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Efficiency of different repair kits on bonding to aged dental resin

composite substrates

Short title: Efficiency of repair kits

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Abstract

Objective: To assess the efficiency of intraoral repair kits on the tensile bond strength (TBS) of resin composites (RCs) to aged RC substrates.

Methods: 840 aged (six months, 37°C, distilled water) RC substrates (Tetric EvoCeram) were air-abraded (CoJet) with and without following phosphoric acid contamination or treated with silicon carbide (SiC) grinding paper. Seven repair kits were used as intermediate agents (Embrace First-Coat, CLEARFIL CERAMIC PRIMER, Tokuso Ceramic Primer, Monobond Plus+Heliobond; Scotchbond Universal, One Coat Bond and visio.link) for conditioning. Specimens were repaired using two direct RCs (Clearfil Majesty ES2 and Clearfil Majesty Posterior), stored in distilled water (37°C, 24h) and thermal aged (5°C/55°C, 10,000 cycles). The cohesive strength of the repair RCs (N=40) served as control and was determined by applying the RCs on the fresh polymerized substrates, followed by thermal-aging procedure. TBS and failure types were determined and evaluated with three-/one-way ANOVA, and chi-square test (p<0.05).

Results: The highest influence on the TBS was exerted by the intermediate agent (repair kit) (partial eta squared $\eta_{P}^2 = 0.320$, p<0.001), while the impacts of the repair RC ($\eta_{P}^2 = 0.017$, p<0.001) and surface pre-treatment ($\eta_{P}^2 = 0.015$, p=0.003) were significant but low. Except for Embrace First Coat and Tokuso Ceramic Primer, phosphoric acid contamination after air-abrasion maintains the TBS.

Conclusions: Air-abrasion induced superior TBS compared with grinding the surface with SiC paper prior to repair. Tested universal adhesives as well as the combination between a universal primer and an adhesive were in-vitro efficient intermediate agents for repairing aged RCs.

1. Introduction

Recent systematical reviews on the longevity of posterior resin composite (RC) restorations confirm that secondary caries and fracture are typically failures that appear after a longer time of service [1]. Restoration repair rather than replacement is a valuable treatment modality [2] that is in agreement with the concepts of minimal invasive dentistry [3] which is taught in most universities [4]. Restoration repair is more economical to the patient in terms of treatment time-saving and reduces tooth structure loss to the bur [5] compared with replacement and the fabrication of new restorations. *In-vivo* studies have also shown that restoration repair results in a higher survival probability than restorations replacement [6].

In repairing RC restorations, the surface pre-treatment and the intermediate agent were proved to be significant factors of influence on the repair bond strength [4]. However, it is not compulsory to combine identical RCs in terms of repair [7, 8]. Particularly challenging, but of high clinical relevance, is the repair of aged RC substrates. In-vitro studies generally indicate inferior repair bond strength of aged RC substrates compared with the cohesive strength of the original RCs [9, 10], a fact attributed to the increased water sorption and saturation of the aged material.

The clinical procedure for repairing resin restoration usually implies a surface pre-treatment method to create mechanical retention by means of roughening with diamond burrs, or air-abrasion of the surface, followed by cleaning the surface with phosphoric acid and the use of silane and adhesives as intermediate agents previously to bonding to RC [4, 11]. Different universal repair kits are available on the market, questioning their efficiency in repairing RC restorations as well. Moreover, universal adhesive systems were recently launched on the market, with fewer steps and less chances of error in the application process. Their chemical composition

includes - in addition to methacrylic monomers - silane or phosphate monomers, allowing them to prime metal, silica-based ceramics, and zirconia restorations.

The aim of this study was therefore to analyze the efficiency of repairing aged RC substrates by using different surface pre-treatment and conditioning methods and different RCs as repair material. Since a contamination of the air-abraded surface with phosphoric acid might occur clinically during a restoration procedure, the study aims to simulate these conditions and to determine their impact on repair efficiency.

The null-hypotheses tested were that (1) the pre-treatment method (airabrasion, air-abrasion with phosphoric acid contamination and grinding with silicon carbide [SiC]-paper); (2) the conditioning method (comprising of seven different repair kits) and (3) the repair RC shows no impact on the tensile bond strength (TBS) to aged RC substrates.

2. Material and Methods

This study analyzed the TBS of aged RC substrates (Tetric Evo Ceram, Ivoclar Vivadent, Schaan, Liechtenstein) in combination with different methods of conditioning for repair with two different RCs (CLEARFIL MAJESTY ES 2 and CLEARFIL MAJESTY Posterior, Kuraray, Japan). The compositions and batch number of all tested materials are shown in Table 1.

2.1 Specimen preparation

A total of 840 substrates were prepared by filling the composite with a plastic filling instrument into a shaped cavity (2 mm in depth, 6 mm in diameter) of an acrylic cylinder (ScandiQuick, ScanDia, Hagen, Germany; Lot.No: 542125/142125) surrounded by a stainless steel cylinder. The specimens were cured with the LED-curing device Elipar S10 (3M ESPE, Seefeld, Germany) for 20 s with a light intensity of 1,200 mW/cm². Surfaces were polished during water-cooling with a series of SiC papers up to SiC P2400 (Tegramin-20, Struers). Thereafter, all polished surfaces were aged for six months in distilled water at 37°C while the storage media was changed weekly.

The specimens were then randomly divided into three pre-treatment methods (n=280): (1) CoJet air-abrasion (3M ESPE), (2) CoJet air-abrasion followed by phosphoric acid contamination and (3) grinding with SiC paper (Gritt 400, LECO). For air-abrasion with CoJet, silicatized sand (30 μ m, Lot.No. 516365) was applied for 10 s at a distance of 10 mm from the specimen's surface and a pressure of 3 bars. Thereafter, specimens were cleaned with distilled water for 30 s. The phosphoric acid (34%, 3M ESPE, Seefeld, Germany, Lot.No. 520594) contamination was simulated by acid application for 30 s followed by cleaning with distilled water for 30 s.

Thereafter, the specimens were randomly divided into seven main groups for different conditioning methods (n=40), as follows: (1) Embrace First Coat, (2) CLEARFIL CERAMIC PRIMER, (3) Tokuso Ceramic Primer included in the Bistite II DC kit, (4) Ceramic Repair System Kit: Monobond Plus + Heliobond, (5) Scotchbond Universal, (6) One Coat Bond; and 7) visio.link.

The application steps are described in Table 1. Subsequently, the conditioned specimens were repaired using two different RCs (CLEARFIL MAJESTY ES 2 and CLEARFIL MAJESTY Posterior, n = 20 per RC). The specimens were positioned into a holding device and an acrylic cylinder (SD Mechatronik, Feldkirchen-Westerham, Germany) with an inner diameter of 2.9 mm and a height of 4.5 mm for repairing, which was fixed on the conditioned RC surface, filled with RC and axially loaded with 100 g. Light polymerization was performed with the same LED-curing device as the substrates, with three sequences of 20 s each, by applying the curing unit perpendicular directly onto the acrylic cylinder from three directions. Subsequently, the specimens were stored for 24 h at 37°C in distilled water to allow for postpolymerization and then additionally aged for 10,000 thermal cycles between 5°C and 55°C with a dwelling time of 20 s (Thermocycler THE-1100, SD Mechatronik). The cohesive strength of the three RCs was used as control. Therefore, substrates were prepared as described above in a shaped cavity (2 mm in depth, 6 mm in diameter) of an acrylic cylinder, followed by an immediate (directly after polymerization) application of the same repair material. Specimens were thereafter stored and aged as the repaired specimens.

2.2 Tensile bond strength measurement

The Universal Testing Machine (MCE 2000 ST, Quicktest, Langenfeld, Germany) was used for tensile strength measurements by positioning the specimens

in a special device that provided a moment-free axial force application. A collet held the acrylic cylinder, while an alignment jig allowed for the self-centering of the specimen. The device was attached to the load cell and pulled apart by the upper and lower chain, allowing the whole system to be self-aligned. The specimens were loaded at a crosshead speed of 5 mm/min until debonding of the cylinders occurred. Values were recorded at the time of the debonding of the cylinders. Bond strength was expressed by dividing the force by the bonded surface area.

2.3 Fracture analysis

The fracture pattern was determined by analyzing the specimens under a stereomicroscope (Axioskop 2MAT, Carl Zeiss Microscopy, LLC, Thornwood, NY, US). The fracture mechanism was divided into three different types: (1) adhesive, when the failure occurred in the interface between the substrate and the repair RC; (2) cohesive, when the failure was in the substrate ore repair RC; and (3) mixed. Fractures occurring during the thermal aging process were recorded as pre-failures and considered as 0 MPa.

2.4 Statistical analysis

The measured data were analyzed using descriptive statistics such as mean and standard deviation. Normality of data distribution was tested using the Shapiro-Wilk test. Three- and one-way ANOVA followed by the Scheffé post-hoc test were computed to determine the significant differences among the pre-treatment or conditioning method groups. The impact of RC type was calculated using an unpaired two-sample t-test. The effect strength of the parameters intermediate agent, surface pre-treatment and repair RC on the TBS was assessed in a multivariate analysis (general linear model with partial eta-squared statistics). Relative

frequencies of failure types were provided. A chi-square test was used to detect differences in frequencies of failure types in different groups. The statistical tests were performed with SPSS Version 21.0 (SPSS INC, Chicago, IL, US). P values smaller than 0.05 were considered statistically significant in all tests.

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3. Results

3.1 Tensile bond strength measurement

The highest influence on the TBS was exerted by the intermediate agent (repair kit) (partial eta squared $\eta_{P}^2 = 0.320$, p<0.001), while the impacts of the repair RC ($\eta_{P}^2 = 0.017$, p<0.001) and surface pre-treatment ($\eta_{P}^2 = 0.015$, p=0.03) were significant but very low. The effects of the binary and ternary combinations of the three parameters were significant for all combinations except for surface pre-treatment method coupled with repair RC (p = 0.065).

With regard to the intermediate agent, the significantly lowest TBS was achieved when Embrace First Coat was used, followed by the group of Tokuso Ceramic Primer and CLEARFIL CERAMIC PRIMER, while the significantly highest TBS were achieved when repairing with One Coat Bond, Scotchbond Universal, Monobond Plus + Heliobond, or visio.link.

In terms of RC used to repair the substrates, slightly but significantly higher TBS values were obtained when CLEARFIL MAJESTY ES 2 was chosen as repair RC (p<0.001).

As for the three used surface pre-treatment methods, the air-abrasion with CoJet induced significantly higher TBS compared with CoJet treatment with phosphoric acid contamination (p = 0.014) or grinding the surface with SiC paper (p = 0.01), while no significant differences were found between the last two mentioned pre-treatment methods (p = 0.99).

The three-way ANOVA interactions between the effects were significant (p= 0.018). Therefore, the fixed effects of surface pre-treatment, intermediate agent and RCs cannot be compared directly as the higher order interactions between them were found to be significant. Consequently, several different analyses were computed and divided by levels of surface pre-treatment, as well as the use of

intermediate agent and RCs, depending on the hypothesis of interest. The results of the descriptive statistics (mean, SD) with one-way ANOVA and unpaired t-test results for the TBS of each tested group are presented in Table 2.

Considering the repair kits individually, no impact of both, repair RC and pretreatment method was observed for Monobond Plus + Heliobond (p=0.675 for repair RC and p=0.674 for the pre-treatment method) and visio.link (p=0.905 and 0.150, respectively). The pre-treatment had no impact (p=0.217), but a significant impact of the repair RC was observed for Scotchbond Universal (n_P²=0.061, p=0.009; CM-ES2 induced higher TBS compared to CMP). The repair RC had no impact, but a significant impact of the pre-treatment method was observed for following intermediate agents: CLEARFIL CERAMIC PRIMER (p=0.10 for the repair RC and $n_{\rm P}^2$ =0.105, p=0.002 for the pre-treatment method, while CoJet & Phosphoric acid and CoJet induced similar TBS (p=0.213), both higher than SiC-Paper treatment (p=0.024 and p=0.001)), Tokuso Ceramic Primer (p=0.066 and $\eta_{P}^2 = 0.076$, p=0.017; CoJet & Phosphoric acid and CoJet induced significant similar TBS (p=0.33) and higher than SiC-Paper (p=0.081 and p=0.005)) and One Coat Bond (p=0.142 and n_{P}^{2} =0.064, p=0.032; SiC-Paper treatment induced significant similar TBS to CoJet (p=0.24) and higher than CoJet & Phosphoric acid treatment (p=0.009); both Phosphoric acid treatment were similar (p=0.147)). As for Embrace First Coat, the repair RC shows a higher impact on the TBS ($\eta_P^2=0.239$, p<0.001, CM-ES2 induced higher TBS compared to CMP) compared with the pre-treatment method ($\eta_P^2=0.133$, p<0.001; CoJet induced higher TBS compared to CoJet & Phosphoric acid (p<0.001) and SiC-Paper(p=0.003), while the last two treatment are equivalent (p=0.348), while the significantly highest TBS was achieved by treating the surface with CoJet and repairing with CLEARFILMAJESTY ES2. All other combinations were statistically significantly lower.

There was no significant difference among the cohesive strength of both repair RC (p=0.182). The cohesive strength of the repair material was reached only in three repair combinations: (1) visio.link + CLEARFIL MAJESTY Posterior+ SiC-Paper, (2) Visio.link + CLEARFIL MAJESTY ES2 + CoJet with Phosphoric acid contamination and (3) Monobond Plus + Heliobond + CLEARFIL MAJESTY Posterior + CoJet. All other repair methods induced lower TBS than the cohesive strength of the repair material.

3.2 Failure types

The predominant type of failure was adhesive (46.2%), followed by cohesive (39.2%), while mixed (6.1%) or pre-failure (3.1%) was rarely observed. The frequencies of the failure types within one surface pre-treatment method or repair composite are shown as percentages in Table 3. According to the chi-square test, significantly different failure types between the pre-treatment methods or repair RC were observed (p<0.001), while for the intermediate agent, this was valid only in a few situations: Tokuso Ceramic Primer with both repair RC and CLEARFIL CERAMIC PRIMER combined with CLEARFIL MAJESTY ES 2.

4. Discussion

Thermal fluctuations, saliva and food with varying acidities, as well as the impact and abrasive forces of occlusion and mastication induce degenerative changes not only in teeth but also in restorative materials [12]. Therefore, repair of restorations aiming to preserve tooth structure has become more and more popular [4]. Yet the repair strength of RC restoration has been reported as only 19%–52% [13], 25%–50% [14], 41%–62% [15, 16], or 67%–82% [17] of the cohesive strength of the original RC, depending on the surface treatment and testing method. Therefore, reliable clinical surface pre-treatment methods and efficient intermediate agents for repair are in focus. Moreover, it must be taken into account that during the repair of an RC restoration, the prepared cavity usually exposes enamel and dentin. For that reason, a conditioning of the tooth structure with phosphoric acid might be required, also contaminating the pre-treated RC surface.

There is no standardized method or period of time for aging RCs previous to the repair process. Several methods are proposed such as the immersion in deionized water for one week (37 degrees C) [18], 9 days [19], one month (60°C) [20], two months [18, 21], 6 months [22], one year [23, 24], immersion in citric acid for one week [18, 22], boiling in water (8 h) [18], thermocycling (5,000 times, 5 degrees C to 55 degrees C) [18, 21], 6 years in 1% NaCl solution [25] or an in-vitro exposure to oral biofilm [26]. Aging the composite substrates through water storage for at least two months was shown to produce significantly lower bond strengths than those of shorter storage time (1 week of water or acid storage) [18], therefor the substrates were aged in the present study for six months in water at 37°C.

The TBS data showed that it was possible to attain the cohesive strength of the repair RCs in all of the analyzed pre-treated surfaces for an appropriate repair combination, which were visio.link + CLEARFIL MAJESTY Posterior for the SiC

paper pre-treatment of the surface, visio.link + CLEARFIL MAJESTY ES2 for CoJet with phosphoric acid contamination, and Monobond Plus + Heliobond + CLEARFIL MAJESTY Posterior for the CoJet pre-treatment.

An essential aspect in increasing the bond strength to a substrate is inducing mechanical retention by increasing the bonded surface area [27, 28]. Both pretreatment methods used in this study – air-abrasion and grinding with SiC paper meet these requirements. The results showed that pre-treatment with the CoJet system generated significantly higher TBS than pre-treatment by grinding with SiC paper, while an impact of acid contamination on the pre-treated surface with the CoJet is tolerated by most repair kits. Monobond Plus is known as a universal primer for conditioning of all types of restoration surfaces because it combines three different functional methacrylates: silane methacrylate, phosphoric methacrylate and sulfide methacrylate. Similar is mentioned for the universal adhesive Scotchbond Universal, which contains silane or phosphoric acid monomers in addition to regular methacrylic monomers. This advocates a significant contribution to the bond of the silane or phosphoric monomers, which are able to prime the inorganic filler of the aged RC and represent a high amount of the RC surface. Another bonding mechanism was followed in visio.link, which does not contain phosphoric acid monomers but rather high-molecular-weight acrylates such as pentaerythritol triacrylate ($C_{14}H_{18}O_7$) or pentaerythritol tetraacrylate ($C_{17}H_{20}O_8$). Acrylates are known to be more reactive than methacrylates, thus, the adhesive might allow for a chemical bond with the remaining unsaturated carbon-carbon double bonds in the matrix of the aged RC. As for One Coat Bond, the self-etching adhesive induced similar TBS results as Scotchbond Universal and visio.link. The chemical composition identifies the material as a methacrylate-based adhesive (UDMA), with methacrylate modified polyacrylic acid content. The content of HEMA allows for a more hydrophilic

character, improving the connection to aged composite substrates, characterized by increased water sorption and saturation.

As for the analyzed silane primers Embrace First Coat, CLEARFIL CERAMIC PRIMER and Tokuso Ceramic Primer, lower TBS values were identified. Their excellent properties in priming ceramics [29-31] proved to be insufficient for repairing aged RCs. The last-mentioned repair kits, except for Embrace First Coat, were not light cured when previously applying the repair RCs and were also more fluid compared with the other tested systems, thus making them more difficult in handling. An interesting comparison in view of the effect of priming ceramics offers the study of Taira et al. [31]. Their data attested higher bond strength between resin and a leucite-reinforced ceramic when using Tokuso Ceramic Primer and CLEARFIL CERAMIC PRIMER as primer compared with Monobond Plus. Also in repairing aged composites performed Tokuso Ceramic Primer and CLEARFIL CERAMIC PRIMER statistical similar, irrespective of the surface pre-treatment or repair RC, while the additional use of an adhesive (Heliobond) with Monobond Plus repealed in the present study the bonding deficit attested above. CLEARFIL CERAMIC PRIMER and Monobond Plus are similarly composed, containing the 3-(trimethoxysilyl)-propyl methacryl (MTS) as silane monomer, which proved to promote the bonding of resin to porcelain [32], while the acidic adhesive monomer is a methacrylated acidic phosphate ester. The type of silane monomer employed in the other analyzed materials is not explicitly declared so far.

The impacts of the repair RC ($\eta_{P}^{2}=0.017$, p<0.001) on the bond strength was identified as significant but was very low, which is in accordance with previous published data attesting that it is not compulsory to combine identical RCs for repair [7, 8]. Moreover, RCs with different monomer matrices —methacrylate, ormocer, or

silorane – are compatible and might be combined as substrate and repair materials [7].

Conclusions:

All null-hypothesis were rejected. Air-abrasion of aged substrates improved the repair strength inducing superior TBS compared with grinding the surface with SiC paper prior to repair, while the effect of phosphoric acid contamination is material dependent. Analyzed universal adhesives, as well as the combination between a universal primer and an adhesive were in-vitro efficient intermediate agents for repairing aged RCs, while the use of silane primers alone was less efficient. All tested hypotheses are therefore rejected.

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Conflict of interest: The authors declare that they have no conflict of interest.

Tables and Figures

Table 1: Materials, composition and form of application as used in the study: a) Resin composites, b) Repair kits

Table 2: Descriptive statistic (mean, M, and standard deviation, SD) for the tensile bond strength (MPa) as function of repair method. The cohesive TBS of the repair composite CLEARFIL MAJESTYTM Posterior (CMP) and CLEARFIL MAJESTYTMES2 (CM-ES 2) is additionally indicated. Superscript Greek letters indicate statistically homogeneous subgroups within a column, while Latin letters mark the statistic with a row (Tukey's HSD test, $\alpha = 0.05$).

Table 3: Failure type analyses (frequency of occurrence in %) for surface pretreatment method and repair RC.

Figure 1: Design of the tensile strength test

Table 1: Materials, composition and form of application as used in the study.

a) Resin composites

Resin composite	Manufactures	Lot No.	Matrix	Filler wt%; vol%	
Tetric Evo Ceram	Ivoclar Vivadent	S12963	Bis-GMA,TEGDMA, Hydrophobic aromatic dimethacrylate	Ba-glass, YF₃ Mixedoxid, Pre-polymerized organic filler 75–76%; 53–55%.	
Clearfil Majesty Posterior	Kuraray	0120BA	Bis-GMA,TEGDMA Other: Hydrophobic aromatic dimethacrylate	glass ceramics, alumina, silica 92%; 82%	
Clearfil Majesty ES 2		0019AA	Bis-GMA, Hydrophobic aromatic dimethacrylate	barium glass, Pre- polymerized organic filler	

b) Repair kits

		001944	aromatic unnethaciyiate	polymerized organic filler
b) Repair kits				10
Repair Kit	Manufactures	Lot No.	Compositions	Application
Embrace First Coat	PULPDENT Corporation	130422	Acrylate Resins, no solvents	Application and light curing for 20 s
CLEARFIL CERAMIC PRIMER	Kuraray	570002	MTS, MDP, ethanol	Application and air- drying
Tokuso Ceramic Primer in	Tokuyama	027M	silane monomer, ethanol	Mixing A + B
Bistite II DC kit	Dental	527M	phosphate monomer, ethan	ol Application 10 s
Ceramic Repair System Kit: Monobond Plus	lvoclar	S05679	MTS, Methacrylated phosphoric a ester, ethanol	cid Application 60 s
Heliobond	- Vivadent	S09854	Bis-GMA, TEGDMA	Application and light curing for 10 s
Scotchbond Universal	3M ESPE, Seefeld, Germany	521215	MDP Phosphate Monomer, DM, HEMA, Vitrebond Copolymer, Filler, Ethanol, Water, Silane	Application and light curing for 10 s
One Coat Bond	at Bond Coltene/ Whaledent		HEMA, hydroxypropylmethacrylate, methacrylate modified polyacrylic acid, UDMA, glycerol, DM, amorph silicic acid, water (5%),	Application and light curing for 10 s
visio.link	bredent, Senden, Germany	114784	methyl methacrylate, pentaerythritol triacrylate, pentaerythritol tetraacrylate diphenyl(2,4,6,- trimethylbenzoyl)- phosphineoxide	Application and light curing for 30 s

Abbreviations: Bis-GMA, bisphenol-A diglycidyl ether dimethacrylate; TEGDMA, Triethyleneglycol dimethacrylate; UDMA, Urethane dimethacrylate; HEMA, Hydroxyethylmethacrylate; DM, dimethacrylate; MTS, 3-trimethoxysilylpropyl methacrylate; MDP, 10-Methacryloyloxydecyl dihydrogen phosphate

Data are provided by manufacturers

Table 2: Descriptive statistic (mean, M, and standard deviation, SD) for the tensile bond strength (MPa) as function of repair method. The cohesive TBS of the repair composite CLEARFIL MAJESTYTM Posterior (CMP) and CLEARFIL MAJESTYTMES2 (CM-ES 2) is additionally indicated. Superscript Greek letters indicate statistically homogeneous subgroups within a column, while Latin letters mark the statistic with a row (Tukey's HSD test, $\alpha = 0.05$).

Surface pre- treatment	SiC-Paper			CoJet			CoJet & Phosphoric acid					
Repair resin composite	CM	5	CM-ES 2		CMP		CM-ES 2		CMP		CM-ES 2	
·	М	SD	М	SD	М	SD	М	SD	М	SD	М	SD
Embrace First Coat	1.2 ^α b	1.0	4.2 ^α b	2.9	1.6 ^α b	3.0	8.8 ^{αβ} a	7.6	1.1 ^α b	0.8	2.8 ^α b	1.2
CLEARFIL CERAMIC PRIMER	9.7 ^β ab	8.3	5.3 ^α a	3.4	13.3 ^β b	6.7	11.5 ^{αβγ} b	5.7	10.4 ^{βγ} ab	6.7	11.0 ^β ab	4.8
Tokuso Ceramic Primer	4.5 ^{αβ} b	6.6	7.0 ^α ab	4.8	11.5 ^β a	8.4	8.0 ^α ab	4.5	4.6 ^{αβ} b	4.7	12.1 ^β a	5.8
Monobond Plus + Heliobond	13.8 ^γ a	7.1	15.3 ^β a	6.1	17.8 ^{βγ} a	7.4	14.1 ^{βγ} a	6.0	14.8 a	8.7	15.4 ^{βγ} a	5.2
Scotchbond Universal	11.7 ^ү а	8.0	17.8 ^β a	6.2	15.2 ^β a	8.2	16.7 ^ү а	6.3	11.4 ^{βγ} a	9.0	14.6 ^{βγ} a	5.9
One Coat Bond	14.2 ^γ ab	8.0	16.4 ^β a	6.5	13.2 ^β ab	5.7	13.9 ^{βγ} ab	3.6	10.1 ^{βγ} b	6.3	12.6 ^{βγ} ab	7.3
visio.link	15.6 ^{үŏ} а	7.7	15.3 ^β a	5.3	13.8 ^β a	7.4	15.9 ^γ a	7.3	13.3 ^γ a	9.5	17.9 ^{үб} а	7.2
Cohesive strength	22.4 ^ŏ	5.6	23.0 ^γ	2.9	22.4 ^v	5.6	23.0 ^δ	2.9	22.4 ^ŏ	5.6	23.0 ^ŏ	2.9
PCCeQte												

Table 3: Failure type analyses (frequency of occurrence in %) for surface pretreatment method and RC.

Failure type	Su	rface pre-	Repair resin composite		
	SiC-Paper	CoJet	CoJet & Phosphoric acid	CMP	CM-ES 2
adhesive	55.4	40.0	43.2	50.0	42.4
cohesive	31.8	46.1	39.6	34.0	44.3
mixed	5.4	6.1	6.8	2.1	10.0
pre-failure	4.3	2.1	2.9	5.7	.5

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Figure 1: Design of the tensile strength test

References:

[1] Opdam NJ, van de Sande FH, Bronkhorst E, Cenci MS, Bottenberg P, Pallesen U, et al. Longevity of Posterior Composite Restorations: A Systematic Review and Meta-analysis. J Dent Res 2014;93:943-9.

[2] Opdam NJ, Bronkhorst EM, Loomans BA, Huysmans MC. Longevity of repaired restorations: a practice based study. J Dent 2012;40:829-35.

[3] Tyas MJ, Anusavice KJ, Frencken JE, Mount GJ. Minimal intervention dentistry--a review. FDI Commission Project 1-97. Int Dent J 2000;50:1-12.

[4] Hickel R, Brushaver K, Ilie N. Repair of restorations--criteria for decision making and clinical recommendations. Dent Mater 2013;29:28-50.

[5] Gordan VV, Mondragon E, Shen C. Replacement of resin-based composite: evaluation of cavity design, cavity depth, and shade matching. Quintessence Int 2002;33:273-8.

[6] Gordan VV, Garvan CW, Blaser PK, Mondragon E, Mjoer IA. A long-term evaluation of alternative treatments to replacement of resin-based composite restorations Results of a seven-year study. Journal of the American Dental Association 2009;140:1476-84.

[7] Baur V, Ilie N. Repair of dental resin-based composites. Clin Oral Investig 2013;17:601-8.

[8] Ilie N, Oberthur MT. Effect of sonic-activated resin composites on the repair of aged substrates: an in vitro investigation. Clin Oral Investig 2014;18:1605-12.

[9] Saunders WP. Effect of fatigue upon the interfacial bond strength of repaired composite resins. J Dent 1990;18:158-62.

[10] Soderholm KJ. Flexure strength of repaired dental composites. Scand J Dent Res 1986;94:364-9.

[11] Loomans BA, Cardoso MV, Roeters FJ, Opdam NJ, De Munck J, Huysmans MC, et al. Is there one optimal repair technique for all composites? Dent Mater 2011;27:701-9.

[12] Gale MS, Darvell BW. Thermal cycling procedures for laboratory testing of dental restorations. J Dent 1999;27:89-99.

[13] Mitsaki-Matsou H, Karanika-Kouma A, Papadoyiannis Y, Theodoridou-Pahine S. An in vitro study of the tensile strength of composite resins repaired with the same or another composite resin. Quintessence Int 1991;22:475-81.

[14] Soderholm KJ, Roberts MJ. Variables influencing the repair strength of dental composites. Scand J Dent Res 1991;99:173-80.

[15] Swift EJ, Jr., Cloe BC, Boyer DB. Effect of a silane coupling agent on composite repair strengths. Am J Dent 1994;7:200-2.

[16] Swift EJ, Jr., LeValley BD, Boyer DB. Evaluation of new methods for composite repair. Dent Mater 1992;8:362-5.

[17] Cavalcanti AN, De Lima AF, Peris AR, Mitsui FH, Marchi GM. Effect of surface treatments and bonding agents on the bond strength of repaired composites. J Esthet Restor Dent 2007;19:90-8; discussion 9.

[18] Brendeke J, Ozcan M. Effect of physicochemical aging conditions on the composite-composite repair bond strength. J Adhes Dent 2007;9:399-406.

[19] Rodrigues SA, Jr., Ferracane JL, Della Bona A. Influence of surface treatments on the bond strength of repaired resin composite restorative materials. Dent Mater 2009;25:442-51.

[20] Maneenut C, Sakoolnamarka R, Tyas MJ. The repair potential of resin composite materials. Dent Mater 2011;27:e20-7.

[21] Baur V, Ilie N. Repair of dental resin-based composites. Clin Oral Investig 2012;

[22] Rinastiti M, Ozcan M, Siswomihardjo W, Busscher HJ. Effects of surface conditioning on repair bond strengths of non-aged and aged microhybrid, nanohybrid, and nanofilled composite resins. Clin Oral Investig 2011;15:625-33.

[23] Frankenberger R, Kramer N, Ebert J, Lohbauer U, Kappel S, ten Weges S, et al. Fatigue behavior of the resin-resin bond of partially replaced resin-based composite restorations. Am J Dent 2003;16:17-22.

[24] Frankenberger R, Roth S, Kramer N, Pelka M, Petschelt A. Effect of preparation mode on Class II resin composite repair. J Oral Rehabil 2003;30:559-64.

[25] Teixeira EC, Bayne SC, Thompson JY, Ritter AV, Swift EJ. Shear bond strength of self-etching bonding systems in combination with various composites used for repairing aged composites. J Adhes Dent 2005;7:159-64.

[26] Rinastiti M, Ozcan M, Siswomihardjo W, Busscher HJ, van der Mei HC. Effect of biofilm on the repair bond strengths of composites. J Dent Res 2010;89:1476-81.

[27] Marshall SJ, Bayne SC, Baier R, Tomsia AP, Marshall GW. A review of adhesion science. Dent Mater 2010;26:e11-6.

[28] Naves LZ, Soares CJ, Moraes RR, Goncalves LS, Sinhoreti MA, Correr-Sobrinho L. Surface/interface morphology and bond strength to glass ceramic etched for different periods. Oper Dent 2010;35:420-7.

[29] Abdelnaby YL. Effects of cyclic loading on the bond strength of metal orthodontic brackets bonded to a porcelain surface using different conditioning protocols. Angle Orthod 2011;81:1064-9.

[30] Keul C, Liebermann A, Roos M, Uhrenbacher J, Stawarczyk B, Ing D. The effect of ceramic primer on shear bond strength of resin composite cement to zirconia: a function of water storage and thermal cycling. J Am Dent Assoc 2013;144:1261-71.

[31] Taira Y, Sakai M, Sawase T. Effects of primer containing silane and thiophosphate monomers on bonding resin to a leucite-reinforced ceramic. J Dent 2012;40:353-8.

[32] Matsumura H, Kawahara M, Tanaka T, Atsuta M. A new porcelain repair system with a silane coupler, ferric chloride, and adhesive opaque resin. J Dent Res 1989;68:813-8.