Title	Effect of conditioning and 1 year aging on the bond strength and interfacial morphology of glass-ionomer cement bonded to dentin
Author(s)	Hoshika, Shuhei; Ting, Shihchun; Ahmed, Zubaer; Chen, Fei; Toida, Yu; Sakaguchi, Norihito; Van Meerbeek, Bart; Sano, Hidehiko; Sidhu, Sharanbir K
Citation	Dental Materials, 37(1), 106-112 https://doi.org/10.1016/j.dental.2020.10.016
Issue Date	2021-01
Doc URL	http://hdl.handle.net/2115/83743
Rights	© 2021. This manuscript version is made available under the CC-BY-NC-ND 4.0 license http://creativecommons.org/licenses/by-nc-nd/4.0/
Rights(URL)	https://creativecommons.org/licenses/by-nc-nd/4.0/
Туре	article (author version)
File Information	Shuhei Hoshika_Dent Mater_37(1)_106-112.pdf



Effect of conditioning and 1 year aging on the bond strength and interfacial morphology of glass-ionomer cement bonded to dentin

Shuhei Hoshika^a, Shihchun Ting^b, Zubaer Ahmed^c, Chen Fei^d, Yu Toida^e, Norihito Sakaguchi^f, Bart Van Meerbeek^g, Hidehiko Sano^h, Sharanbir K Sidhuⁱ

^aAssistant professor, Department of Restorative Dentistry, Division of Oral Health Science, Hokkaido University Graduate School of Dentistry, Sapporo, Japan. Performed the experiments, wrote the manuscript.

^bResearcher, Department of Restorative Dentistry, Division of Oral Health Science, Hokkaido University Graduate School of Dentistry, Sapporo, Japan. Performed the experiments

^cPostdoctoral Researcher, Department of Restorative Dentistry, Division of Oral Health Science, Hokkaido University Graduate School of Dentistry, Sapporo, Japan. Performed the experiments

^dPhD student, Department of Restorative Dentistry, Division of Oral Health Science, Hokkaido University Graduate School of Dentistry, Sapporo, Japan. Performed the statistics.

ePostdoctoral Researcher, Department of Restorative Dentistry, Division of Oral Health Science, Hokkaido University Graduate School of Dentistry, Sapporo, Japan. Performed the experiments

^fAssociate professor, Laboratory of Integrated Functional Materials, Center for

Advanced Research of Energy and Materials, Hokkaido University, Faculty of

Engineering, Sapporo, Japan. Analyzed chemical elements.

⁹Professor, KU Leuven BIOMAT, Department of Oral Health Sciences, KU Leuven

(University of Leuven) & Dentistry, University Hospitals Leuven, Belgium. Supervised

the project.

^hProfessor, Department of Restorative Dentistry, Division of Oral Health Science,

Hokkaido University Graduate School of Dentistry, Sapporo, Japan. Contributed to

discussion.

Reader/Honorary Consultant in Restorative Dentistry, Institute of Dentistry, Barts and

The London School of Medicine and Dentistry, Queen Mary University of London,

London, United Kingdom. Contributed to discussion and proofread the manuscript.

Corresponding author: Sharanbir K Sidhu. Reader/Honorary Consultant in

Restorative Dentistry, Institute of Dentistry, Barts and The London School of

Medicine and Dentistry, Queen Mary University of London, London, United Kingdom.

Turner Street London E1 2AD UK.

s.k.sidhu@qmul.ac.uk

Tel: +44 (0) 20 7882 8617 SEP

Fax: +44 (0) 20 7882 7064

1.INTRODUCTION

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

With the help of numerous research and clinical evidence, we are now able to accomplish tooth adhesion to enamel and dentin to a satisfactory level by means of dental restorative materials such as resin-based composites and glass-ionomer cement (GIC). Contemporary focus is on ensuring materials are bioactive, tougher and self-reparable. The concept of biocompatibility has evolved to bioactivity, which is now a big trend in restorative dentistry[1]. Dental restorative materials should be called "bioactive" only when they actively stimulate or direct tissue responses, and they can control interactions with microbiological species besides their primary function of restoring or replacing missing tooth structure [2].In this sense, bioactivity has two major aspects, which are remineralization and anti-microbial properties. Regarding remineralization, bioactive materials containing calcium phosphate [3], hydroxyapatite [4,5], calcium silicate [6,7] etc, were reported to have remineralization ability. Regarding the anti-microbial property, the release of compounds with antibiotic-like efficacy added to dental restorative materials such as quaternary ammonium compounds [8], zinc oxide nanoparticles [9] etc, were used to inhibit oral bacteria and biofilm. GIC is one example of a dental bioactive material. It has both remineralization and antimicrobial ability [10-13] and has been used for dental restoration and the Atraumatic Restorative Treatment (ART) technique reliably for a long time [14,15]. Although resin composite is the major dental restorative material used nowadays, GICs are often used in clinical situations because of their technique simplicity, cost effectiveness and relative tolerance in the moist oral environment. Additionally, having no conversion shrinkage is an advantage compared with resin composite, and for relatively deep cavities it is still an ideal material for use [16,17]. Moreover, Peumans et al reported the lowest annual failure rate scores for GIC in vivo [18]. Although the bond strength of GIC may be much weaker compared with resin-based materials, the means by which GICs obtain such clinically satisfactory results is still not fully understood.

Some laboratory studies have reported improvement of the adhesion of GICs to tooth structure in terms of bond strength when surface pre-treatment is carried out [19,20]. In contrast, some other studies have reported certain GICs adhere to tooth structure without pre-treatment [21,22].

The purpose of this study was to assess the tooth-GIC adhesion by means of bond strength and interfacial morphology after 1 week and 1 year of aging, with and without surface pretreatment. The null hypothesis tested in this study was that pre-treatment of dentin using a polyalkenoic acid conditioner did not affect the long-term durability of a conventional GIC.

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

27

28

29

30

31

32

33

34

2.MATERIALS AND METHODS

2.1. Micro-tensile bond strength (µTBS)

The bond strength to dentin was determined using a standard micro-tensile bond strength test [23]. The materials used in this study are shown in Table 1. Six human molars, stored in a 0.5% chloramine T solution, were used within 1 month of extraction. The protocol of this research was approved by the Commission for Medical Ethics of Hokkaido University. The extracted molars were sectioned at the mid-coronal portion to create a flat dentin surface by using a low-speed diamond saw (Isomet 1000, Buehler, Lake Bluff, IL, USA). A standard smear layer was produced using #600 grit silicon carbide paper. The teeth were randomly divided into two groups of three teeth each. Prior to the application of the GIC, the dentin surface of the specimens in one group was pre-treated with a polyalkenoic acid conditioner (Cavity Conditioner, GC, Tokyo, Japan). This contains 3% Aluminum chloride as well as 20% polyalkenoic acid. The specimens in the other group did not receive any pre-treatment. The dentin surface was subsequently built up free-hand and in bulk with a conventional GIC (Fuji IX GP Extra, GC, Tokyo, Japan) to a height of 5-6 mm, followed by application of a surface sealer (GC Fuji Coat LC, GC, Tokyo, Japan) which was light-cured for 10 seconds. After 1 week of storage in distilled water at 37°C, the specimens were sectioned perpendicular to the bonding surface, to obtain 1-mm² stick-shaped micro-specimens using an Isomet saw. The specimens were then randomly assigned to four groups (10 specimens each) according to age/storage time: 1 week and 1 year, *i.e.* the 1 week specimens were tested after sectioning while the rest continued in storage to 1 year. This is based on the following power calculation: if the specimen is used as the statistical unit, an absolute 3 teeth per experimental group with appropriate consideration of tooth dependency are required [24]. At the relevant time period, the micro-specimens were fixed to a jig with cyanoacrylate glue (Model Repair II Blue, Dentsply-Sankin, Ohtawara, Japan) and stressed in a testing device (EZ-test, Shimadzu, Kyoto, Japan) at a crosshead speed of 1 mm/min until failure occurred. The μTBS was calculated in MPa, derived by dividing the force applied (in N) at the time of fracture by the bonded area (in mm²). Statistical analysis was performed using oneway ANOVA (α=0.05) and *post hoc* Tukey-Kramer multiple comparisons tests. The mode of failure was determined by examining the fractured surface at a magnification of 50x using a stereo-microscope (Wild M5A, Heerbrugg, Switzerland).

2.2. TEM interface characterization

Additional GIC specimens were prepared for examination using TEM (H-800, Hitachi, Tokyo, Japan). For this, a further four teeth were randomly divided into two groups of two teeth each; the dentin was pre-treated with polyalkenoic acid conditioner in one group but not in the other. The procedure of bonding the GIC to dentin was the same as previously described in the µTBS test, before storage in distilled water for 1 week and 1 year at 37°C. The GIC-bonded dentin specimens were sectioned perpendicular to the GIC/dentin interface using an Isomet diamond saw. From each tooth, seven or eight rectangular sections, of approximately 1 mm thickness each, were obtained. After storage for each time period, TEM sample preparation was performed in accordance with common procedures used for ultra-structural TEM examination of biological tissues [25]. This involved specimen fixation overnight in 2.5% glutaraldehyde in 0.1 M sodium cacodylate buffer at pH 7.4 and 4°C, followed by rinsing in 0.1 M sodium cacodylate buffer for 1 min with 3 changes. Dehydration was carried out in ascending grades of ethanol (50%, 75%, 95%, 100%) for 10 min each, with 2 changes. This

was followed by immersion in 1:1 absolute ethanol-epoxy embedding resin for 30 min, and then resin infiltration in 100% epoxy embedding resin for another 4hrs. Finally, embedding of the resin-infiltrated samples in molds with 100% epoxy resin was carried out. Before being embedded, the specimens were oriented in the molds so that ultra-thin sections through the GIC/dentin interface could be cut from the dentin part from each original tooth. The epoxy blocks were polymerized in an oven at 60°C for a minimum of 48 hrs. Subsequently, non-demineralized, 70–90 nm thin sections were cut using a diamond knife (Diatome, Bienne, Switzerland) in an ultramicrotome (Ultracut UCT; Leica, Vienna, Austria). The GIC/dentin interface in each section was observed by TEM.

91

92

82

83

84

85

86

87

88

89

90

2.3. Chemical element analysis

- 93 To analyze the chemical elements of the GIC/dentin interface, a Field Emission Transmission
- 94 Electron Microscope (FE-TEM) (JEM-2010F, JEOL, Tokyo, Japan) was used. The same
- 95 specimens prepared for TEM observation were used for the FE-TEM observation as well.
- 96 Images were captured and analyzed by STEM mode at 200kV.

97

98

99

3. RESULTS

3.1. Micro-tensile bond strength (µTBS)

- 100 The mean µTBSs are presented in Figure 1. No pre-testing failures (ptfs) were found in this
- 101 study.
- 102 There was no significant difference in µTBS when Cavity Conditioner was used at each time
- period (p>0.05). In addition, 1 year water storage did not show significant difference between
- 104 conditioned and non-conditioned dentin in terms of µTBS results.

105

106

107

3.2. SEM failure analysis

At 1 week, the failure patterns were generally of a 'mixed' nature, involving areas that failed

at the interface and areas that failed cohesively within the GIC, for both the conditioned and non-conditioned groups. At 1 year, while the failure was still of a mixed nature, there was a tendency for more areas of cohesive failure. It appeared that aging of both conditioned and non-conditioned specimens caused them to fail slightly more frequently cohesively within the GIC.

3.3. TEM interface characterization

Representative TEM photomicrographs of unstained, non-demineralized sections of the GIC/dentin interface with polyalkenoic acid conditioning using Cavity Conditioner stored for 1 week and 1 year are shown in (Figures 2 a&b), while GIC/dentin with non-conditioned interface for 1 week and 1 year are shown in Figures 3 a&b).

A shallow partially demineralized dentin layer (De) of about 0.5-1µm was seen at the dentin-conditioned interface (Figures 2 a&b). Hydroxyapatite (HAp) remained within this partially demineralized layer. On top of this layer, a seemingly matrix-rich layer (ML) was seen; this appeared to be of a few hundred nanometers for the 1 week specimens and of about 100 nanometers for the 1 year specimens (Figures 2a&b). On top of the matrix-rich layer (ML), an intermediate layer (IL) of a few hundred nanometers was noted, and this zone was typically demarcated from the rest of the GIC matrix by small electron-lucent globules (Figures 2 a&b). Representative TEM photomicrographs of unstained, non-demineralized sections of the GIC/dentin interface without polyalkenoic acid conditioning stored for 1 week and 1 year are shown in Figures 3 a&b. The GIC was closely attached to the dentin surface without any intervening layers detected (Figures 3 a&b). No clear signs of bond degradation were observed after 1 year of water storage.

3.4. Chemical element analysis

The image of GIC/dentin interface with polyalkenoic acid conditioning for 1 week storage as captured by FE-TEM is shown in Figure 4. There were 3 plots made in this analysis. Plot 1 indicated the GIC area, Plot 2 indicated the IL area and Plot 3 indicated the ML area.

Chemical compositions analyzed by STEM mode are shown in Figure 5. Plots 1 and 2 showed the various components of GIC such as Si, Sr, Al. Plots 1, 2 and 3 showed almost the same tendency although Plot 3 showed more Ca content.

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

136

137

138

4. DISCUSSION

The use of Cavity Conditioner did not make a significant difference to the µTBS. As cohesive failure within the GIC tends to occur over time, this may be the reason why there was no significant difference in µTBS. The fact is that there was no difference in µTBS even when polyalkenoic acid conditioning was carried out, although it does not mean that there are no advantages of surface conditioning. Polyalkenoic acid probably facilitates the calcium and phosphate ions from dentin for the ionic reaction with GIC because it removes the smear layer, increases the contact area and facilitates wetting of the surface [26-28]. Hence, it may be difficult to evaluate the quality of the interface by means of only µTBS in this case. From the TEM photomicrographs of Figure 2a and Figure 2b, in the conditioned specimens, we can observe different layers moving outwards from the dentin towards the bulk of the GIC: a partially demineralized layer (De), a matrix-rich layer (ML) and a further intermediate layer (IL). The De layer, within which HAp remained, is immediately adjacent to the unaffected dentin. Beyond this, there is a zone (ML) that is reasonably well-defined; it may be a zone that arises due to interaction between the acid-affected dentin layer and the glass component of the glass-ionomer. This interaction was confirmed by the presence of more Ca in the ML as detected by the chemical element analysis. The ML is followed by the next layer, which appears to contain more unreacted glass. The differentiation of layers at the conditioned interface is likely, given the high viscosity of the setting glass-ionomer material. The widths of the De and IL layers were almost the same in the 1 week and 1 year samples. In contrast, the dimensions of the ML reduced over time. This phenomenon may be ascribed to the maturing effect of GIC, especially as with the use of polyalkenoic acid conditioning, the

calcium and phosphate ions' reaction with GIC was activated and the remineralizing effect may have been promoted as well. The increase of apatite formation and mechanical property could be expected, but this has to be confirmed in further work. There were no signs of interface degradation comparing the 1 week and 1 year (Figure 2a and Figure 2b) interfaces observed. From the TEM photomicrographs of un-conditioned specimens (Figures 3 a&b), we can observe the GIC area and dentin area without any intervening differentiation or layers; there was no significant difference in µTBS compared with the polyalkenoic acid conditioned group. It is possible that there was an ultra-thin demineralized layer at the interface which could not be seen in these TEM photomicrographs. There was again no clear sign of degradation between the 1 week and 1 year specimens (Figure 3a and Figure 3b). From the chemical element analysis, 3 areas were chosen, which were estimated areas: De (Plot 1), IL (Plot 2) and ML (Plot 3) areas. Basically, the composition of GIC includes a polymeric water-soluble acid, glass, and water [29]. The glass components were either of the SiO₂-Al₂O₃-CaF₂ system or the more complex SiO₂-Al₂O₃-P₂O₅-CaO-CaF₂ system, also calcium has been substituted by strontium [30]. The components of the GIC material such as Si, Al, Sr, Ca were detected from all 3 plots, indicating the presence of GIC components in the IL and ML. The ML appears to be a mixture of GIC and dentin tissue, which has been unknown until now. The IL is a reaction layer which is probably formed by polyalkenoic acid and HAp. Due to the ionic exchange of fluorine and strontium, GIC has a remineralization effect on demineralized tooth in terms of quantitative analysis of the mineral content of the remineralized structures, and their mechanical properties were previously described [31-35]. Partial caries removal or incomplete caries removal is more demanding based on scientific evidence [36-38]. For those situations, using the stepwise removal and selective removal technique, GIC is recommended as it has similar bond strength to both normal and cariesaffected dentin [39,40]. GIC has superior clinical survival results for deep dentin and hypermineralized dentin as well [18,41]. This is because of its resilience, low polymerization shrinkage and good sealing ability.

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

From the results of the μTBS test, pre-treatment of dentin using a polyalkenoic acid conditioner did not affect the long-term durability of a conventional GIC; hence, the null hypothesis should be accepted. Further research will provide an understanding of the remineralizing effect of GIC on caries-affected dentin using polyalkenoic acid.

5. CONCLUSION

Aging did not reduce the bond strength of the conventional GIC to dentin whether the surface was pre-treated with a polyalkenoic acid conditioner or not. Conditioning of dentin appears to increase the durability of the GIC to dentin.

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

REFFERENCES

204

- 205 1Bachoo IK, Seymour D, Brunton P. A biocompatible and bioactive replacement for dentine:
- 206 is this a reality? The properties and uses of a novel calcium-based cement.Br Dent J.
- 207 2013;214(2):E5.
- 208 2Imazato S. Bio-active restorative materials with antibacterial effects: new dimension of
- innovation in restorative dentistry. Dent Mater J. 2009;28:11-9.
- 210 3 Zhao J, Liu Y, Sun WB, Zhang H. Amorphous calcium phosphate and its application in
- 211 dentistry. Chem Cent J. 2011;5:40.
- 4Tschoppe P, Zandim DL, Martus P, Kielbassa AM. Enamel and dentine remineralization by
- 213 nano-hydroxyapatite toothpastes. J Dent. 2011;39:430-7.
- 214 5 Venkatesan J, Kim SK. Nano-hydroxyapatite composite biomaterials for bone tissue
- engineering--a review. J Biomed Nanotechnol. 2014;10:3124-40.
- 216 6 Han L, Okiji T. Bioactivity evaluation of three calcium silicate-based endodontic
- 217 materials.IntEndod J. 2013;46:808-14.
- 7Niu LN, Jiao K, Wang TD, Zhang W, Camilleri J, Bergeron BE, Feng HL, Mao J, Chen JH,
- 219 Pashley DH, Tay FR. A review of the bioactivity of hydraulic calcium silicate cements. J Dent.
- 220 2014;42:517-33.
- 221 8Imazato S, Ma S, Chen JH, Xu HH. Therapeutic polymers for dental adhesives: loading
- resins with bio-active components. Dent Mater. 2014;30:97-104.
- 223 9AydinSevinç B, Hanley L. Antibacterial activity of dental composites containing zinc oxide
- 224 nanoparticles. J Biomed Mater Res B ApplBiomater. 2010;94:22-31.

- 225 10 da Silva RC, Zuanon AC, Spolidorio DM, Campos JA. Antibacterial activity of four glass
- 226 ionomer cements used in atraumatic restorative treatment. J Mater Sci Mater Med.
- 227 2007;18:1859-62.
- 228 11Luczaj-Cepowicz E, Marczuk-Kolada G, Zalewska A, Pawińska M, Leszczyńska K.
- 229 Antibacterial activity of selected glass ionomer cements. PostepyHig Med Dosw (Online).
- 230 2014;68:23-8
- 231 12 Naik RG, Dodamani AS, Khairnar MR, Jadhav HC, Deshmukh MA.Comparative
- 232 assessment of antibacterial activity of different glass ionomer cements on cariogenic
- 233 bacteria.Restor Dent Endod. 2016;41:278-82
- 234 13Tüzüner T, Dimkov A, Nicholson JW. The effect of antimicrobial additives on the properties
- of dental glass-ionomer cements: a review. ActaBiomaterOdontol Scand. 2019;5:9-21.
- 236 14Frencken JE.Atraumatic restorative treatment and minimal intervention dentistry. Br Dent J.
- 237 2017;223:183-9.
- 238 15Smales RJ, Gao W. In vitro caries inhibition at the enamel margins of glass ionomer
- restoratives developed for the ART approach. J Dent. 2000;28:249-56.
- 240 16 Francois P, Vennat E, Le Goff S, Ruscassier N, Attal JP, Dursun E. Shear bond strength
- and interface analysis between a resin composite and a recent high-viscous glass ionomer
- cement bonded with various adhesive systems.Clin Oral Investig. 2019;23:2599-608.
- 243 17 Paula AM, Boing TF, Wambier LM, Hanzen TA, Loguercio AD, Armas-Vega A, Reis
- 244 A.Clinical Performance of Non-Carious Cervical Restorations Restored with the "Sandwich
- 245 Technique" and Composite Resin: A Systematic Review and Meta-analysis. J Adhes Dent.
- 246 2019;21:497-508.

- 247 18Peumans M, De Munck J, Mine A, Van Meerbeek B. Clinical effectiveness of
- 248 contemporary adhesives for the restoration of non-carious cervical lesions. A systematic
- 249 review. Dent Mater. 2014;30:1089-103.
- 250 19 Cook NB, Feitosa SA, Patel A, Alfawaz Y, Eckert GJ, Bottino MC. Bonding ability of
- 251 paste-paste glass ionomer systems to tooth structure: in vitro studies. Oper Dent.
- 252 2015;40:304-12.
- 253 20 Powis DR, Follerås T, Merson SA, Wilson AD. Improved adhesion of a glassionomer
- cement to dentin and enamel. J Dent Res 1982;61:1416–22.
- 255 21 Hewlett ER, Caputo AA, Wrobel DC.Glass ionomer bond strength and treatment of dentin
- with polyacrylic acid. J Prosthet Dent 1991;66:767–72.
- 257 22Tanumiharja M, Burrow MF, Tyas MJ.Microtensile bond strengths of glass ionomer
- 258 (polyalkenoate) cements to dentine using four conditioners. J Dent 2000;28:361-6.
- 259 23 Sano H, Shono T, Sonoda H, Takatsu T, Ciucchi B, Carvalho R, Pashley DH.
- 260 Relationship between surface area for adhesion and tensile bond strength--evaluation of a
- micro-tensile bond test. Dent Mater 1994;10:236-40.
- 262 24Steve Armstrong, Lorenzo Breschi, MutluÖzcan, Frank Pfefferkorn, Marco Ferrari, Bart
- Van Meerbeek. Academy of Dental Materials Guidance on in Vitro Testing of Dental
- 264 Composite Bonding Effectiveness to Dentin/Enamel Using Micro-Tensile Bond Strength
- 265 (µTBS) Approach.Dent Mater 2017;33:133-43.
- 266 25 Van Meerbeek B, Yoshida Y, Lambrechts P, Vanherle G, Duke ES, Eick JD, Robinson SJ.
- A TEM study of two waterbased adhesive systems bonded to dry and wet dentin. J Dent Res
- 268 1998;77:50-9.

- 269 26 Erickson RL, Glasspoole EA. Bonding on tooth structure: A comparison of glass-ionomer
- and composite-resin systems. J Esth Dent 1994;6:227-44.
- 271 27 Hoshika S, De Munck J, Sano H, Sidhu SK, Van Meerbeek B. Effect of Conditioning and
- 272 Aging on the Bond Strength and Interfacial Morphology of Glass-ionomer Cement Bonded to
- 273 Dentin.J Adhes Dent. 2015;17:141-6.
- 274 28 Pereira LC, Nunes MC, Dibb RG, Powers JM, Roulet JF, Navarro MF. Mechanical
- 275 properties and bond strength of glass-ionomer cements. J Adhes Dent. 2002;4:73-80.
- 276 29 McLean JW, Nicholson JW, Wilson AD. Guest Editorial: Proposed nomenclature for
- 277 glass-ionomer dental cements and related materials. Quintessence Int. 1994;25:587–9.
- 278 30Sidhu SK, Nicholson JW.A Review of Glass-Ionomer Cements for Clinical Dentistry. J
- 279 FunctBiomater. 2016;7:E16.
- 280 31Aykut-Yetkiner A, Simşek D, Eronat C, Ciftçioğlu M. Comparison of the remineralisation
- 281 effect of a glassionomer cement versus a resin composite on dentin of primary teeth. Eur J
- 282 PaediatrDent. 2014;15:119-21.
- 283 32Bertassoni LE, Habelitz S, Kinney JH, Marshall SJ, Marshall GW Jr.Biomechanical
- perspective on the remineralization of dentin. Caries Res. 2009;43:70-7.
- 285 33Hatibovic-Kofman S, Suljak JP, Koch G.Remineralization of natural carious lesions with a
- glass ionomer cement. Swed Dent J. 1997;21:11-7.
- 287 34Ngo HC, Mount G, McIntyre J, Tuisuva J, Von Doussa RJ. Chemical exchange between
- 288 glass-ionomer restorations and residual carious dentine in permanent molars: an in vivo
- 289 study. J Dent;34:608-13

- 290 35Smales RJ, Ngo HC, Yip KH, Yu C. Clinical effects of glass ionomer restorations on
- residual carious dentin in primary molars. Am J Dent. 2005;18:188-93.
- 292 36 David S Alleman, Pascal Magne. A Systematic Approach to Deep Caries Removal End
- 293 Points: The Peripheral Seal Concept in Adhesive Dentistry. Quintessence Int. 2012;43:197-
- 294 208.
- 295 37Edwina A M Kidd. Clinical Threshold for Carious Tissue Removal. Dent Clin North Am.
- 296 2010;54:541-9.
- 297 38 F Schwendicke, C E Dörfer, S Paris.Incomplete Caries Removal: A Systematic Review
- 298 and Meta-Analysis. J Dent Res. 2013;92:306-14.
- 39H A El-Deeb, E H Mobarak. Microshear Bond Strength of High-viscosity Glass-ionomer to
- 300 Normal and Caries-affected Dentin Under Simulated Intrapulpal Pressure. Oper Dent.
- 301 2018;43:665-73.
- 302 40 Leo Tjäderhane, ArzuTezvergil-Mutluay. Performance of Adhesives and Restorative
- 303 Materials After Selective Removal of Carious Lesions: Restorative Materials With Anticaries
- 304 Properties. Dent Clin North Am. 2019;63:715-29.
- 305 41 Françoise H van de Sande, Paulo A Da Rosa Rodolpho, Gabriela R Basso, RômuloPatias,
- 306 Quéren F da Rosa, Flávio F Demarco, Niek J Opdam, Maximiliano S Cenci. 18-year Survival
- 307 of Posterior Composite Resin Restorations With and Without Glass Ionomer Cement as
- 308 Base.Dent Mater. 2015;31:669-75.

Legends to figures

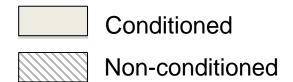
Figure 1: Micro-tensile bond strength of GIC bonded to polyalkenoic acid conditioned (Cavity Conditioner) and non-conditioned dentin for 1 week and 1 year.Mean μTBS are presented in MPa. n=10. The same letters indicate no statistically significant difference (p>0.05).

Figure 2: Representative TEM photomicrographs of unstained, non-demineralized sections of the GIC/dentin interface with polyalkenoic acid conditioning using Cavity Conditioner stored for 1 week and 1 year. (a,b) A partially demineralized dentin layer (De) of about 0.5-1 μm was seen at the dentin-conditioned interface (a,b). Hydroxyapatite (HAp) remained within this partially demineralized layer. On top of the partially demineralized layer, a matrix-rich layer (ML) of a width of a few hundred nanometers at 1 week and about 100 nanometers at 1 year was seen (a,b). On top of the matrix-rich layer, an intermediate layer (IL) of a few hundred nanometers was deposited, and this zone was typically demarcated from the GIC matrix by small electron-lucent globules (a,b). [GI = Glass ionomer cement; IL = Intermediate Layer; ML = Matrix-rich Layer; De = Demineralized Layer; Ud = Unaffected dentin.]

Figure 3:Representative TEM photomicrographs of unstained, non-demineralized sections of the GIC/dentin interface without polyalkenoic acid conditioning stored for 1 week and 1 year (a,b). The GIC material was closely attached to the dentin surface without a smear layer and no other layer could be detected (a,b). The bond appeared intact. There were no clear signs of bond degradation after 1 year of water storage.[GI = Glass ionomer cement; Ud = Unaffected dentin.]

Figure 4:The image of GIC/dentin interface with polyalkenoic acid conditioning after 1 week storage as captured by FE-TEM. Plot 1 indicated the GIC area, Plot 2 indicated the IL area and Plot 3 indicated the ML area.

Figure 5:Chemical compositions were analyzed by STEM mode. Plots 1 and 2 showed the components of GIC such as Si, Sr, Al. Plots 1, 2 and 3 showed almost the same tendency while Plot 3 showed more Ca content.



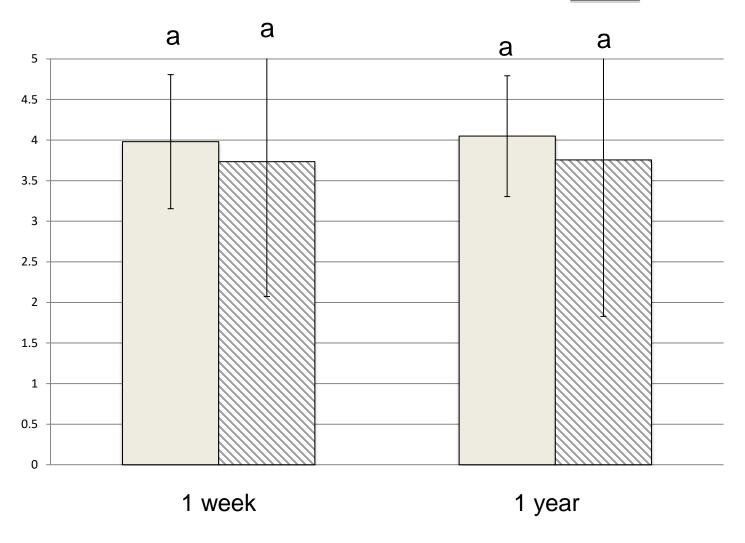
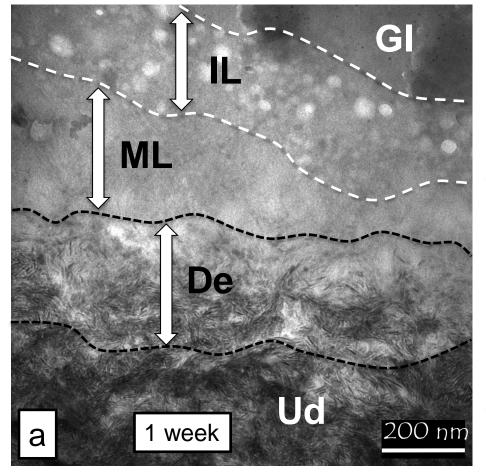
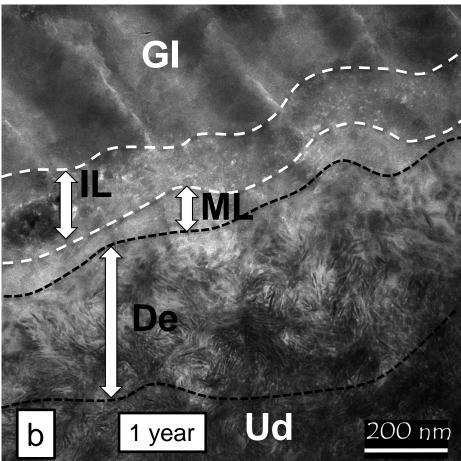


Fig 1





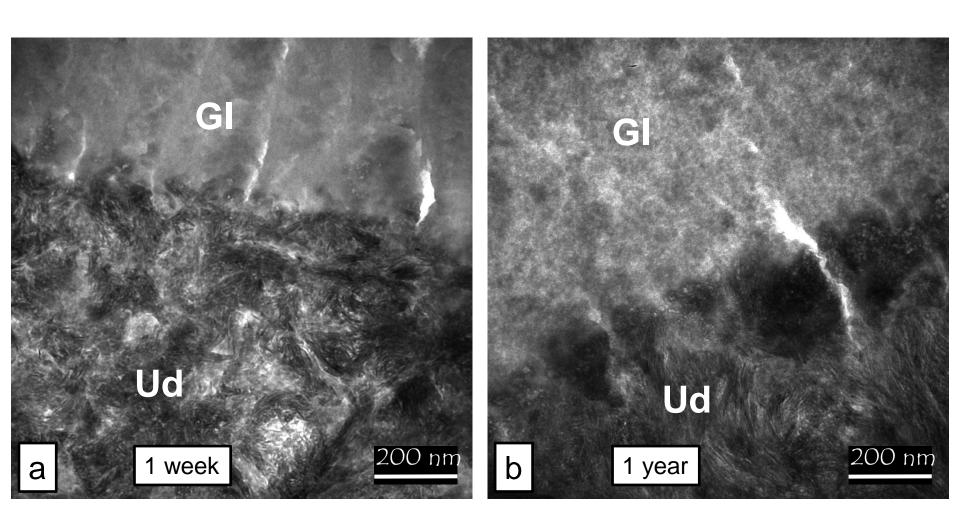
GI: Glass ionomer cement

IL: Intermediate Layer

ML: Matrix-rich Layer

De: Demineralized Layer

Ud: Unaffected Dentin



GI: Glass ionomer cement

Ud: Unaffected Dentin

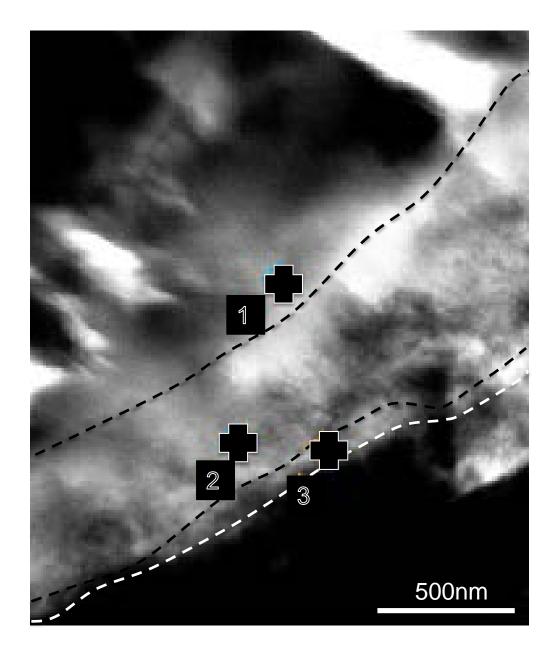


Fig 4

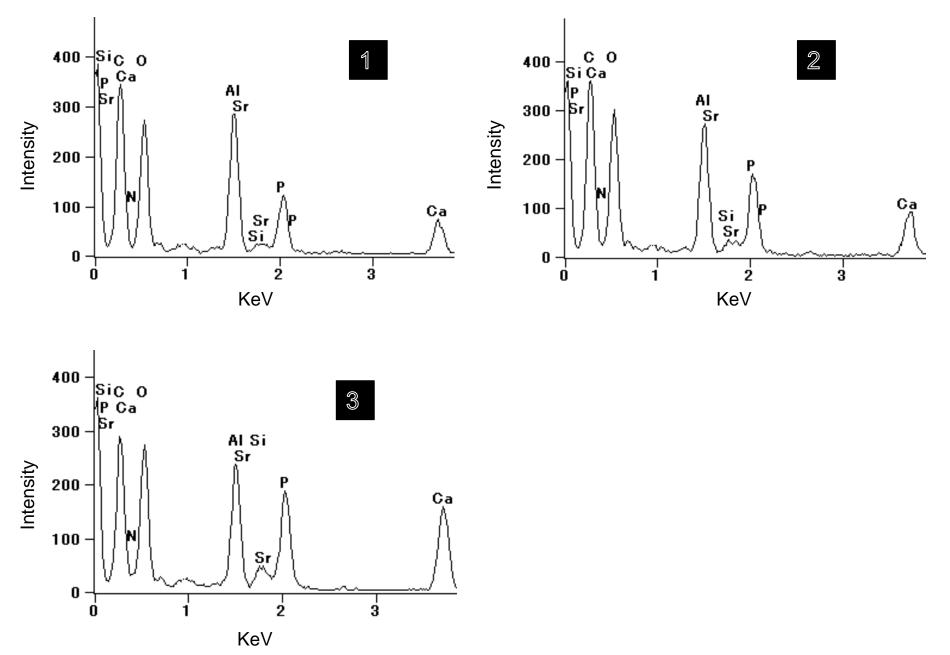


Fig 5