Clinical study – University of Leipzig, Germany

Clinical 3 years-study to evaluate iBOND Universal for the direct restoration of non-carious cervical lesions

Within the last decade many simplified all-in-one adhesives were developed. They were developed because they show a lower technique sensitivity than multi-steps adhesives. But the performance of these simplified adhesives was in the past regarded as lower as that one of 3-step etch and rinse adhesives*. The following study demonstrates that this statement is not any longer applicable. The new iBOND Universal is a multi-mode universal adhesive which can be applied in a self-etch mode or in combination with prior phosphoric etching in a selective enamel etching or etch & rinse-mode. After 6 months of service, the restorations with iBOND Universal did not differ, regardless of their mode of etching, from the 3-step etch & rinse- gold standard adhesive.


Giving a hand to oral health.
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Objectives
Aim of this randomised clinical trial is to compare the clinical performance of the universal adhesive iBOND Universal in combination with the flowable resin composite Venus Diamond Flow in non-carious cervical lesions to the 3 step etch & rinse adhesive Optibond FL over a period of 36 months.
iBOND Universal was applied in different etching strategies: self-etch, selective enamel etch and etch & rinse.

Methods
50 patients with three or four non-carious cervical lesions each received composite restorations (Venus Diamond Flow). Adhesives were randomised applied in a splitmouth-design to the different lesions of each patient. iBOND Universal was applied with three different etching protocols: self-etch (n = 50), selective-enamel-etch (n = 29) and etch-and-rinse (n = 50). One group restored with the etch-and-rinse adhesive OptiBond FL (Kerr) served as a control. Recall evaluations have taken place at 14 days and 6 months so far (12-, 24- and 36-months recall will follow). For the investigation of the restorations the FDI criteria (Hickel et al., 2010) were used: for each biological, aesthetical and functional parameter a 5-step score was used (score 1: clinically excellent, score 2: clinically good, score 3: clinically satisfactory, score 4: clinically unsatisfactory but repairable, score 5: clinically poor, replacement needed). Cumulative failure rate, retention rate were statistically investigated using McNemar test (p < 0.05) and Kaplan Meier.

Results
After 6 months the recall rate of the study teeth was 98 % for iBOND Universal in self-etch and etch & rinse-mode as well as in the Optibond FL group. The recall rate for iBOND Universal in selective enamel etch was 96.6 %. No statistically significant differences were found between groups for cumulative failure rate. In the iBOND Universal self etch- and etch & rinse- as well in the Optibond FL group marginal adaptation showed statistically significant more 2 and 3 scores at 6 months.

Conclusions
After 6 months of clinical service, the performance of the simplified adhesive iBOND Universal was not significantly different compared to that of a 3-step etch & rinse-gold standard adhesive.

Comment
The clinical performance of iBOND Universal did not differ from the gold standard control which was an etch & rinse 3-step adhesive. Within the evaluation period no difference regarding the etching mode (self-etch, etch & rinse and selective enamel etching) was found.

Source

The study was abbreviated, summarised and commented and all diagrams and titles have been established by Kulzer.