

Influence of the Surface Treatment on Shear Bond Strength of Coating Ceramics of Zirconia

Pulici Carlos E.¹, Carvalho Geraldo AP.², Kreve Simone^{3*}, Franco Aline BG.⁴,
Ramos Elimario V.⁵, Dias Sergio C.⁶

1. Master in Dental Prosthesis, São Leopoldo Mandic Dental Research Center – Campinas/SP – Brazil.
2. Master in Clinic Odontologic, adjunct Professor, Department of Restorative Dentistry, São Leopoldo Mandic Dental Research Center, Campinas - São Paulo – Brazil.
3. Msc in Dental Prosthesis, adjunct Professor, Department of Restorative Dentistry, São Leopoldo Mandic Dental Research Center – Campinas/SP – Brazil.
4. Master in Endodontics, adjunct Professor, Department of Restorative Dentistry, São Leopoldo Mandic Dental Research Center – Campinas/SP – Brazil.
5. Master in Dental Prosthesis, adjunct Professor, Department of Restorative Dentistry, São Leopoldo Mandic Dental Research Center, Campinas - São Paulo – Brazil.
6. Coordinator, Adjunct Professor, DSc, Department of Restorative Dentistry, São Leopoldo Mandic Dental Research Center, Campinas - São Paulo – Brazil.

Abstract

Several surface treatments have been suggested to improve coating ceramics adherence to zirconia. However, which of these treatments results in larger bond resistance is yet to be determined.

This work measured bond resistance between coating ceramics E.max Ceram (Ivoclar Vivadente®, Germany)(E), ZirLiner (Ivoclar Vivadente®, Germany) and zirconia samples Vipi Block Zirconn (Vipi, Brazil). Specimens were divided into six groups (n=10) and submitted to different surface treatments.

Group1: smooth block + E; group 2: smooth block, ZirLiner + E; group 3: blasting with Aluminum Oxide 110um + E; group 4: blasting with Aluminum Oxide 110um, ZirLiner+ E; group 5: rough block + E; group 6: rough block, ZirLiner+ E.

Results showed that the surface treatment significantly influenced shear bond resistance ($p < 0.001$). ZirLiner application significantly reduced bond resistance between zirconia and coating ceramics where the surface was not roughened nor submitted to blasting. ZirLiner did not reduce bond resistance of roughened surfaces. Smooth, roughened and blasted surfaces without the application of ZirLiner showed no differences in bond resistance.

Hence, we conclude that the application of ZirLiner does not increase shear bond resistance.

Experimental article (J Int Dent Med Res 2017; 10(2): pp. 193-197)

Keywords: Zirconium; Ceramics; Protheses and Implants.

Received date: 20 June 2017

Accept date: 25 July 2017

Introduction

The pursuit for aesthetical results and for improved prosthetic solutions have motivated technological, biological and mechanical improvements in restoration materials.¹

It is known that clinical longevity of restorations is the result of a combination of

factors, such as the mechanical properties of materials, damage caused by the processing methods and by the cyclical loads to which materials are subjected when in use.² Among these materials are dental ceramics, with its excellent aesthetical and mechanical properties, and biocompatibility.

Regarding aesthetical results, advancements in *metal-free* prosthesis meet the limitations found in metaloceramics related to the lack of translucency of the metallic substrate. The presence of the metallic band in the infrastructure makes the dark metal halo often visible, thus, preventing a more natural appearance of the restoration.

*Corresponding author:

Prof. Simone Kreve

Rua Independencia 1899, apto 602, Centro, Toledo, Parana - Brazil.

E-mail: simonekreve01@gmail.com

Zirconia's high resistance to fracture and tenacity support its wide range of applications in dental aesthetics. All-ceramic crowns in fixed partial restorations in the molar region are enabled by zirconia, particularly yttrium stabilized tetragonal polycrystalline zirconia (y-tzp). *In vitro* studies show a flexural strength of 900-1200 Mpa.^{3,4} However, ceramics delamination is still one of the main reasons for failure.⁵ Failures and delamination of coating ceramics have been reported in 13.0% to 15.2% of cases after three to five years, respectively. On the other hand, studies focused on metallic prosthesis show that fractures on ceramic coating vary from 2.7% to 5.5% within a period of ten to fifteen years, respectively.^{6,7}

Bond resistance between zirconia and coating ceramics is influenced by several factors, including surface treatment of the substructure, defects development on the interface nucleus-porcelain, residual stresses of thermal incompatibility between nucleus and porcelain coating, reactions on the interface between substrates and coating porcelain, and surface wettability properties.^{8,9} Several surface modification techniques have been suggested, such as blasting with oxides of different particle sizes,⁵ acid application, increase in temperature to change zirconia structure, and mechanical grinding.

The main factors that explain the bonding mechanisms between zirconia and coating ceramics are not well defined yet. Clinical studies on the success and failure of zirconia and coating ceramics are limited. However, several manufacturers recommend surface treatment or coating application. In this context, more studies on the relationship between the surface treatment and bond resistance between coating ceramics and zirconia are needed.

Materials and methods

Sixty zirconia blocks Vipi Block Zirconn (Vipi Produtos Odontológicos, Pirassununga, São Paulo, Brazil) were milled to be shaped as cubes (5x10x10mm), using a CAD/CAM Zenotec/Wieland® (Rielasingen-Worblingen, Germany) machine and were coated by IPS e.max Ceram (Ivoclar Vivadente®, Germany) (E) coating ceramics, following the manufacturer's recommendations.

The zirconia blocks were sintered

according to the manufacturer's recommended cycle and sonicated (Odontobras ULTRasonic 1440 plus - Odontobras Equipamentos Odontológicos, Ribeirão Preto, São Paulo, Brazil) for 10 minutes before stratification with alcohol and distilled water solution.

Following cleaning, the blocks were divided into six groups (n=10) and submitted to different surface treatments. Blocks in group 1 were applied coating ceramics only (E). Group 2 specimens were applied a layer of Zirliner + E. Specimens in group 3 were submitted to blasting with aluminum oxides of 110 µm +E. Group 4 was submitted to blasting with aluminum oxides of 110 µm, ZirLiner + E. Specimens in group 5 were roughened + E; and those in group 6 were roughened, ZirLiner+ E.

ZirLiner layer was applied according to the manufacturer's recommendations. Blasting with aluminum oxides (110 µm, 40 psi) was kept for 15 seconds, at a distance of 10 millimeters and an angle of 90°. To this end, a 10 mm metal shaft was placed at the tip of the blast nozzle to make sure the blast was standardized for all test specimens. Roughening was performed using a diamond tip 2135 KG Sorensen (Kg Sorensen, Cotia, São Paulo, Brazil) in slow rotation for 10 seconds.

A two-part metallic matrix was developed by the author for this study.

One piece of the matrix is internally cut to fit a square block of zirconia with side lengths of 10mm (Figure 1).



Figure 1. Device used in the shear test and matrix to accommodate zirconia. Source: Own authorship.

Over this piece is placed another piece with a central hole of 0.4 mm of diameter and 2 mm thick, where the coating ceramics is poured

(Figure 2). The two pieces were secured together by two screws placed on the opposite ends of the matrix.



Figure 2. Metal matrix where coating ceramic is applied. Source: Own authorship.

All test specimens (zirconia block + coating ceramics) were liberated from the matrix and taken for MSCT-3 thermal cycling (Biopdi, São Carlos, São Paulo, Brazil) at 1000 cycles and 5° and 55° baths, for 60 seconds of immersion. These test specimens were tied again to a test device (Figure 3) consisting of one side where the test specimens are placed, measuring 40mm of diameter, and a central square recess, measuring 10 mm of side, and a transversal screw that holds a cylinder measuring 20mm long and 24mm of diameter that fits the test machine EMIC DL2000 (EMIC, São Paulo, Brazil) (Figure 1). The test specimens are interchangeable.



Figure 3. Test specimen in the shear test device. Source: Own authorship.

Shear resistance was determined using a test beveled tip at 0.5 mm/min of speed and load cell of 50kgf until fracture.

All interfaces were analyzed using a stereoscopic magnifying glass (Carl Zeiss, Jena, Germany) with magnification of 30x and fracture modes were classified as cohesive zirconia fracture, cohesive porcelain fracture, adhesive or mixed.

Results

Table 1 show the descriptive analysis - mean, median, standard deviation and minimum and maximum values - of shear bond resistance between coating ceramics and zirconia infrastructure submitted to different surface treatments.

Zirconia surface treatment prior to coating ceramics	Mean (standard deviation)	Median	Minimum and maximum values
W/o roughening (smooth block)	33.49 (12.50)	30.04 AB	17.85 – 55.96
W/o roughening (smooth block) + ZirLiner	8.12 (11.80)	3.99 BC	1.29 – 40.67
Blasting with Al ₂ O ₃	33.26 (9.01)	33.25 A	20.98 – 50.73
Blasting with Al ₂ O ₃ + ZirLiner	7.23 (11.79)	1.80 C	0.68 – 33.65
Roughening	18.74 (19.28)	7.89 ABC	1.86 – 51.67
Roughening + ZirLiner	8.48 (10.35)	3.57 BC	1.21 – 31.41

Table 1. Shear bond resistance (Kgf) between coating ceramics and zirconia infrastructure, submitted to different surface treatments.

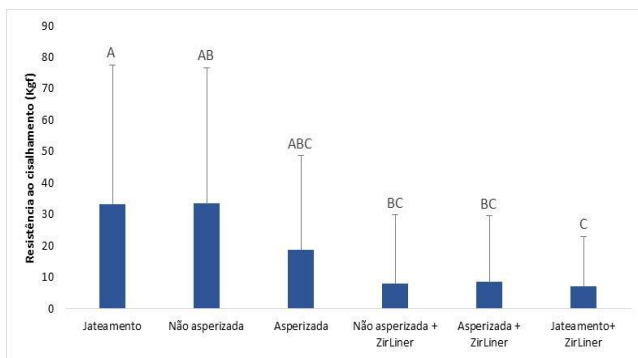
Caption: Al₂O₃ – aluminum oxide. Means followed by different letters indicate significant difference between surface treatments. Source: Own authorship.

Kruskal-Wallis' test showed that the surface treatment of zirconia significantly influences its shear bond resistance with coating ceramics ($p < 0.001$).

Dunn's test showed that bond resistance of the specimens treated only with blasting was significantly higher than those treated with ZirLiner, whether blasted or not, roughened or not. There was no significant difference between surfaces treated only with blasting and rough or smooth surfaces.

The application of ZirLiner resulted in a poorer performance than that of zirconia only when the surface was blasted, since when applied on rough or smooth surfaces, ZirLiner was not able to significantly alter bond resistance values (Table 1 and Graph 1).

Regarding failure mode between zirconia infrastructure and coating ceramics, only adhesive ruptures were observed on coating ceramics.



Graph 1. Bar chart with mean shear bond resistance (Kgf) between coating ceramics and zirconia infrastructure submitted to different surface treatments.

Caption: Vertical bars indicate standard deviation. Different letters denote significant difference between surface treatments.
 Source: Own authorship.

Discussion

As opposed to the assumption that a rougher surface produces higher bond strength due to the larger surface area and additional mechanics,⁸⁻¹¹ our work shows that the group submitted to blasting with Al_2O_3 present no significant difference compared to the group without roughening. Although literature shows multiple surface treatment techniques available, tests assessing adhesive resistance show conflicting results,¹² implying that there's a need for the standardization of techniques.¹³ On the other hand, Su et al.¹⁴ claim that blasting with 110 μm alumina particles of 0.2 MPa for 21 seconds is recommended for a better adhesion between zirconia nucleus and indirect resin (ICR).

The group blasted with particles showed higher shear strength than those applied with ZirLiner. Particle blasting may be more efficient in the increase of bond strength,^{15,16} is a simple technique that increases micro-rugosities of the zirconia dioxide surface and, thus, increases shear resistance of the ceramic coating, resulting in less monoclinical content without damaging zirconia substructure.¹⁷ A study showed that 10-Methacryloyloxydecyl dihydrogen phosphate monomer containing primer agents, such as Monobond Plus and Z-PRIME Plus, combined with sand blasting may be an effective method for the adhesion of zirconia restorations.¹⁸ Another authors observed that while adhesive monomers demonstrated significant increases of shear-bond strength, plasma treatment showed inconsistent results.¹⁹

In our work, Zirliner application resulted in larger standard deviation compared to the other groups, with an expressive variability. Some researchers have showed that the all-ceramic system failed to achieve the bond resistance patterns equivalent to that of metaloceramics systems.^{20,21} Some studies praise metaloceramics,^{6,22} while others show an improvement in metal-free ceramics performance that matches that of metaloceramics, particularly in single-unit crowns.^{23,24}

Some studies observed a lack of significant difference between the group blasted with Al_2O_3 and metaloceramics.^{5,25} Even though our sample does not include metaloceramics, we showed that the group blasted with Al_2O_3 performed equivalent to the group usually considered as control.

In our study, Zirliner application impaired shear resistance, corroborating results found by Fischer et al.²⁶ which observed that *Liners* impaired shear resistance of Ce-TZP/A coating ceramics. The application of ZirLiner on the interface surface of Everest® Y-TZP nucleus also failed to show significant effects in comparison to other surface treatments studied.²⁷ The application of *Liner* and blasting with Al_2O_3 reduced the interface resistance of zirconia/ceramics and evidenced these treatment methods must be used with caution.²⁸ According study conducted by Alghazzawi and Janowski²⁹ a liner should not be used before porcelain application especially when using the layering technique for zirconia restorations. On the other hand, some authors showed that the application of *Liner* provided the best surface treatment for Lava and IPS e.max ZirCAD.³⁰

Here we used square-shaped blocks (5x10x10mm). These dimensions do not represent a real clinical situation and is, thus, a limitation of the present study. Also, the heat capacity and the thermal conduction behavior of the substrate in a clinical context are different from the conditions presented here. Notwithstanding, results are comparable to those in a clinical situation.¹⁻⁴

Here we assessed bond resistance between coating ceramics and zirconia samples. Several methods have been used with the aim of improving adhesion, such as surface treatment^{10,12,31,32} surface design, and changes in materials composition.^{28,33} However, more studies are welcome to broaden the range of

possibilities and to improve the clinical performance of the abovementioned materials.

Conclusions

The present study showed that Zirliner application resulted in a significant reduction of shear resistance and, among the groups applied with ZirLiner, blasting with Al₂O₃ did not show higher bond strength in comparison to those with or without roughening.

Declaration of Interest

The authors report no conflict of interest and the article is not funded or supported by any research grant.

References

1. Souza RO, Lombardo GH, Michida SM, Galhano G, Bottino MA, Valandro LF. Influence of brush type as a carrier of adhesive solutions and paper points as an adhesive-excess remover on the resin bond to root dentin. *J Adhes Dent.* 2007;9(6):521-6.
2. Zhang Y, Lawn BR, Malament KA, van Thompson P, Rekow ED. Damage accumulation and fatigue life of particle-abraded ceramics. *Int J Prosthodont.* 2006;19(5):442-8.
3. Tinschert J, Zwez D, Marx R, Anusavice KJ. Structural reliability of alumina-, feldspar-, leucite-, mica- and zirconia-based ceramics. *J Dent.* 2000;28(7):529-35.
4. Conrad HJ, Seong WJ, Pesun IJ. Current ceramic materials and systems with clinical recommendations: a systematic review. *J Prosthet Dent.* 2007;98(5):389-404.
5. Teng J, Wang H, Liao Y, Liang X. Evaluation of a conditioning method to improve core-veneer bond strength of zirconia restorations. *J Prosthet Dent.* 2012;107(6):380-7.
6. Pjetursson BE, Sailer I, Zwahlen M, Hammerle CH. A systematic review of the survival and complication rates of all-ceramic and metal-ceramic reconstructions after an observation period of at least 3 years. Part I: Single. *Clin Oral Implants Res.* 2007;18(3):73-85.
7. Pjetursson BE, Sailer I, Makarov NA, Zwahlen M, Thoma DS. All-ceramic or metal-ceramic tooth-supported fixed dental prostheses (FDPs)? A systematic review of the survival and complication rates. Part II: Multiple-unit FDPs. *Dent Mater.* 2015;31(6):624-39.
8. Isgro G, Pallav P, van der Zel JM, Feilzer AJ. The influence of the veneering porcelain and different surface treatments on the biaxial flexural strength of a heat-pressed ceramic. *J Prosthet Dent.* 2003;90(5):465-73.
9. Aboushelib MN, de Jager N, Kleverlaan CJ, Feilzer AJ. Microtensile bond strength of different components of core veneered all-ceramic restorations. *Dent Mater.* 2005;21(10):984-91.
10. Martins AR, Gotti VB, Shimano MM. Improving adhesion between luting cement and zirconia-based ceramic with an alternative surface treatment. *Braz Oral Res.* 2015;29(1):1-2.
11. Pereira LL, Campos F, Dal Piva AM, Gondim LD, Souza RO, Özcan M. Can application of universal primers alone be a substitute for airborne-particle abrasion to improve adhesion of resin cement to zirconia? *J Adhes Dent.* 2015;17(2):169-74.
12. Luthra R, Kaur P. An insight into current concepts and techniques in resin bonding to high strength ceramics. *Aust Dent J.* 2015;61(2):163-73.
13. Özcan M, Bernasconi M. Adhesion to zirconia used for dental restorations: a systematic review and meta-analysis. *J Adhes Dent.* 2015;17(1):7-26.
14. Su N, Yue L, Liao Y, et al. The effect of various sandblasting conditions on surface changes of dental zirconia and shear bond strength between zirconia core and indirect composite resin. *J Adv Prosthodont.* 2015;7(3):214-23.
15. Mosharrar R, Rismanchian M, Savabi O, Ashtiani AH. Influence of surface modification techniques on shear Bond strength between different zirconia cores and veneering ceramics. *J Adv Prosthodont.* 2011;3(4):221-8.
16. Yoon HI, Yeo IS, Yi YJ, Kim SH, Lee JB, Han JS. Effect of surface treatment and liner material on the adhesion between veneering ceramic and zirconia. *J Mech Behav Biomed Mater.* 2014;40:369-74.
17. Matani JD, Kheur M, Jambhekar SS, Bhargava P, Londhe A. Evaluation of experimental coating to improve the zirconia-veneering ceramic bond strength. *J Prosthodont.* 2014;23(8):626-33.
18. Tanis MÇ, Akay C, Karakis D. Resin cementation of zirconia ceramics with different bonding agents. *Biotechnol Biotechnol Equip.* 2015;29(2):363-7.
19. Balkenhol M, Nothdurft FP, Hannig M, et al. Bonding to zirconia ceramic: The effect of cold plasma treatment and 4-META. *Clinical Plasma Medicine.* 2017;5:8-13.
20. Heintze SD, Rousson V. Survival of zirconia- and metal-supported fixed dental prostheses: a systematic review. *Int J Prosthodont.* 2010;23(6):493-502.
21. Diniz AC, Nascimento RM, Souza JC, Henriques BB, Carreiro AF. Fracture and shear bond strength analyses of different dental veneering ceramics to zirconia. *Mater Sci Eng C Mater Biol Appl.* 2014;1(38):79-84.
22. Reitemeier B, Hansel K, Kastner C, Walter MH. Metal-ceramic failure in noble metal crowns: 7-year results of a prospective clinical trial in private practices. *Int J Prosthodont.* 2006;19(4):397-9.
23. Sailer I, Makarov NA, Thoma DS, Zwahlen M, Pjetursson BE. All-ceramic or metal-ceramic tooth-supported fixed dental prostheses (FDPs)? A systematic review of the survival and complication rates. Part I: Single crowns (SCs). *Dent Mater.* 2015;31(6):603-23.
24. Al-Dohan HM, Yaman P, Dennison JB, Razzoog ME, Lang BR. Shear strength of core-veneer interface in bi-layered ceramics. *J Prosthet Dent.* 2004;91(4):349-55.
25. Fischer J, Grohmann P, Stawarczyk B. Effect of zirconia surface treatments on the shear strength of zirconia/veneering ceramic composites. *Dent Mater J.* 2008;27(3):448-54.
26. Fischer J, Stawarczyk B, Sailer I, Hammerle CH. Shear bond strength between veneering ceramics and ceria-stabilized zirconia/alumina. *J Prosthet Dent.* 2010;103(5):267-74.
27. Harding AB, Norling BK, Teixeira EC. The effect of surface treatment of the interfacial surface on fatigue-related microtensile bond strength of milled zirconia to veneering porcelain. *J Prosthodont.* 2012;21(5):346-52.
28. Wang G, Zhang S, Bian C, Kong H. Effect of zirconia surface treatment on zirconia/veneer interfacial toughness evaluated by fracture mechanics method. *J Dent.* 2014;42(7):808-15.
29. Alghazzawi TF, Janowski GM. Effect of liner and porcelain application on zirconia surface structure and composition. *Int J Oral Sci.* 2016;8(3):164-71.
30. Baldissara P, Querze M, Monaco C, Scotti R, Fonseca RG. Efficacy of surface treatments on the bond strength of resin cements to two brands of zirconia ceramic. *J Adhes Dent.* 2013;15(3):259-67.
31. Canullo L, Micarelli C, Bettazzoni L, Magnelli A, Baldissara P. Shear bond strength of veneering porcelain to zirconia after argon plasma treatment. *Int J Prosthodont.* 2014;27(2):137-9.
32. Cevik P, Cengiz D, Malkoc MA. Bond strength of veneering porcelain to zirconia after different surface treatments. *J Adhes Sci Technol.* 2016;30(22):2466-76.
33. Wattanasirmkit K, Srirameepong V, Kanchanatawewat K, Monmaturapoj N, Thunyakitpisal P, Jinawath S. Improving shear bond strength between feldspathic porcelain and zirconia substructure with lithium disilicate glass-ceramic liner. *Dent Mater J.* 2015;34(3):302-9.