Effect of post length on endodontically treated teeth: analyses of tensile strength

Jefferson Ricardo Pereira¹, Accácio Lins do Valle², Fábio Kenji Shiratori³, Janaina Salomon Ghizoni⁴

¹PhD, Department of Prosthodontics, Dental School, University of Southern Santa Catarina – UNISUL, Brazil
²PhD, Department of Prosthodontics, Bauru Dental School, University of São Paulo, Brazil
³MSc, Department of Prosthodontics, Bauru Dental School, University of São Paulo, Brazil
⁴MSc, Department of Prosthodontics, Dental School, University of Southern Santa Catarina – UNISUL, Brazil

Abstract

Aim: This study compared the tensile strength of endodontically treated teeth restored with different posts and cores with different post lengths. Methods: Sixty extracted intact canines were randomly divided into 6 groups. Groups CP1, CP2 and CP3 were restored with custom cast post-and-core and groups PF1, PF2 and PF3 were restored with prefabricated post and composite resin core, with different combinations of post length of 5.0 mm, 7.5 mm and 10 mm, respectively (n = 10). All teeth were restored with a total metal crown. A tensile loading was applied at a 180-degree angle to the long axis until failure. Results: The 2-way analysis of variance (α=0.05) showed statistically significant difference (p<0.001) among the groups. However, when the mean fracture forces for the groups were compared (Groups 1, 2, 3, 4, 5 and 6: 134.5 N (34.2), 178.9N (40.1), 271.5 N (55.9), 161.7 N (22.0), 216.1 N (42.0) and 257.9 N (41.0), respectively), no significant differences could be detected among the groups restored with prefabricated post and cast post-and-core. It was found significant differences when it was compared the different lengths for each type of post (p<.05). Conclusions: This study showed that increasing post length significantly increased the tensile strength of prefabricated posts and cast post-and-core used in endodontically treated teeth. On the other hand, significant differences were not found when comparing endodontically treated teeth restored with custom cast post-and-cores or pre-fabricated posts and composite resin cores with the same post length.

Keywords: post and core technique, composite resin, tensile strength.

Introduction

When coronal tooth structure is missing, custom cast post-and-core has been regarded as the “gold standard” in post-and-core restorations due to its higher success rate. Alternatives to cast post-and-core have been developed. Prefabricated post systems simplify the restorative procedure because all steps can be completed chairside, and a clinical success can also be expected.

The intact teeth are known to present a lower risk of biomechanical failure than endodontically treated teeth. The substantial loss of tooth structure during endodontic access, post-space preparation and cavity preparation are generally accepted explanations for the increased failure rates of endodontically treated teeth. Posts are necessary to allow the clinician to rebuild enough tooth structure to retain restorations, but the ‘price’ for additional retention, may be an increased risk to damage tooth structure.
An unresolved problem using posts and cores is the length of a post relative to root length. Laboratory studies have shown that increasing the length of the post in teeth with post-and-core systems results in a more favorable stress distribution along the post and an increased post length improves the resistance of the restored tooth to fracture. Furthermore, in a clinic study an increased survival rate has been correlated with increasing post length. However, a previous study showed a minimal difference in stress distribution between varying post lengths, while other authors observed that an increase in post length as such will not necessarily increase the fracture resistance of the tooth.

The pattern of failure was changed since the introduction of pre-fabricated post and, because of this, the irreversible fracture of roots has become a rare occurrence. However, adhesive failure, which is clinically expressed as decementation of the post, has become the main failure mode when pre-fabricated posts are used.

It is important to notice that it may not always possible to use a long post, especially when the remaining root is short or curved. It has been suggested that it is important to preserve 3 to 5 mm of apical gutta-percha to maintain the apical seal.

The purpose of this study was to evaluate the relative effect of post length (length of the vertical dentinal overlap of the crown) and type of post and core on the tensile strength when it is used to restore endodontically treated teeth. The research hypotheses were that there was a significant difference between the types of posts and that extended 1 mm beyond the apex and the preparation was completed (5 min) and after 10 min the pressure was released and each specimen was returned to storage in distilled water.

For the groups PF1, PF2 and PF3 the canals were restored with prefabricated stainless steel, parallel-sided, serrated posts with a tapered end (number 5317, Screw-Post, Euro-Post Anthogyr S.A., Sallanches, France). In these groups the teeth were cemented with the same material and the same technique as used in the other groups. The coronal portion was made with composite resin material (Filtek Z250; 3M ESPE). The root surfaces and cervical dentin were etched with 37% phosphoric acid for 30 s, rinsed, and air dried. Two layers of bonding agent (Prime&Bond 2.1; Dentsply Ind. e Com. Ltda.) were applied to the cervical dentin and the coronal portion of the post and were light-polymerized for 20 s using a halogen light-curing unit (Ultradent, Dabi Atlante, Ribeirão Preto, SP, Brazil) with 450 mW/cm² light intensity. Cores were fabricated in a standardized form, using the same core-forming matrix as used in the other groups. Five increments of the composite resin were applied to complete the coronal core, each requiring 40 s of photo-activation. The tip of the light guide of the light-curing unit was positioned on the top of the core at a distance of 1 cm from the specimens.

All teeth were prepared with a round diamond bur (#3216; KG Sorensen) in a high-speed handpiece with water spray cooling (Super Torque 625 Autofix; Kavo do Brasil Ind. Com. Ltda., Joinville, SC, Brazil) to simulate a crown preparation with 1.5 mm of facial reduction with a chamfer finish line and 0.5 mm of chamfered lingual reduction and receive a total metal crown. All the finish lines, for all specimens and groups, were placed at the CEJ level. Crown wax (Kerr Corporation, Orange, CA, USA) patterns were then made for the specimens with the aid of the impression made using a vinyl polysiloxane impression material (Aquasil, Dentsply, Ind. e Com. Ltda.). Five millimeters of gutta-percha were removed (apical to the cementoenamel junction) from each filled canal in groups CP1 and PF1, it was removed 7.5 mm in groups CP2 and PF2, and it was removed 10 mm in groups CP3 and PF3.

For the groups CP1, CP2 and CP3 the tooth was restored with a custom cast post-and-core. Impressions of the root canals were made with acrylic resin (Duralay, Reliance Dental Mfg. Co. Chicago, IL, USA). The cores were standardized using a core-forming matrix (TVD Dental, Pomerode, SC, Brazil). The patterns were invested (Cristobalite, Whip-Mix Corporation, Louisville, KY, USA) and cast in Cu-Al alloy (NPG AalbaDent, Cordelia, CA, USA). After casting, small nodules were removed if present. The post-cores were sectioned and seated to their corresponding teeth. Resin modified glass ionomer cement (Rely X luting, 3M ESPE, St. Paul, MN, USA) was used to cement all posts. The cement mix was prepared according to the manufacturer’s instructions and inserted into the canal with a lentulo spiral (Dentsply Ind. e Com. Ltda.) mounted on a low-speed handpiece. Cement was placed on the post and seated under 9 kg of pressure. After 2 min, the excess of the cement was removed. Even under pressure, the setting time of the cement was completed (5 min) and after 10 min the pressure was released and each specimen was returned to storage in distilled water.

Sixty recently-extracted maxillary canines with similar root sizes (between 15 mm and 16 mm (measured with a millimeter ruler from the apex until the cementoenamel junction - CEJ)), were selected from 173 maxillary canines extracted for periodontal reasons and stored in distilled water at 37º C during the course of the study. The inclusion criteria for tooth selection were teeth without cracks, caries, restoration, and/or roots longer than 15 mm. The roots were scaled wet with periodontal curettes. The crowns were reduced perpendicularly to the root axis with double-faced diamonds discs (KG Sorensen, Barueri, SP, Brazil), leaving a standardized root length of 15 mm.

The endodontic treatment was done using a standard master apical file International Standardization Organization (ISO) 20 (Dentsply Ind. e Com. Ltda., Petrópolis, RJ, Brazil) that extended 1 mm beyond the apex and the preparation took place with a conventional step-back technique to an ISO 35 file (Dentsply Ind. e Com. Ltda.) at the apical constriction. The teeth were obturated by lateral condensation using gutta-percha points (Tanari, Tanariman Industrial Ltda., Manaçapuru, AM, Brazil) and an ISO 35 primary gutta-percha master cone (Tanari, Tanariman Industrial Ltda.). Root canal cement (Endometazone Ivory; Septodont Brasil, Barueri, SP, Brazil) was used as the sealer. After this, the teeth were randomly divided into 6 groups of 10 teeth each by drawing lots.

Different post preparations were standardized using a #5 reamer (Largo; Dentsply Ind. e Com. Ltda.). Five millimeters of gutta-percha were removed (apical to the cementoenamel junction (CEJ)) from each filled canal in groups CP1 and PF1, it was removed 7.5 mm in groups CP2 and PF2, and it was removed 10 mm in groups CP3 and PF3.

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Material and methods
Konstanz, Germany) of the tooth prior to preparation. A lingual ledge was added to create a standard loading point. The wax patterns were sprued, invested (Cristobalite; Whip-Mix Corporation) and cast in a Ni-Cr alloy (Durabond, São Paulo, SP, Brazil) (Figure 1). Crowns were cemented using the same material used with the posts.

Teeth were embedded in acrylic resin (Clássico, Artigos Odontológicos S/A, São Paulo, SP, Brazil) poured into molds made of same material (30 mm in height, and diameter of 22 mm and a internal space, located in the center of the mold, with diameter of 10 mm and 20 mm in height) along their long axes using a surveyor (Bio Art Equipamentos Odontológicos Ltda., São Carlos, SP, Brazil).

The specimens were tested in a universal testing machine (Kratus K2000 MP, Dinamometros KRATOS Ltda, São Paulo, SP, Brazil) 7 days after post cementation. Each specimen was affixed in a apparatus that allowed it to be positioned at 180 degrees to the buccolinguallong axis (Figure 2). The testing machine was set at a crosshead speed of 0.5 mm/min. The load was measured in N. Failure threshold was defined as the point at which a specimen could no longer withstand increasing load and the dislodgment of the crown or the post or fracture of the post-core complex, or root occurred. The mode of failure was recorder after the test using a x4 binocular loupe (Bio Art Equipamentos Odontológicos Ltda.).

Two-way analysis of variance (ANOVA) was used to determine the overall differences among the mean values of the groups and the overall variability within the groups. Tukey’s multiple comparison test was used to establish inter-group differences (α = 0.05).

The results are summarized in Table 1. ANOVA showed that 1 or more of the conditions were significantly different from each other (p<0.001). The Tukey’s test confirmed that the mean tensile strength for the group PF3 was significantly higher (p<0.001) than those of groups PF2 and PF1 while the mean tensile strength for the group CP3 was significantly higher (p<0.001) than those of groups CP2 and CP1. No statistically significant difference (p>0.05) was found when comparing the mean tensile strengths of the groups with the same post length (Table 1).

Table 1. Resistance to failure values of test specimens, means (N) of test groups (standard deviation) and statistical comparisons

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean (N)</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP1</td>
<td>134.5</td>
<td>(34.2)</td>
</tr>
<tr>
<td>PF1</td>
<td>161.7</td>
<td>(22.0)</td>
</tr>
<tr>
<td>CP2</td>
<td>178.9</td>
<td>(40.1)</td>
</tr>
<tr>
<td>PF2</td>
<td>216.1</td>
<td>(42.0)</td>
</tr>
<tr>
<td>PF3</td>
<td>257.9</td>
<td>(41.0)</td>
</tr>
<tr>
<td>CP3</td>
<td>271.5</td>
<td>(55.9)</td>
</tr>
</tbody>
</table>

Groups with same superscripted letters are not significantly different at p<0.05 (Tukey’s test).

Discussion

Although this study was an in vitro experiment, it was observed that shorter posts were the main cause of post decementation independently if cast post-and-core or pre-
fabricated post had been used. This result suggests that it is important to use posts as longer as possible to achieve the treatment success. The limitations of this study include the facts that in vitro design does not replicate oral conditions and that a single load was used to test the tensile strength of different posts used to restore endodontically treated teeth. For more meaningful results, future studies should incorporate thermal cycling of the specimens and fatigue loading.

The present study accepted the hypothesis that there is a significant difference in the effect of post length on the fracture strength, it rejected the hypothesis that there is a significant difference between the types of posts.

Some studies observed that teeth restored with cast post-and-core systems present higher fracture strength when post length is increased. Otherwise, others authors showed that increasing of post length in teeth restored with prefabricated posts and composite resin core did not increase significantly the fracture strength of endodontically treated teeth. However, post decementation has been pointed as the main cause of failure when pre-fabricated posts are used.

Not only does the material of the root canal posts affect the retention of the restorations, but also the properties of the luting agents may influence the bonding strength. This study used glass ionomer cement in accordance with the manufacturer’s instructions to cement all posts. Glass ionomer cements adhere to dentin via chemical and micromechanical retention. It is well know that these materials set by means of two distinct reactions. The first reaction consumes all of the available water in its composition, and a second reaction occurs only when water is available from the dentin. There is an initial contraction due to the setting reaction and then cement maturation leads to a hygroscopic expansion. This can result in a more intimate adaptation between cement and dentin, which increases resistance to displacement of the post. Frictional retention is directly proportional to the contact area (the larger the contact surfaces, the better the retention). The hygroscopic expansion and larger contact areas could explain the results of this study, in which a statistically significant difference was found for post length (p < 0.001), with the 10-mm-long posts of both post systems significantly increased the tensile strength of prefabricated posts and cast post-and-cores after a mean follow up period of 10 years.

In conclusion, this study showed that increasing post length significantly increased the tensile strength of prefabricated posts and cast post-and-core used in endodontically treated teeth. On the other hand, significant differences were not found when comparing endodontically treated teeth restored with custom cast post-and-cores or pre-fabricated post and composite resin core with the same post length.

References