Dental microscope light improves visibility during light-curing composite application

T. LANG* (1), C. Kuebler (2), C. Schwedes (2), K. W. Weich (1) and P. Gaengler (1)

(1) **ORMED** - Institute for Oral Medicine at the University of Witten/Herdecke, Germany eMail: info@ormed.net, web: <u>www.ormed.net</u>

(2) CARL ZEISS MEDITEC AG, Oberkochen, Germany

Objectives:

Operating microscopes use bright light sources with a wide visible spectrum decreasing working time of light-curing restorative materials. Orange filters prevent unintended polymerization with less visibility of tooth structures and restorations. Therefore, it was the aim of the study (i) to assess the prolongation of working time of light-curing composites by different experimental LED lightsources and (ii) to improve operating visibility with white light compared with traditional orange light.

Fig. 0: Laboratory set up with Zeiss microscope prototype angulated to the

Fig. 1: ZEISS EXTARO 300 featuring a LED light source optimally adapted for dental applications.





Material and Methods:

Three experimental light modes (5500 K, Orange, Experimental), used by a experimental Zeiss OPMI microscope, were calibrated to similar intensity of 15 klx. Four composite materials with different photoinitiators were tested (Charisma/shade A2, Venus Diamond/A2: Heraeus, Hanau, Germany; GrandioSo/A2: Voco, Cuxhaven, Germany; Tetric EvoCeram Bulk Fill/IV B: Ivoclar Vivadent, Liechtenstein).

Polymerisation over time was assessed second by second with a vertically oscillating rheometer for each composite, each cycle was repeated 7 times (n=7) and statistically analyzed using t-test. Photometrical analysis was provided for color temperature and Color-Rendering-Index. 3D-color differentiation (Vita 3D-Master, Bad Säckingen, Germany) was performed by two observers. The microscopic differentiation was tested by two observers in 7 teeth with carious lesions, 7 teeth with periodontitis, 7 teeth with visible root transparence (old teeth) and 7 healthy teeth without visible root transparency (young healthy

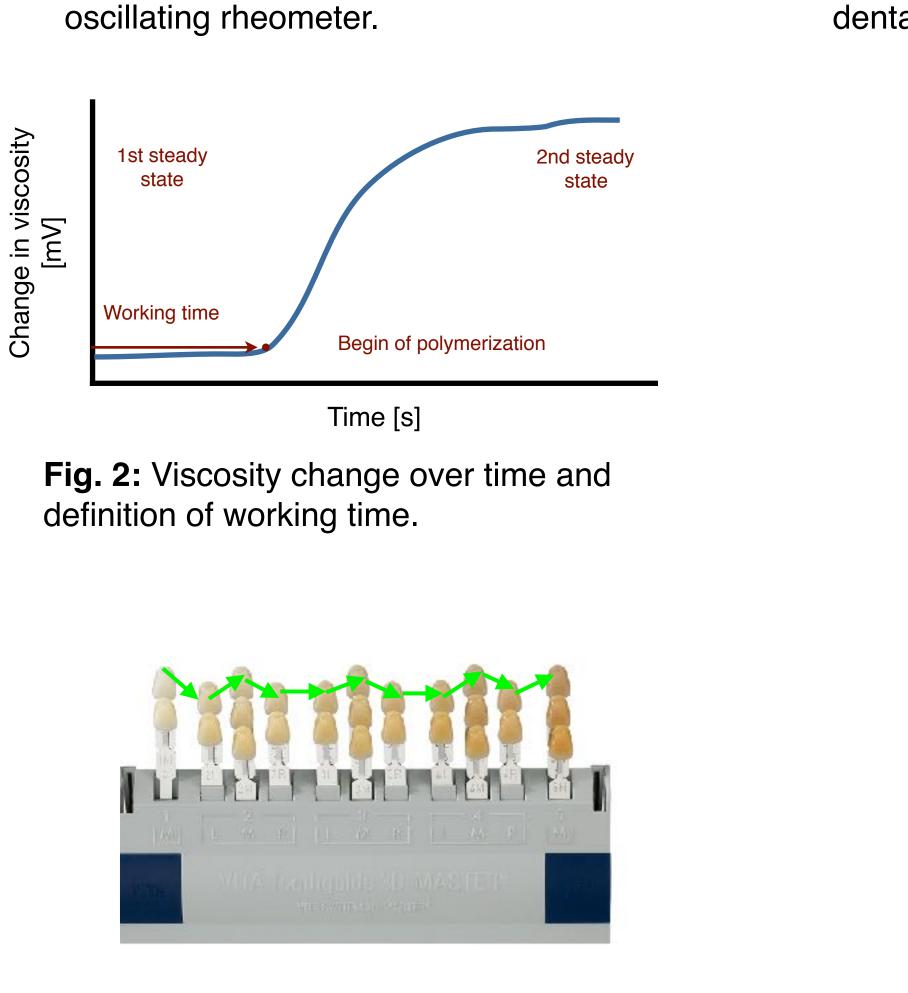
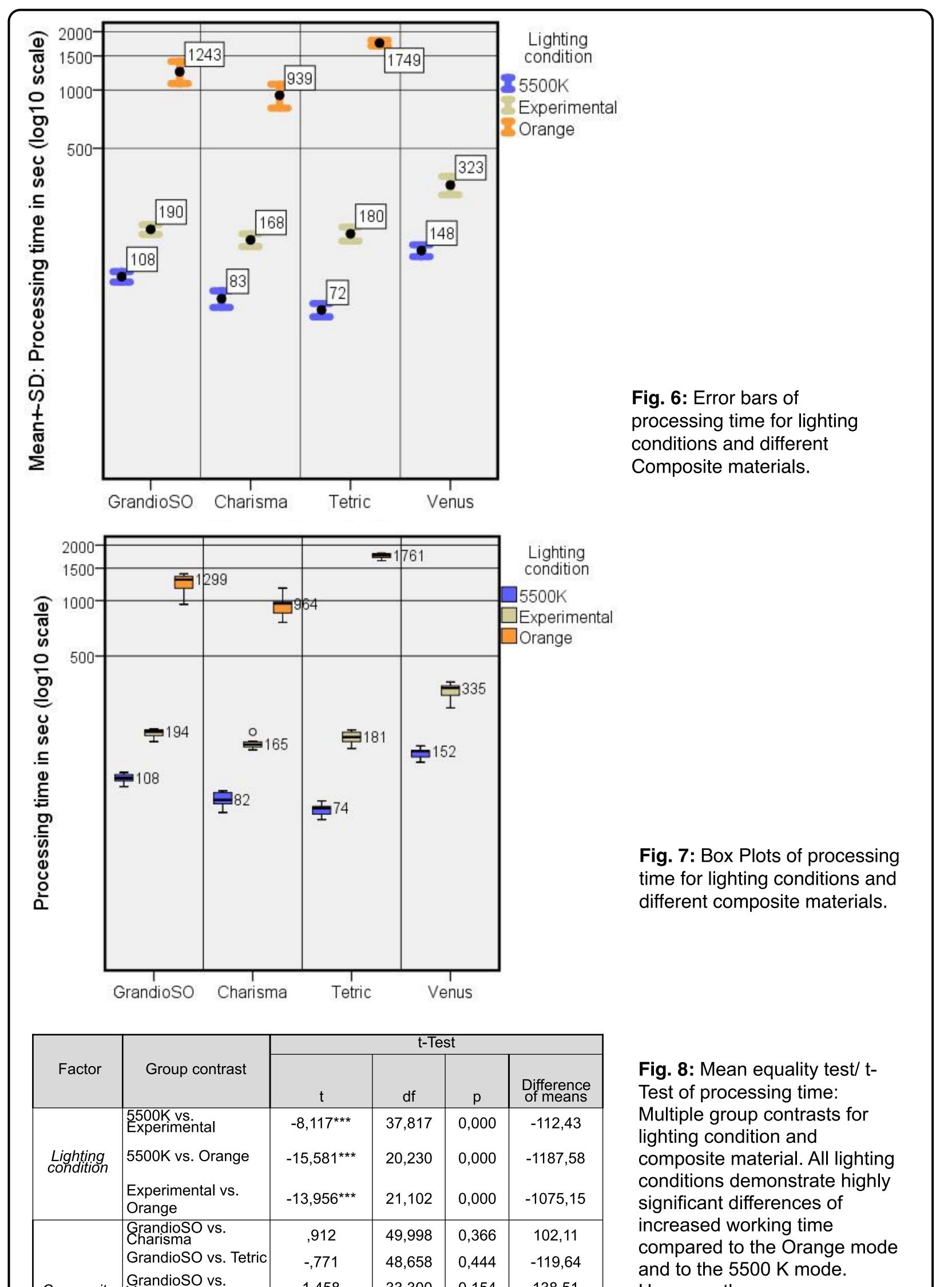


Fig. 3: Vita 3D Master shade guide; green arrow: horizontal color comparison. 1- 5: Tooth color groups; L, M, R: Tooth color subgroups.

Fig. 4: Example for tested carious teeth: A: Orange mode; B: Experimental mode; C: 5500K mode.

| Name | Charisma | GrandioSo | Tetric EvoCeram Bulk Fill | Venus Diamond | |
|------------------------|-------------------------------------|------------------|------------------------------|------------------------|--|
| Туре | Type Ultra-fine particle hybrid | | Nanohybrid | Nanohybrid | |
| Colour | A2 | A2 | IVB | A2 | |
| Organic Matrix | BisGMA TEGDMA | BisGMA BisEMA | BisGMA BisEMA | TCD-di-HEA UDMA | |
| Filler Content | Iler Content 61 Vol% | | 61 Vol% | 64 Vol% | |
| CQ/Amin Irgacure 819 | | CQ/Amin | CQ/Amin Lucirin TPO | CQ/Amin Lucirin TPO | |

ices in the composition of the tested composite materials.



teeth).

Results:

Experimental light mode extended the working time significantly (p<0.001). The means of working time varied between tested composite materials: 5500 K =72-148 s; Experimental = 168-323 s; Orange = 939-1690 s, depending on different composite formulations.

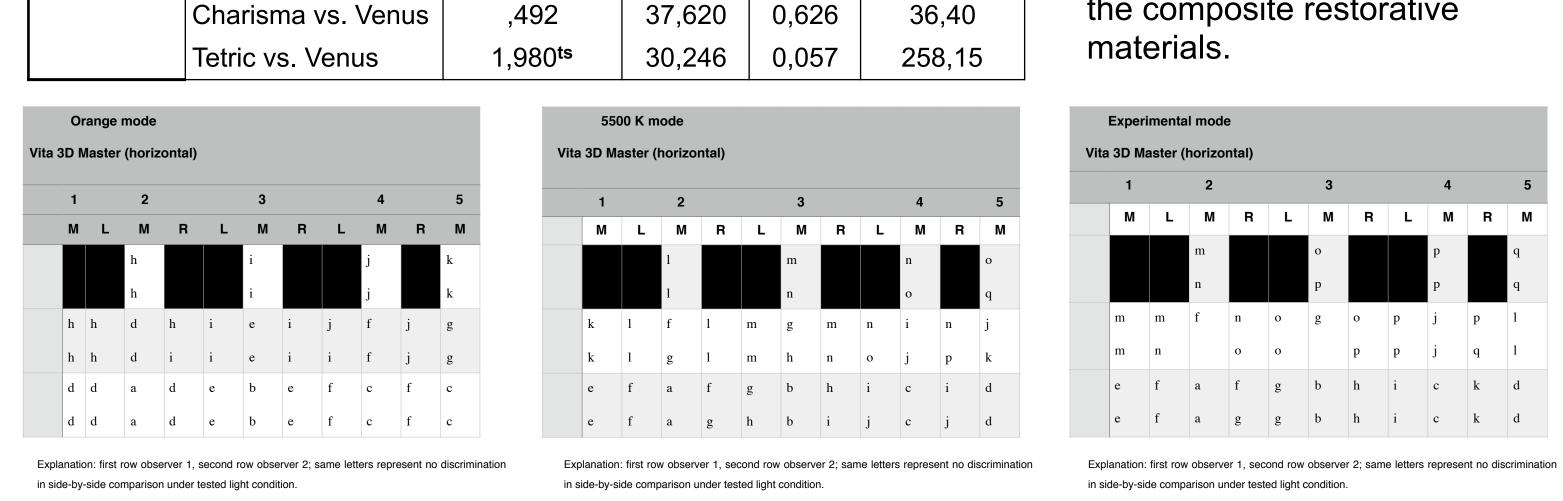
Effect on color differentiation was excellent for Experimental and 5500 K mode. With Orange mode color differentiation was inadequate.

Photometric analysis: CRI values were 88 in 5500 K mode, 79 in Experimental mode and 65 in Orange mode. The Color temperature was 5555 K in 5500 K mode, 3740 K in Experimental mode and 2242 K in Orange mode.

Conclusions:

In contrast to the Orange mode the Experimental mode inhibits the premature polymerization of light curing composite restorative dental materials with contemporary photoinitiators. The resulting clinical application time of restorations allows, in contrast to the standard 5500 K light settings, complex restoration techniques including incremental application, individual color matching and forming of age-dependent smooth and masticatory tooth surfaces at incisors, canines, premolars and molars. In contrast to Orange mode the Experimental mode fulfills the most important clinical requirements of optimal color differentiation of dental hard tissues in health and disease. Therefore, the optimally adapted LED light source contributes to the precise discrimination of residual caries, dentin infractions and morphological irregularities.

and to the 5500 K mode. However, there are no statistical differences between the composite restorative



0,154

0,129

138,51

-221,75

1,458

-1,548

Composite material

Venus

Charisma vs. Tetric

33,300

41,052

Fig. 9: Vita 3D Master horizontal color observation under Orange mode, 5500 K mode and Experimental mode. The Orange mode does not discriminate sufficiently the color groups and subgroups (see Fig. 3 - 4). The best discrimination of tooth areas by different letters was executed under Experimental mode.

| Experi | mental m | ode (cari | es teeth) | | | | | |
|------------------------------|-------------|-----------|-----------|-------|-------|-------|-------------------|---|
| Morpholog. Structures | Tooth Tooth | | Tooth | Tooth | Tooth | Tooth | Tooth | Clinical diagnoses |
| | 1 2 3 | 3 | 4 | 5 | 6 | 7 | onnical diagnoses | |
| Enamel (opaque) | +++ | +++ | +++ | +++ | +++ | +++ | ++ | no detection - ; Caries initialis, Hypoplasia, |
| | +++ | ++ | ++ | +++ | +++ | +++ | ++ | Dysplasia (+, ++, +++) |
| Dentin (normal, tubulary) | n.a. | n.a. | n.a. | n.a. | +++ | +++ | ++ | Differentiation of carious dentin (+, ++, +++) |
| | n.a. | n.a. | n.a. | n.a. | +++ | +++ | +++ | |
| Dentin (softened) | n.a. | n.a. | n.a. | n.a. | +++ | +++ | +++ | Degree of softened dentin (+, ++, +++) |
| | n.a. | n.a. | n.a. | n.a. | +++ | +++ | +++ | |

| | Orang | e mode (c | aries teeth |) | | | | |
|------------------------------|-------|-----------|-------------|-------|-------|-------|-------|--|
| Morpholog. Structures | Tooth | Tooth | Tooth | Tooth | Tooth | Tooth | Tooth | Clinical diagnoses |
| | 1 | 2 3 | 3 | 4 | 5 | 6 | 7 | ennour diagnoses |
| Enamel (opaque) | - | + | + | - | - | - | - | no detection - ; Caries initialis, Hypoplasia, |
| | - | - | + | - | - | - | - | Dysplasia (+, ++, +++) |
| Dentin (normal, tubulary) | n.a. | n.a. | n.a | n.a. | + | + | + | Differentiation of carious dentin (+, ++, +++) |
| | n.a. | n.a. | n.a. | n.a. | + | + | + | |
| Dentin (softened) | n.a. | n.a. | n.a. | n.a. | ++ | ++ | ++ | Degree of softened dentin (+, ++, +++) |
| | n.a. | n.a. | n.a. | n.a. | + | ++ | ++ | |

Fig. 10: Microscopic differentiation of morphological features in carious teeth, first row observer 1, second row observer 2; Experimental mode versus Orange mode (- no detection; + detectable, but difficult differentiation; ++ well detectable; +++ well detectable, very clear differentiation).