

## Shear Bond Strength of Bioactive Dental Restorative Materials to Dentin

E Heba <sup>a</sup>, Y Hussein <sup>b</sup>, E Wedad <sup>b</sup>

<sup>a</sup> Resident of Restorative Dentistry, Faculty of Dentistry, Tanta University, Egypt

<sup>b</sup> Professor of Restorative Dentistry, Faculty of Dentistry, Tanta University, Egypt

### Abstract

**Keywords:** Shear bond strength, Bioactive restorative material, Occlusal dentin, Thermocycling.

**Purpose:** to evaluate the shear bond strength of different bioactive restorations (Fuji IX GP glass-ionomer, Beautifil II Giomer and ACTIVA <sup>TM</sup> BIOACTIVE) to occlusal sound dentin.

**Materials & Methods:** sixty freshly extracted sound human molars were selected from diabetic patients aged 45-55 years. The occlusal enamel is removed to expose the occlusal dentin. The prepared specimens were randomly divided into three groups according to the type of applied restorative bioactive material (n=20 each): Each group received a cylinder of the restorative material using Metallic and Teflon molds. Fuji IX (Conventional Glass-ionomer) Group I, Beautifil II material, (Giomer restorative material) Group II, and ACTIVA <sup>TM</sup> BIOACTIVE restorative material (Resin-modified glass-ionomer Bioactive Ionic Resin-Based Composite) Group III were tested. All specimens were stored in distilled water for 24 hours. Half of specimens of each group were subjected to thermocycling. The shear bond strength of specimens was measured using an Instron machine at a cross head speed of 0.5 mm/min. The debonded surfaces were examined under a stereomicroscope at magnification 40X to determine the mode of failure. All data was collected, tabulated and statistically analysed.

**Results:** Group III recorded a statistically significant most high shear bond strength values (6.587±0.979 Mpa), followed by group II recording (6.029±0.820 Mpa) while the lowest values were found at group I with mean values of (3.514 ±0.571). ANOVA test was used to compare the three tested groups in each subgroup at a level of significance 0.05. Using Pearson's correlation test, a positive correlation between cohesive mode of failure and shear bond strength was recorded for the three tested groups.

**Conclusion:** Under the present situation of this research, it was concluded that there is a good bond between bioactive restorative materials and sound dentin.

Date of Submission: 01-11-2020

Date of Acceptance: 13-11-2020

### I. Introduction

A good aesthetic occupies a top priority in all fields of dentistry and may be one of the driving forces behind the current demand to improve smile. Therefore esthetic restorative materials are under constant development <sup>1</sup>.

To achieve acceptable esthetics, an adequately strong bonding of the restorative material to tooth structure for optimum retention, minimal microleakage and color stability thus adhesive dentistry has gained a prime importance <sup>2</sup>.

The material used is an important factor in adhesion. Direct bioactive tooth colored restorative materials are the most frequently used due to the acceptable esthetic and durability <sup>3</sup>. These active materials are able to make a good seal with tooth structure through active mineral ions released which forms apatite crystals at interface between active tooth colored material and dentin surface <sup>4</sup>.

The concept of bioactivity is not recent since conventional glass ionomer was considered a bioactive material releasing fluoride and forming chemical bonds to tooth structures <sup>5</sup>. Many drawbacks of this material have been reported as moisture sensitivity and low wear resistance that treated by the invention of new materials involving both composite and glass ionomer <sup>6</sup>. So a new hybrid material giomer distinguished by containing pre-reacted glass (PRG) filler in a resin matrix. Protection of the glass core from moisture gives it long-term esthetics, durability and good bond strength to tooth structure which is formed. Besides it has the advantage of fluoride release and recharge <sup>7</sup>.

Moreover ACTIVA <sup>TM</sup> BIOACTIVE which is a resin-modified glass ionomer bioactive ionic Resin-Based Composite has the strength, esthetics and physical properties of composites and delivers more fluoride release than conventional glass ionomers. It contains bioactive ionic resin matrix, a shock absorbing resin component and reactive ionomer glass fillers. It reacts to the continuous pH changes in the mouth to help fortify

and recharge the ionic properties of saliva, teeth and the material itself<sup>8</sup>. Activa BIOACTIVE contains phosphate acid groups which in ionization release hydrogen ion which replace the calcium ions of tooth structure. This ionic interaction chemically bonding the resin to the minerals in the tooth structures forming a strong resin-hydroxyapatite complex and a positive seal against microleakage. It continuously releases and recharges significant amounts of calcium, phosphate and fluoride ions<sup>9</sup>.

Maintaining the strong bond of these materials to dentin is mandatory for their success and durability, so, the present study is designed to evaluate the shear bond strength of different bioactive dental restorative materials to sound dentin.

The current research hypothesis is to prove that recent contemporary bioactive materials add a new bond strength relationship to dentin structure

## **II. Materials**

Three systems of bioactive dental restorative materials and their composition were used in this *in vitro* study as shown in table (1).

## **III. Methods**

A total of sixty sound, freshly extracted, sound, non-carious human molars from patients aged (45-55) years old were collected from the Department of oral and maxillofacial surgery of faculty of Dentistry Tanta University.

The patients signed a written consent. The teeth were cleaned of debris and calculus using periodontal scalers and polished with pumice. They stored in an incubator of 37 °C using distilled water which is changed daily for a period of month maximum<sup>10</sup>.

### **- Specimens preparation and grouping:**

Aluminum molds were prepared, the fitting surface was painted by vaselin to act as a separating medium. Each specimen was embedded in acrylic resin filling these aluminum molds, until the cemento-enamel junction leaving the crown intact. The occlusal enamel was trimmed and removed from each tooth by using a slow speed diamond disk\* with water coolant to expose the occlusal dentin<sup>11</sup>. A magnifying glass\*\* was used to ensure that no enamel was left on the occlusal surface. Occlusal dentin surface of all specimens were polished using 600-grit Wet Silicon Carbide abrasive papers in a circular motion under running tap water to create a homogenous smear layer. Each specimen was inserted in the splitted metallic holder which was adapted in a specially prepared metallic ring. These two pieces form the metallic mold. The metallic ring is supplied by two metallic screws at each side to hold and secure the specimen. The metallic mold (holder and ring) is opened from the upper and lower end. Its upper surface was designed to receive the specially designed split teflon mold which has a hole 4mm diameter x 3mm height and well adapted to occlusal dentin surface of specimens. The teflon mold is surrounded with another metallic ring which is supplied by a metallic screw to be adapted on the outer surface of the upper end of metallic ring.

The prepared specimens were randomly divided into three groups of twenty teeth each (**n=20**) according to the type of restorative bioactive material to be investigated.

Each specimen was adapted in the metallic ring then the specially prepared Teflon mold was secured on the dentin surface to confine the area of dentin to be treated.

### **Group 1:**

According to manufacturer's instructions, the occlusal dentin surface of each specimen was conditioned with 25% polyacrylic acid Ketac Conditioner\*. which was agitated with a micro brush for 10 sec, washed with water at room temperature, then was blotted using blot paper leaving dentin moist. Fuji IX GP EXTRA (chemical cure) (fig. 1) was prepared according to manufacturer's instructions with a powder/liquid ratio of 3.6/1, the first scoop of powder should be incorporated in the liquid using plastic cement spatula and as soon as it is fully wet add the second scoop and so on until a glossy mix was formed, this was applied to dentin surface in this glossy state, reaching a total height of 3mm. A celluloid strip\*\* was placed over the restoration, a glass slab with the weight of 250 gm was placed over it to obtain a smooth flat surface, then celluloid strip and the weight were removed after complete setting and hardening, excess flashes were carefully removed using a sharp scalpel, and GC Fuji Coat, was placed to prevent dehydration during final setting of the material. Teflon mold was removed after two minutes and twenty seconds.

---

\*Isomet, Buehler, Lake Bluff, IL, US

\*\*Insten 10x magnifier. USA

\*3MESPE

\*\*polyester strip, TDV Dental Ltda., Pomerode, SC, Brazil

**Group II:**

According to manufacturer's instructions, FL primer of self-etch adhesive system was applied on the exposed dentin surface with a micro brush in a rubbing motion for 10 s, air dried, then an even layer of FL bond II was applied, light-cured for 10 s using LED light curing unit (600mw/cm<sup>2</sup>)\*, followed by application of beautiful II material (Giomer) (fig. 2) in the form of two increments (1.5mm each) on the dentin surface reaching a total height of 3mm. Each increment was light cured for 20 s. A celluloid strip was placed over the second increment of restoration, a glass slab with the weight of 250 gm was placed over it to obtain a smooth flat surface. After curing celluloid strip and the weight were removed. Excess flashes were carefully removed using a sharp scalpel and the Teflon mold was removed.

**Group III:**

According to manufacturer's instructions, the dentin surface of each specimen of this group was etched with 38% phosphoric acid gel for 15s, rinsed for 10s using copious amount of water to remove the acid completely, excess water was blotted leaving a wet dentin surface. ACTIVA™ BIOACTIVE restorative material tube (fig.3) was applied to a special gun and injected slowly with the mix tip maintaining contact to the conditioned dentin surface according to instructions of manufacture. The tip was slowly moved around the dentin to allow ACTIVA to back fill. Then the tip was kept submerged in the material to avoid air bubbles, reaching a total height of 3mm. A celluloid strip was placed over the restoration, a glass slab with the weight of 250 gm was placed over it to obtain a smooth flat surface, then the weight was removed. After 20s light activation was performed for 20s, to allow the acid base reaction to occur. The celluloid strip was then removed and excess flashes were removed using a sharp scalpel. The Teflon mold was removed after setting of the material. All specimens were stored in distilled water at 37 °C in an incubator at 100% humidity for 24h just before shear bond strength testing.

**Sub grouping:**

The final specimen (fig.4) of each group were subdivided randomly into two equal subgroups A and B (10 specimens each) according to the exposure to thermocycling stresses. Specimens of subgroup B were subjected to thermal stresses using a thermocycling apparatus for 500 cycles (5°C to 55°C) with 30 sec. dwell time and 20 seconds transfer time<sup>12</sup>. While those of subgroup A were not subjected to any stresses.

**Shear bond strength testing:**

All specimens were tested in shear mode using an Instron testing machine. The specimens were secured to the universal testing machine by means of its metallic mold and were oriented so that the straight stainless steel knife of the universal testing machine has to be perpendicular to the interface between the material and dentin surface to apply the load until fracture at a cross head speed of 0.5mm/min and load cell capacity of 25 kN<sup>13</sup>.

The fracture load was recorded in kilogram (Kg) and the shear bond strength values were calculated in Mega Pascal (MPa) following an equation<sup>14</sup>.

$$\text{Shear bond strength} = \frac{(F) \text{ Fracture Load (Kg)}}{(A) \text{ Surface area (Cm}^2\text{)}}$$

The surface area (A) was calculated from the following equation:  $A = \pi r^2$

Where  $\pi = 3.14$

$r = \text{Radius of each specimen (0.2cm)}$

Thus  $A = 0.1256 \text{ Cm}^2$

The shear bond strength values were converted into MPa by multiplying the obtained results by 0.098067

All data was collected, tabulated and statistically analyzed.

\*\*\*Blue phase N Ivoclarvivadent

#### Mode of failure analysis:

The fractured surfaces of the debonded specimens were inspected under a stereomicroscope at 40x magnification to determine the mode of failure for each specimen<sup>15</sup>.

**Adhesive failure;** at dentin-restoration interface where no observable restorative material remained on the dentin surface.

**Cohesive failure;** either in dentin or restoration where a visible thin coating or bulk of a restorative material remained on the dentin surface.

Or **Mixed failure;** if a part of restorative material was left on dentin surface and the rest of the surface had a partial adhesive failure.

Mode of failure data was also collected, calculated, tabulated and the percentage of each type of failure was obtained to be statistically analyzed.

#### IV. Result

Regarding the shear bond strength values of specimens not subjected to thermocycling stresses data of subgroup A of all tested materials shown in (table 2) (fig. 5)

The highest mean value was recorded for group III, recording  $6.587 \text{ Mpa} \pm 0.979$  followed by group II, recording  $6.029 \text{ Mpa} \pm 0.820$ , while the lowest mean bond strength value  $3.514 \text{ Mpa} \pm 0.570$  was found at group I and there is a statistically significant difference was reported with P-value 0.001 between different groups.

However after thermocycling (subgroup B), The shear bond strength mean values were recorded in an order as  $2.838 \text{ Mpa}$ ,  $4.150 \text{ Mpa}$ ,  $4.651 \text{ Mpa}$  for groups, II and III respectively as seen in (table 3) (fig. 6). Using F test and P-values recorded that there was a statistical significant difference among tested groups where ( $p = 0.005$ ).

Concerning the effect of thermal cycling on shear bond strength values of the tested materials to dentin surface, T test was used to compare subgroup A vs subgroup B in each group (for each tested material) at 99% level of significance, indicating an obvious reduction positive effect of thermal loading treatment on each of the tested materials by different degrees as in (table 4) (fig. 7).

#### Mode of failure:

The tested specimens of all materials showed different modes of failure of fractured specimens. Before thermocycling (subgroup A), data was collected as shown in (table 5), group I (GIC) showed that 40% of tested samples revealed adhesive mode of failure (fig. 8), and 30% a cohesive mode of failure. Concerning group II (Giomer), 10% adhesive failure and 60% a cohesive mode of failure. However, group III (Activa Bioactive material) revealed (ZERO) no adhesive mode of failure has been recorded while 80% cohesive mode of failure.

Chi square test was used to compare different modes of failure of fractured specimens in each group and recorded no significant difference in group I with a  $P = 0.634$ , while there was a significant difference in the modes of failure of group II and III with P-value  $0.057^*$ ,  $0.063^*$  respectively.

After thermocycling (subgroup B). Data was collected in (table 6) (fig. 9). Regarding group (I) 60% revealed adhesive mode of failure while 20% were cohesive mode of failure. However for group (II) 30% adhesive mode of failure have been recorded and 40% cohesive mode of failure. Concerning specimens of group (III) recorded 20% adhesive mode of failure and 60% cohesive mode of failure.

Chi-square test was used to compare the three modes of failure of fractured specimens. There was a statistical significant difference in group I and III with P-value  $0.032^*$  and  $0.014^*$  respectively while no significant difference between different modes of failure in group II where P-value recorded 0.652.

Finally, Pearson's correlation test was performed to find out the relationship between the shear bond strength and the mode of failure table (7) (fig. 10).

A positive statistically relationship was obtained and recorded between the cohesive mode of failure and the shear bond strength

#### V. Discussion

The current in-vitro study evaluate the shear bond strength of different bioactive restorative materials (Fuji IX conventional glass ionomer, Beautifil II giomer and Activa) to dentin.

Several studies reported that in-vitro shear bond strength testing is the most effective method to screen adhesives and the physical durability of new restorative materials<sup>16</sup>.

Selection of Polyacrylic acid conditioning agent (Ketac conditioner) before application of conventional glass ionomer (Fuji IX GP EXTRA) as it promotes cleaning of the dentin surface from the smear unite thus allow ionic chemical exchange to take place between glass ionomer and dentin<sup>17</sup>. Currently Fuji IX GP Extra glass ionomer was chosen which is a condensable, high-strength conventional glass-ionomer, it contains reactive aluminofluorosilicate glass powder (smart glass) which provides higher strength, good chemical bond to tooth structure and a greater fluoride release.<sup>18</sup>

In addition, in the present study Giomer bioactive restorative was chosen which is a fluoride releasing material and has a unique property which is the presence of pre reacted glass ionomer (PRG) filler which has the ability to release and recharge fluoride responding to the concentration of fluoride in the mouth<sup>19</sup>.

FL Bond II was used with giomer as it contains the surface pre-reacted glass ionomer (S-PRG) fillers which helps to reinforce the bonding interface between the restorative bioactive material and the tooth structure<sup>20</sup>.

Another resin material was chosen currently is ACTIVA BioACTIVE products which are considered the first dental resins with a bioactive ionic resin matrix that continuously releases and recharges a significant amount of calcium, phosphate and fluoride ions and reacts to the continuous pH changes in the mouth to help fortify and recharge the ionic properties of saliva, teeth and the material itself<sup>21</sup>. Currently 38% phosphoric acid was used with Activa which is more potent in removing smear layer<sup>22</sup>.

Thermo-cycling is a widely used artificial aging method. Thermo-cycling regimen comprising 500 cycles in water between 5°C and 55°C with 30 sec. dwell time and 20 sec transfer time is an appropriate artificial aging method that simulate 6 months of clinical service<sup>23</sup>.

Regarding the results of the current study, group III (ACTIVA) recorded the highest value of shear bond strength to dentin followed by group II (Beautifill II) Giomer while the lowest shear bond strength value was recorded in group I (FUJI IX) conventional GIC.

This was explained as orthophosphoric acid increase infiltration of the material into dentin surface stimulating apatite formation that fills gap also the reactive glass fillers enhanced the chemical interaction with tooth structure forming a strong resin-hydroxyapatite complex. Thus a layer of apatite is formed and fuses the dentin to ACTIVA<sup>24</sup>.

Also Activa contains a shock-absorbing rubber resin (Embrace resin) which provides intimate adaptation of the material to tooth structure due to formation of apatite layer at material/tooth interface<sup>8</sup>.

This also was confirming the results of **Girn, William et al**<sup>25</sup> who stated that Activa has high bond strength to dentin as it release minerals which interact with tooth minerals that produce a good seal between tooth and material. In addition to **Tran A, et al**<sup>26</sup> and **Alkhuairy et al**<sup>27</sup> who assured the same high bond strength results of Activa.

On the other hand, **Kanachanasita et al**<sup>28</sup> disagreed showing that Activa can absorb water up to 7% by mass. The amount of water uptake is dependent on its poly hydroxyl ethyl methacrylate (HEMA) content. Hence, it is possible that water sorption might lower the strength.

Concerning group II (Beautifill II Giomer) the current results recorded higher significant shear bond strength than conventional GIC. This was explained by the presence of surface pre-Reacted Glass ionomer particles (S-PRG) that contributes with the formation of hard particles enhancing adhesion. 4-META hydrophobic monomers make a good bond with the remaining hydroxyl apatite crystals and also releases silicon which promotes hydroxyapatite formation. Silicon particles were adsorbed on the substrate surface, thereby providing sites for heterogeneous apatite nucleation which enhancing adhesion to tooth<sup>19</sup>.

**Okuyama et al**<sup>29</sup> reported that giomer has high bond strength due to the presence of 4-META, UDMA, HEMA, PRG filler, fluoroaluminosilicate glass. The current results confirmed those of **Fam M et al**<sup>30</sup> & **N Manuja, et al**<sup>31</sup> who made a comparison between Fuji IX and Beautifill II Giomer. They found that Beautifill II has higher shear bond strength to dentin compared to Fuji IX. They explained these findings by the weak chemical bond of Fuji IX compared to Beautifill II which bonds to dentin with self etch adhesive that creates mechanical interlocking by means of resin tags which has greater bond to tooth.

Regarding Fuji IX (conventional glass ionomer) in this study, it recorded the lowest bond strength to dentin and these results agreed with many authors (**Passi S, et al**<sup>32</sup>) & **Poggio C, et al**<sup>33</sup>). Also **Thiago-Saads Carvalho et al**<sup>34</sup> and **Vishnu Rekha C et al**<sup>35</sup> reported a weak chemical bond at glass ionomer tooth interface and weak polyacrylic acid which only cleans the dentin surface without completely unplugging the dentinal tubules..

Again on the other hand, **Mohamed N et al**<sup>36</sup> reported that highly viscous GIC (Fuji IX EXTRA) has high bond strength due to its higher powder: Liquid ratio (3.6:1) and good adhesion to tooth substrate due to its chemical bond to tooth in comparable to nanoparticles glass carbomer.

Regarding **thermocycling treatment**, in the current research, there was decrease in shear bond strength of bioactive materials after thermocycling which was significant. This results disagreed with **Mark A et al**<sup>37</sup> who reported that there is no difference between shear bond strength before and after thermocycling in self etch adhesive (FL bond II) used with giomer Fuji XIII and concluded that this may be due to slight relaxation in polymers with heat.

In addition **Zeyad H et al.**,<sup>38</sup> stated that thermocycling slightly non significantly decrease the shear bond strength of Activa because of minimal decline in elastic moduli.

In other researches it was recorded that no significant differences in shear strength between the non thermocycled and thermocycled groups of Glass ionomer cement (Fuji IX), Giomer (Beautifil), an Ormocer-

based composite (Admira) and Nano Ceramic restorative material (Ceram X) and also reported that the viscoelastic behavior of these materials was stable within the temperature range of 21–50<sup>39</sup>.

Previous studies suggested that the mode of failure is an indicator to the strength of bond between restorative material and tooth structure. Adhesive failure usually indicated low bond strength while cohesive failure resembles high bond strength<sup>40</sup>.

In agreement with our findings, **Leloup**<sup>41</sup> reported that there is a positive significant relation between high shear bond strength and the rate of cohesive failure.

**Also, Furuse<sup>42</sup> & Sabatini C<sup>43</sup>**, concluded different results showing lower bond strength values which were significantly correlated with mainly adhesive fractures.

In the present study, group I recorded the highest adhesive mode of failure values and lowest shear bond strength values while group III recorded the lowest adhesive mode of failure values and highest shear bond strength values before thermocycling. However, after thermocycling, adhesive mode of failure significantly increased in all tested groups.

Also, **Murali S et al.**<sup>44</sup> studied shear bond strength of Activa (resin modified glass ionomer), Filtek Supreme Ultra (nano filled composite) and Ketac Nano (nano glass ionomer) and found that bond strength of activa is comparable to Filtek and higher than Ketac Nano. Cohesive mode of failure was found to be predominant in activa accompanied by the high shear bond strength values of this material.

On the other hand, **Mohd Safwani et al.**<sup>45</sup> disagreed with our results who studied two types of glass ionomer cement (GIC), Riva Self Cure and Fuji IX GP EXTR and assessed that cohesive failures in materials were predominant in Fuji IX and Riva specimens. This was explained by some authors<sup>46</sup> concluding that cohesive failures in Fuji IX are predominant at the material side and GICs fail cohesively in the cement rather than cohesive at interface with the tooth structure (ionic-exchange layer).

## VI. Conclusions

**Under the limitations of this study, the results suggest that:**

- 1- Both variables, the material type and the thermocycling affected the shear bond strength values significantly.
- 2- statistically significant correlation between cohesive mode of failure and shear bond strength was detected.
- 3- Giomer and Activa Bioactive restorative materials have a good bond strength to dentin surface with different levels of shear bond strength in comparable to conventional GIC.

## References

- [1]. Dubey A, Avinash A, Bhat SS, Baliga MS: Twinkling stars: literature review on dental whitening in children. *Indian J Dent Res Rev.* 2012;8:683–693
- [2]. Inoue G, Nikaido T, Foxton RM, Tagami J. The acid-base resistant zone in three dentin bonding systems. *Dent Mater* 2009;28:717–21.
- [3]. Dionysopoulos D, Papadopoulos C, Koliniotou- Koumpia E. The evaluation of various restoration techniques on internal adaptation of composites in class V cavities. *Int J Biomater.* 2014; 14:148-157.
- [4]. Chen L, Shen H, Suh BI. “Bioactive dental restorative materials: a review”. *Am J Dent.* 2013 ; 26:219-27.
- [5]. Asmussen E, Peutzfeldt A. Long-term fluoride release from a glass ionomer cement, a compomer, and from experimental resin composites. *Acta Odontol Scand.* 2002;60:93-97.
- [6]. Jefferies SR. Bioactive and biomimetic restorative materials : a comprehensive review . Part IJ *Esthet Restor Dent.* 2014;26:14-26.
- [7]. Noor Saira Wajid Najma Hajiral, and N Meena. 2. Giomer-The intelligent Particle (New Generation Glass Ionomer Cement). *Inter J Dent.* 2015;4:1-5.
- [8]. Zmener O, Pameijer CH, Hernandez S. Resistance against bacterial leakage of four luting agents used for cementation of complete cast crowns. *Am J Dent* 2014;27:51-55.
- [9]. Cannavo M, et al. Microleakage of dental bulk fill, conventional and self adhesive composites. *J Dent Res .* 2014;93:847.
- [10]. Nujella B.P , Ram Kiran . In vitro evaluation of influence of salivary contamination on the dentin bond strength of one-bottle adhesive systems . *Conservative Dentistry journal.* 2011 ;12:500-558.
- [11]. Burrow MF, Nopnakeepong V, Phrukanon S. A comparison of microtensile bond strengths of several dentin bonding systems to primary and permanent dentin. *Dent Mater. J.* 2012;18:239-245.
- [12]. Antonson SA, Wanuck J, Antonson DE. Surface protection for newly erupting first molars. *Compend of Contin Educ Dent. J.* 2006; 27:46-52.
- [13]. Awang RAR, Masudi SM, Mohd Nor WZW. Effect of desensitizing agent on shear bond strength of an adhesive system; *Arch Oro facial Sci. J.* 2007; 2:32-35.
- [14]. Korkmaz Y, Gurgan S, Firat E, Nathanson D. Effect of adhesives and Thermocycling on the shear bond strength of a nano-composite to coronal and root dentin. *J Oper Dent.* 2010; 35: 522-529.
- [15]. Milos Beloica, Cecilia Goracci, Ivana Radovic. Micro tensile VS Micro shear bond strength of all-in-one adhesives to unground enamel. *J Adhes Dent.* 2010;12:427-433.
- [16]. De Munck J, Van Landuyt K, Peumans M. A critical review of the durability of adhesion to tooth tissue: methods and results. *J Dent Res.* 2005; 84:118-132.
- [17]. Yip HK, Tay FR, Ngo HC, Smales RJ, Pashley DH. Bonding of contemporary glass ionomer cements to dentin. *Dent Mater* 2001;17:456-70.
- [18]. GC America Inc. 2017.
- [19]. Forsback AP, Areva S, Salonen JI . Mineralization of dentin induced by treatment with bioactive glass S53P4 in vitro. *Acta Odontol Scand J.* 2004; 62: 14-20.

[20]. Ikemura K, Tay FR, Kouro Y, Endo T, Yoshiyama M, et al. Optimizing filler content in an adhesive system containing pre-reacted glass-ionomer fillers. *Dent Mater.* J. 2003; 19: 137-146.

[21]. Vicente A, Toledano M, Bravo LA, Romeo A. Effect of water contamination on the shear bond strength of five orthodontic adhesives. *Med Oral Patol Oral Cir Bucal* 2010;15:820-826.

[22]. Marshall SJ, Bayne SC, Baier R, Tomsia AP, Marshall GW. A review of adhesion science. *J Dent Mater.* 2010;26:11–16.

[23]. Samimi P, A. Filsoufi , K. Fathpour. Composite-Dentin Bond Strength of Two Adhesives in Different Conditions. *J Dental Res* 2007; 4:36-39.

[24]. van Dijken JW, Pallesen U. A randomized controlled three year evaluation of “bulk-filled” posterior resin restorations based on stress decreasing resin technology. *Dent Mater.* J.2014 ;30:245-251.

[25]. Girn S ,William Chao,MaslyHarsono, Angel Park, Gerard Kugel, Comparison of Mechanical Properties of Dental Restorative Material, *J Dent Mater* ,2015; 17:30.

[26]. Tran A, Bansal R, Activa bioactive cement . *J Dent Res*, 2016; 94: 37-97.

[27]. Alkhubairy V, Kundabala M, Parolia A. Comparison of the shear bond strength of resin modified glass ionomer cement to a resin composite using different adhesive systems: An in vitro study. *J Conserv Dent* 2010;13:80-83.

[28]. Kanchanasita W, Anstice HM, Pearson GJ. Water sorption characteristics of resin-modified glass-ionomer cements. *Biomaterials* J. 1997;18:343–349.

[29]. Okuyama K, Murata Y, Pereira PN, MiguezPA, Komatsu H, Sano H. Fluoride release and Fluoride release anduptake by various dental materials after fluorideapplication. *Am J Dent.* 2006 ;19:123-127.

[30]. Fam Mei Shi Melody, Yap Adrian U-Jin, Effects of thermal fatigue on shear punch strength of tooth-colored restoratives, *J Conerv Dent*, 2016;19: 338-342.

[31]. N Manuja, IK Pandit, N Srivastava, N Gugnani, R Nagpal Comparative evaluation of shear bond strength of various esthetic restorative materials to dentin: An in vitro study *J Dental Res* ,2011 ;29 : 7-13.

[32]. Passi S, Pandit IK, Srivastava N, Gugnani N, Gupta M. A comparative evaluation of the fracture strength of pulp-tomized primary molars restored with various restorative materials. *J ClinPediatr Dent* 2007;31:164-6.

[33]. Poggio C, Beltrami R, Scribante A, et al. Effects of dentin surface treatments on shear bond strength of glass ionomer cements. *Annali di Stomatologia* J. 2014;1:15-22.

[34]. Thiago-SaadsCarvalho , Willem-Evert van Amerongen Shear bond strengths of three glass ionomer cements to enamel and dentine, *J Med Oral Patol Oral Cir Bucal.* 2011 ;16 :406.

[35]. Vishnu Rekha C Varma B: Comparative evaluation of tensile bond strength and microleakage of conventional glass ionomer cement, resin modified glass ionomer cement and compomer, *Dent Mater J* 2012;9:117-120.

[36]. Mohammed NY, Ali A Sharaf, Dalia M Talaat, SehamA. Evaluation of shear bond strength of nanoparticles glass ionomer and high viscosity glass ionomer in primary teeth dentin. *Alexandria Dental Journal.* 2018; 43:17-21.

[37]. Mark A, Wayne W. A laboratory evaluation of the shear bond strength of composite resin to enamel and dentin using 3 adhesive systems. Part II- after thermocycling. *J Dent.* 2007;23:2-13.

[38]. Zeyad H. Al Sowygh. Bond Strength of Novel Bioactive Resin Modified Luting Agent. *J Biomat* , 2017;7:1349-1354.

[39]. L Daneshmehr, F ozer, F K. Mante l., relation ship between air- blowing duration and bond strength of three adhesive system to dentin after thermocycling . *J Dent Mater.* 2013;47:777-780.

[40]. Wang L, Sakai VT, Kawai ES. Effect of adhesive systems associated with resin-modified glass ionomer cements. *J Oral Rehab* 2006;33:110-116.

[41]. Leloup G, Bouter D, Degrange M, Vreven J. Meta-analytical review of factors involved in dentin adherence. *J Dent Res.* 2001;80:1605-1614.

[42]. Furus P, Barros V, Scaffa M. Glass ionomer cements and their role in restoration of cervical lesions. *J ApplOrl Sci.* 2007;17:364-369.

[43]. Sabatini C. Effect of phosphoric acid etching on the shear bond strength of two self-etch adhesives. *J Appl Oral Sci.* 2013;21:56–62.

[44]. Murali S, Epstein N, Perry R, Kugel G. Fluoride release of bioactive restoratives with bonding agents. *J Dent Res.* 2016; 95: 50-68.

[45]. MohdSafwani, Affan Ali ,AwangTalip, Ahmad , IrfaniZakaria. Comparative evaluation of the effect of a resin modified glass ionomer cement universal adhesive on the shear bond strength of glass ionomer cements. *J Orofacial Science*, 2017;12:95-104.

[46]. Tyas MJ,Burrow MF. Adhesive restorative materials: a review . *Aust Dent J* 2004;49:112-121.

**Tables:**

**Table I : Materials used in the study.**

Material	Chemical composition	Manufacture	Web-site
<b>Fuji IX GP EXTRA</b> (Bioactive conventional glass-ionomer restorative material) <b>ShadeA2</b> (Chemical cure)	<b>-powder</b> Alumino-fluoro-silicate glass(95%),polyacrylic acid(5%) <b>-liquid</b> Distilled water(50%), polyacrylic acid(40%), and poly carboxylic acid.(10%)	GC America Inc 3737 West 127th Street Alsip	<a href="http://www.GCAmerica.com">www.GCAmerica.com</a>
<b>Conditioner</b> <b>25%Polyacrylic Acid</b> (Ketak-conditioner)	<b>Polyacrylic Acid (20-30%),Water (70-80%)</b>		
<b>Beautifil II</b> (Giomer restorative material) <b>Shade A2</b> (Light cure)	BISGMA, TEGDMA, in organic glass filler, aluminum oxide, silica, prereacted glass ionomer filler, camphoroquinone.	SHOFU Dental GmbH,Japan Am Brüll 17 40878 Ratingen	<a href="http://www.shofu.com">www.shofu.com</a>
<b>FL Bond II</b> (Self etch two stepadhesive system)	<b>-FL Primer:</b> Distilled water, initiator, acetone, Etchant:7%H3PO4 <b>-FL Bond:</b> Distilled water,2HEMA,4META , TEGDMA,UDMA,Prereacted glass ionomer		

Activa™ bioactive (A resin-modified glass-ionomer Bioactive Ionic Resin-Based Composite). <b>Shada A2 (Dual cure)</b>	<ul style="list-style-type: none"> <li>• Bioactive ionic resin matrix.</li> <li>• ashock absorbing resin component.</li> <li>• bioactive glass filler.</li> </ul>	Pulpdent Corporation USA	<a href="http://www.pulpdent.com">www.pulpdent.com</a>
<b>Etch-Rite etchant</b>	38% phosphoric acid etching gel		

**BISGMA**, bisphenoldiglycidyl ether dimethacrylate; **TEGDMA**, triethylene glycol dimethacrylate; **HEMA**, hydroxyl ethyl dimethacrylate; **4META**, methacryloxy ethyl trimellitate anhydride; **UDMA**, urethane dimethacrylate **H3PO4**, phosphoric acid



Figure 1: (Fuji IX GP EXTRA) Figure 2: Beautifil II Giomer

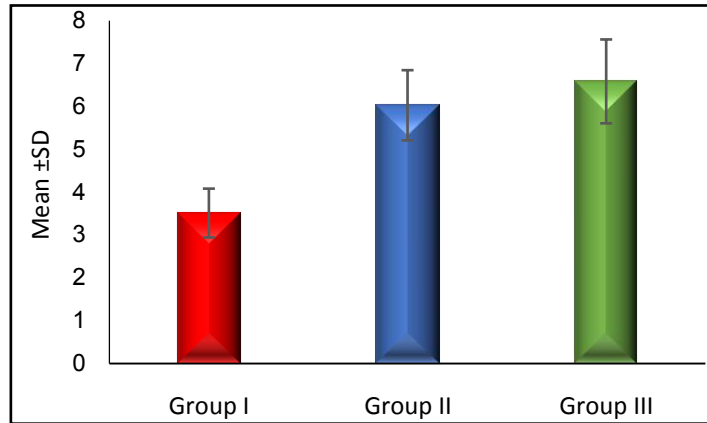


Figure 3: Activa™ Bioactive Restorative material Figure 4: Final specimen

Table II: Showing shear bond strength values of the three tested bioactive materials to dentin surface before thermocycling.

Groups	Shear bond strength (Mpa) subgroup A						ANOVA		
	Range /MPa			Mean			F	P-value	
				No	MPa	±			SD
Group I	2.777	-	4.294	14.056	3.514	±	0.570	41.094	0.001*
Group II	4.884	-	7.322	24.116	6.029	±	0.820		
Group III	5.499	-	8.023	26.328	6.587	±	0.979		

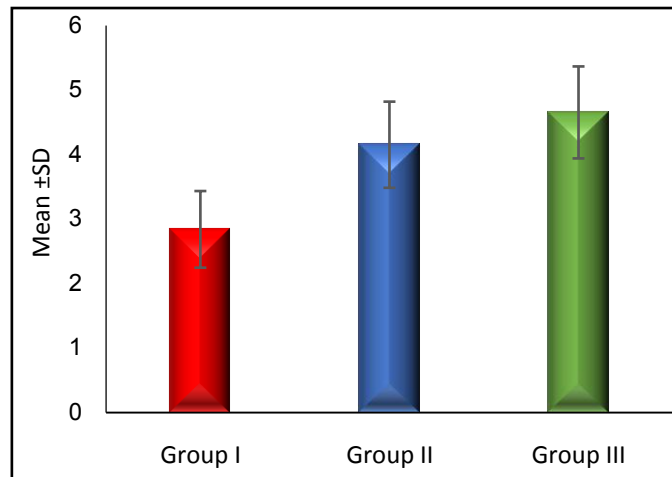




**Figure 5:** Bar chart representing the mean shear bond strength values (Mpa) ±SD of the three tested material before thermocycling

**Table III:** Showing shear bond strength values of the three tested bioactive materials after thermocycling.

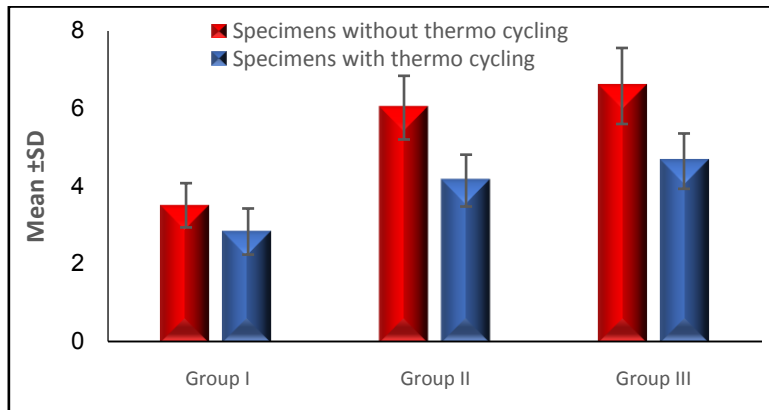
Groups	Shear bond strength (Mpa) subgroup B							ANOVA	
	Range /MPa			Mean		±	SD	F	P-value
				No	MPa				
Group I	1.896	-	3.661	11.352	2.838	±	0.594	20.123	0.005*
Group II	2.969	-	5.113	16.60	4.150	±	0.668		
Group III	3.670	-	5.713	18.604	4.651	±	0.713		



**Figure 6:** Bar chart representing the mean shear bond strength values (Mpa) ± SD of the three tested materials after thermocycling.

**Table IV:** Statistical analysis of the mean shear bond strength values (Mpa) ± SD of each group for subgroup A&B.

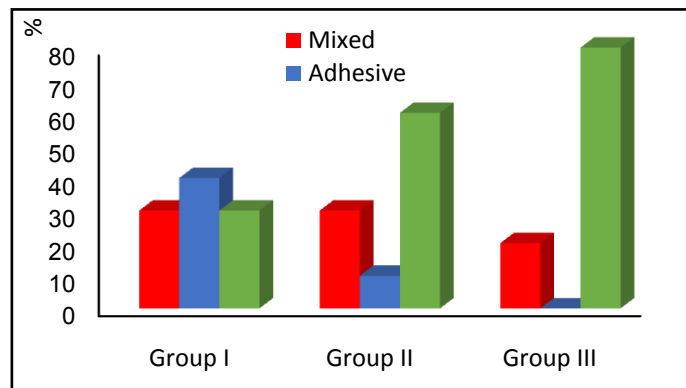
Groups	Shear bond strength (Mpa)	Subgroups						T-Test	
		Subgroup A			Subgroup B			T	P-value
		Range	Mean	SD	Range	Mean	SD		
Group I	Range	2.777	-	4.294	1.896	-	3.661	2.597	0.018*
	Mean ±SD	3.514	±	0.570	2.838	±	0.594		
Group II	Range	4.884	-	7.322	2.969	-	5.113	5.619	0.001*
	Mean ±SD	6.029	±	0.820	4.150	±	0.668		
Group III	Range	5.499	-	8.023	3.670	-	5.713	5.055	0.001*
	Mean ±SD	6.587	±	0.979	4.651	±	0.713		



**Figure 7:** Bar chart of the mean shear bond strength values(Mpa) ± SD between bioactive restorative materials and dentin surface of each group for subgroup A&B.

**TableV:**Percentage of mode of failure of the tested groups without thermocycling (subgroup A).

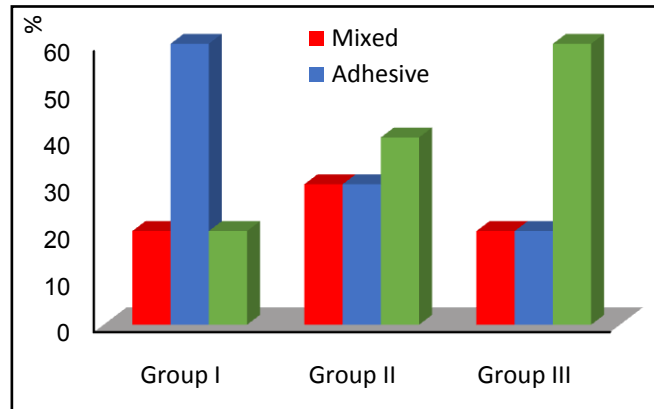
Specimens without thermo cycling	Mode of failure of subgroup A						Chi-square	
	Mixed		Adhesive		Cohesive		X <sup>2</sup>	P-value
Group I	3	30.00	4	40.00	3	30.00	0.873	0.634
Group II	3	30.00	1	10.00	6	60.00	1.217	0.057*
Group III	2	20.00	0	0.00	8	80.00	0.911	0.063*



**Figure 8:** Bar chart representing percentage of mode of failure of the tested materials without thermocycling (subgroup A).

**TableVI:** Percentage of mode of failure of the tested groups after thermocycling (subgroup B).

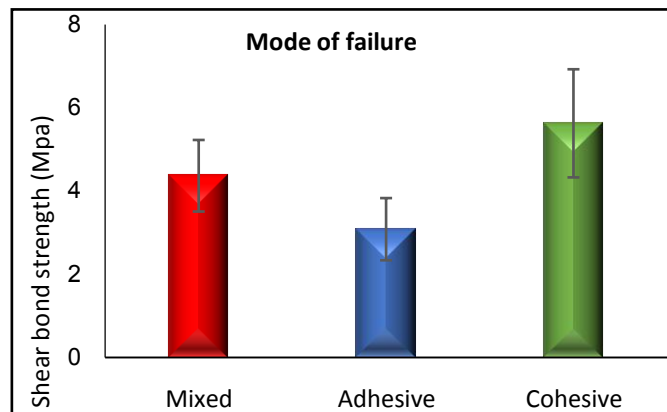
Specimens with thermo cycling	Mode of failure of subgroup B						Chi-square	
	Mixed		Adhesive		Cohesive		X <sup>2</sup>	P-value
	No	%	No	%	No	%		
Group I	2	20.00	6	60.00	2	20.00	2.131	0.032*
Group II	3	30.00	3	30.00	4	40.00	0.521	0.652
Group III	2	20.00	2	20.00	6	60.00	1.241	0.014*



**Figure 9:** Bar chart representing percentage of mode of failure of the tested materials after thermocycling.

**TableVII:**correlation between mode of failure and shear bond strength of the tested materials regardless thermocycling.

Mode of Failure	Shear bond strength			pearson`s correlation	
	Group I	Group II	Group III	r	P- value
Mixed	25%	30%	20%	0.2538	0.003*
Adhesive	50%	20%	10%		
Cohesive	25%	25%	70%		



**Figure10 :** Correlation between mode of failure and shear bond strength of the tested materials regardless thermocycling.

E Heba , et. al. “Shear Bond Strength of Bioactive Dental Restorative Materials to Dentin.” *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 19(11), 2020, pp. 15-25.