Individualization of brushing-vibrating plaque control by lamellar full-mouth device Uniqe



T. LANG*, M. KEINER, K. W. WEICH and P. GAENGLER

ORMED - Institute for Oral Medicine at the University of Witten/Herdecke, Germany eMail: info@ormed.net, web: www.ormed.net

viani iino o orinio annot, vvoo. <u>vvvvviorino annot</u>

Objectives:

Biophysical lamellar brushing actions demonstrated effective plaque control in clinically validated robot testing at coronal and occlusal planimetrical fields/tooth (PPI, oPPI; Gaengler et al. 2021). Aim was to test (i) individual full-mouth lamellar pieces, compare (ii) with Philips Sonicare and assess (iii) different brushing time with same robot programme using clinically validated plaque simulation.

Material and Methods:

Serial oral hygiene lamellar toothbrush Uniqe (BLBR 202001, Grünwald, Germany) is offered with 3 mouthpieces S, M, L.

Robot brushed replicated human KaVo teeth in anatomic position coated with plaque simulation (Pepin et al. 2020), occlusal force 7.5 N, vibration 120Hz, manual movements transversally, vertically, sagitally, 60s, foam Nanosaar BLB031-34 (BLBR, Grünwald, Germany) - 7 cycles per mouthpiece. Control PhilipsSonicare DiamondClean (SensitiveHead, Drachten, Netherlands) brushed with special robot programme, 120s according to recommendations.

Unique mouthpiece M brushed teeth with foam for 30s, 45s, 60s and 120s. Computer-assisted plaque assessment at coronal fields - 4 sites/tooth with 4 risk areas (next to gumline, inbetween) - revealed plaque removal in percentage per field/area. Data underwent statistical analysis (independent two-sample t-test).

Results:

Foam-filled mouthpieces executed combined brushing-vibrating plaque removal action with chewing motions and manual motions in consecutive transversal, vertical and sagittal directions. UniqeM as best fitting device brushes, consequently, at hidden areas highly significantly better (p<0.01) than Uniqe. Uniqe MOA demonstrates equality in total plaque removal in comparison to Philips, with highly significantly better results (p<0.001) at lingual areas and - in contrast - harmonic means around 4 sites of all single teeth. Optimal plaque removal was achieved with 60s (95% smooth surfaces, 67% next to gumline, 50% in-between) with 30s results not acceptable, 45s results sub-optimal.

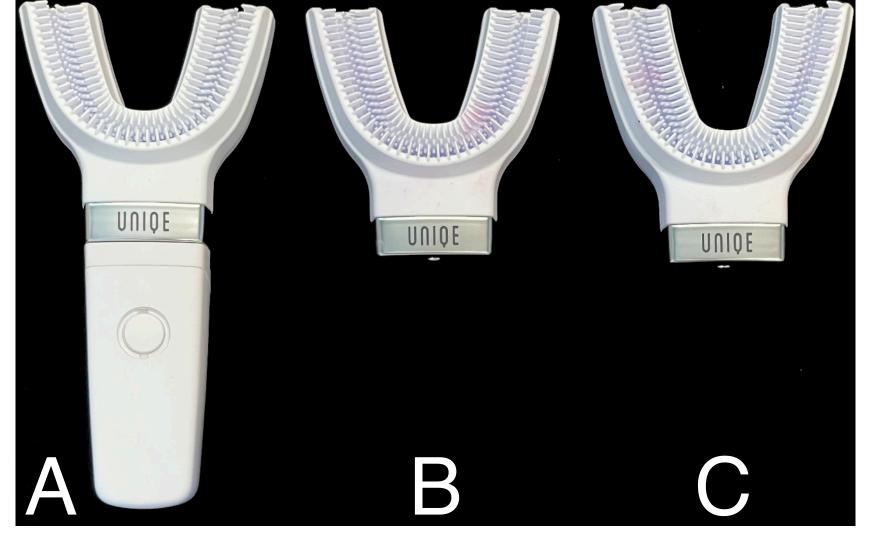
Conclusions:

Best fitting mouthpiece, optimal brushing time and novel foam are crucial to elicit the unique brushing-vibrating lamellar Mechanism of Action MOA.

Optimal plaque control in clinically validated robot testing constitutes clinical testing in RCTs.

References:

- T. LANG, S. STAUFER, B. JENNES, P. GAENGLER Clinical validation of robot simulation of toothbrushing - comparative plaque removal efficacy. BMC Oral Health, 2014, 4;14:82
- P. GAENGLER, T. LANG and B. JENNES Computer-assisted Planimetrical Plaque Assess
- Computer-assisted Planimetrical Plaque Assessment of Robot Tested Toothbrushing. Journal of Dental Research, 2013, Vol. 92, Spec. Issue, Abstract No. 3326
- H. PEPIN, T. LANG, K. WEICH and P. GAENGLER Clinical validation of Organic Plaque Simulation in Robot Toothbrushing Tests . Journal
- of Dental Research, 2020, Vol. 99, Spec. Issue B, Abstract No. 3075







- Fig. 1:
- A Uniqe Serial Product BLBR202001with S-Mouthpiece
- B Uniqe M-Mouthpiece
- C Unique L-Mouthpiece
- D Philips Sonicare Diamond Clean with Sensitive Head
- E Dentifrice foams NANOSAAR

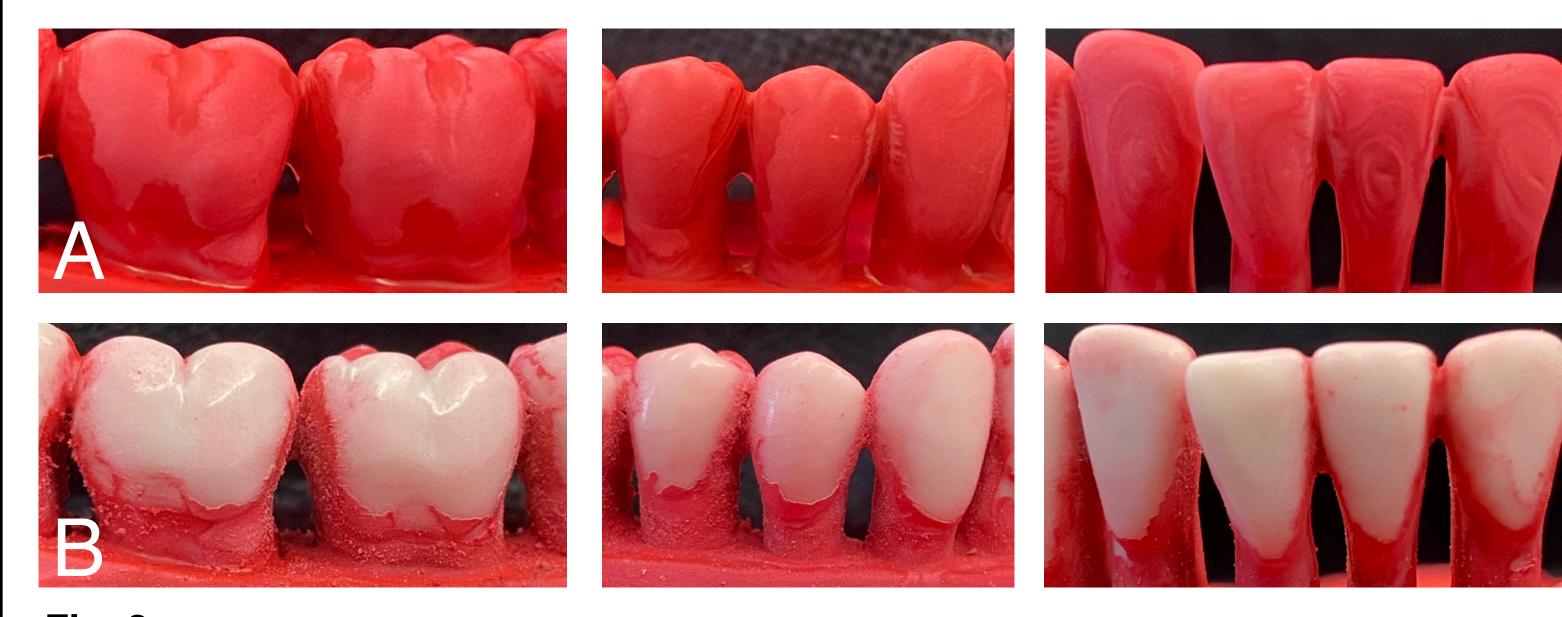
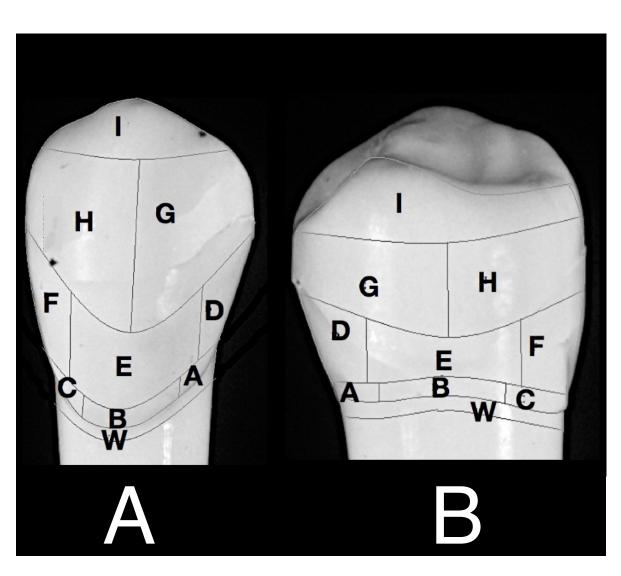


Fig. 2:

A - Stained organic plaque simulationB - Post brushing examples (Pepin et al. 2020)



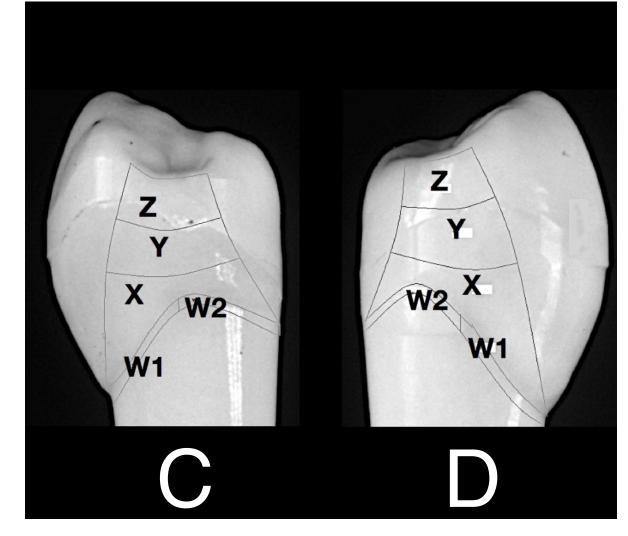


Fig. 3:
Planimetrical fields at tooth crowns and roots of smooth surfaces (A,B) and mesially (C) and distally (D) in-between the teeth for plaque assessment in percentages per field, per risk area or per tooth site with automated plaque planimetry APP according to the Planimetrical Plaque Index PPI (Lang et al., 2011)

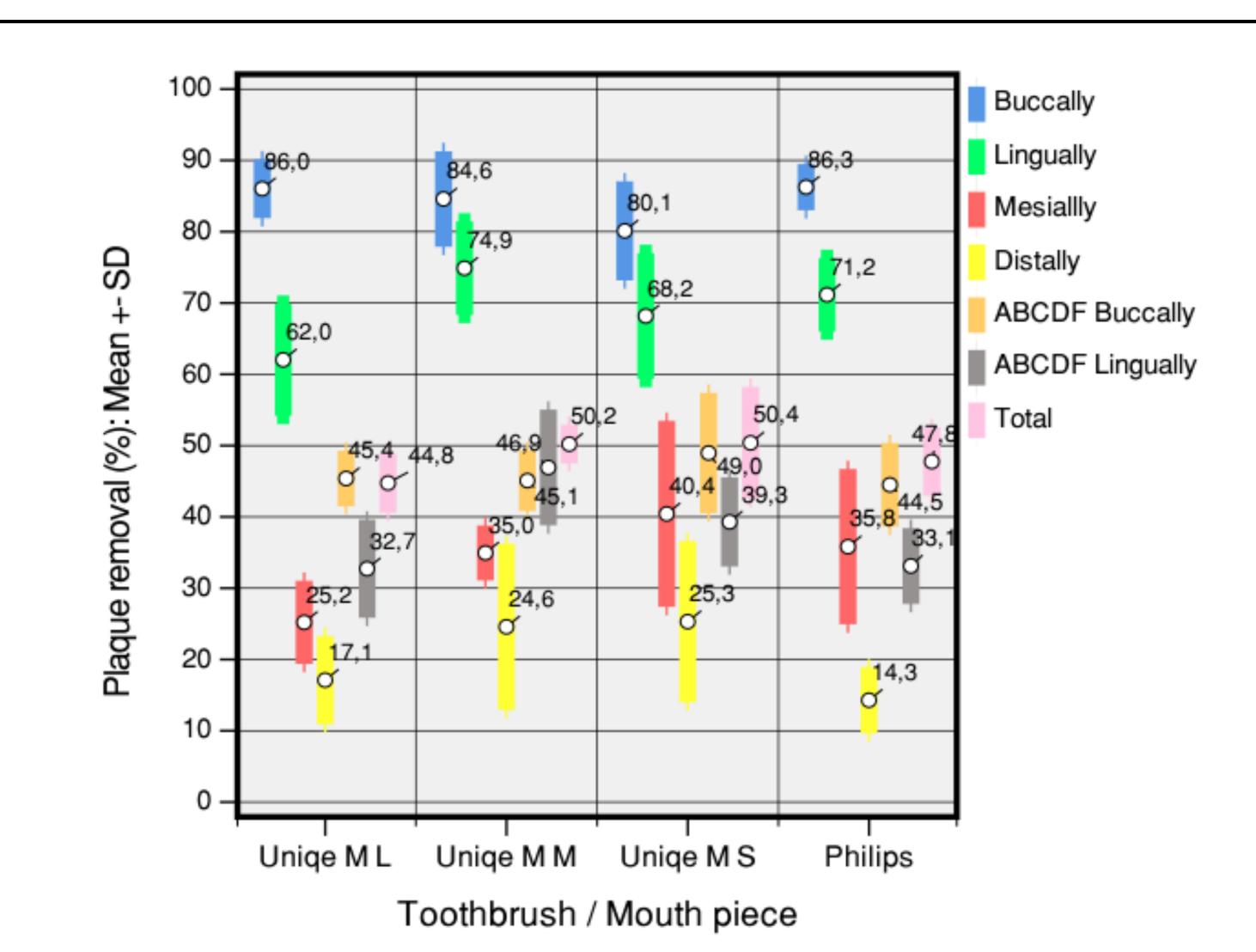


Fig. 4: Error bars of plaque removal buccally (towards the cheek), lingually (towards the tongue), mesially (anterior, in-between the teeth), distally (posterior, in-between the teeth), at buccal and lingual risk fields ABCDF (next to the gum line) and total for the four tested toothbrushes/ mouth pieces

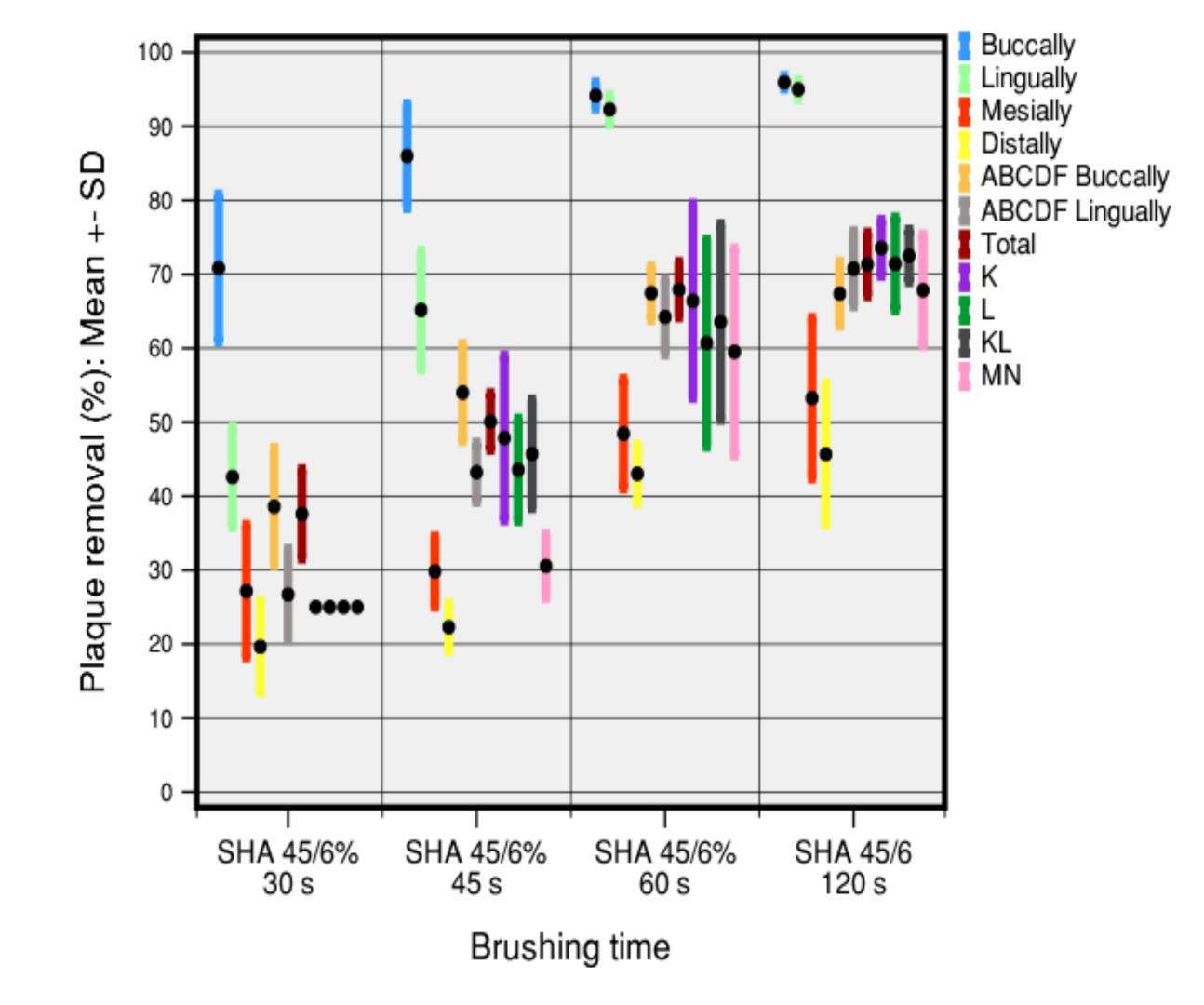


Fig. 5: Error bars of plaque removal buccally (towards the cheek), lingually (towards

the tongue), mesially (anterior, in-between the teeth), distally (posterior, in-between the teeth), at buccal and lingual risk fields ABCDF (next to the gum line), total and at occlusal surfaces with planimetrical fields KL at premolars and KLMN at molars for the four tested brushing times

- **Tab. 1 and 2:** t-test of cleaning efficacy (% plaque removal): Multiple contrasts of the four toothbrushes
- t = test statistic of t-test; df = degrees of freedom; p = significance value

 * significant (p \leq 0.05)

 ** very significant (p \leq 0.01)
- *** highly significant (p <= 0.001)
 yellow marking = not significant using Bonferroni correction

Contrast	Tooth surface	t-Test			
		t	df	р	Mean differend
Uniqe M L vs. Uniqe M M	Buccally	0.484	12	0.637	1.44
	Lingually	-3.327**	12	0.006	-12.85
	Mesially	-3.493**	11	0.005	-9.74
	Distally	-1.500	12	0.159	-7.47
	ABCDF Buccally	0.133	11	0.897	0.30
	ABCDF Lingually	-3.533**	12	0.004	-14.20
	Total	-2.743*	11	0.019	-5.45
Uniqe M L vs. Uniqe M S	Buccally	1.939	12	0.076	5.91
	Lingually	-1.378	12	0.193	-6.15
	Mesially	-2.820*	8.296	0.022	-15.22
	Distally	-1.685	12	0.118	-8.20
	ABCDF Buccally	-1.020	12	0.328	-3.58
	ABCDF Lingually	-1.869	12	0.086	-6.56
	Total	-1.682	12	0.118	-5.63
Uniqe M L vs. Philips	Buccally	-0.159	35	0.875	-0.23
	Lingually	-3.812***	35	0.001	-9.12
	Mesially	-2.479*	35	0.018	-10.61
	Distally	1.358	34	0.183	2.82
	ABCDFBuccally	0.381	35	0.706	0.89
	ABCDF Lingually	-0.164	35	0.870	-0.39

0.134

Contrast	Tooth surface	t-Test			
		t	df	р	Mean differend
Uniqe M M vs. Uniqe M S	Buccally	1.228	12	0.243	4.47
	Lingually	1.617	12	0.132	6.71
	Mesially	-1.059	7.184	0.324	-5.48
	Distally	-0.119	12	0.907	-0.73
	ABCDF Buccally	-1.017	11	0.331	-3.88
	ABCDF Lingually	1.973	12	0.072	7.63
	Total	-0.057	7.612	0.956	-0.18
Uniqe M M vs. Philips	Buccally	-0.640	6.668	0.544	-1.66
	Lingually	1.644	35	0.109	3.73
	Mesially	-0.343	23.561	0.734	-0.87
	Distally	2.296	6.463	0.058	10.29
	ABCDF Buccally	0.234	34	0.816	0.59
	ABCDF Lingually	5.588***	35	0.000	13.81
	Total	1.207	34	0.236	2.44
Uniqe M S vs. Philips	Buccally	-2.283	6.621	0.059	-6.13
	Lingually	-1.194	35	0.240	-2.97
	Mesially	0.973	35	0.337	4.61
	Distally	2.529*	6.491	0.042	11.02
	ABCDF Buccally	1.670	35	0.104	4.47
	ABCDF Lingually	2.682*	35	0.011	6.17
	Total	1.153	35	0.257	2.62