



# Evaluation of the Shear Bond Strength of Denture Soft Liner Reinforcement with Copper Oxide Nanoparticles

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## ORIGINAL ARTICLE

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## ABSTRACT

**Aim:** This research aims to analyze an alteration in the shear bond strength of soft denture lining materials by the addition of copper oxide nanoparticles with various percentages. **Materials and Methods:** Three groups of 10 were formed from the total of 30 acrylic block samples (25 mm × 25 mm × 3 mm). Ten specimens without any added CuO Nano Filler made up the control group, or Group A; 10 specimens in the second group (Group B) were modified with 0.3% CuO added Nano Filler, while the 10 specimens in the last group (Group C) had 0.5% CuO added Nano Filler. The universal Instron device was utilized to measure each sample, which tested the shear bond strength. In addition, the utilization of a statistical package for social science (SPSS) and the ANOVA evaluation for a statistical testing of the information and a determination of the truthfulness of the statistical hypothesis, respectively. **Results:** Descriptive statistics for the shear bond strength for the aforementioned specimen categories, which are detailed in Table 1 have shown a change in mean values between groups A, B, and C, with group C being the lowest out of the three groups (0.31±0.043). **Conclusions:** There is an inverse relationship between the addition of CuO Nano Filler and the shear bond strength.

**Keywords:** Abutment Interfaces, Abutment Types, Prosthesis Retention

## 1 Introduction

SEVERAL clinical trials were conducted in which resilient liner materials were used for removable complete or partial dentures in edentulous patients to reduce the feeling of pain and soreness for the underlying supporting mucosa, to improve retention, stability, and comfort during chewing, to significantly improve speech, and to wear the denture for a longer period of time [1]. Soft denture liners should possess high compatibility, permanent soft-ness, viscoelasticity, no color or dimensional changes during or post-processing, an adequate look, abundant mechanical strength, and tear resistance. Resistance, low hydro-absorption and solubility,

scrape resistance, and fungal growth. Inhibition, sufficient bonding to (PMMA) to circumvent separating while in use [2].

For over a century, materials for soft denture lining have been implemented and used in medicine. Its superiority in conforming and distributing mastication forces over hard acrylic resins makes it somewhat of a shock absorption layer among denture occluded surfaces and the underlying oral mucosa [3]. Bonding failure within the denture bases and a lining material is seen as a significant issue of using these materials because it provides a surface that encourages and retains bacterial and fungal development, as well as plaque and calculus production [4]. Several attempts have been made to saturate the filler agents into soft liner material such



as nanoparticles of  $\text{ZrO}_2$  or Chitosan Nano powder,  $\text{CuO}$ , certain plant extracts such as Aloe Vera and Coconut Oil, or some chemicals such as Chlorhexidine Diacetate in the form of salt [5]. Disease diagnosis, such as cancer, therapy, prevention, restorative, and implant. Dentistry, as well as molecular imaging, are all examples of an application and

Implementation of Nanotechnology in Medicine [6]. Nanomaterials vary in size (1–100 nm) and composition, which can be natural or manufactured [7]. Lately, the utilization of copper oxide nanoparticles in various areas of scientific and technological use can be attributed to their adequate thermal and electrical conductivity as well as their low cost [8]. Processing these materials can be done both naturally and through chemical synthesis [9]. Moreover, these nanoparticles are formed by the process of oxidation in air or water. Copper particles are like other metal nanoparticles, which come in various shapes and sizes. High surface area to volume ratio. And a distinctive distribution. Possessing these features further improves many functions and properties, such as the Bio-physiological and chemical functionality, the antimicrobial activity, as well as the biocompatibility of these nanoparticles. The antimicrobial and biofilm formation inhibition properties of  $\text{CuO}$  nanoparticles were reported [10]. The antimicrobial activity of these nanoparticles is further improved upon by their high surface area-to-volume ratio [11]. When compared to silver/gold particles,  $\text{CuO}$  is cheaper and can be easily mixed and manipulated with polymers due to its stability [12].

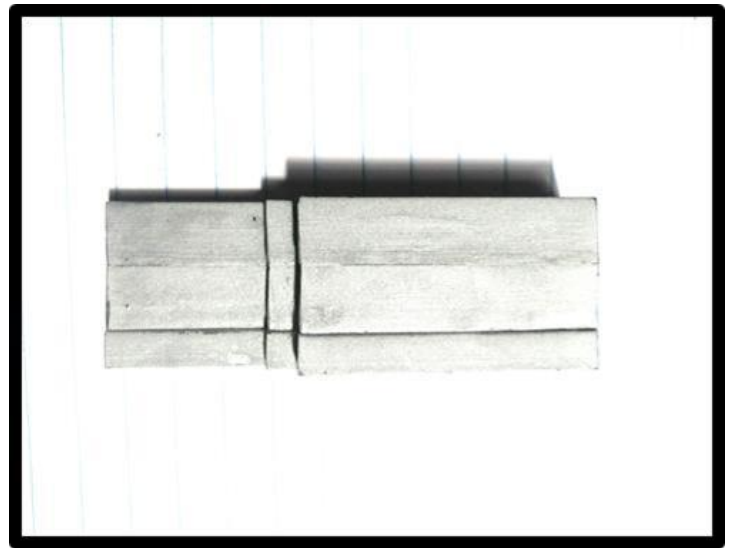
## 2 Materials and Methods

### 2.1 Grouping of samples

Three groups of 10 were formed from the total of 30 acrylic block samples (25mm × 25mm × 3mm). Ten specimens without any added  $\text{CuO}$  Nano filler made up the control group, or Group A; 10 specimens in the second group (Group B) were modified with 0.3%  $\text{CuO}$  added Nano filler, while the 10 specimens in the last group (Group C) had 0.5%  $\text{CuO}$  added Nano filler.

### 2.2 Designing of specimens

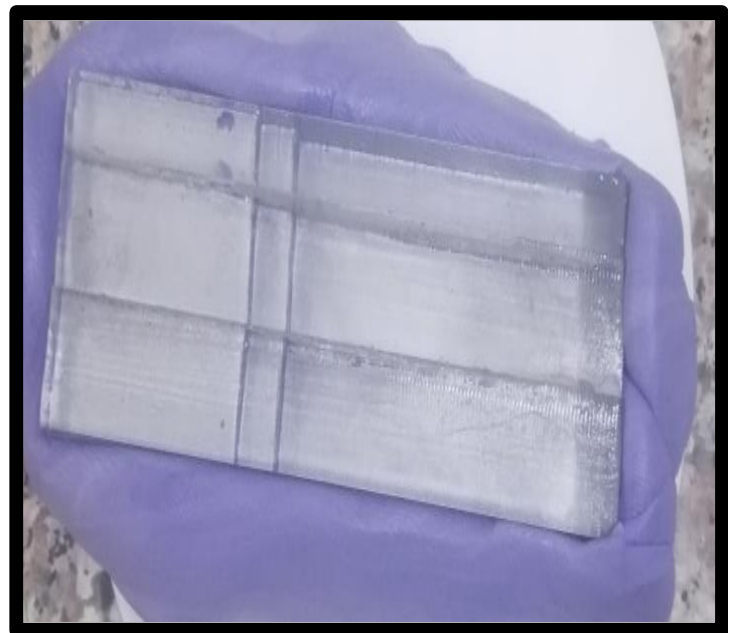
A plastic pattern with dimensions of 75mm length, 25mm width, and 5 mm depth, with a stopper of depth around 3 mm, was used to fabricate acrylic blocks for the shear bond test between denture base and soft lining material. Every sample is composed of two acrylic blocks set over each other, creating an area between them that measures 25 mm in length, 25 mm in width, and 3 mm in depth for application of soft lining materials. The handle should possess a thickness equal to 13 mm to have a maximum clamping of samples with an Instron testing machine [5]. This can be shown in Figure 1.



**Fig. 1.** Plastic specimens used in this study for the preparation of molds.

### 2.3 Mould prepared

The plastic patterns were fabricated with measurements of 75mm length, 25mm width, and 5 mm depth with 3mm depth. An additional silicone impression material was used to invest the plastic pattern. After silicone setting, a freshly mixed dental stone which was mixed according to the manufacturer's instructions (W/P ratio: 25ml/100g) and poured in the lower half of the flask, then the plastic pattern with the silicone mold were invested, and the remaining fabrication procedures for the silicone-stone mold were completed to create a silicone mold as shown in Figures 2 and 3.



**Fig. 2.** Silicon mould.



Fig. 3. Flasking of the silicon mould.

#### 2.4 Addition of Nano-filler

In two groups, Nano-filler powder was added by weight, with 0.3% and 0.5% to the liquid [13]. A sensitive balance with high accuracy was used, as seen in Figure 4, the filler added into the liner monomer was dispersed for 3 minutes by employing a probe sonication apparatus at 120 W and 60 KHz (14). Figure 5 had homogeneous mixing.

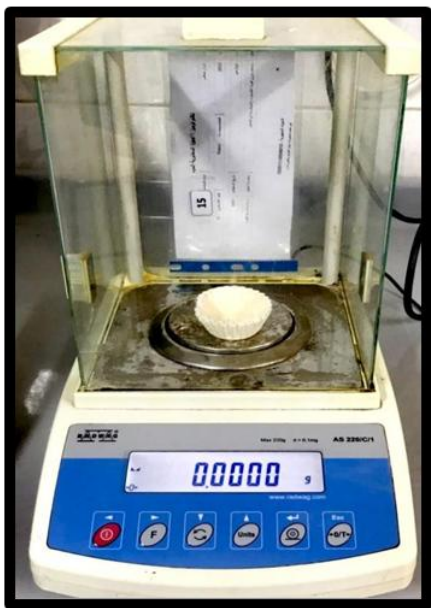


Fig. 4. Sensitive balance.

#### 2.5 Proportioning and mixing of heat-cure acrylic resin

Heat-cure acrylic resin was mixed according to the manufacturer's instructions (P/L ratio: 2.2g of powder for each 1ml of liquid monomer). The mixing was done in a dry and clean glass container till the dough stage was reached, the mixture was covered and left.

#### 2.6 Packing

When the acrylic resin reached the dough stage, it was packed into the mold space. Then both parts of the flask were gathered and transferred under the hydraulic press with the application of continuous pressure to distribute the acrylic resin equally through the mold space, then the pressure was reduced and the flask was unlocked and the excess material were taken off by sharp knife then both parts of the flask were lastly gathered under pressure till metal to metal contact had been confirmed and left for 5 minutes under press 100Kg/cm<sup>2</sup>. Then, the flask was clamped and transferred for curing in the water bath and finishing and polishing of the sample Figure 5.



Fig. 5. Flasking of the silicon mould.

Each specimen consisted of two acrylic blocks that set one over the other Figure 6 forming space with dimension of 25mm length, 25mm width and 3mm depth filled with wax, then invest the acrylic blocks to place them inside a custom-fabricated flask which was poured with newly mixed dental stone to invest totally the acrylic blocks. After setting of dental stone, the cover of the custom-fabricated flask was painted with separating medium and left to dry, then placed over the lower portion and screwed to perform the procedure of wax elimination. Then, hot water with soap was used for cleaning the mold from wax remnants and left to dry.



Fig. 6. Two acrylic blocks that set one over the other.



Then the space which was made between the two acrylic blocks was filled with the soft liner, the flask was placed under continuous application of pressure, then the press was released, and curing in water path, and when cooling open it and do finishing of the sample for testing.

### 2.7 Testing procedure

Testing procedure was performed at the University of Technology by utilizing an Instron testing machine shown in Figure 7, with a load cell capacity of one thousand kilograms and the speed of cross head equal to 0.5mm/min.

According to ASTM specification D-638, 1986 formula, the readings that were obtained from the digital display of the device represented the maximum load of failure, while the value of bond strength was measured by dividing the maximum load of failure by the cross-sectional area of each specimen was (25 mm\* 25 mm=625 mm).



Fig. 7. Instron testing machine.

TABLE 1. Descriptive statistics for sheer bond strength for all experimental groups.

| Groups            | Mean    | Std. Deviation | Std. Error | 95% Confidence Interval for Mean |             | Minimum | Maximum |
|-------------------|---------|----------------|------------|----------------------------------|-------------|---------|---------|
|                   |         |                |            | Lower Bound                      | Upper Bound |         |         |
| Control group     | .355671 | .0278449       | .0088053   | .335752                          | .375590     | .3202   | .4128   |
| 0.3% CUONPs group | .308740 | .0151827       | .0048012   | .297879                          | .319601     | .2857   | .3312   |
| 0.5% CUONPs group | .265733 | .0222597       | .0070391   | .249810                          | .281657     | .2354   | .2982   |
|                   | .310048 | .0431445       | .0078771   | .293938                          | .326159     | .2354   | .4128   |

TABLE 2. Test of Homogeneity of Variances for shear bond strength group.

|                           |                   | Levene Statistic | df1 | df2 | Sig. |
|---------------------------|-------------------|------------------|-----|-----|------|
| Shear bond strength group | Based on the Mean | 1.660            | 2   | 27  | .209 |

Formula:

$$\text{The value of bond strength (N/mm}^2\text{)} = \frac{\text{The maximum load of failure}}{\text{Cross – sectional area}}$$

## 3 Results

This study investigated using the Statistical Package for the Social Sciences (SPSS) software, a version used for 70 samples. We also utilized Microsoft Excel 2016 for the graphical presentation.

The descriptive statistics for sheer bond strength across all experimental groups, as presented in Table 1, indicated that the mean value for the 0.5% CUONPs group was the lowest among all groups (0.31±0.043).

Levene's test for homogeneity of variances of shear bond strength across all experimental groups indicated homogeneity, revealing no statistically significant variation among the variances of the groups, as presented in Table 2. The one-way ANOVA test demonstrated a statistically significant difference across the groups, with a p-value of 0.001, as illustrated in Table 3 below.

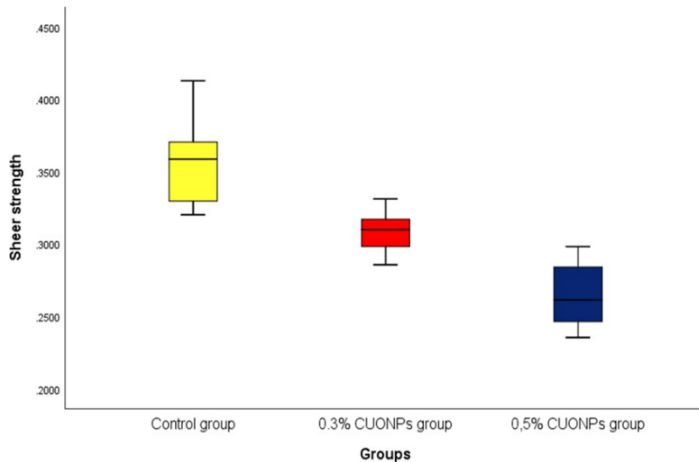
The source of statistical difference was further investigated by analysis of data using the Tukey HSD test, as in Table 4 and Figure 8. The Table illustrated a statistically significant difference between each of the three groups with a p-value of 0.001.

**TABLE 3.** One-way ANOVA test for shear bond strength of all experimental groups.

|                | Sum of Squares | df | Mean Square | F      | Sig.  |
|----------------|----------------|----|-------------|--------|-------|
| Between Groups | .040           | 2  | .020        | 40.434 | 0.001 |
| Within Groups  | .014           | 27 | .001        |        |       |
| Total          | .054           | 29 |             |        |       |

**TABLE 4.** Tukey HSD.

| (I) Groups        | (J) Groups        | Mean Difference (I- J) | Std. Error | Sig.  | 95% Confidence Interval |             |
|-------------------|-------------------|------------------------|------------|-------|-------------------------|-------------|
|                   |                   |                        |            |       | Lower Bound             | Upper Bound |
| Control Group     | 0.3% CUONPs group | .0469310*              | .0100045   | 0.001 | .022126                 | .071736     |
| Control group     | 0.5% CUONPs group | .0899381*              | .0100045   | 0.001 | .065133                 | .114743     |
| 0.3% CUONPs Group | 0.5% CUONPs group | .0430070*              | .0100045   | 0.001 | .018202                 | .067812     |

**Fig. 8.** Tukey HSD.

## 4 Discussion

Soft denture lining materials are durable substances that ensure uniform distribution of functional load across the residual ridge, hence preventing stress concentrations in the denture-bearing area [15]. Following a duration of usage in the oral cavity, the adhesion between the denture base and the soft denture liner deteriorates or fails. The failure of the bond fosters an environment conducive to bacterial and fungal colonization, hence diminishing the longevity of the relining material. [15].

The shear bonding strength was used to evaluate the connection strength between soft denture base and denture lining material because the forces that are subjected to soft denture lining material in a clinical state are characterized more carefully by shear and tear [16].

The result of this study is that the increased weight

percentage of the addition of Nano Copper oxide filler leads to a decrease in shear bond strength of acrylic samples. This agree with study that aimed to improve the mechanical properties and prevent the accumulation of microorganism on the surface with the use of MgONPs, In our result the adding of 5 % MgO NPs in to soft liner showed no statistical improvement in the tensile strength, The explanation of this finding is perhaps due to the factors which affects the curing system like (crosslink density, concentration of filler and molecular weight of the polymer, interaction of polymer and fillers). This finding is in agreement with the result obtained by [17]. The results of this study also demonstrate a closer correlation to a previous study that indicated a non-significant difference in the shear bond strength of heat-cured acrylic resin with an acrylic-based soft liner reinforced by 2% titanium oxide nanoparticles [18]. Conversely, the present study's findings contradict those of another investigation, which demonstrated that the incorporation of 2% silanated alumina and 5% silica nanoparticles into the denture base significantly enhances the bond strength between the heat-cured acrylic resin denture base and the heat-cured acrylic denture liner [19]. Reddy et al. integrated 1% AgNPs into the orthodontic glue (Transbond) and observed a substantial decrease in shear bond strength [20]. The incorporation of 0.11%, 0.18%, and 0.33% (w/w) of AgNPs into the orthodontic adhesive (Transbond) primer similarly diminished the shear bond strength of the experimental adhesive [21]. Riad et al. conducted another experiment that indicated a reduced shear bond strength of the experimental adhesive using AgNPs [22].

## 5 Conclusion

Under the borders of this in vitro study, the subsequent inferences were drawn: An Increase in weight percentage of the addition of Nano Copper oxide filler led to a decrease in shear bond strength of acrylic samples.

**Conflict of Interest:** The authors declare no conflict of interest.

**Financing:** The study was performed without external funding.

**Ethical consideration:** The study was approved by Al-Mustaqbal University, Hillah, Iraq.

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