table 1).

Adhesive failures were common and cohesive failures occurred in less than 5% in all groups (Table 3, Figure 3(a)-(b)).

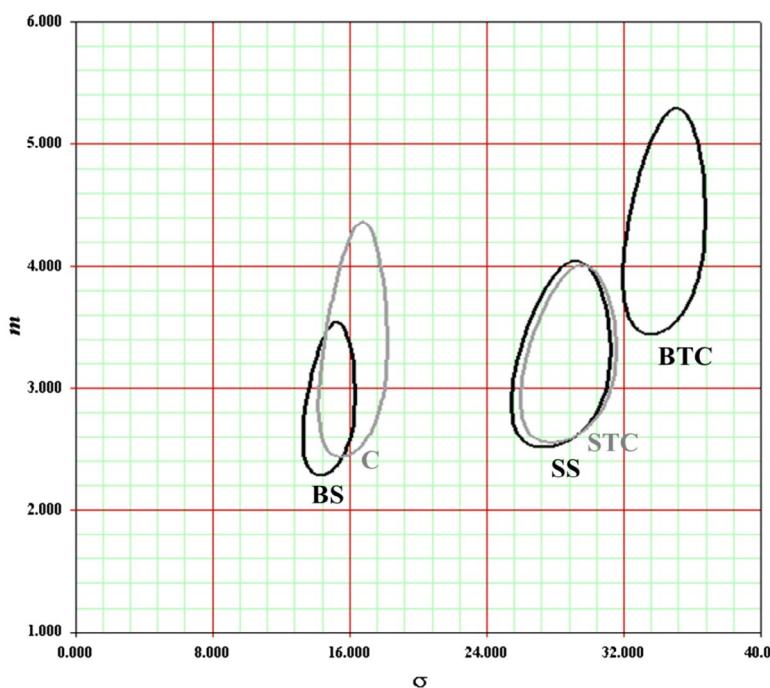


Figure 2. Probability plot with Weibull curves (95% CI) using maximum likelihood estimation. The 95% confidence intervals of m parameter overlapping indicate no statistical difference. Note that BTC presented higher Σ_o and that there was no significant difference between the Σ_o values of SS and STC and C and BS.

Table 3. Frequencies of failure modes in percentages. Type I: adhesive failure between the ceramic and the resin composite; Type II: cohesive failure in the ceramic or the resin composite; Type III: mixed failure between the ceramic and the resin composite with more than half of the composite remained on the ceramic surface.

Experimental groups	N_{block}	N_{stick} (%)	Type I (%)	Type II (%)	Type III (%)
C	6	84 (100)	52 (61.9)	4 (4.8)	28 (33.3)
BTC	6	78 (100)	40 (51.3)	3 (3.8)	35 (44.5)
STC	6	82 (100)	44 (53.7)	4 (4.9)	34 (41.5)
BS	6	86 (100)	53 (61.6)	3 (3.5)	30 (34.9)
SS	6	83 (100)	50 (60.2)	2 (2.4)	31 (37.3)

Discussion

Aging the bonded interfaces prior to adhesion tests is an essential procedure that gives information on long-term clinical durability of the adhesive dental applications. For this reason, this study was undertaken to investigate the effect of aging type (thermocycling vs. water storage) and aged unit (block vs. stick) on the repair strength of resin composite to feldspathic porcelain. Based on the results of this study, since both aging method and the aged unit significantly affected the results, the null hypothesis cold be rejected.

Storage in water for a period of three months results in water sorption, while thermocycling aims to induce some kind of contraction and expansion stresses at the bonded interface.[12] Both aging methods are expected to reduce the bond strength of the system. [4,5] However, the effectiveness of the aging procedure depends on some factors, such

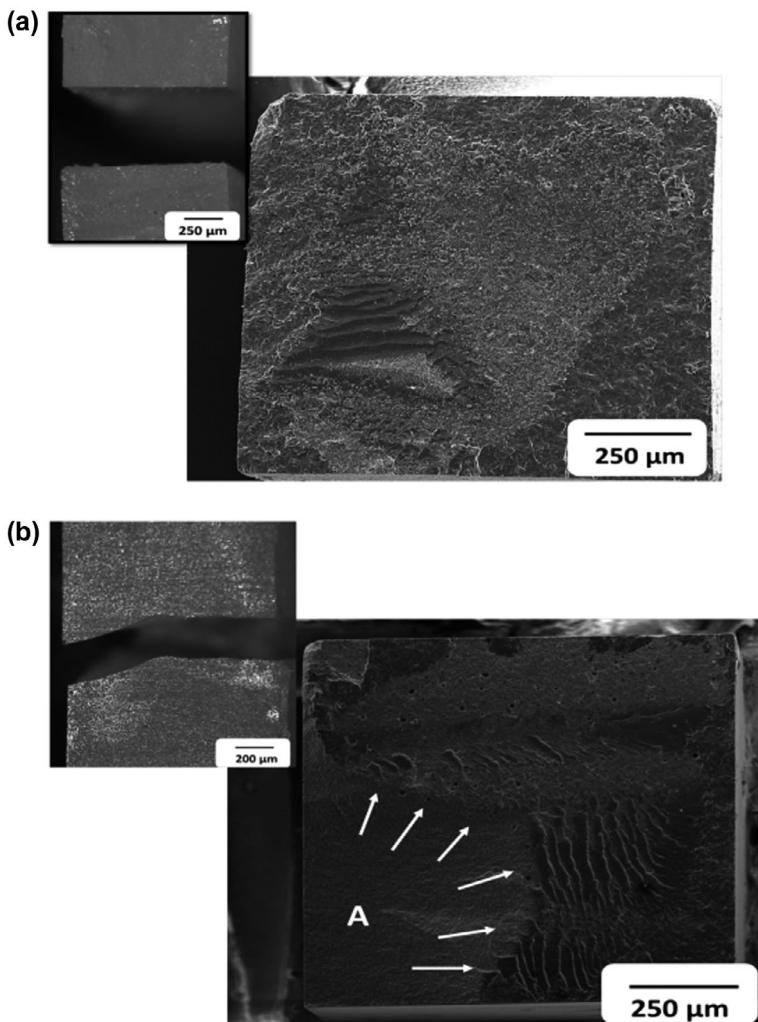


Figure 3. SEM images ($\times 220$) of (a) Stick with adhesive failure. The right larger image shows the overview of the bonding surface of the ceramic part. The left smaller image shows the lateral view of the bonding area of the tested stick in stereomicroscope, including the ceramic and the resin parts. (b) Stick with mixed failure. The right larger image shows the overview of the bonding surface of the ceramic part. The white arrows indicate the regions where the failure becomes cohesive in the ceramic (A). The left smaller image shows the lateral view of the bonding area of the tested stick in stereomicroscope, including the ceramic and the resin parts.

as materials bonded with ceramic–composite, ceramic–cement, reinforced ceramic–resin composite, reinforced ceramic cement, ceramic–resin cement–dentin assemblies,[5,8,19] or surface conditioning methods (i.e. etching, air-borne particle abrasion).[6,19] In addition to these factors, bonding test type (tensile, microtensile, shear, microshear) [20] and tests design (i.e. hourglass, dumbbell, or stick-shaped specimen for the μ TBS test) [21] all affect the bond strength results. Thus, comparison between the available studies in the literature, should be made in caution.

In this study, the aging process did not affect the bond strength of the BS group in which the blocks were aged in water for six months compared to the control group (C). It has to



be also noted that these groups delivered the lowest bond strength and the highest number of adhesive failures. Conversely, when blocks were thermocycled (BTC), significantly higher results were obtained. This could be explained on the grounds that thermocycling especially exposure to 55 °C bath, probably further contributed to polymerization of the bonded joint. In another study, testing the bond strength between zirconia and resin cement where porcelain-resin cement was considered as the control group,[19] also reported increased bond strength after sticks were stored in water for one and three months. However, after six months, the results were similar to the non-aged group. It is possible that the resin present at the interface takes several months to complete the polymerization and becomes stable, which can explain the higher results of SS group compared to control. Moreover, contact with hot water can accelerate this process. Contrary to this study, Guarda et al. [4] found reduction in the μ TBS between ceramic and resin cement after thermocycling the block (5–55 °C). Yet, the number of cycles was limited to 3000 cycles. Another study, employed thermocycling on sticks (5–55 °C; 12,000) with additional storage at 37 °C for 150 days and did not find significant differences between aged and non-aged specimens.[7]

When blocks are aged, technically, the marginal sticks obtained from the blocks are discarded in μ TBS tests. This is due to possible excess cement or deficiencies at the margins. [22] In fact, only margins of the block are directly in contact with water during the whole course of storage time. Therefore, only the sticks obtained from the internal part of the blocks are used for μ TBS test. The non-significant bond strength between the STC and SS in this study indicates similar type of aging due to limited bonding area of 1 mm². Similar Weibull moduli (STC: 3.4; SS: 3.5) in these two groups also support this assumption.

Nevertheless, it has to be emphasized that the discrepancy between the studies could be highly related to the number of cycles during thermocycling, possible further polymerization, or expansion of the resin material that may yield to even increase in bond strength after aging conditions. Further studies should identify critical aging conditions that could identify severe aging affect on bonded joints of ceramic–resin interface.

Conclusions

From this study, the following could be concluded:

- (1) Aging protocol and aged unit significantly affected the durability of repair strength of resin composite to feldspathic porcelain when μ TBS test was used.
- (2) Exposing the sticks instead of ceramic-resin composite blocks to either thermocycling or six months water storage aging should be considered in *in vitro* studies to achieve more effective aging of the bonded interfaces.
- (3) Failure types were predominantly adhesive failure type between the ceramic and resin composite followed by mixed failures.

Clinical relevance

In vitro studies on repair of feldspathic porcelain with resin composite should be evaluated with caution. Only those that practiced aging on bonded sticks should be considered as more worse-case scenario for long-term clinical durability of repairs.

Disclosure statement

The authors did not have any commercial interest in any of the materials used in this study.

References

- [1] Simonsen RJ. Tensile bond strength of etched porcelain. *J. Dent. Res.* **1983**;297:abstract 1154.
- [2] Della Bona A, Kelly JR. The clinical success of all-ceramic restorations. *J. Am. Dent. Assoc.* **2008**;139:S8–S13.
- [3] Roulet JF, Soderholm KJM, Longmate J. Effects of treatment and storage conditions on ceramic/composite bond strength. *J. Dent. Res.* **1995**;74:381–387.
- [4] Frankenberger R, Kramer N, Sindel J. Repair strength of etched vs silica-coated metal-ceramic and all-ceramic restorations. *Oper. Dent.* **2000**;25:209–215.
- [5] Hernandez AI, Roongruangphol T, Katsume N, et al. Residual interface tensile strength of ceramic bonded to dentin after cyclic loading and aging. *J. Prosthet. Dent.* **2008**;99:209–217.
- [6] Corazza PH, Cavalcanti SC, Queiroz JR, et al. Effect of post-silanization heat treatments of silanized feldspathic ceramic on adhesion to resin cement. *J. Adhes. Dent.* **2013**;15:473–479.
- [7] Guarda GB, Correr AB, Gonçalves LS, et al. Effects of surface treatments, thermocycling, and cyclic loading on the bond strength of a resin cement bonded to a lithium disilicate glass ceramic. *Oper. Dent.* **2013**;38:208–217.
- [8] Özcan M, Valandro LF, Pereira SM, et al. Effect of surface conditioning modalities on the repair bond strength of resin composite to the zirconia core/veneering ceramic complex. *J. Adhes. Dent.* **2013**;15:207–210.
- [9] Vanderlei A, Passos SP, Özcan M, et al. Durability of adhesion between feldspathic ceramic and resin cements: effect of adhesive resin, polymerization mode of resin cement, and aging. *J. Prosthodont.* **2013**;22:196–202.
- [10] Ferracane JL. Current trends in dental composites. *Crit. Rev. Oral Biol. Med.* **1995**;6:302–318.
- [11] Mair L, Padipatvuthikul P. Variables related to materials and preparing for bond strength testing irrespective of the test protocol. *Dent. Mater.* **2010**;26:e17–e23.
- [12] Amaral FL, Colucci V, Palma-Dibb RG, et al. Assessment of in vitro methods used to promote adhesive interface degradation: a critical review. *J. Esthet. Restor. Dent.* **2007**;19:340–353.
- [13] Drummond JL. Degradation, fatigue, and failure of resin dental composite materials. *J. Dent. Res.* **2008**;87:710–719.
- [14] Baur V, Ilie N. Repair of dental resin-based composites. *Clin. Oral Invest.* **2013**;17:601–608.
- [15] Peumans M, Hikita K, De Munck J, et al. Bond durability of composite luting agents to ceramic when exposed to long-term thermocycling. *Oper. Dent.* **2007**;32:372–379.
- [16] Sano H, Shono T, Sonoda H, et al. Relationship between surface area for adhesion and tensile bond strength – evaluation of a micro-tensile bond test. *Dent. Mater.* **1994**;10:236–240.
- [17] Della Bona A, van Noort R. Shear vs. tensile bond strength of resin composite bonded to ceramic. *J. Dent. Res.* **1995**;74:1591–1596.
- [18] Nakata T, Fujita M, Nagano F, et al. Effect of a new thermal cycling method on bond strength of two-step self-etching adhesive systems. *Dent. Mater.* **2007**;26:635–641.
- [19] Smith RL, Villanueva C, Rothrock JK, et al. Long-term microtensile bond strength of surface modified zirconia. *Dent. Mater.* **2011**;27:779–785.
- [20] Scherrer SS, Cesar PF, Swain MV. Direct comparison of the bond strength results of the different test methods: a critical literature review. *Dent. Mater.* **2010**;26:e78–e93.
- [21] Armstrong S, Geraldeli S, Maia R, et al. Adhesion to tooth structure: a critical review of “micro” bond strength test methods. *Dent. Mater.* **2010**;26:e50–e62.
- [22] Passos SP, Valandro LF, Amaral R, et al. Does adhesive resin application contribute to resin bond durability on etched and silanized feldspathic ceramic? *J. Adhes. Dent.* **2008**;10:455–460.