

ORIGINAL ARTICLE

Investigating the effect of incorporating nanosilver/nanohydroxyapatite particles on the shear bond strength of orthodontic adhesivesAZAM AKHAVAN¹, AHMAD SODAGAR², FARAMARZ MOJTAHEDZADEH² & KOSAR SODAGAR³¹Radiation Applications Research School, Nuclear Science and Technology Research Institute, Tehran, Iran, ²Dental Research Center, Department of Orthodontics, Tehran University of Medical Sciences, Tehran, Iran, and ³Dentist, Private Practice, Tehran, Iran**Abstract**

Introduction: Development of clinically acceptable orthodontic adhesives with additional anti-microbial and remineralizing features could be undertaken only if their mechanical properties have also been considered. The purpose of this study was to investigate the effect of incorporating Silver and Hydroxyapatite (HA) nanoparticles on the shear bond strength (SBS) of an orthodontic adhesive. **Methods:** Silver and HA nanoparticles were prepared and inspected by scanning electron microscopy and EDAX analysis. The nanoparticles were added to the primer of Transbond XT in 1%, 5% and 10% silver concentrations. Each compound (along with a control) was used for bonding stainless steel brackets to 12 human premolars (48 in total) and the SBS of all samples, along with their ARI scores were measured. **Results:** The SBS of the control, 1%, 5% and 10% nanoparticle groups were 12.06 ± 5.48 , 20.66 ± 5.72 , 10.77 ± 8.16 and 5.40 ± 2.00 MPa, respectively. A significant difference existed between all study groups ($p < 0.05$), except for the control–5% and 5%–10% study groups ($p = 0.99$ and $p = 0.35$). There was no statistically significant difference in distribution of ARI scores across the study groups ($p = 0.44$). **Conclusions:** Incorporation of silver/HA nanoparticles containing 5% and 1% silver maintains and increases the SBS of orthodontic adhesives, respectively, whereas increasing the amount of particles to 10% has an undesirable effect when compared to the control group.

Key Words: nanoparticles, silver, hydroxyapatite, orthodontics, bond strength**Introduction**

Decades since their introduction into the field of orthodontics, composite resin adhesives undoubtedly remain the first choice of most orthodontists for bonding brackets. However, despite their popularity, some of their shortcomings have not been totally eliminated yet. The remaining exposed composite surface, which is specifically located around the bracket margin, makes it a locus for plaque accumulation and further promotes decalcification of the adjacent enamel [1]. This issue, along with the fact that routine oral hygiene procedures become difficult to perform in orthodontic patients, necessitates research in this field.

In order to overcome these inconsistencies, different processing and manipulations in conventional (commercial) composite adhesives are made, leading

to the development of what has been called ‘experimental composite adhesives (ECA)’ [2]. As an example, one group of efforts has been the incorporation of different antimicrobial agents in the adhesives, of which fluoride and chlorhexidine could be considered two of the most common [3,4]. However, disregarding their questionable antimicrobial efficiency, one drawback to incorporating such antimicrobial substances has been claimed to be undesirable and clinically unacceptable mechanical properties of the resulting adhesive [3,5–7].

With the emergence of nanotechnology and the different behavior expressed by nanoparticles, attempts have been made to take advantage of this concept in orthodontic bonding. It can be said that nanoparticles used in ECAs for antimicrobial purposes have mainly been silver nanoparticles [8]. However, studies have also been reported that have used

hydroxyapatite (HA) nanoparticles, which in theory can be proposed to enhance remineralization of the enamel surface located around the bracket and consequently aid in the prevention of dental caries.

However, as mentioned previously, attempts for producing ECAs with the intention of increasing protective properties preferably should not cause adverse effects on the mechanical properties. Different nanoparticles have been incorporated and different results have been reported in terms of mechanical properties [9]. One important characteristic of orthodontic adhesives is to withstand loads, which is commonly evaluated by orthodontic shear bond strength (SBS) studies.

To our knowledge, there is no study that has investigated the mechanical properties of ECAs' which contain both silver and HA nanoparticles. Therefore, the purpose of the current study was to evaluate the effect of incorporating different amounts of silver/HA nanoparticles on the shear bond strength of orthodontic adhesives.

Materials and methods

Materials

In order to produce the ECA for this study, Transbond XT Primer (3M Unitek, Monrovia, CA, LOT No. N238085), was selected as the base. HA powder (Aldrich Co.) with a particle size of less than 200 nm and a specific surface area of more than 97% was used.

Preparation of silver/HA nanoparticles

Doped HA with various concentrations of silver nanoparticles (1%, 5%, 10%) were prepared by gamma irradiation as a clean physical method. The obtained products were characterized by scanning electron microscopy (SEM) and EDAX analysis recorded on the Philips XL30.

Specimen preparation

Forty-eight intact mandibular premolars were collected and stored in a physiologic saline solution for this study. After cleaning the enamel surface with a prophylaxis brush, the labial enamel surface was etched for 30 s with a 37% phosphoric acid gel rinsed with a water syringe for 60 s and dried thoroughly at least for 10 s until the expected chalky white appearance was observed. Next, the teeth were randomly assigned to four study groups, wherein each group the following primers were applied: (1) Conventional Transbond XT primer (control group), (2) Transbond XT primers containing equal amounts of silver/HA nanoparticles (5%) but with a different concentration of silver, 1%, 5% and 10%. The primer

was cured using a halogen lamp – light curing device (3M Unitek, Monrovia, CA) for 10 s. In the next step, 0.018 inch slot standard edgewise stainless steel premolar brackets were placed in the center of the labial enamel surface using the Transbond XT adhesive paste (LOT No. N238051), pressure was applied to the bracket in order to seat the bracket on the enamel surface and excess adhesive was removed with the aid of a hand scaler. Finally the adhesive was cured with the same halogen light-curing unit, by means of 10 s exposures from each side of the bracket (a total of 40 s for each specimen). The bracket placement procedure for all samples was performed by one of the investigators (A.S) in order to obtain uniform specimens. Samples were embedded in self-polymerizing acrylic in the next stage. Special molds were designed for this purpose, comprised of a 0.016 × 0.022 inch stainless steel wire acting as the jig, which the bonded brackets were tied to with ligature wire. After securing the wire in its precise position, self-polymerizing acrylic (Meliodent, Batch No. 20402F-1) was prepared and poured into the molds up to the crowns of the teeth (Figure 1).

All samples were next thermocycled in a thermocycling machine for 1500 cycles between 5–55°; 15 s bath times for each temperature and a 10 s interval).

Shear bond strength procedure

Shear bond strength testing was performed with a universal testing machine (Zwick OZ50, Germany), the shearing force was applied with the aid of a chisel shape blade having a 0.6 mm thick edge. An occlusing force with a cross-head speed of 0.5 mm/min was applied to the specimens until failure occurs and the maximum loading force was recorded in Newtons. These figures were divided by a nominal

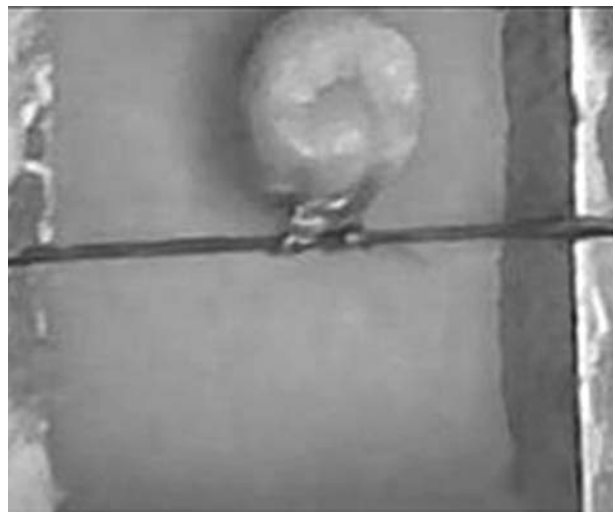


Figure 1. Sample specimen mounted in specified jig and embedded in self-curing acrylic.

bracket base surface area of 12.62 mm^2 , in order to convert the values into Megapascals (MPa).

Finally, the specimens were examined under a stereomicroscope with a $10\times$ magnification in order to determine the adhesive remnant index (ARI) as introduced by Artun and Bergland [10].

Data analysis was performed with the aid of version 16 of the SPSS software (SPSS, IL). In addition to the descriptive statistics, one-way analysis of variance (ANOVA) and Tamhane were also considered.

Results

To determine the size and distribution of the silver/HA nanoparticles, SEM images were taken. As shown in Figure 2, a uniform particle size without any significant aggregation is observed for three kinds of samples. The EDAX spectra also confirmed the presence of elemental compounds (Ca, P, Ag) in silver/HA nanoparticles without any impurity peaks (Figure 3).

The descriptive data for the shear bond strength of the four study groups are shown in Table I. The highest mean SBS was observed in the 1% group and the lowest in the 10% group. One-sample Kolmogorov-Smirnov tests showed a normal distribution among all groups.

The Analysis of Variance test among the four study groups showed a significant difference ($p = 0.00$). Post-hoc Tamhane tests were performed between each pair of groups. Levels of significance are presented in Table II. Significant statistical differences were observed between most of the study groups except between the control–5% and the 5%–10% groups. A significant difference between the 1% and 10% existed. The results of the Kruskal-Wallis analysis for comparing ARI results among groups demonstrated a statistically non-significant difference for remaining adhesive scores ($p = 0.44$).

Discussion

As incorporation of nanoparticles into other orthodontic material (e.g. acrylic resins) has shown significant effects in terms of antimicrobial and mechanical properties [11,12], it was also decided to investigate such interventions on the properties of orthodontic adhesives.

The results of the current study show that incorporation of silver/HA nanoparticles containing 1% silver significantly increase the orthodontic shear bond strength of Transbond XT as an orthodontic adhesive. Increasing the amount of silver to 5% reduces the bond strength to a level comparable to the control group. Also, finally, further increasing the amount of silver nanoparticles to the 10% level demonstrates a decline in SBS.

The initial increase in shear bond strength of Transbond XT may be attributed to the silver/HA nanofiller

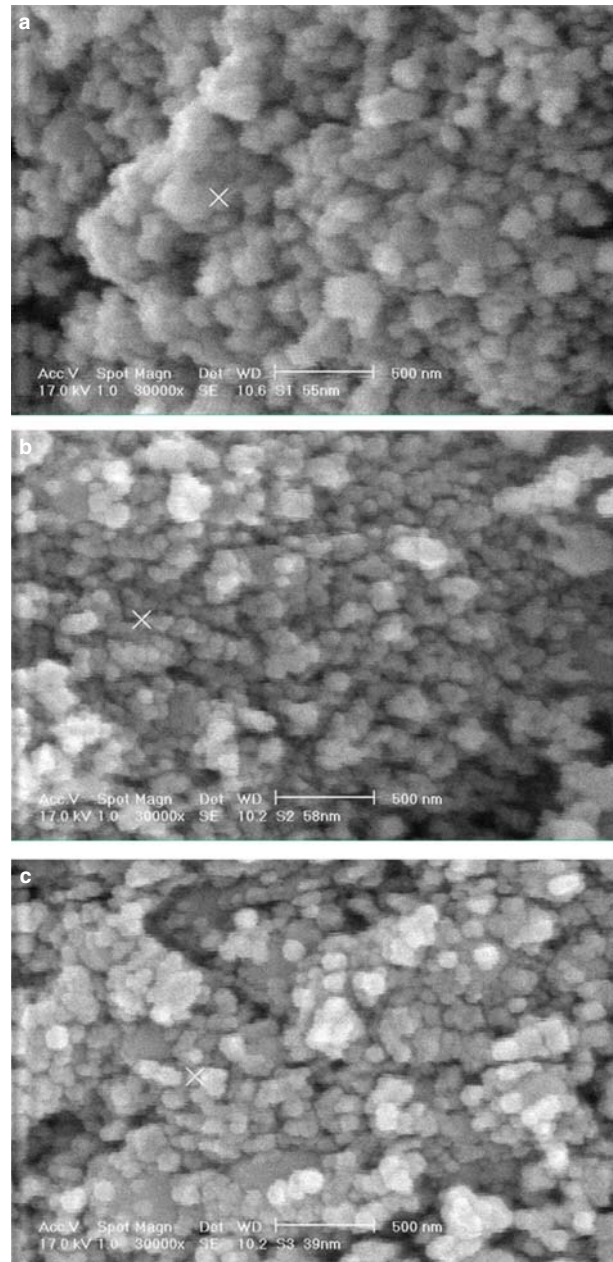


Figure 2. SEM images of silver/HA nanoparticles containing (a) 1%, (b) 5%, (c) 10% silver.

consistent with previous reports [13]. It has been proposed that nanofillers can improve adhesion at the interface between the restorative material and the tooth structure through increasing mechanical strength of the adhesive layer and providing structural reinforcement. In fact, the nanofillers are stress absorbing and have the role of an elastic layer between dental composite and enamel. However, the amount of nanofiller and distribution of particles are the critical parameters which should be optimized in experiments.

The further decrease in bond strength associated with the addition of more nanoparticles could be due to an agglomeration of particles, creating defect points and interfering with the curing process of the

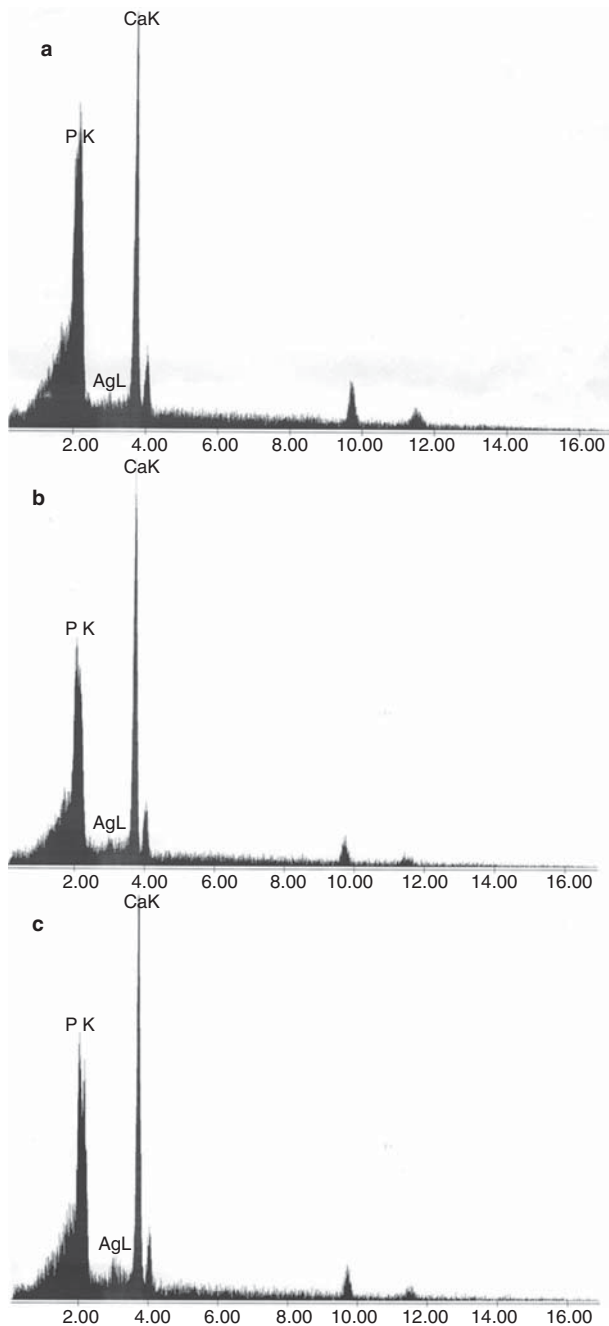


Figure 3. EDAX spectra of silver/HA nanoparticles containing (a) 1%, (b) 5%, (c) 10% silver.

adhesive. This pattern of a primary increase in bond strength followed by a further decline has also been seen in other studies [14].

Many investigations dealing with the orthodontic SBS of adhesives compare the results of their studies with previously published articles, claiming that a value between 6–8 MPa is a clinically acceptable figure, adequate to withstand occasional masticatory loads and at the same time low enough to prevent damage to the enamel [15]. However, elsewhere, other authors have criticized this rule to be highly influenced by the loading design [16]. Therefore, in order to avoid misjudgements, it appears more logical

Table I. Descriptive data of the shear bond strength of the study groups.

Group	<i>n</i>	Mean	SD	Min	Max
Control	12.06	5.48	10	3.91	24.26
Nano 1%	20.66	5.72	10	11.53	27.48
Nano 5%	10.77	8.16	10	2.85	27.01
Nano 10%	5.40	2.00	10	2.04	8.03

to discuss the results of this study only within its own boundaries.

Based on this concept and giving consideration to the opinions of some who propose Transbond XT as the ‘gold standard’ orthodontic bonding adhesive and since the results obtained from the 5% study group is comparable to the ‘gold standard’, it could be proposed that incorporation of 5% of nanoparticles keeps the bond strength at the same ‘clinically’ acceptable level. An increase in the amount of bond strength, which was observed in the 1% study group could be considered an improvement, as long as this increase does not jeopardize the enamel surface. However, since there was no significant difference between the groups in terms of remaining adhesive patterns, it can be assumed that the addition of 1% silver/HA nanoparticles could improve the clinical performance of Transbond XT.

Incorporating nanoparticles into the bonding agent and not into the adhesive body itself could be considered a more logical approach and somehow beneficial from a clinical viewpoint, since it is the bonding agent which comes into direct contact with the enamel surface; the target area for preventive attempts.

Future studies are undoubtedly required to investigate the biological effects of adding such amounts of nanoparticles.

Conclusion

It was observed that the addition of silver/HA nano-filler to the orthodontic adhesives affects the shear bond strength of the products. The incorporation of 5% and 1% silver/HA nanoparticles maintains and increases the orthodontic shear bond strength of orthodontic adhesives, respectively, whereas increasing the amount of particles to 10% has an undesirable effect on shear bond strength when compared to the control group. Further research is required in order to

Table II. *P*-values of Tamhane tests between each two study group.

Group	Control	1%	5%	10%
Control	—	0.018	0.999	0.024
Nano 1%	0.018	—	0.038	0.000
Nano 5%	0.999	0.038	—	0.356
Nano 10%	0.024	0.000	0.356	—

approve such experimental composite adhesives as clinically acceptable.

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